



## **Gay and Bisexual Men's Experiences of Sexual Health Clinics**

### **Introduction**

Ever since the publication of the National Strategy for Sexual Health and HIV (Department of Health, 2001), a more comprehensive and integrated vision is needed in terms of provision of sexual health services. Focus was placed on availability of different services in both clinical and non-clinical settings, and these were centred on the needs of service users. Therefore, it is vital that current provision is assessed and reviewed on a regular basis, so that clinics and other providers/agencies are aware of the different needs of different groups of clients.

Gay and bisexual men are a core group of users of sexual health services. Their experiences of using services must be taken into account when planning, providing and resourcing new and existing sexual health services.

### **Aims of the Study**

This study aimed to:

- Collect information on sexual health services in West London from gay and bisexual men (service users);
- Identify the strengths and weaknesses of current provision;
- Understand the current picture in terms of usage of sexual health services by gay and bisexual men in West London;

## **Study design and methodology**

This study involved the distribution and completion of a 4-section questionnaire.

### Section 1

- Collected information on the demographics of the participants (sex, ethnicity, religion, education, etc.)

### Section 2

- Looked at clinic attendance

### Section 3

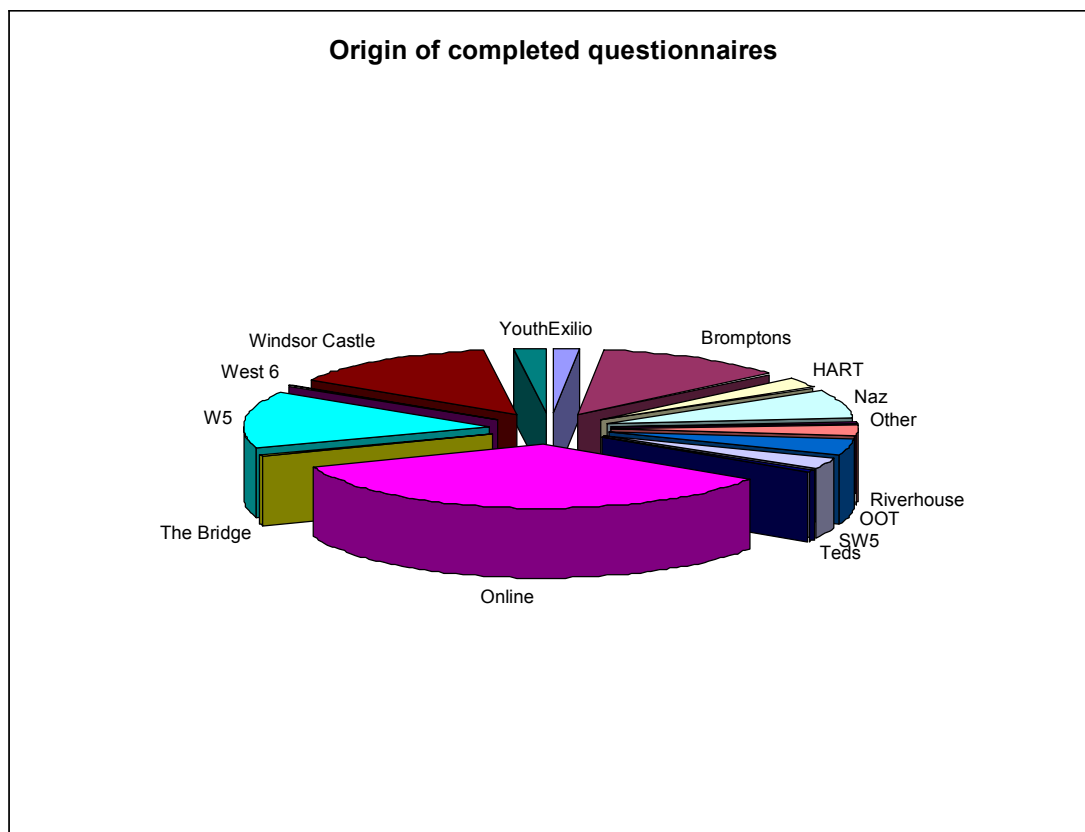
- Looked at rating the services used

### Section 4

- Collected information on the environment of the clinic(s) attended

Most questions were closed, and offered a variable range of possible answers. There were also four open ended questions.

All questionnaires were distributed in West London gay and bisexual venues (bars, clubs), online, HIV drop-ins and LGBT Youth Groups. The origin of the complete questionnaires can be found in the graph below:



Most questionnaires were completed online, followed by West 5, Windsor Castle and Bromptons.

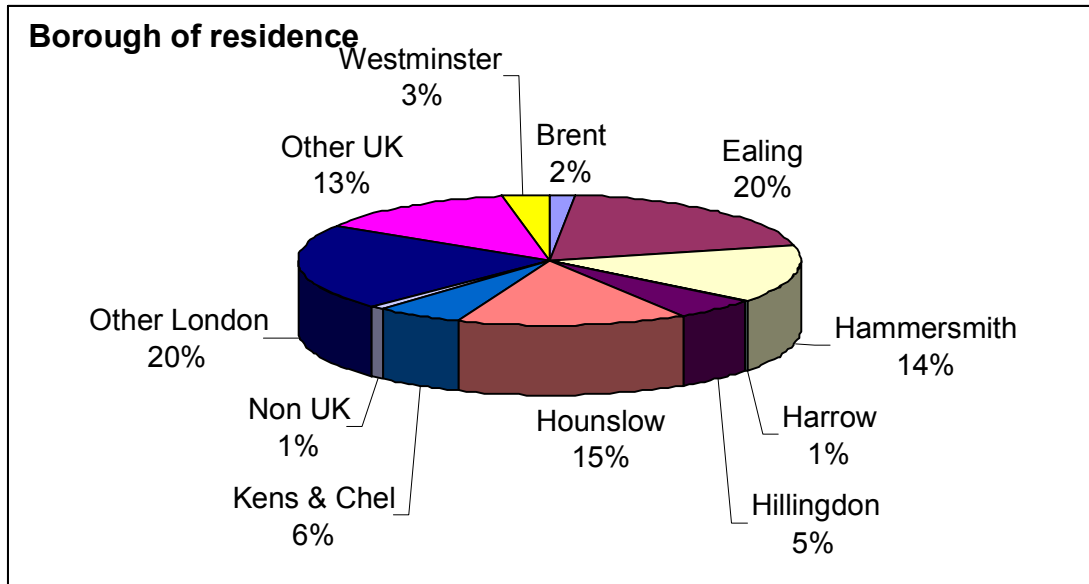
Once completed, the participants deposited the questionnaire in a sealed box. Anonymity and confidentiality of the participants was guaranteed throughout, by avoiding identification questions and by limiting the access of the questionnaire to the main researchers only. Also, if any participants wished to, they could withdraw at any time without explanation.

All questionnaires were then data cleaned and entered into a spreadsheet and analysed using descriptive statistics.

## Results

To facilitate understanding of the results, they are presented according to the sections of the questionnaire. A more comprehensive analysis of the results will follow in the 'Discussion' section.

A total of 192 complete questionnaires were analysed. No questionnaire was rejected for data analysis.

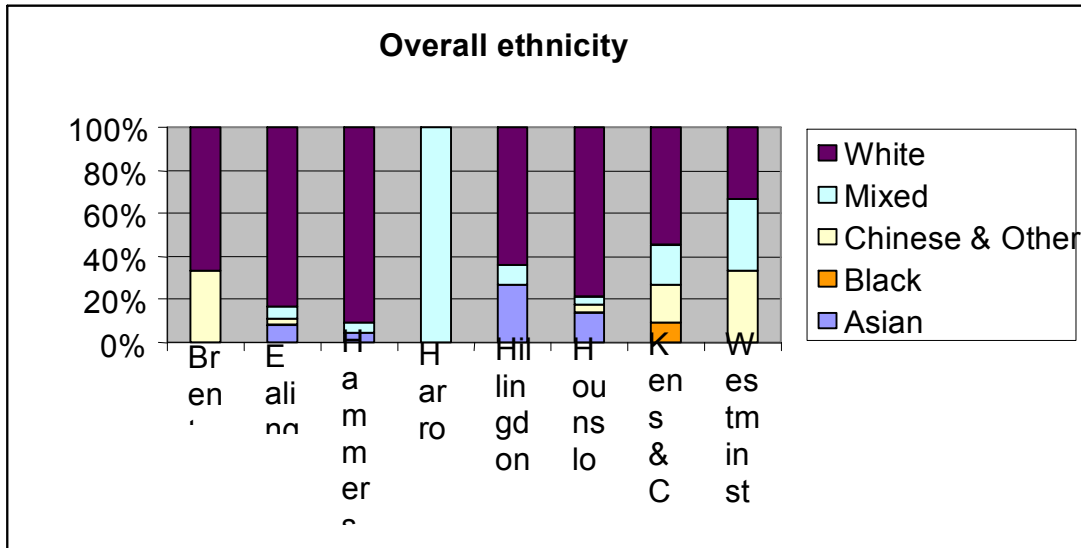


Section 1 - About You

The large majority of the participants were male (n=182). Two participants were transgender and 8 did not answer.

