

## Introduction

Solent NHS Trust Sexual Health Service strives to deliver effective and appropriate sexual health promotion, HIV prevention and clinical interventions to men who have sex with men (MSM). This includes a range of targeted interventions focused on engaging MSM in HIV testing, behaviour change interventions and providing education and empowerment through one to one work, small group interventions and outreach in a range of settings.

Between November 2014 and February 2015 a sexual health needs assessment of MSM was delivered. This took the form of an online questionnaire which explored men's knowledge, behaviour, attitudes and experiences related to their personal sexual relationships and sexual health care. This survey was completed by 123 men across Hampshire, Southampton and Portsmouth and this report shows the results of this data.

Across 2014 there have been competing attentions for MSM with sexual health consultations in Hampshire, Southampton and Portsmouth as well as a national Gay Men's Sex Survey and a national HIV care survey, so whilst the data received in this needs assessment is limited to 123 individuals where possible the results can be cross referenced against other local and national data sets to compare and clarify. It is felt that 123 responses from a online survey is a satisfactory result.

### Background

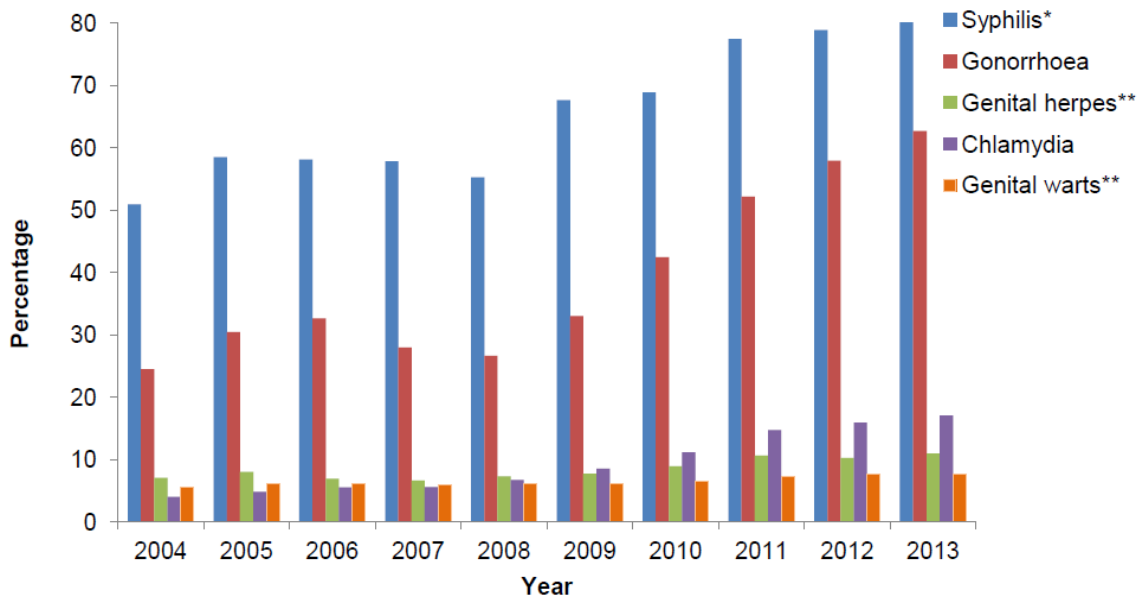
It is estimated that Men who have Sex with Men, including gay and bisexual men make up 2.3% of the male population of the UK (Mercer CH et al, (2013)). This diverse population cannot be defined as a single homogenous group. The complexities of self-definition and 'outness' mean that there are significant challenges in developing sexual health services that can successfully cater for the breadth and depth of men who have sex with men. Whilst some men identify as gay or bisexual and have personal relationships and which allow them to self-actualise their sexuality there are also men who have sex with men who self-identify as heterosexual and do not identify with messages targeted towards gay and bisexual men.

Men who have Sex with Men, (MSM) continue to be the group most affected by HIV in the UK, an estimated 43,500 (40,200-48,200) MSM were living with HIV in 2013, this is an equivalent prevalence of 59 per 1000 MSM, it is estimated that 16% of MSM are living with undiagnosed HIV, (Yin Z, Brown AE et al (2014)). In 2013 3,250 MSM were newly diagnosed with HIV reflecting the ongoing high levels of HIV transmission in this population (Yin Z, Brown AE et al (2014)). Despite the high levels of newly diagnosed infection there was a decline in the proportion of men diagnosed with a late HIV infection from 43% in 2004 to 31% in 2013. The number of men diagnosed at a late stage of HIV infection remains stable at around 1,000 (Yin Z, Brown AE et al (2014)). In 2013 around

700 men tested positive for HIV on their first at their first HIV test at a sexual health clinic (Yin Z, Brown AE et al (2014)).

The Public Health England message for MSM is that this population is advised to have an HIV and Sexually Transmitted Infection (STI) screen at least annually and every three months if having unprotected sex with new or casual partners. Over the last five years there have been transformations in the way in which HIV testing is available for the whole population, many of these interventions have been focused on MSM and Black African Communities, (BAC). These innovations include the advent of rapid and point of care HIV testing which has allowed access to HIV testing in community settings including areas where men meet including saunas, clubs and other community venues. Access and availability of HIV testing has transformed over the past 3 years. Rapid HIV testing is now commonplace in many sexual health services and community settings through HIV prevention programmes which has enabled increased access to instant results. The biggest transformations in HIV testing have come through self-sampling and the change in the law in 2014 which made it possible for individuals in the UK to access home testing kits for HIV . These tests may be available in the UK by May 2015 prompting a need for targeted messages to be delivered to those who wish to access self-testing.

MSM are disproportionately affected by STI's compared to the general population. The number of STI's reported in MSM has risen in recent years and account for the majority of diagnosis seen in men. Some of the increase may be due to increased extra genital screening, (rectal and pharyngeal), despite this it is also likely that ongoing high levels of unsafe sex are leading to STI transmission among this population, (PHE1, (2014)). In 2013 diagnosis of Gonorrhoea increased by 26% (10,764 to 13,570), syphilis diagnoses increased by 12% (2,144 to 2,393), chlamydia diagnoses (from GUM) by 11% (8,212 to 9,077), and genital herpes diagnoses by 7% (1,250 to 1,343). The graph 1 shows year in year increases in the burden of STI's among MSM.



\* Primary, secondary and early latent

\*\* First episode

Graph 1:

Proportion of all Male STI diagnosis which are among MSM, -GUM Clinics. 2004-2013, England. (PHE1, (2014))

As well as inequalities in sexual health and HIV transmission MSM are disproportionately affected by mental health issues and substance abuse including alcohol, tobacco and recreational drugs. This triad of inequalities identified by Public Health England in the document 'Promoting the health and wellbeing of gay, bisexual and other men who have sex with men, (PHE2, (2014)), appear to be interrelated. It is important to recognise that the triad of inequalities are influenced by the socio-economic, political and interpersonal relationships that may be a challenge for MSM. Despite this policy shift and development of legislation to provide equal rights for LGBT, evidence suggests that discrimination has a negative impact on LGBT health.

For young men who are attracted to or are having sex with men there are sociological influences that can affect their ability to self-actualise and develop protective factors and resilience that can safeguard risks to poor mental health, sexual health or access into substance misuse. Key life events including the acceptance of gay and bisexual identity, first same-sex experience and relationship, coming out as well as the ease in which MSM transition through key life stages influence risk taking and the threat of mental ill health and reduced decision making in sexual relationships.

It can be seen when looking at the burden of sexual health of MSM how poor mental health and increased substance abuse can increase the risk of HIV and STI transmission. The model below shows the relationship between these inequalities.

There has been a cultural shift in the way men meet sexual partners which has been influenced by the ease of access to the internet, smart phones, apps and geo location. In this report we will see how the way men are meeting is changing and that app use is the most common way for men to meet sex partners whilst traditional routes of meeting casual partners, such as public sex environments have decreased in usage. Recent research has shown that men using smartphone apps have an increased risk of STI transmission. Men in a study in the United States of America (USA) were shown to be 25 percent more likely to be infected with gonorrhoea and 37 percent more likely to be infected with chlamydia. However, there was no difference in their likelihood of infection with either HIV or syphilis (LALGBT (2014)).

The use of technology has advanced the ways in which men meet, making it increasingly efficient to geo-locate your sex partners and make anonymous or casual sex easier to access. This may also have the unintended effect of creating networks of individuals where users may be more likely to have sexually transmissible infections than other, relatively less efficient social networking methods. (LALGBT, (2014)).