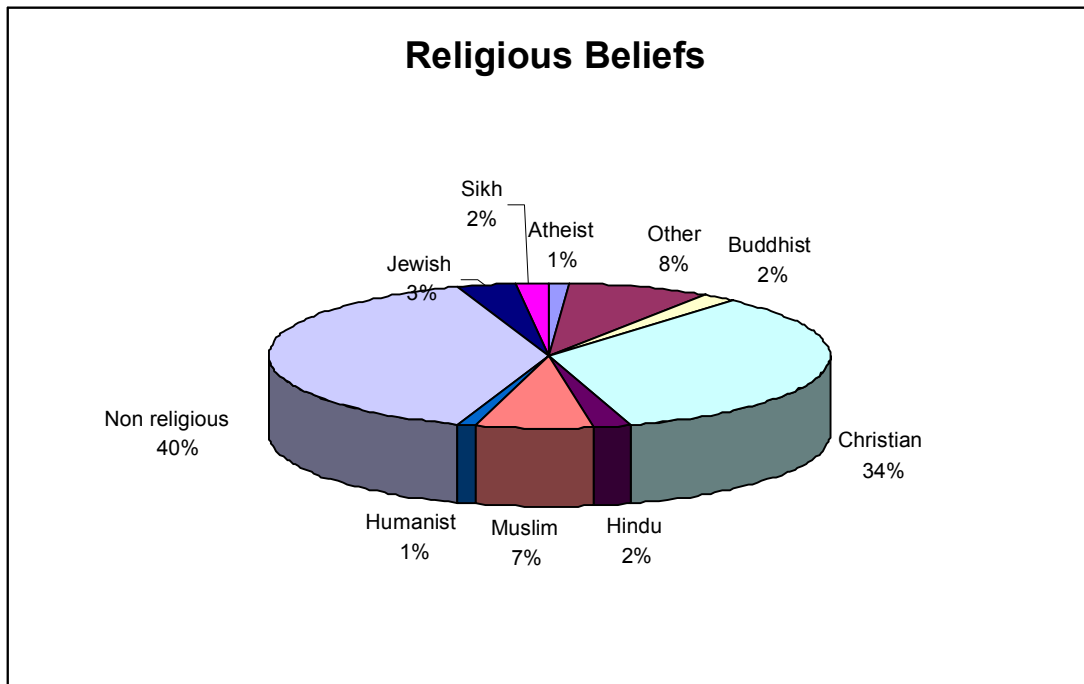
**Chart 1 – Borough of residence of all participants**

Chart 1 shows the distribution of the participants according to the London borough they lived in at time of data collection. Chart 2 shows the different ethnicities of the participants, per borough.



**Chart 2 – Ethnicity per borough**

When asked about religion, most participants considered themselves to be Non-religious (39.6%), followed by Christian (33.9%), Muslim (5.2%) and Jewish (3.1%). A variety of other religious faiths was also identified, as chart 3 shows.



**Chart 3 – Religious Beliefs**

Most participants were educated to O-Level/GCSE Level (33.6%). A large percentage was educated to A Level (23.5%) and also degree or higher

(31%). Also relevant was the number of participants who had no educational qualification (4.5%).

The main language spoken by the participants of this study was English (81.8%), followed by English with another language (6.8%) and Spanish (3.1%).

22% of participants considered themselves to be disabled. HIV infection and Motor Disability were the most frequent disability, both at 2.1%.

Chart 4 shows the distribution of age of participants at time of data collection.

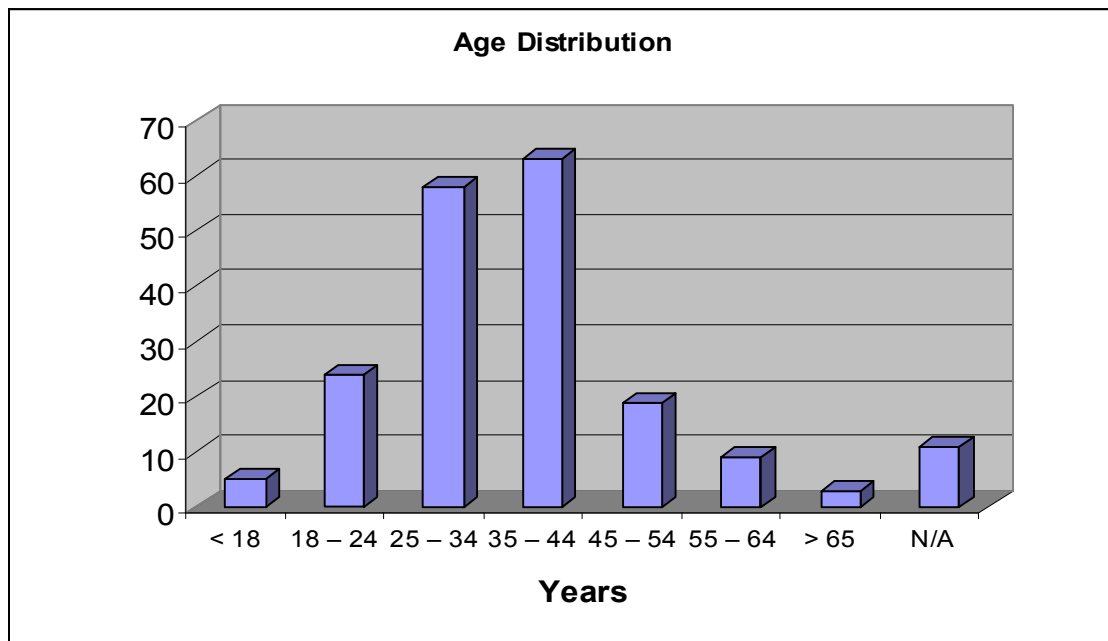


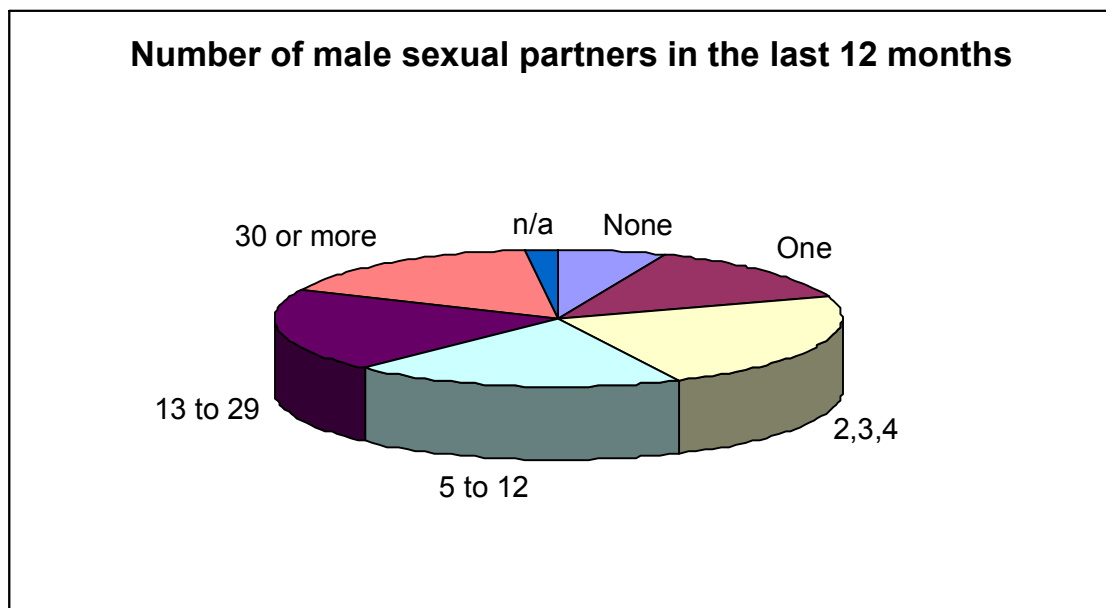
Chart 4 – Age Distribution

Most participants fall within the 35-44 interval, even though the most common age (mode) was 27 years old.