Due to the personal and private nature of the mobile phone app it is an easy route for both self-identified gay and bisexual men as well as MSM who identify as heterosexual to meet men for casual, anonymous sex. HIV prevention programs must learn how to effectively engage with users of apps and web based meeting places and keep pace with the changing way in which technology is being used if we are to remain effective in engaging with MSM, (LALGBT, (2014)).

As well as mobile phone app use there seems to have been an increased use of websites which are focused on men meeting for unprotected sex, known as bareback sex. Sites such as BBRT have a significant number of men identifying as living in Hampshire who are seeking out men to meet for bareback sex, this scene is often yet not intrinsically linked to the chemsex scene.

The use of drugs in sexual settings has also become an increased concern for HIV prevention providers within the past five years. The term 'Chemsex' is often used to describe sex under the influence of drugs which are taken either prior to sex or during a sex session. Drugs that are most commonly linked to the chemsex scene include crystal methamphetamine, GHB/GBL, mephadrone, ketamine, and cocaine. Chemsex is associated with long and hard sex sessions and is often linked to sex parties or groups, locally there is anecdotal information to suggest that there is a link between

the chemsex scene and HIV positive men who are more likely to access chemsex parties than other MSM. In a study by Sigma Research there were four narratives described to explain drug use and sexual risk taking, these are as follows:

1. More than a quarter of men in the study had made a predetermined decision to engage in unprotected anal intercourse with men they believed to be sero-concordant.
2. Nearly a third of men found it difficult to control their behaviour whilst using chemo and engaged in HIV/STI transmission risk behaviour that they then regretted.
3. A small number of men sought out risky sex and felt that the drugs they used enabled them to push boundaries and play out sexual fantasy of danger and regression.
4. A minority frequently engaged in chemsex but felt in control of their actions and in the main engaged in sex that limited their risk of HIV/STI transmission.

(Bourne A et al, (2014)).

The chemsex issue requires specialist support for men engaging with Substance misuse as part of their sex lives as the risk reduction methods and support for men who are 'slamming', (injecting), drugs requires intervention from the specialist substance misuse programmes rather than just sexual health services. Joint clinic sessions which target MSM identified as chemsex users need to be explored where men can access a range of professionals who can enable them to make the sex they have as safe as they want it to be.

The national HIV self-sampling scheme has shown that access to self-sample HIV kits is an acceptable way of engaging MSM in HIV testing. The programme reported that in Phase 2 of the national programme in a 5 month period (Nov 2013 – March 2014) 12,485 test requests were processed with a 53% return rate (6,593). This yielded 92 new diagnoses (1.4% positivity), (Nardone A, (2015)). Of those MSM that accessed self-sampling services 33% had never previously tested for HIV and a man who described their location as rural or significantly rural were seen to be more likely to use self-sampling methods of HIV testing over access to sexual health services. (Nardone A, 2015)). The self-sampling scheme provided services to MSM from all age ranges but saw increased access in the 25-34 age range, this may be due to the method of delivery and marketing as the national programme relied on men being able to access the internet to order a kit and in an analysis of the marketing methods of the programme it was shown that most men had accessed their kit via a web based platform either through social media or a dating app, (Brady M et al, (2015)).

It is expected that HIV home testing kits will be available early into 2015. The BIOSURE kit is expected to be given CE approval in May 2015 and then will be available to the public enabling HIV self-testing. Whilst this will transform the way individuals can access HIV testing in the UK self-testing has been available in the US for a number of years and has been shown to be a successful way of engaging a range of testers, (AIDS, (2013)).

Discussions about the access to PrEP. (Pre-Exposure Prophylaxis) after the positive results of the PROUD study have focused on MSM accessing PrEP as part of the toolkit for HIV prevention. The

PROUD study results which were shared in February 2015 showed that for the high risk MSM who took part in the study access to PrEP reduced the risk of HIV transmission by 86% , (PROUD, (2015)). These results show a positive place for treatment as prevention and have the potential to be a game changer in the HIV prevention agenda. Due to the very early stage of the PROUD study results there is currently no official guidance from Public Health England or NHS England about how the results of this study and the successes of PrEP will be implemented.

## Methodology

In the development process of this needs assessment the team identified what we already knew about MSM and some of the key issues which the service needed to understand better. A team from the Sexual Health Promotion service who had specialist knowledge of our local MSM communities was gathered to develop questionnaire.

The questionnaire covered a number of themes which the development group thought were useful to getting a better understanding of the needs of local MSM.

The themes included:

- Demographics
- Use of Sexual Health Services
- STI and HIV acquisition
- Sexual experiences
- HIV testing experiences and understanding of status
- HIV treatment and care
- HIV stigma
- Recreational drugs and chem sex
- Porn use
- Mobile phone app and website use
- Negotiation
- Access to sexual health promotion messages
- Condom use
- Sexual health knowledge and skills
- Sexual health attitudes and values

## Relationships

The questionnaire was available online from October 2014 to February 2015 through a surveymonkey.com link, (<https://www.surveymonkey.com/s/MSMNA>).

136 individuals responded to the online survey, of these 13 described themselves as female and were taken out of the data analysis. The survey results are based on the 123 males who completed the survey and identified that they had participated in sex with men at some-point in their life. Of this number 1.7% (n2) described themselves as Trans F2M (Female to Male), as these respondents identify as males they have been included in the survey responses (**Table 1**).

It is important to identify at this stage that not all respondents answered all of the questions as it was possible in the survey to skip questions, therefore percentages have become important in understanding and analysing the results. The tables below show the number of respondents and the amount of people who skipped the question.

Respondents were asked a set of demographic questions which included age, ethnicity, religious belief, local authority of residence and disability. The demographic data is shown in tables **1** to **4**<sup>1</sup>.

What is your Gender?	All Respondents		U25	
Answer Options	Response Percent	Response Count	Response Percent	Response Count
Male	97.6%	120	91.4%	32
Female	0.0%	0	0.0%	0
Transgender (M2F)	0.8%	1	2.9%	1
Transgender (F2M)	1.6%	2	5.7%	2
<i>answered question</i>		<b>123</b>		<b>35</b>
<i>skipped question</i>		<b>0</b>		<b>0</b>

Table 1

**Table 2** shows the age of respondents in the survey. Nearly a third of all respondents, (29.9%, n35) were aged 25 or under. This group is of particular interest due to their position in the life course and the potential that the decisions made whilst in a category considered to be ‘young people’ may be reflective of behavioural patterns that may continue throughout their sexual journeys. The data has been filtered because of this to identify a group we are calling U25. We will compare the U25 groups behavioural trends with all respondents throughout the data analysis to ensure the U25 are not just the age group most affected by poorer Sexual health.

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<sup>1</sup>If there is a need for you to access data which has been filtered by a particular demographic group please contact the Sexual Health Promotion Team by email on [SNHSsexualhealthpromotion@nhs.net](mailto:SNHSsexualhealthpromotion@nhs.net)

What is your age?		All Respondents	
Answer Options		Response Percent	Response Count
Under 18		6.8%	8
19-25		23.1%	27
26-35		24.8%	29
36-45		25.6%	30
46-55		11.1%	13
55+		8.5%	10
<i>answered question</i>			<b>117</b>
<i>skipped question</i>			<b>6</b>

Table 2

74.5% (n82) of respondents described their sexuality as Gay. 1.8% (n2) described their sexuality as straight but in analysis of their answers both had sexual experience with males. Similar findings were found among the U25 respondents with 71.9% (n23) describing their sexuality as Gay. **Table 3** shows the breakdown of how respondents described their sexuality.

How do you describe your sexuality?	All Respondents		U25	
	Response Percent	Response Count	Response Percent	Response Count
Gay	74.5%	82	71.9%	23
Straight	1.8%	2	0.0%	0
Bisexual	23.6%	26	28.1%	9
Other (please specify)		6		4
<i>answered question</i>		<b>110</b>		<b>32</b>
<i>skipped question</i>		<b>13</b>		<b>3</b>

Table 3

89.3% (n100) of respondents described themselves as White British, this may be reflective of the issues that many Black or Asian men may find in talking about sexuality and coming out or simply reflective of the ethnic profile. This is also reflective of the ethnic diversity within Hampshire which shows that around 7% of the Hampshire population are 'non-white', (HCC, 2011). In this survey 8.1% (n9) of respondents described themselves as 'non-white' (Table available on request).

Respondents were asked to identify the district area they lived in. 53.6% (n59) respondents lived in a Hampshire County Council District are with 20.9% (n23) living within the Southampton City limits and 25.5% (n28) living within Portsmouth City area. Of all respondents 96.3% (n106), live within Hampshire, Southampton or Portsmouth. See **Table 4**.



What district do you live in? Answer Options	All Respondents	
	Response Percent	Response Count
Rushmoor	3.6%	4
Hart	5.5%	6
Basingstoke and Deane	10.0%	11
Test Valley	2.7%	3
East Hampshire	6.4%	7
Winchester	6.4%	7
Eastleigh	1.8%	2
Gosport	3.6%	4
Fareham	10.0%	11
Havant	1.8%	2
New Forest	1.8%	2
Southampton City (Postcodes SO14 - SO19)	20.9%	23
Portsmouth City (Postcodes PO1 - PO6)	25.5%	28
Other (please specify)		4
<b><i>answered question</i></b>		<b>110</b>
<b><i>skipped question</i></b>		<b>13</b>

Table 4

33.7% (n38) of respondents described having a religious belief with 28.3% (n32) describing this as Christian. Most respondents (62.8%, n71) described having no religious belief.

4.3% (n5) of respondents described themselves as having a disability and of these 2 (40%) also identified that they were HIV positive. Although it was not asked it is possible that these respondents have perceived their HIV status as a disability due to the historic ways in which HIV treatment and care has been provided.

## Relationships

Of all respondents 38.6% (n44) described themselves as single, this rose to 48.5% (n16) in the U25 group. Of those in relationships 16.7% (19) were in some kind of formally recognised marriage or civil partnership, with 7% (n8) describing being married to a woman. (Table 5).

20.7% (n23) reported having sexual partners that were both male and female, (16.1% in U25), (Table 6). The vast majority of respondents described that they only had sex partners that were male (75.7%, n84), (Table 6).

The EMIS study in 2010 showed that 83.4% of respondents from England described their sexuality as Gay and 11.2% described their sexuality as bisexual, (Sigma 2010), showing that this survey has engaged a larger number of behaviourally bisexual men. It is known that bisexual men are less likely to access sexual health services and support regarding their sexual identity and risk due to concerns about being 'outed' and fear of disclosure of their sexuality .

How would you describe your relationship status?	All Respondents		U25	
	Response Percent	Response Count	Response Percent	Response Count
Single	38.6%	44	48.5%	16
In a relationship with a Man	38.6%	44	39.4%	13
In a relationship with a Woman	0.9%	1	0.0%	0
In a relationship with more than one person	3.5%	4	9.1%	3
Married to a Man	1.8%	2	3.0%	1
Married to a Woman	7.0%	8	0.0%	0
Civil Partnered	7.9%	9	0.0%	0
Divorced	1.8%	2	0.0%	0
Divorced / Dissolved Civil Partnership	0.0%	0	0.0%	0
Other (please specify)		1		0
<i>answered question</i>		<b>114</b>		<b>33</b>
<i>skipped question</i>		<b>9</b>		<b>2</b>

Table 5

What is the gender of your sexual partners?	All Respondents		U25	
	Response Percent	Response Count	Response Percent	Response Count
Only Male	75.7%	84	74.2%	23
Only Female	0.0%	0	0.0%	0
Male and Female	20.7%	23	16.1%	5
Transgender	3.6%	4	9.7%	3
Other (please specify)		2		1
<i>answered question</i>		<b>111</b>		<b>31</b>
<i>skipped question</i>		<b>12</b>		<b>4</b>

Table 6

## Sexual Health Service Use

Respondents were asked three questions about their use of sexual health services, 'When was the most recent time you used a sexual health service, 'Where was that service' and 'What did you use in that service'.

20.2% (n22) had never used a sexual health service and of these 50% (n11) were in the U25 category, whilst some of these will have not been sexually active it is not the case that they all would not be sexually active, (**Table 7**). 39.13% (n9) of men who had never used a sexual health service also identified that they were behaviourally bisexual. Men who described that they only had male partners described sexual health service use at 1 year or less in 53% (n43) of respondents. This

suggests that there is lower service use in men who do not identify as Gay and that targeted work needs to support young MSM and behaviourally bisexual men to access appropriate services.

When was the most recent time you used a Sexual Health Service?	All Respondents		U25	
Answer Options	Response Percent	Response Count	Response Percent	Response Count
Less than 6 months ago	40.4%	44	32.3%	10
Between 6 months and a year	7.3%	8	3.2%	1
More than 1 year ago	16.5%	18	22.6%	7
More than 2 years ago	6.4%	7	6.5%	2
More than 5 years ago	9.2%	10	0.0%	0
I have never used a Sexual Health Service	20.2%	22	35.5%	11
<i>answered question</i>		<b>109</b>		<b>31</b>
<i>skipped question</i>		<b>14</b>		<b>4</b>

Table 7

The most used Sexual Health Services could be found in the cities of Portsmouth, (32.1%, n25) and Southampton, (20.5%, n16) which is reflective of where respondents lived, (**Table 4**). Despite this the Solent NHS Trust Sexual Health Service Hubs made up 75.7% of all Sexual Health Service use in respondents, (**Table 8**). 16.6% (n13) of respondents had used services outside of the area linked to ease of accessibility or continuation of care.

Where was the most recent Sexual Health Service that you used?	All Respondents		U25	
Answer Options	Response Percent	Response Count	Response Percent	Response Count
Southampton City	20.5%	16	21.1%	4
Portsmouth City	32.1%	25	21.1%	4
Basingstoke	15.4%	12	15.8%	3
Winchester	5.1%	4	10.5%	2
Aldershot	2.6%	2	0.0%	0
Andover	0.0%	0	0.0%	0
Hampshire (Anywhere not listed)	7.7%	6	26.3%	5
Frimley Park Hospital	0.0%	0	0.0%	0
Surrey	5.1%	4	0.0%	0
Berkshire	0.0%	0	0.0%	0
Dorset/Bournemouth/Poole	2.6%	2	5.3%	1
West Sussex	0.0%	0	0.0%	0
London	9.0%	7	0.0%	0
Other (please specify)		14		4
<i>answered question</i>		<b>78</b>		<b>19</b>
<i>skipped question</i>		<b>45</b>		<b>16</b>

Table 8

Respondents had used a range of facilities in Sexual Health Services. The most common service used was STI testing that did not include a HIV test (63.2%, n55 <All> 61.9% n13 <U25>) despite this 48.3%

(n42) of respondents also accessed a HIV test suggesting that 14.9% (n13) patients had accessed STI screening that had not included a HIV test, 12 respondents to this survey identified that they already had a known HIV positive diagnosis and would not therefore be clinically indicated to re-test for HIV and would not be expected to have a test at sexual health screening.

Access to condoms was highest in the U25 group with 61.9% (n13) of respondents accessing condoms at their most recent service visit. This group were also more likely to access rapid HIV testing and STI treatment than 'All' respondents, (**Table 9**)

What services did you use at your most recent Sexual Health Service visit? (tick as many as apply)	All Respondents		U25	
	Response Percent	Response Count	Response Percent	Response Count
Free Condoms	31.0%	27	61.9%	13
HIV Testing	48.3%	42	47.6%	10
Rapid HIV testing	12.6%	11	4.8%	1
Hep B Vaccination	21.8%	19	42.9%	9
STI Testing (excluding HIV)	63.2%	55	61.9%	13
STI Treatment	19.5%	17	23.8%	5
Advice	10.3%	9	9.5%	2
Information	8.0%	7	9.5%	2
Support	6.9%	6	4.8%	1
HIV Care	13.8%	12	0.0%	0
HIV Pharmacy	6.9%	6	0.0%	0
Sexual Health Promotion	6.9%	6	4.8%	1
Psycho-sexual Counselling	1.1%	1	0.0%	0
Other (please specify)		4		1
<i>answered question</i>		<b>87</b>		<b>21</b>
<i>skipped question</i>		<b>36</b>		<b>14</b>

Table 9

## Sexually Transmitted Infections

The burden of STI's in MSM is high, in England 63% of Gonorrhoea diagnoses, 17% of Chlamydia diagnoses, 11% of Genital Herpes diagnoses and 8% of Genital Warts diagnoses were among MSM (PHE, 2014). 45.3% (n48) of respondents had received a previous STI diagnosis, (**Table 10**) of these the most common STI's diagnosed included Chlamydia, (43.8%, n14), Gonorrhoea, (46.9%, n15) and HIV, (34.4%, n11), (**Table 11**). In the U25 group the data is skewed by both a low diagnosis of STI's (20.7%, n6) (**Table 10**) and several respondents having had multiple diagnosis of STI's, despite this, in the U25 group the most common STI's diagnosed were Chlamydia (60% n3), Gonorrhoea, (60% n3), NSU, (60%, n3) and Genital Warts, (60%, n3), (**Table 11**).

This data suggest that in this sample reporting of STI's shows a different trend to what would be expected from the PHE data. Chlamydia diagnosis is higher than would be expected, (43.8% v's 17%) whereas Gonorrhoea diagnosis in this sample is lower than expected, (46.9% v's 63%).