The average age was 34.9 years (standard deviation = 11.02).

When asked whom they had had sex with in the last 12 months, the largest number of participants had sex with men only (89%). This was followed by no one (6.1%) and both men and women (4.9%).

When asked about the number of male sexual partners in the last 12 months, we obtained a very evenly spread answer in all the options. These are presented in chart 5.



**Chart 5 – Number of male sexual partners in the last 12 months**

Of all participants who answered this survey, 51.8% did not have a regular male sexual partner at the time of response, with 37.2% having one partner, 9.8% having more than one sexual partner and 13.5% having 30 or more partners (1.2% did not answer).

## Section 2 – Clinic Attendance

This section asked about patterns of clinic attendance, including frequency, choice of clinic and reasons for attending a specific clinic.

When asked whether they had ever attended a sexual health clinic, those participants who had never attended a sexual health clinic (17.1%) had not done so due to a variety of reasons (Table 1). This is significantly lower than that of the findings of the 2005 Gay Men’s Sex Survey<sup>1</sup>, which found that 38% of respondents had never attended a sexual health clinic.

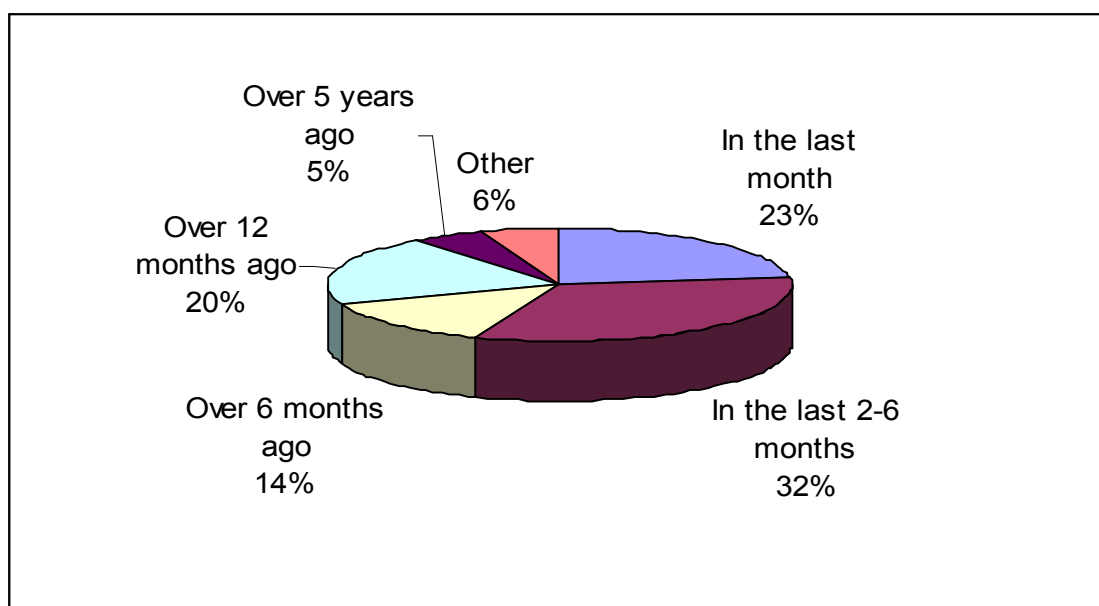
<b>Reason for not having attended a clinic</b>	<b>Frequency (%)</b>
No need (not specified)	7 (25%)
In a monogamous relationship	3 (10.7%)
No sexual partner	3 (10.7%)
Safe sex always	3 (10.7%)
No illness	2 (7.1%)
No anal sex	2 (7.1%)
No time	1 (3.6%)
Virgin	1 (3.6%)
No answer	6 (21.4%)
Total	28 (100%)

**Table 1 – Reasons for not having attended a clinic**

<sup>1</sup> ‘Consuming Passions’ – Findings from the United Kingdom Gay Men’s Sex Survey 2005, Sigma Research

However, most of the participants (82.9%) had visited a sexual health clinic at least once in their lifetime, and chart 6 shows when they last attended a clinic for a sexual health appointment.

### Last appointment



**Chart 6 – Last appointment**

As for the frequency of attendance, the majority of participants attended whenever there was a concern or worry (29.9%), every six months (27.4%), other participants reported attending a clinic when there was something wrong (16.5%), every year (15.9%), and every three months (8.5%). A description of the frequency can be found in table 2.

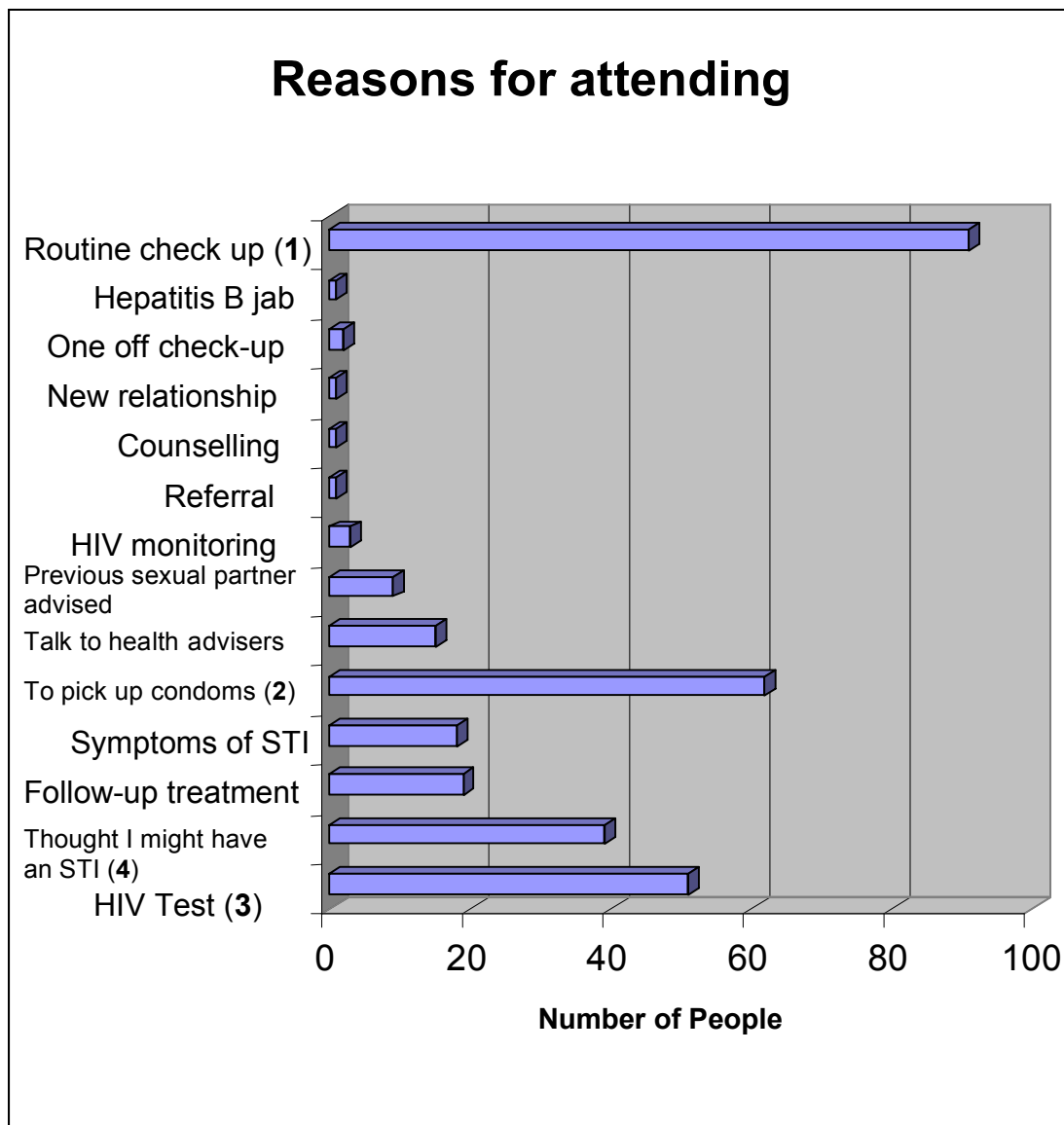
Frequency in attendance	Frequency (%)
When I have a concern or worry	49 (29.9%)
Every six months	45 (27.4%)
When I have something wrong	27 (16.5%)
Every year	26 (15.9%)
Every three months	14 (8.5%)
Every five years	4 (2.4%)

Monthly	2 (1.2%)
Every two years	2 (1.2%)
Over five years ago	2 (1.2%)
When on a new relationship	1 (0.6%)
Every two weeks	1 (0.6%)
Every four years	1 (0.6%)

**Table 2 – Frequency of attendance sexual health clinic**

(This question had a range of multiple choices and participants could tick more than one)

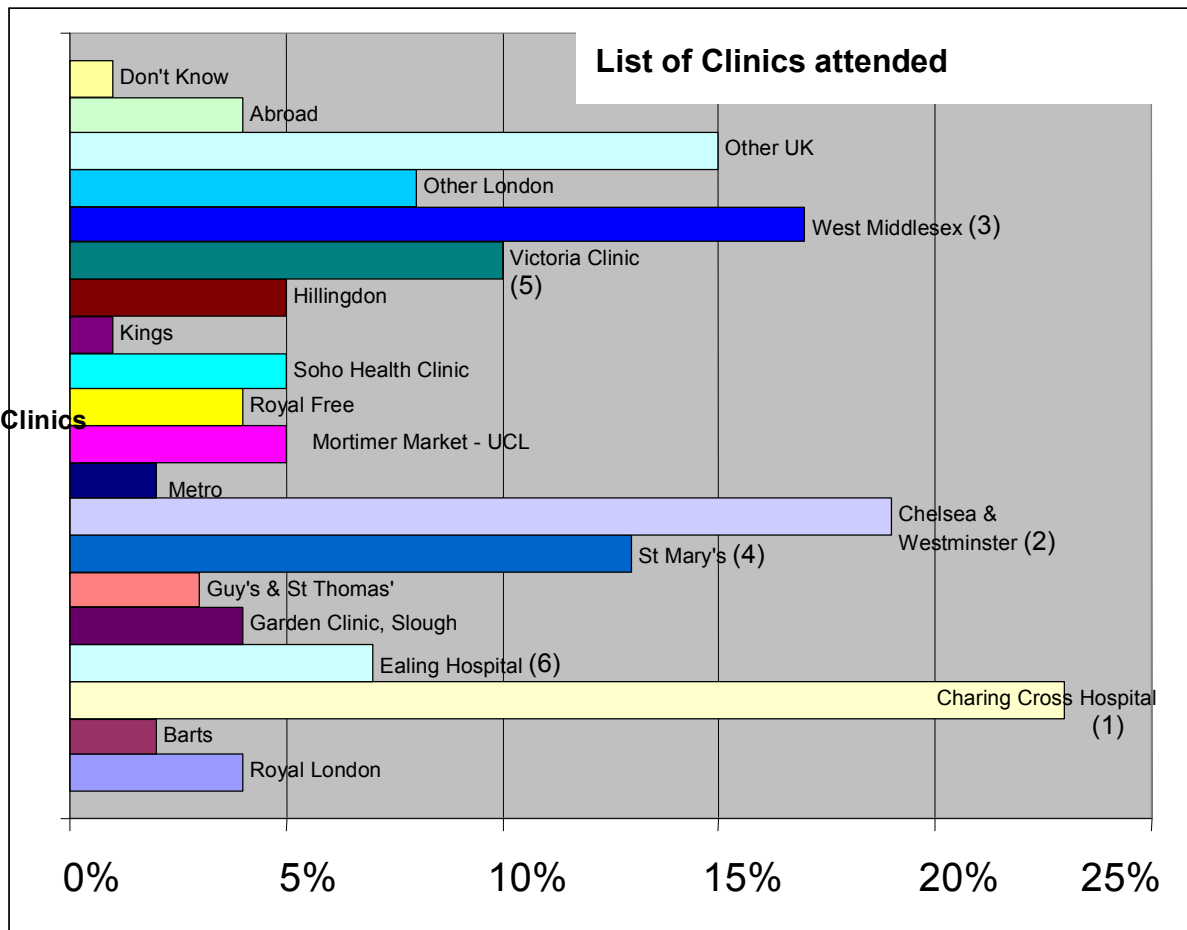
The reasons for attending a sexual health clinic were varied, ranging from routine check ups (60.9%) to Hepatitis B vaccinations (0.6%). Other participants revealed going to the clinic for the following reasons:



**Chart 7 – Reasons for attending a clinic**

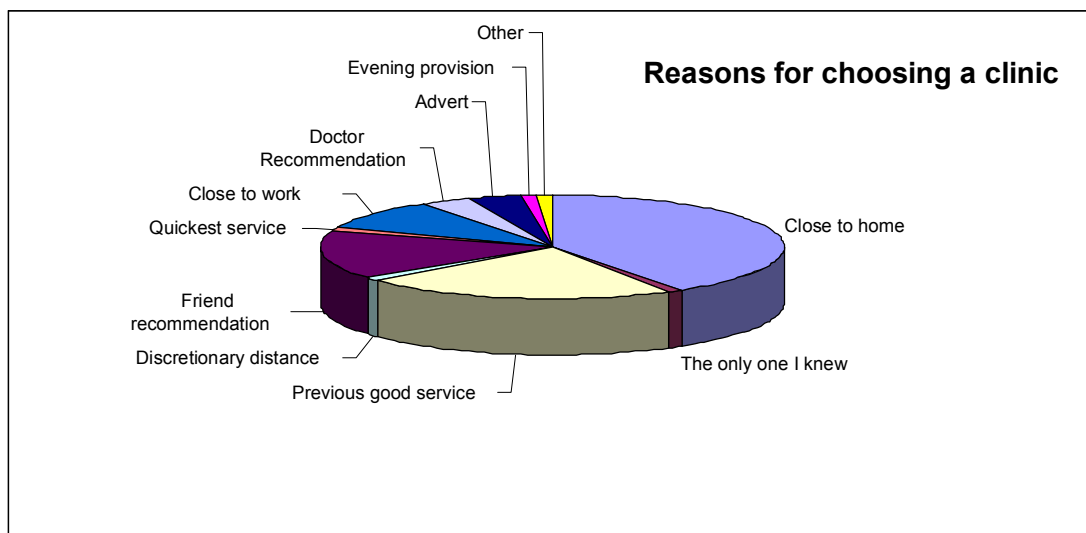
(This question had a range of multiple choices and participants could tick more than one)

The list of all sexual health clinics attended by the participants in this study can be found below. They are mostly located in West and Central London. The most visited clinic was at the Charing Cross Hospital in Hammersmith.



**Chart 8 - List of clinics attended**

These clinics were chosen for a wide range of reasons, which can be found on Chart 9 below:



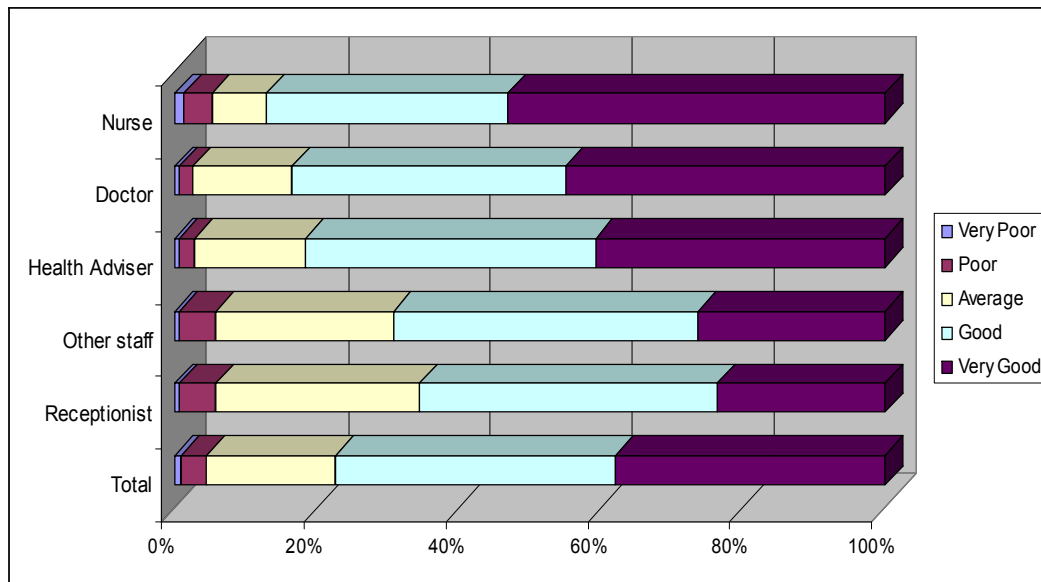
**Chart 9 - Reasons for choosing a clinic**

### Section 3 – Service

In this section, participants were asked to rate the quality of the service received, in terms of their satisfaction with the different health professionals, booking an appointment, confidentiality and impact of sexuality on the appointment.