Have you ever had a Sexually Transmitted Infection (STI)?	All Respondents		U25	
	Response Percent	Response Count	Response Percent	Response Count
Answer Options				
Yes	45.3%	48	20.7%	6
No	49.1%	52	72.4%	21
I don't know	5.7%	6	6.9%	2
I don't want to answer this question	0.0%	0	0.0%	0
Other (please specify)		1		0
<i>answered question</i>		<b>106</b>		<b>29</b>
<i>skipped question</i>		<b>17</b>		<b>6</b>

Table 10

Which Sexually Transmitted Infections have you had in the last 12 months?	All Respondents		U25	
	Response Percent	Response Count	Response Percent	Response Count
Answer Options				
Chlamydia	43.8%	14	60.0%	3
Gonorrhoea	46.9%	15	60.0%	3
Crabs	25.0%	8	40.0%	2
Genital Warts	31.3%	10	60.0%	3
NSU	12.5%	4	60.0%	3
Scabies	12.5%	4	40.0%	2
Syphilis	9.4%	3	40.0%	2
LGV	6.3%	2	40.0%	2
HIV	34.4%	11	40.0%	2
Hep B	3.1%	1	20.0%	1
Hep C	3.1%	1	20.0%	1
I don't want to answer this question	0.0%	0	0.0%	0
Other (please specify)		6		0
<i>answered question</i>		<b>32</b>		<b>5</b>
<i>skipped question</i>		<b>91</b>		<b>30</b>

Table 11

## HIV testing

It is recommended that MSM take up an annual HIV test and that more frequent HIV testing is provided for those who are increased risk of HIV transmission, (NICE, 2011). We can see from the data collected from respondents that less than half of respondents, (43.8%, n46), had taken this advice (Table 12). This number reduces to 31%, (n9) when we look specifically at the U25 age category. This is a concern as this group were more likely to be defined as single and therefore more likely to have multiple sex partners. **Table 12** also shows is that 1.9% of respondents were unsure whether they had received a HIV test suggesting that they were unclear whether tests they had had in the preceding year included HIV.

When participants who said that they had not had a HIV test in the previous 12 months were asked if they had ever received a HIV test the data shows that only 51%, (n30) of these respondents had ever received a HIV test, (**Table 13**). When we combine the data this means that only 61.7% (n76) of respondents had ever taken a HIV test. This means that just over a third of local MSM who responded to this survey had not ever received a HIV test and were unaware of their HIV status.

When we look at behaviourally bisexual men as a risk group then respondents who identified they had sex with men and women were less likely to have ever had a HIV test then the rest of the respondents, 71.43 %, (n10) of respondents stated in this group stated that they had never had a HIV test. Only 36.6% (n8) of behaviourally bisexual men in this survey had taken a HIV test in the preceding 12 months.

Have you had an HIV test in the last 12 months?	All Respondents		U25	
Answer Options	Response Percent	Response Count	Response Percent	Response Count
Yes	43.8%	46	31.0%	9
No	54.3%	57	65.5%	19
I don't know	1.9%	2	3.4%	1
I don't want to answer this question	0.0%	0	0.0%	0
Other (please specify)		1		0
<i>answered question</i>		<b>105</b>		<b>29</b>
<i>skipped question</i>		<b>18</b>		<b>6</b>

Table 12

Have you ever had an HIV test?	All Respondents		U25	
Answer Options	Response Percent	Response Count	Response Percent	Response Count
Yes	51.7%	30	26.3%	5
No	48.3%	28	73.7%	14
I don't know	0.0%	0	0.0%	0
I don't want to answer this question	0.0%	0	0.0%	0
Other (please specify)		0	0	0
<i>answered question</i>		<b>58</b>		<b>19</b>
<i>skipped question</i>		<b>65</b>		<b>16</b>

Table 13

Regardless of testing history respondents were asked whether they knew their HIV status. Despite a poor testing history in this cohort 72.4%, (n76), stated that they know their HIV status, (Table 14). This percentage correlates exactly to the number of men who had ever taken a HIV test, shown above. Despite this there is the potential that some of the men who identified they know their status could have sero-converted since their last test, especially if this test was longer than 12 months ago.

Do you know your HIV status?	All Respondents		U25	
Answer Options	Response Percent	Response Count	Response Percent	Response Count
Yes	72.4%	76	26.3%	5
No	21.9%	23	73.7%	14
I don't know	5.7%	6	0.0%	0
I don't want to answer this question	0.0%	0	0.0%	0
Other (please specify)		1		0
<i>answered question</i>		<b>105</b>		<b>19</b>
<i>skipped question</i>		<b>18</b>		<b>16</b>

Table 14

Of those who responded that they knew their HIV status n13, (14.3%) stated that they had received a positive diagnosis for HIV, (Table 15). Due to the data set and question options in this survey there were some respondents who identified that they believed they were HIV negative who had either refused to answer the preceding question or had never had a HIV as those stating they were HIV negative accounted for n66 respondents, where only n76 respondents had stated that they had ever received a HIV test and it is sensible to assume that n13 of these had receive a positive diagnosis.

What is your HIV status?		
All Respondents		
Answer Options	Response Percent	Response Count
HIV Positive (+ve)	14.3%	13
HIV Negative (-ve)	72.5%	66
I don't want to answer this question	13.2%	12
<i>answered question</i>		<b>91</b>
<i>skipped question</i>		<b>32</b>

Table 15

When asked what stops people accessing a HIV test the key issues identified in **Table 16** were 'Fear', (71%, n66) and 'Not wanting to know the result', (71%, n66). These responses were not different in the U25 group where 'Fear' and 'Not wanting to know the result' also scored highest as reasons for not wanting to test for HIV. This identifies two key messages for MSM to support them in accessing HIV testing. Messages need to include information about access to treatment and care and the recognition that HIV is now treated as a chronic illness rather than an illness that causes mortality. Messages also need to focus on increased yearly uptake of HIV testing by MSM and include education about early testing and the increased life expectancy of those who are tested early in comparison to those who are late diagnosed.

What do you think stops people accessing HIV testing? (tick all that apply)	All Respondents		U25	
	Response Percent	Response Count	Response Percent	Response Count
Fear	71.0%	66	62.5%	15
Discrimination	35.5%	33	33.3%	8
Stigma	49.5%	46	45.8%	11
Not knowing where to access a test	32.3%	30	41.7%	10
Not wanting to know the result	71.0%	66	66.7%	16
Judgement from the community	40.9%	38	50.0%	12
Judgement from medical professionals	23.7%	22	12.5%	3
Not wanting to access a sexual health service	28.0%	26	37.5%	9
There are no barriers	5.4%	5	8.3%	2
Other (please specify)		9		2
<i>answered question</i>		<b>93</b>		<b>24</b>
<i>skipped question</i>		<b>30</b>		<b>11</b>

Table 16



Overall HIV transmission knowledge in respondents was good with most respondents identifying risk factors for HIV transmission and ways of reducing risk through condom use, (**Table 17**). The U25 group were more likely to identify that MSM were scared of testing for HIV than all respondents (56.5% v's 50%) and were also less likely to know that condoms could protect you from HIV and other STI's, (87% v's 93.8%). This again suggests the need for targeted HIV prevention education with young MSM.

In both groups less than half of respondents identified that they would like somewhere for men to talk about sex and relationships, in all respondents this was only 38.5%, (n37) of respondents, this figure did increase for the U25 group to 43.5%, (n10). This identifies that men are less likely to want to attend group sessions or drop in sessions but would possibly prefer to access health education by other means.

Please tick any of the statements below that you think are true?	All Respondents		U25	
	Response Percent	Response Count	Response Percent	Response Count
You cannot get HIV by kissing someone	83.3%	80	87.0%	20
Most Men who Have Sex with Men are scared of testing for HIV	50.0%	48	56.5%	13
HIV is transmitted through sex without condoms	87.5%	84	91.3%	21
HIV testing, treatment and care is free and confidential	91.7%	88	87.0%	20
HIV testing is free	92.7%	89	87.0%	20
The more people you have sex with the greater the risk of your exposure to HIV	77.1%	74	82.6%	19
Condoms can protect you from HIV and other Sexually Transmitted Infections	93.8%	90	87.0%	20
Condoms that are made from latex can be damaged by oils	77.1%	74	69.6%	16
Condoms are free from Sexual Health Services	92.7%	89	91.3%	21
People from my community would like somewhere where they can talk about sex and relationships.	38.5%	37	43.5%	10
<i>answered question</i>		96		23
<i>skipped question</i>		27		12

Table 17

When asked where men would like to access HIV testing, (**Table 18**),- the most common responses were Specialist Sexual Health Service,( 36.1%, n35) and Walk in Centre, (34%, n33). In analysis of this data it is unclear whether respondents have identified 'Walk in centre' as a sexual health service or a general health service but as the responses for both of these answers are similar it is possible to suggest that MSM would prefer a walk in sexual health service.