When rating the different professionals that one is likely to encounter at a sexual health clinic, participants rated their service as follows:

## Service Ratings



**Chart 10 – Service Ratings**

This reveals that most participants were satisfied with the service of the different health professionals, rating them good and very good more often. The highest score was achieved for a rating of Very Good for the nursing staff. However, this group was also the one obtaining highest ratings in the very poor category.

Overall satisfaction with the service was rated afterwards, and keeping in line with these results, most participants rated the service as Good (48.7%), followed by Very Good (34.8%) and Average (14.6%). Only 3 participants rated their overall experience as Poor and no one scored it as Very Poor.

Speed in getting an appointment was another factor that was analysed in the study. For the majority of the respondents, their appointments were Easy (41.3%) or Very Easy (25.8%) to arrange. However, a substantial number of participants rated the easiness of getting an appointment as quite hard (15.5%) or very hard (5.2%).

When analysing the impact of sexuality in the service received, 133 participants thought their sexuality had no negative impact on their experience, against 12 who felt this negative impact and 17 who did not know.

The language of the staff was also assessed in terms of its adequacy to the needs of gay and bisexual men. A total of 127 respondents were satisfied with the language used, however 21 thought it was insensitive.

When analysing whether or not the staff made assumptions about the participants' sexuality, most (59.8%) felt that there were no assumptions made, against 29 (17.7%) who disagreed. A total of 37 (22.5%) did not know. From all of the participants who answered this section, a total of 122 (74.4%) attended a gay-men's specific clinic.

The questionnaire then went on to ask about regular visits, specifically in terms of seeing the same doctor every visit. Despite the large majority of participants preferring to see the same doctor every visit (54.3%), only 42 (25.6%) were able to do so.

Participants were also satisfied with the knowledge of staff in terms of availability of other services for gay and bisexual men (59.1%).

In terms of confidentiality and data protection, a large majority felt that their details were handled (84.8%) and kept (82.9%) in a confidential manner.

## Section 4 – Environment

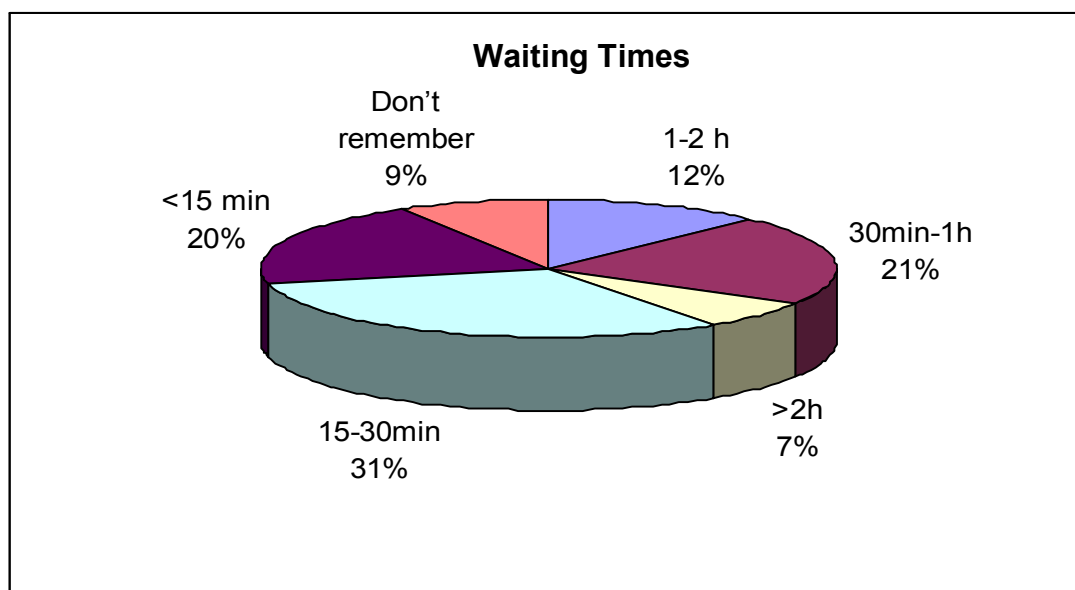
Section 4 explored the satisfaction of participants with the clinical setting, in a physical sense. We analysed it in terms of comfort, availability of gay specific reading material, waiting times, availability of condoms and finally awareness of the different services provided at a sexual health clinic. We also asked whether participants had ever taken a pack of 24s from a clinic.

In terms of comfort, most respondents considered the clinic to be comfortable (67.7%), against 24.4% who did not think so.

Despite most participants (71.3%) wishing to have copies of the gay press and other gay-specific reading materials available in the clinic, and 81.1% feeling comfortable reading these within a clinical setting, only 43.3% found these on their visits.

Going back to the last time participants visited a clinic, 51.2% pre-booked their appointments and 44.5% used the walk-in service (4.2% didn't Know/Didn't Answer – DK/DA).

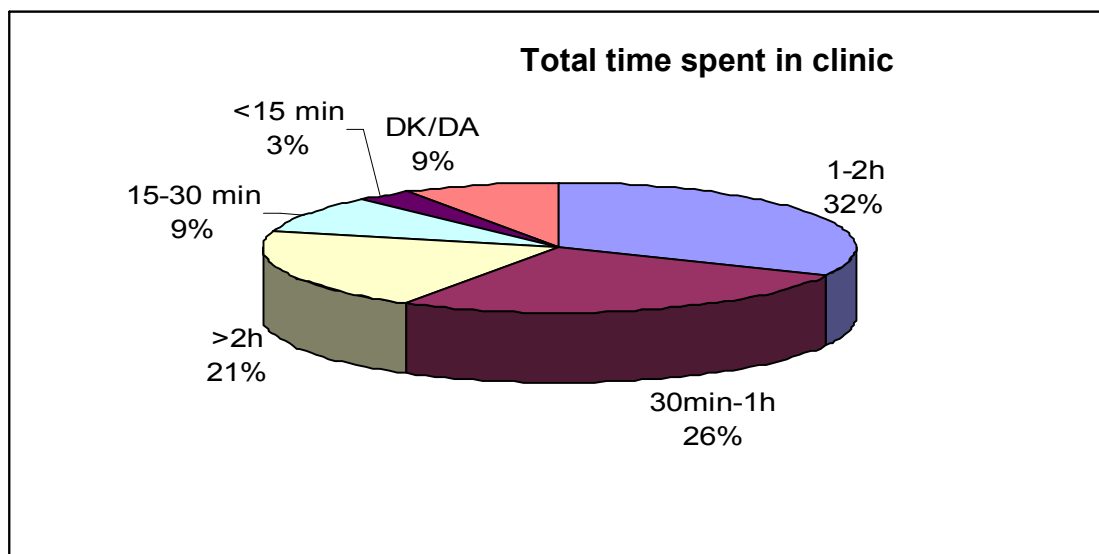
The waiting times for their appointments can be found on chart 11.



**Chart 11 – Waiting times**

For all pre-booked appointments, when asked if they were seen on time, a total of 55 (56.1%) said they were seen on time, against 43 (43.9%) who did not.

Adding up total time from entry to exit of the clinic, chart 12 shows their average times.