12.4%, (n12) of respondents identified that they would prefer to access HIV testing at home, this increased to 20.8%, (n5) in the U25 age category. This reflects the changing way in which MSM want to access services and the innovations available through self-sampling and HIV testing at home. Sexual health services need to understand the changing demands of service users, especially from high risk groups and provide services which are acceptable to these populations.

If you had the choice, where would you like to access Sexual Health Services?	All Respondents		U25	
	Response Percent	Response Count	Response Percent	Response Count
Specialist Sexual Health Service	36.1%	35	25.0%	6
GP	9.3%	9	8.3%	2
Pharmacy	3.1%	3	8.3%	2
Walk in Centre	34.0%	33	33.3%	8
Community	5.2%	5	4.2%	1
Home	12.4%	12	20.8%	5
Other (please specify)		3		0
<i>answered question</i>		97		24
<i>skipped question</i>		26		11

Table 18

## Sexual Experiences

Respondents were asked about their sexual experiences including their first sexual experience with a man and with a women. **Table 19** shows these results, we can see from this that most men had their first sexual experiences under 16, 48.9% , (n47) of respondents identified that their first sexual experience with a man was under 16. Sex with a women tended to be a later experience for many respondents with sex with a women peaking between the ages of 16 – 20 , (28.1%, n27).

At what age did you have your first sexual experience? By sexual experience we mean any form of sex including mutual masturbation, oral, vaginal, anal or any other form of penetrative sex.				
Answer Options	With a man (All Respondents)	With a man (U25)	With a woman (All Respondents)	With a woman (U25)
Under 16	47	10	17	4
16-20	30	9	27	7
21-25	11	3	5	0
26-30	6	0	3	0
31-40	5	0	1	0
Over 40	3	0	1	0
I have never had sex	1	1	10	3
I don't want to answer this question	1	0	2	0
<b><i>answered question</i></b>	<b>96</b>	<b>23</b>	<b>96</b>	<b>23</b>
<b><i>skipped question</i></b>	<b>27</b>	<b>12</b>	<b>27</b>	<b>12</b>

Table 19

Respondents were asked how many sexual partners they had contact with over the last 12 months. The range spread from 0 to 52 partners, with the most common response being 1 partner. 70.4% of men had 5 or less sexual partners and 18.2% of men had 20 or more partners.

**Table 20 shows the** responses to condom use at last episode of anal intercourse. 44.7%, (n42) of all respondents and 50%, (n11) of the U25 stated that that had not used condoms at last anal intercourse. The EMIS study, (Sigma, 2010) showed that 45.5% of men did not use condoms the last time they had anal intercourse. This suggests that respondents of this survey reflect the responses of a larger national sample. Despite the efforts education needs to continue in driving down to drive down condomless sex as a HIV prevention strategy, particularly in the U25 age range.

When thinking about the last anal sex you had, did you use condoms?	All Respondents		U25	
Answer Options	Response Percent	Response Count	Response Percent	Response Count
Yes	48.9%	46	36.4%	8
No	44.7%	42	50.0%	11
I can't remember	0.0%	0	0.0%	0
I don't have anal sex	4.3%	4	4.5%	1
I don't want to answer this question	2.1%	2	9.1%	2
Other (please specify)		1		0
<i>answered question</i>		<b>94</b>		<b>22</b>
<i>skipped question</i>		<b>29</b>		<b>13</b>

Table 20

Respondents were asked to identify the positions they took during anal intercourse, (Table 21). Strategic positioning describes whether an individual chooses to be insertive or receptive in anal intercourse and this can impact on their risk of HIV transmission. It is known that the insertive partner (top) is at a reduced risk of HIV transmission than the receptive partner, (bottom). If men were taking strategic positioning into account we would expect to see more 'Top' activity than 'Bottom' activity.

Respondents in this survey identified that they were most likely to be 'Versatile', (42.2%, n38) and whilst slightly more men identified that they were always or mostly 'Top' (28.8%, n26) than always or mostly 'Bottom' (26.6%, n24). In the U25 group there was no difference in positioning of men during anal intercourse.

When you have anal sex, are you...	All Respondents		U25	
Answer Options	Response Percent	Response Count	Response Percent	Response Count
Always top	18.9%	17	14.3%	3
Mostly top	10.0%	9	9.5%	2
Versatile	42.2%	38	42.9%	9
Mostly bottom	13.3%	12	14.3%	3
Always bottom	13.3%	12	9.5%	2
I don't want to answer this question	2.2%	2	9.5%	2
Other (please specify)		1		
<i>answered question</i>		<b>90</b>		<b>21</b>
<i>skipped question</i>		<b>33</b>		<b>14</b>

Table 21

As well as the position a man takes in the sex they have, knowing the HIV status of your partner is another method of reducing risk of HIV transmission. Men were asked to think about partners who they know to be HIV positive and identify the risk reduction methods they used to reduce HIV transmission. In **Table 22** it can be seen that the key factors in reducing the risk of HIV transmission included consistent condom use (42.9%, n9) and understanding that HIV transmission risk is reduced if the positive partner has an undetectable viral load, (28.6%, n6).

As well as these risk reduction methods other common factors to reduce transmission included not having anal intercourse (23.8%, n5) and discussing risk and making choices about sex based on this discussion (23.8%, n5).

In 23.8%, (n5) of cases condoms were not used during anal intercourse with someone known to be HIV positive. It is possible that in some cases this was due to a risk assessment being made which included knowledge of strategic positioning, viral load and not having anal intercourse, despite this it is not possible to make this assumption from the data and as such condom less sex with men who are known to be HIV positive should be identified as having a risk of HIV transmission.

Of the people you have had sex with who you know to be HIV+ve, can you tell us about the sex you had? (tick all that apply)	All Respondents	
Answer Options	Response Percent	Response Count
I did not have anal intercourse	23.8%	5
I used condoms (Always)	42.9%	9
I used condoms (Sometimes)	14.3%	3
I did not use condoms	23.8%	5
This is my main partner	14.3%	3
I had discussed risk with this person and made choices based on this	23.8%	5
I know this person has an undetectable viral load	28.6%	6
I don't want to answer this question	0.0%	0
Other (please specify)		1
<b><i>answered question</i></b>		<b>21</b>
<b><i>skipped question</i></b>		<b>102</b>

Table 22

Respondents were asked if they had had sex outside of a relationship that their partner did not know about. **Table 23** shows that 56.5% (n52) of respondents had sex outside of a relationship and of the sex that took place 37.2%, (n19) of respondents had condom less penetrative sex outside of their relationship, (**Table 24**). The U25 group reported significantly less sex outside of relationships (38.1% v's 56.5%) and less condom less sex outside of relationships, (12.5% v's 37.2%). The U25 group also identified that they were more likely than all respondents to have sex that did not include penetration outside of their relationships, (25% v's 5.9%)

Have you ever had sex outside of a relationship that your partner did not know about?	All Respondents		All Respondents	
	Response Percent	Response Count	Response Percent	Response Count
Answer Options				
Yes	56.5%	52	38.1%	8
No	41.3%	38	61.9%	13
I do not want to answer this question	2.2%	2	0.0%	0
Other (please specify)		3		
<i>answered question</i>		92		21
<i>skipped question</i>		31		14

Table 23

When having sex outside of your relationship, do you use condoms?	All Respondents		U25	
	Response Percent	Response Count	Response Percent	Response Count
Answer Options				
I do not have penetrative sex outside of my long term relationship	5.9%	3	25.0%	2
Yes, always	56.9%	29	62.5%	5
Yes, sometimes	25.5%	13	0.0%	0
No	11.8%	6	12.5%	1
I don't want to answer this question	0.0%	0	0.0%	0
Other (please specify)		2		1
<i>answered question</i>		51		8
<i>skipped question</i>		72		27

Table 24

## Drug Use & Chem Sex

Recent reports have shown an increase in Chemsex in MSM, (Bourne A et al, 2014). Chemsex is defined as the explicit use of recreational drugs to enhance and illicit sexual activity rather than just the use of drugs which may lead to sexual behaviour. Chemsex is associated with increased HIV transmission risk behaviours including sex parties and multiple partners, disassociated sexual behaviour, fisting and condom less sex, (Bourne A et al, 2014).