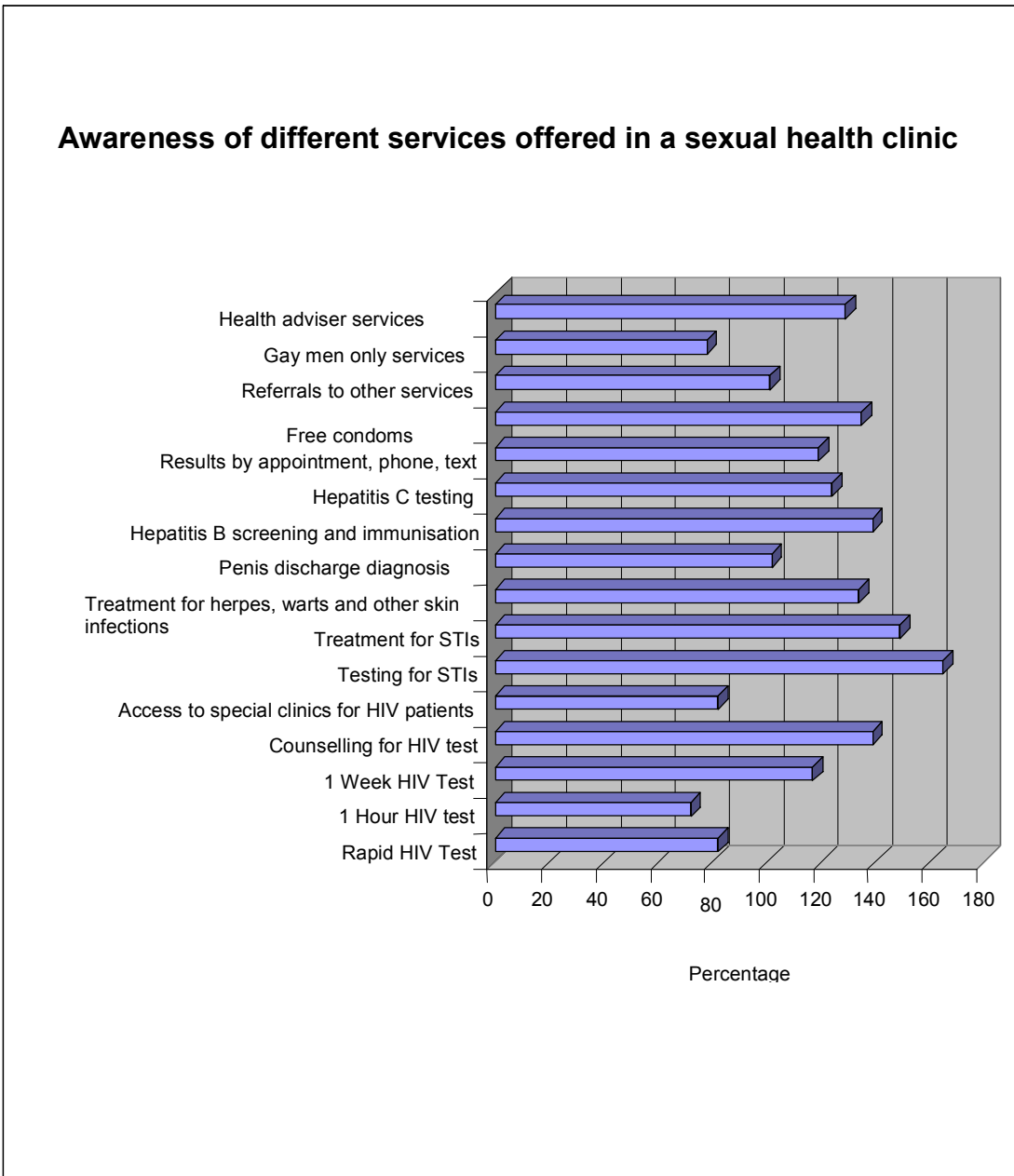
**Chart 12 – Total time spent in clinic**

Health promotion posters, leaflets and condoms are commonly displayed and available throughout sexual health clinics. There are various services that are also advertised through posters, including a range of services specific to gay and bisexual men. Only half (50.6%) of our respondents found these on their visits to the clinic.

As for condom availability, most participants (84.8%) feel comfortable taking condoms home from a clinic, and a total of 105 (64.0%) received some at their last visit. Despite this, 26 (15.9%) were not offered condoms when visiting a clinic.

When asked whether they had ever taken a pack of 24s from a clinic, 26.9% had already done so.

Finally, we asked all participants to identify what services are available in a sexual health clinic. Chart 13 shows all answers.



**Chart 13 – Awareness of different services at clinic level**

In general, participants were well aware of the different services available at sexual health clinics. Less people knew about 1-hour HIV antibody test (point of care test), access to special clinics for HIV-positive people, and gay men only services. This highlights a potential need for further advertisement of such services (gay men evening clinics, etc.).

This study has also highlighted that most participants seem to be satisfied with the services they receive in terms of sexual health provision. However, there are minor issues that need to be addressed and analysed further.

One major aspect relates to the sexual health clinics that were most visited by the participants in this study: Charing Cross Hospital (or West London Centre for Sexual Health – WLC SH), and Chelsea and Westminster Hospital (C&W). These two clinics seem to attract most people in the study, and they are certainly the largest clinics in West London. Most of the attendees came from within West London, as the following charts 14 and 15 show:

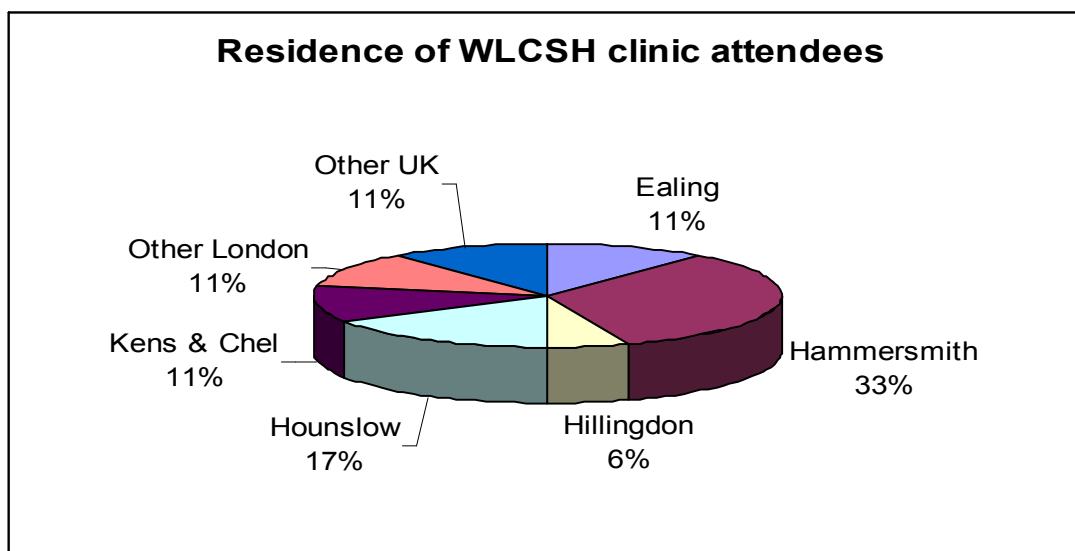


Chart 14 – Residence of WLC SH Clinic attendees

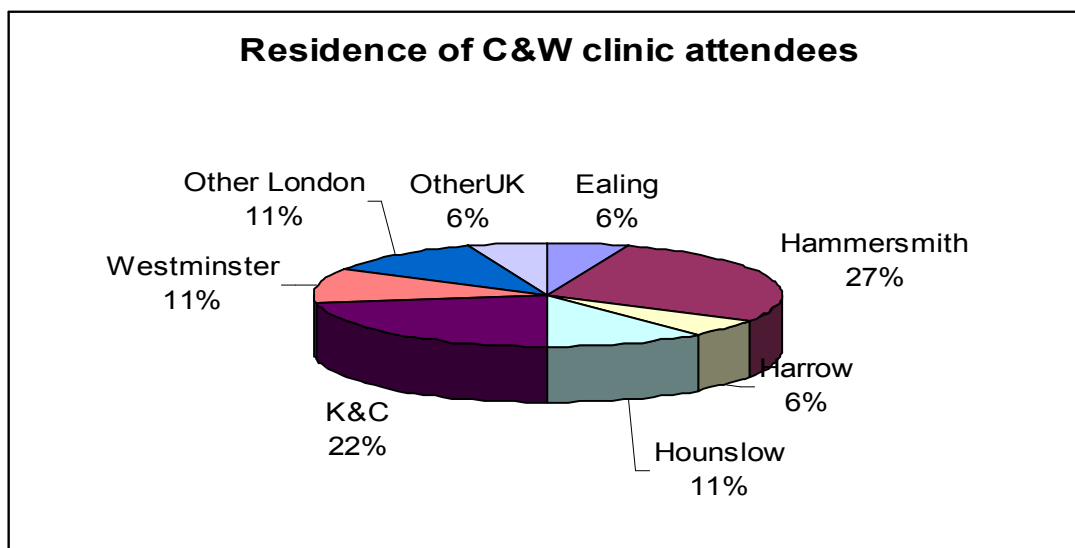
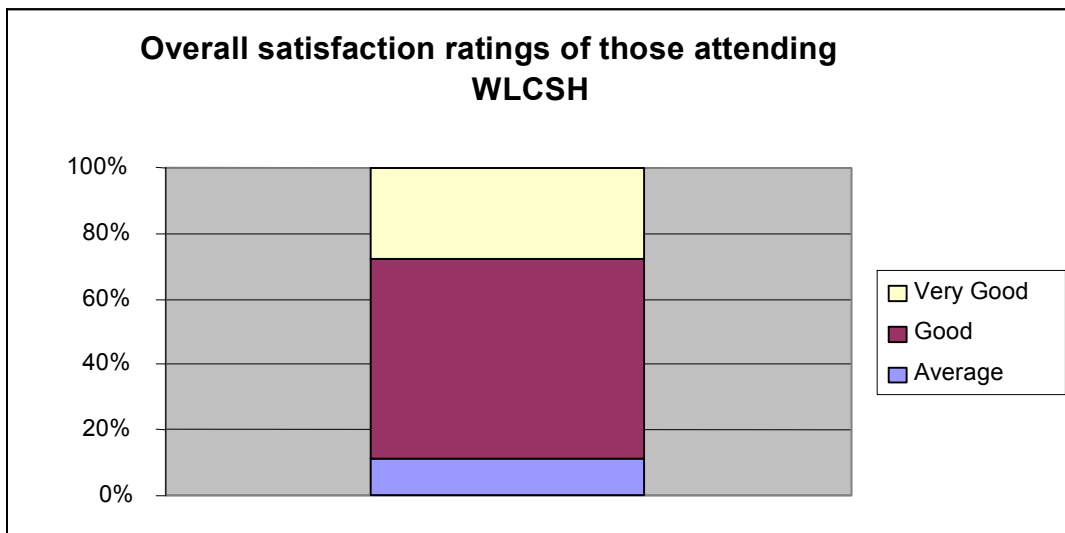
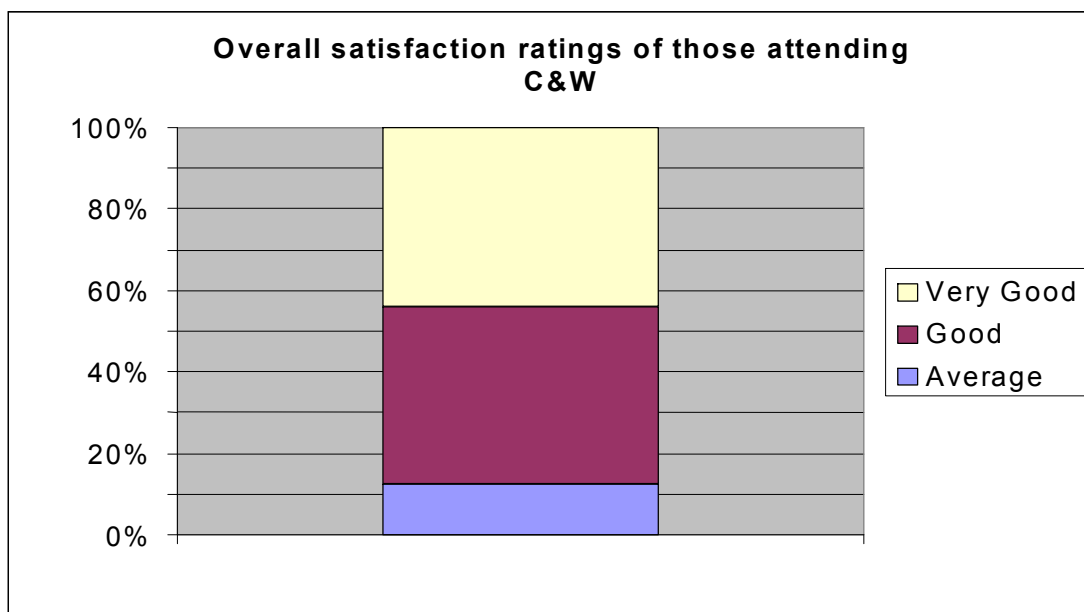


Chart 15 – Residence of C&W Clinic attendees

These are therefore two key settings for health promotion and provision of care to gay and bisexual men in West London. This group of attendees appear to be, in general, very satisfied with the services. In general, C&W Hospital obtains a better satisfaction rate than WLC SH, as shown in the charts below.



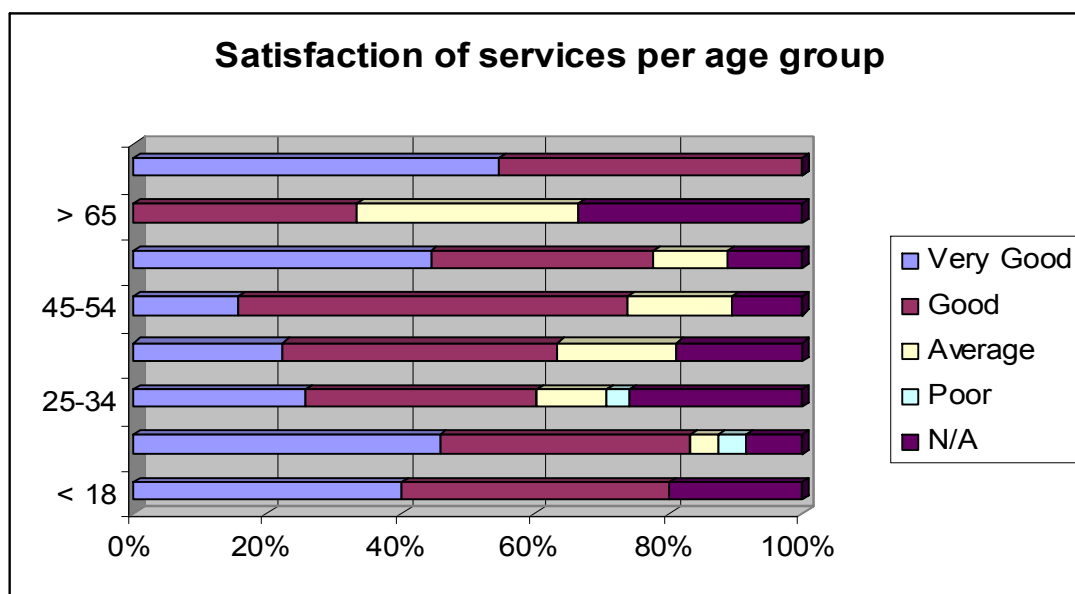
**Chart 16 – Overall satisfaction WLC SH**



**Chart 17 – Overall satisfaction C&W**

The level of satisfaction also varied according to the age group of the participants. As it shows in chart 18, poor satisfaction is only found amongst

the younger participants, whereas the older are more likely to find the service average. Overall, most participants rated the service as good or very good.

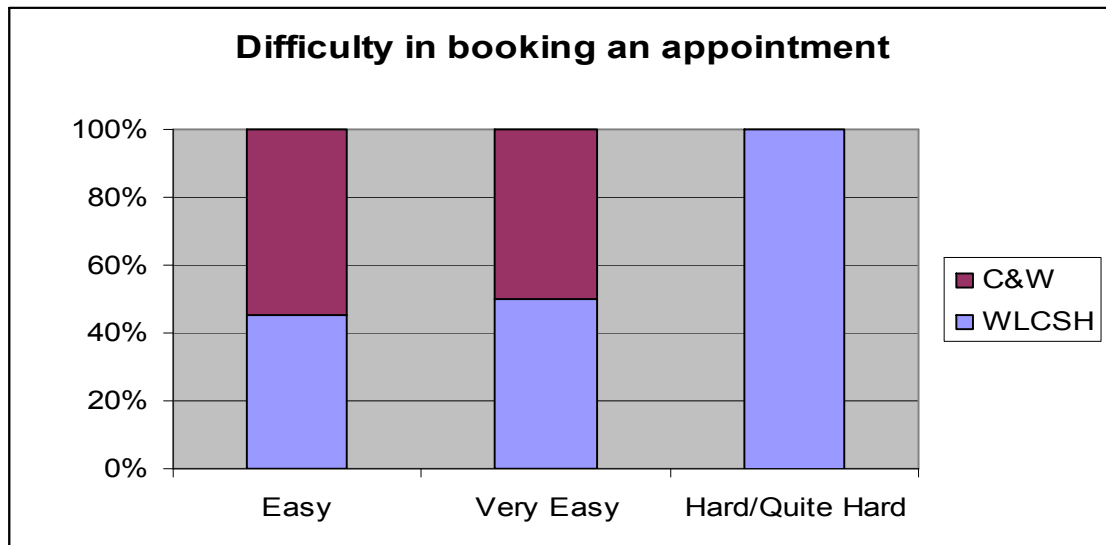


**Chart 18 – Satisfaction with the service and age of participants**

Results for satisfaction and ethnicity can be found in appendix 1. According to these results, the large majority of participants found the services to be Good or Very Good. White British more commonly rated Poor service and an Average service was more common amongst Bangladeshi, Pakistani and Latin men. Overall, Black Africans were the most satisfied with the services, followed by Mixed. These ethnic groups were also the most likely to have visited Charing Cross Hospital and Chelsea and Westminster. The White respondents appeared to have attended a wide range of clinics, but more commonly visited the Royal Free Hospital, St Mary’s, Chelsea and Westminster and the West Middlesex Hospital. The majority of Asian participants visited the Royal London hospital. For a detailed description of the clinics visited according to ethnicity, please see the appendices at the end of this report.