Respondents to this survey were asked about their drug use, (Table 25). 38% of respondents identified that they had used recreational drugs at some point. The U25 group were slightly less likely to have ever used recreational drugs. The range of drugs used is shown in Table 26. It can be seen that the range of drugs used is more diverse in ALL respondents than in the U25 group. The most common drugs used for recreational purposes were cannabis, poppers and cocaine.

HIV Positive men were more likely to respond that they had ever used drugs, in this cohort 60%, (n10), had used drugs for recreational purposes.

Have you ever used any drugs for recreational purposes, including prescription drugs and legal highs?	All Respondents		U25	
	Response Percent	Response Count	Response Percent	Response Count
Yes	38.3%	36	31.8%	7
No	59.6%	56	59.1%	13
I don't know	1.1%	1	4.5%	1
I don't want to answer this question	1.1%	1	4.5%	1
Other (please specify)		1		0
<i>answered question</i>		<b>94</b>		<b>22</b>
<i>skipped question</i>		<b>29</b>		<b>13</b>

Table 25

Cannabis was identified as being the most common drug used by the U25 group, (83.3%, n10) and used by 58%, (n34), of all respondents. The most common drug used by all respondents was poppers with 62.1%, (n36) of respondents identifying they had used poppers. Cocaine was used most commonly by respondents over 25, n21, (36.2%), of respondents over 25 identified that they had used cocaine compared to only n2, (16.7%) of the U25s.

The drugs most commonly associated with Chemsex are GHB/GBL, M-Cat and Meth Amphetamine; reported use of these drugs was lower among these respondents compared with more typical recreational drugs. Use of these chem sex drugs were higher in the HIV positive cohort, this cohort also identified that they were more likely than other respondents to use drugs as part of the sex they were having (63.6%, n7).

What drugs have you used? (tick all that apply)	All Respondents		U25	
	Response Percent	Response Count	Response Percent	Response Count
Amphetamine (speed)	20.7%	12	8.3%	1
Cannabis	58.6%	34	83.3%	10
Cocaine	39.7%	23	16.7%	2
Ecstasy	36.2%	21	16.7%	2
GHB/GBL	5.2%	3	8.3%	1
Heroin	1.7%	1	8.3%	1
Ketamine	17.2%	10	8.3%	1
'Legal Highs' - e.g. Herbal Highs, Spice	12.1%	7	8.3%	1
Meth Amphetamine (crystal meth)	8.6%	5	8.3%	1
Mephedrone / Cathenones (Meow Meow, M-Cat)	13.8%	8	8.3%	1
Poppers (Amyl or Butyl nitrate)	62.1%	36	33.3%	4
Prescribed drugs - e.g. valium, diazepam	12.1%	7	16.7%	2
Steroids	5.2%	3	8.3%	1
Viagra/Kamagra/Cialis	29.3%	17	8.3%	1
Other (please specify)		4		3
<b><i>answered question</i></b>		<b>58</b>		<b>12</b>
<b><i>skipped question</i></b>		<b>65</b>		<b>23</b>

Table 26

Participants were asked if they had ever used drugs as part of the sex that they had, just over a third of respondents to this question, (36.2%, n34), identified that they had used drugs as part of the sex they have had. This response was less common in the U25 group, (4.5%, n1), (Table 27). **HIV Positive Respondents HERE!**

Have you ever used drugs as part of the sex you have? (Please include prescription drugs and legal highs but exclude drugs you have been prescribed to help you maintain an erection e.g. Viagra).	All Respondents		U25	
	Response Percent	Response Count	Response Percent	Response Count
Yes	36.2%	34	4.5%	1
No	62.8%	59	95.5%	21
I don't know	0.0%	0	0.0%	0
I don't want to answer this question	1.1%	1	0.0%	0
Other (please specify)		1		1
<b><i>answered question</i></b>		<b>94</b>		<b>22</b>
<b><i>skipped question</i></b>		<b>29</b>		<b>13</b>

Table 27



Respondents were asked if whether they have had unwanted sex as a result of using drugs, (**Table 28**). When this question was filtered by those who identified that they had used drugs for recreational purposes then the incidence of unwanted sex increased to 27.8%, (n7).

Have you ever had unwanted sex or sex that you have regretted as a result of using drugs?	All Respondents		U25	
	Response Percent	Response Count	Response Percent	Response Count
Yes	11.7%	11	9.1%	2
No	88.3%	83	90.9%	20
I don't know	0.0%	0	0.0%	0
I don't want to answer this question	0.0%	0	0.0%	0
Other (please specify)		0		0
<i>answered question</i>		<b>94</b>		<b>22</b>
<i>skipped question</i>		<b>29</b>		<b>13</b>

Table 28

Respondents were also asked if they had experienced unwanted or regrettable sex due to the amount of alcohol that they had drunk, (**Table 29**). 79.6%, (n74), of respondents identified that they had not had unwanted or regretted sex when drinking alcohol. More respondents reported having unwanted or regretted sex when using drugs in comparison to drinking alcohol.

Have you ever had unwanted sex or sex that you have regretted as a result of how much alcohol you have drunk?	All Respondents		U25	
	Response Percent	Response Count	Response Percent	Response Count
Yes	19.4%	18	18.2%	4
No	79.6%	74	77.3%	17
I don't know	1.1%	1	4.5%	1
I don't want to answer this question	0.0%	0	0.0%	0
Other (please specify)		0		0
<i>answered question</i>		<b>93</b>		<b>22</b>
<i>skipped question</i>		<b>30</b>		<b>13</b>

Table 29

## Negotiation

Respondents were asked if they were able to negotiate the sex that they wanted, (**Table 30**). Whilst most respondents, (69.9%, n65), identified that they felt that they were able to negotiate the sex that they wanted just over a quarter of respondents, (26.9%, n25) identified that they did not think that they could always negotiate the sex they wanted. In the U25 group this percentage raised to 45.4%, (n10), respondents, suggesting that young MSM would benefit from focused work on negotiation in sexual relationships.

Do you feel able to negotiate the sex that you want?	All Respondents		U25	
	Response Percent	Response Count	Response Percent	Response Count
Answer Options				
Yes	69.9%	65	54.5%	12
No	8.6%	8	13.6%	3
Sometimes	18.3%	17	31.8%	7
I don't know	3.2%	3	0.0%	0
I don't want to answer this question	0.0%	0	0.0%	0
Other (please specify)		0		0
<i>answered question</i>		<b>93</b>		<b>22</b>
<i>skipped question</i>		<b>30</b>		<b>13</b>

Table 30

Despite U25 respondents identifying that they could not always negotiate the sex that they want, only n19 respondents, (20.4%), identified that they would like to access support to increase their negotiation skills, (**Table 31**). When support needs were filtered only by those who identified that they were not able, or not always able, to negotiate the sex they wanted then desire for support increase to 39.3% (n11).

Would you like to access support to help you to increase your skills in negotiating the sex that you want?		
All Respondents		
Answer Options	Response Percent	Response Count
Yes	20.4%	19
No	67.7%	63
I don't know	10.8%	10
I don't want to answer this question	1.1%	1
Other (please specify)		1
<i>answered question</i>		<b>93</b>
<i>skipped question</i>		<b>30</b>

Table 31

## Where Men Meet

Men were asked to identify where they met sex partners, (**Table 32**). We can see from this data the changing ways in which men are meeting sex partners. This table shows the increased frequency of men using mobile phone apps to meet sexual partners; this is the most common way for respondents to meet sex partners, with 33.1% (n27) meeting sex partners weekly through the use of a mobile phone app.

The most common way for men to meet sex partners was cruising grounds where 47.6%, (n40) men identified that they used cruising sites 'Occasionally' to meet men. . When looking at mobile phone apps specifically we can see that only 22.7% of respondents (n18), had never used a mobile phone app to meet a sexual partner. When we compare this to cruising grounds we can see that 46%, (n39) had never used a cruising ground to meet sex partners. The data shows that only 21% (n17) of respondents had not used a website to meet a sexual partner.

The data showed low use of backrooms/darkrooms and sex parties in this group with only n15 (20%) of respondents identifying they had used a sex party and n28 (35%) identifying backroom/darkroom use.

This data shows the range of ways in which men meet sex partners but suggests that many sexual partners are met through websites, mobile phone apps or cruising suggesting that many of these partners may have been casual and potentially anonymous. This suggests that increased work on mobile phone apps and websites needs to take place to engage men in the places where they are meeting men for sex.

Have you ever used any of the following to meet other people for sex? (Tick all that apply)

All Respondents

Answer Options	Weekly	Monthly	Occasionally	Never	I don't want to answer this question	Response Count
Cruising Grounds	3	1	40	39	1	84
Cottages/Public Toilets	3	1	28	51	1	84
Saunas	3	6	30	43	1	83
Backrooms / Darkrooms	2	3	23	51	1	80
Sex Clubs	1	2	15	57	1	76
Bars	3	2	33	39	1	78
Clubs	4	2	38	34	1	79
Websites	18	8	39	17	1	83
Mobile Phone Apps	27	7	29	18	1	82
Friends	5	3	33	33	1	75
Sex Parties	2	1	12	59	1	75
None of these places apply to me	1	0	0	15	4	20
Other (please specify)						0
<i>answered question</i>						<b>94</b>
<i>skipped question</i>						<b>29</b>

Table 32

## Sexual Health Advice

Respondents were asked to identify where they accessed their sexual health advice from. In **Table 33** the most common places for men to access sexual health advice from was the Internet, (64.8%, n59). Although this was the most common response, when we look at the U25 'Friends' are identified as being the source of sexual health advice, (42.9%, n9) followed by 'Gay Venues' (38.1%, n8) and the Internet is only identified by 19% (n4) respondents. Sexual Health Services were highlighted by over half of respondents, (56%, n51) as being a source of advice giving.

This suggests that sexual health advice needs to be provided in a range of ways, both through the Internet but also in venues where young men access such as gay venues and groups.

Where do you get sexual health advice from? (tick all that apply)	All Respondents		U25	
Answer Options	Response Percent	Response Count	Response Percent	Response Count
Friends	25.3%	23	42.9%	9
Family	6.6%	6	14.3%	3
Internet	64.8%	59	19.0%	4
Professionals	36.3%	33	9.5%	2
Community Group	4.4%	4	4.8%	1
Sexual Health Service	56.0%	51	4.8%	1
Gay Venue	11.0%	10	38.1%	8
Magazines/Newspapers	15.4%	14	14.3%	3
TV	4.4%	4	14.3%	3
Other (please specify)		3		1
<i>answered question</i>		<b>91</b>		<b>21</b>
<i>skipped question</i>		<b>32</b>		<b>14</b>

Table 33

## Apps

Respondents were asked if they had ever used a mobile phone app to meet people for sex. 67% (n63) of all respondents identified they had used an app to meet sex partners, in the U25 group this reduces to 54.5% (n12), (Table 34). When asked if men had ever had sex with someone they had met on an app that they would not have had sex with if they had met them in another situation, 79%, (n49) of respondents identified this to be the case, in the U25 group this figure was 66.7%, (n8), (Table 35). This suggests that men are having sex that could be linked to regret with men that they meet through sex apps.

Have you ever used a mobile phone app such as Grindr, Scruff, etc. to meet people for sex?	All Respondents		U25	
	Response Percent	Response Count	Response Percent	Response Count
Answer Options				
Yes	67.0%	63	54.5%	12
No	33.0%	31	45.5%	10
I don't want to answer this question	0.0%	0	0.0%	0
<i>answered question</i>		<b>94</b>		<b>22</b>
<i>skipped question</i>		<b>29</b>		<b>13</b>

Table 34

Have you ever had sex with someone who you met through a mobile phone app or website who you would have not had sex with if you had met them in another situation i.e a bar?	All Respondents		U25	
	Response Percent	Response Count	Response Percent	Response Count
Answer Options				
Yes	79.0%	49	66.7%	8
No	16.1%	10	25.0%	3
I don't know	4.8%	3	8.3%	1
I don't want to answer this question	0.0%	0	0.0%	0
Other (please specify)		1		0
<i>answered question</i>		<b>62</b>		<b>12</b>
<i>skipped question</i>		<b>61</b>		<b>23</b>

Table 35

## Porn

Men were asked to identify their use of Porn and whether they believed that this affected their attitudes towards the sex that they had. Three questions were asked, question one identified whether men had watched Porn in the past 6 months, (**Table 36**), 95.2% of respondents, (n59), identified that they had watch Porn recently. Respondents who used users were then asked if they had ever specifically watched bareback or condom less porn, (**Table 37**). 60%, (n36) of respondents identified that they specifically searched for condom less Porn. 63.6%,(n7) of respondents in the U25 group identified that they specifically searched out bareback Porn.

Respondents were asked whether they thought that watching condom less or bareback porn affected their personal decision making about condom use (**Table 38**). Just over a quarter of respondents, (27%, n17) identified that they thought that watching condom less Porn affected their decision making about the sex they had. This raised to a third of respondents in the U25 group, where 33.3% (n4) respondents identified a correlation between condom less Porn and sexual decision making.

Have you watched porn in the last 6 months?	All Respondents		U25	
	Response Percent	Response Count	Response Percent	Response Count
Answer Options				
Yes	95.2%	59	91.7%	11
No	3.2%	2	0.0%	0
I don't want to answer this question	1.6%	1	8.3%	1
<i>answered question</i>		<b>62</b>		<b>12</b>
<i>skipped question</i>		<b>61</b>		<b>23</b>

Table 36

Do you ever specifically choose to watch bareback porn? (Bareback porn is when condoms are not used for anal sex)	All Respondents		U25	
	Response Percent	Response Count	Response Percent	Response Count
Answer Options				
Yes	60.0%	36	63.6%	7
No	40.0%	24	36.4%	4
I don't want to answer this question	0.0%	0	0.0%	0
<i>answered question</i>		<b>60</b>		<b>11</b>
<i>skipped question</i>		<b>63</b>		<b>24</b>

Table 37

Do you think that porn affects your decision making when it comes to the sex that you have?	All Respondents		U25	
Answer Options	Response Percent	Response Count	Response Percent	Response Count
Yes	27.0%	17	33.3%	4
No	73.0%	46	66.7%	8
I don't want to answer this question	0.0%	0	0.0%	0
<i>answered question</i>		<b>63</b>		<b>12</b>
<i>skipped question</i>		<b>60</b>		<b>23</b>

Table 38



## HIV Home Testing

The changes in availability of HIV testing are making options for HIV testing outside of the clinical setting increasingly varied and more accessible. This includes the introduction of HIV Home Testing Kits.

Although the law on home HIV testing kits had changed when this survey was released no kits were available in the UK to purchase. Survey respondents were asked their opinions on home HIV testing including whether they would use a HIV home testing kit, (**Table 39**). 72% (n67) of respondents identified that they would use a HIV home testing kit where results would be delivered instantly.

When asked about HIV home sampling kits where results would be provided at a separate occasion to completing the test, (**Table 40**). These tests have already been available in the UK for some time and 13.8% (n13) of respondents identified that they had already used this system, the U25 group were more likely to have used a home sampling kit with 18.2%, (n4) having already used this system. Overall acceptability for this system was highest in the U25 group with 86.4%, (n19) identifying that that they had or would use a home sampling kit.

Would you use an HIV Home Testing Kit that you had to purchase where results would be delivered instantly?	All Respondents		U25	
	Response Percent	Response Count	Response Percent	Response Count
Answer Options				
Yes	72.0%	67	72.7%	16
No	23.7%	22	27.3%	6
I don't know	4.3%	4	0.0%	0
Other (please specify)		1		0
<i>answered question</i>		<b>93</b>		<b>22</b>
<i>skipped question</i>		<b>30</b>		<b>13</b>

Table 39

Would you use an HIV home sampling kit where results were available from a service after you had sent off the sample?	All Respondents		All Respondents	
	Response Percent	Response Count	Response Percent	Response Count
Answer Options				
Yes, I have already used this system	13.8%	13	18.2%	4
Yes	50.0%	47	68.2%	15
No	28.7%	27	13.6%	3
I don't know	7.4%	7	0.0%	0
Other (please specify)		1		0
<i>answered question</i>		<b>94</b>		<b>22</b>
<i>skipped question</i>		<b>29</b>		<b>13</b>

Table 40

When asked how home sampling kits should be made available, on the Internet was by far the common response with 80.5% (n66) of respondents identifying this method of access, (**Table 41**). Nearly half of respondents identified Pharmacies as a good place to access kits, (47.6%, n39) and 40.9% (n9) of the U25 group identifying that they would access kits from their GP services.

Where would you like to access a home sampling kit from? Answer Options	All Respondents		U25	
	Response Percent	Response Count	Response Percent	Response Count
The Internet	80.5%	66	81.8%	18
A Community Venue	22.0%	18	27.3%	6
Sauna	18.3%	15	0.0%	0
Pub/Nightclub	17.1%	14	9.1%	2
Pharmacy	47.6%	39	54.5%	12
GP	36.6%	30	40.9%	9
Other (please specify)		3		1
<i>answered question</i>		<b>82</b>		<b>22</b>
<i>skipped question</i>		<b>41</b>		<b>13</b>

Table 41

Participants were asked to rate their preference for accessing a HIV test. It can be seen from **Table 42** that accessing a HIV test in a sexual health clinic was the preferred option. Home testing kits and home sampling were also popular options for testing outside of a clinical setting.

In order of preference how would you like to access HIV testing?							
Answer Options	1 (Most Preferred)	2	3	4	5	6 (Least Preferred)	Response Count
HIV test at a Sexual Health Clinic	51	10	18	6	1	5	91
HIV test at a GP	16	14	17	9	6	21	83
HIV test at a Pharmacy	5	11	17	13	14	21	81
Rapid HIV test in a community setting	11	14	16	20	4	16	81
Home sampling kit - with results from a professional	24	19	15	9	12	7	86
HIV Home Testing Kit	33	16	8	7	11	13	88
<i>answered question</i>							<b>94</b>
<i>skipped question</i>							<b>29</b>

Table 42

## Services

Respondents were asked what services they required to make the sex they have as safe as they want it to be, (Table 43). Respondents wanted easier access to condoms and lube with 62.2%, (n46) of ALL respondents and 85% (n17) of the U25 group identifying this as important. Participants also identified Rapid HIV Testing as a key intervention that may help to promote safer sex..

What do you need to help you make the sex you have be as safe as you want it to be?	All Respondents		U25	
	Response Percent	Response Count	Response Percent	Response Count
Easier access to condoms and lube	62.2%	46	85.0%	17
A dedicated website for local people	33.8%	25	20.0%	4
More information on social media	28.4%	21	15.0%	3
More posters	13.5%	10	15.0%	3
More leaflets	13.5%	10	20.0%	4
One to One support/advice	25.7%	19	20.0%	4
Groupwork workshops	4.1%	3	0.0%	0
Outreach to cruising grounds	14.9%	11	5.0%	1
Rapid HIV testing	48.6%	36	30.0%	6
Outreach to nightclubs/pubs	27.0%	20	10.0%	2
Other (please specify)		6		2
<i>answered question</i>		<b>74</b>		<b>20</b>
<i>skipped question</i>		<b>49</b>		<b>15</b>

Table 43

Participants were asked which services they had previously used and how they would rate them (Table 44). Participants identified 'Condoms By Post' as a service that they would recommend to others as well as Rapid HIV testing in community settings, (HIV Quick Check) and the SHP one to one service. Despite some positive reviews from service users it can be seen that the majority of respondents had not used services and work needs to be developed to improve access to services.

Have you ever used any of the following services and how would you rate them?							
Answer Options	1 I would recommend this service to others	2	3	4	5 I would not recommend this service to others	I have not used this service	Response Count
Condoms By Post	22	3	0	0	1	56	82
<a href="http://www.letstalkaboutit.nhs.uk">www.letstalkaboutit.nhs.uk</a>	15	14	7	2	4	40	82
HIV LIVES website	6	3	3	1	0	64	77
Outreach in Pubs/Nightclubs	11	5	2	0	0	61	79
Outreach in Saunas	8	4	0	1	0	66	79
Outreach on Cruising grounds	6	2	2	1	0	68	79
Outreach on Social Media	6	5	1	0	0	65	77
Rapid HIV Testing (HIV Quick Check)	19	5	0	0	0	55	79
One to One support and advice	17	5	1	2	0	54	79
Groupwork workshops	5	4	1	3	0	64	77
Telephone Support	5	5	1	1	0	66	78
Email Support	3	2	2	2	0	68	77
Support at a Youth Project	8	2	1	0	0	65	76
Something else not listed	2	0	3	0	0	57	62
Other (please specify)							1
	<b>answered question</b>						<b>85</b>
	<b>skipped question</b>						<b>38</b>

Table 44

## Overarching themes

The needs analysis received sufficient responses from the target population to enable some common themes to be extracted from the data.

- **53.6% (n59) respondents lived in a Hampshire County Council District**

### Sexual Health Service Use

- Solent NHS Trust Sexual Health Service Hubs made up 76% of all Sexual Health Service use in respondents, (Table 8)
- 50% of respondents who had never accessed a sexual health clinic were in the U25 year age group.
- The second largest group never having previously accessed a sexual health clinic (39%), (n9) identified as bisexual.
- The most common service used was STI testing that did not include an HIV test (63.2%, n55 <All>).
- 48.3% (n42) of all respondents accessed HIV testing.
- Access to condoms was highest in the U25 group (61.9% (n13))

### Sexually Transmitted Infections

A large number of respondents (85%, n = 91) skipped the question asking about specific previously sexually transmitted infections (STI). It is difficult to draw any conclusions from this section of the questionnaire. This figure suggests that respondents were unsure about what type of STI they had been diagnosed with in the past.

### HIV testing

- 44%, (n46) of all respondents reported having an HIV test in the last year
- 62% (n76) reported ever having an HIV test
- 14.3% (n = 13) of respondents said they were HIV positive
- The main reasons for not testing were fear, not wanting to know the results, stigma and judgement from the community.

### Access to HIV testing

It is difficult to draw conclusions about how respondents would like to access support services, as two thirds skipped the following question: People from my community would like somewhere where they can talk about sex and relationships.

- 12.4%, (n12) of respondents (21 %, n5 in U25) identified that they would prefer to access HIV testing at home
- 72% of all respondents said they would use a home HIV testing kit, if this service was available.
- 36% of respondents said they would prefer to test for HIV at specialist sexual health services, rather than at the GP or pharmacy.

### Sexual Experiences

- 44.7%, (n42) of all respondents and 50%, (n11) of the U25 stated that that had not used condoms at last anal intercourse
- 42% of respondents said that they varied sexual positioning during anal sex, sometimes being the receptive partner and sometimes the insertive. A slightly higher number of respondents reported always being the insertive partner
- 23.8%, (n5) of cases condoms were not used during anal intercourse with someone known to be HIV positive although 90% of respondents skipped this question raising doubts over the significance of this figure. This could possibly indicate that respondents were unaware of their partner's HIV status.
- 56.5% (n52) of respondents had sex outside of a relationship and of the sex that took place 37.2%, (n19) of respondents had condom less penetrative sex outside of their relationship

### Drug Use & Chem Sex

- 38% of respondents identified that they had used recreational drugs at some point.
- Cannabis was identified as being the most common drug used by the U25 group, (83.3%, n10) and used by 58% of the respondents in this group.
- Use of chem sex drugs were higher in the HIV positive cohort, with the most commonly used drugs being: GHB/GBL, M-Cat and Meth Amphetamines.
- The most common drug used by all respondents was poppers with 62.1%, (n36) of respondents identifying they had used poppers. Cocaine was used most commonly by respondents over 25, n21, (36.2%).
- Respondents were asked if they have had unwanted sex as a result of using drugs, (Table 28). When this question was filtered by those who identified that they had used drugs for recreational purposes then the incidence of unwanted sex increased to 27.8%, (n7).

### Negotiation

- (69.9%, n65), identified that they felt that they were able to negotiate the sex that they wanted.
- (26.9%, n25) identified that they did not think that they could always negotiate the sex they wanted. In the U25 group this percentage raised to 45.4%, (n10)

- When support needs were filtered only by those who identified that they were not able, or not always able, to negotiate the sex they wanted, desire for support increase to 39.3% (n11).

### Where Men Meet

- 33.1% (n27) meeting sex partners weekly through the use of a mobile phone app.
- 46%, (n39) have ever used a cruising ground to meet sex partners
- n15 (20%) of respondents identified they had used a sex party and n28 (35%) identified backroom/darkroom use.
- 67% (n63) of all respondents identified they had used an app to meet sex partners, in the U25 group this reduces to 54.5%

### Sexual Health Advice

- 64% of men accessed sexual health advice from was the Internet
- U25 'Friends' are identified as being the source of sexual health advice, (42.9%, n9)
- Sexual Health Services were highlighted by over half of respondents, (56%, n51) as being a source of advice giving
- 'Gay Venues' (38.1%, n8)

### Porn

- 95.2% of respondents, (n59), identified that they had watch Porn recently
- 60%, (n36) of respondents identified that they specifically searched for condom less Porn
- 63.6%,(n7) of respondents in the U25 group identified that they specifically searched out bareback Porn
- 27%, n17 identified that they thought that watching condom less Porn affected their decision making about the sex they had
- 33.3% (n4) respondents in the U25 group identified a correlation between condom less Porn and sexual decision making

### Services

- 62.2% of respondents wanted easier access to condoms and lube, ALL respondents and 85% (n17) of the U25 group identifying this as important
- Participants also identified Rapid HIV Testing as a key intervention that may help to promote safer sex
- Participants identified 'Condoms By Post' as a service that they would recommend to others as well as
- Rapid HIV testing in community setting (HIV Quick Check)and the
- SHP one to one service

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