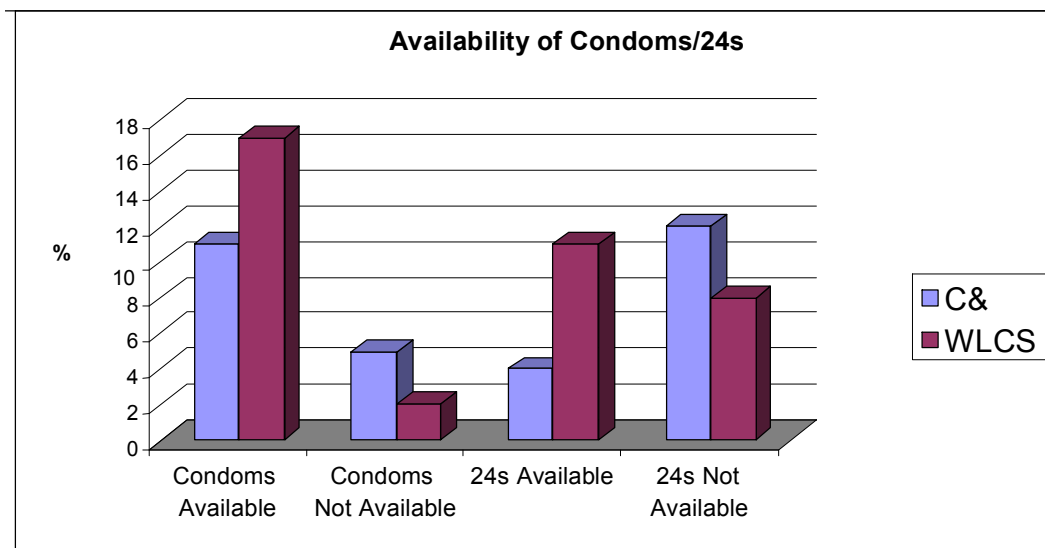
When analysing the degree of difficulty in booking an appointment, Chelsea & Westminster obtained more ‘Easy’ and ‘Very Easy’ results and received no ‘Hard’ or ‘Very Hard’. West London Centre for Sexual Health at Charing Cross

hospital obtained the second highest score overall for difficulty in booking an appointment, only second to St Mary's Clinic in Paddington.



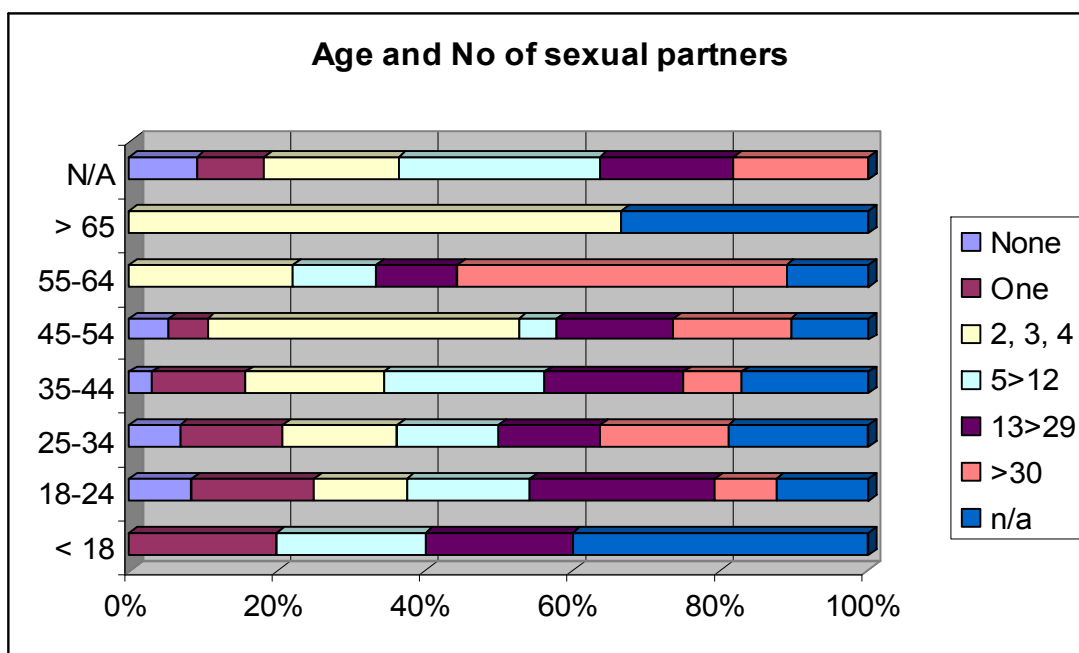
**Chart 19 – Difficulty in booking an appointment, per clinic**

Another aspect worth revisiting in more depth is the availability of condoms and 24s from these two clinics. As shown in chart 19, those participants who attended West London Centre for Sexual Health were offered condoms more often, or saw condoms available at that clinic, whereas the Chelsea and Westminster attendees found condoms more difficult to obtain.



**Chart 19 – Availability of condoms and 24s, per clinic**

Further analysis of the data provides important information regarding the sexual health and sexual behaviours of gay and bisexual men in West London. As it shows in chart 20, for example, older gay and bisexual men tend to have had more sexual partners in the last twelve months. However, the scores for '13-29' and '>30' combined seem to be similar to all age groups between 18 and 55 years. The number of participants that reported having none or one sexual partner also seems to be similar to all age groups up until the older groups, and peaking at 18-24 year olds.



**Chart 20 – Age and number of sexual partners**

The number of sexual partners was also analysed in relation to ethnicity, which can be found in Appendix 2. The ethnic group with the highest number of sexual partners was Latin/South American. The group with the lowest numbers was White Other (highest number of “none”) and Black African and Mixed White & Asian and Other Mixed (more “one”).

## **Conclusion**

This study has highlighted that sexual health services for gay and bisexual men in West London are strong and considered to offer a consistently good standard of service. It also identified areas for further development, particularly with regard to the two most visited clinics in gay and bisexual men in West London.

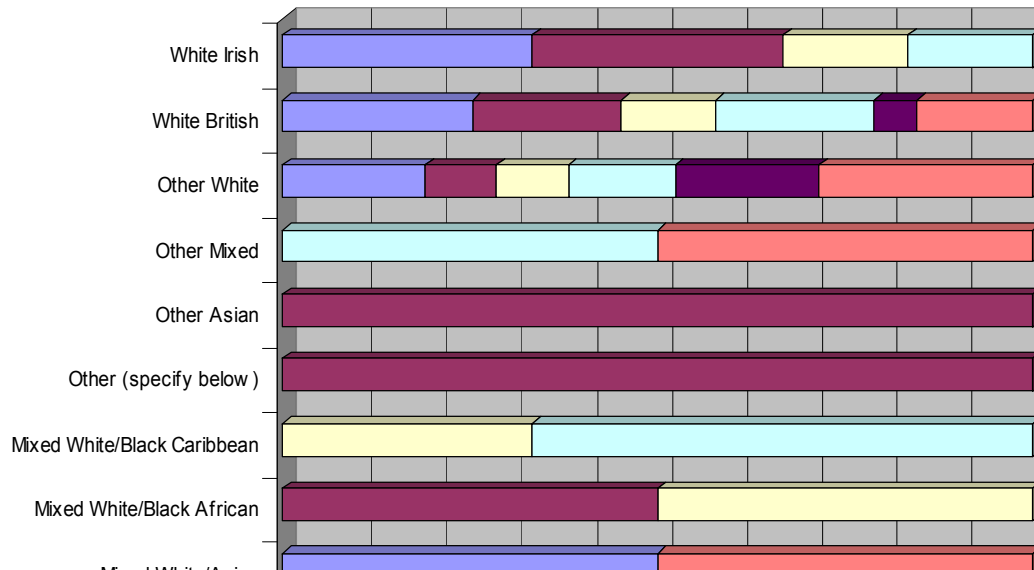
Gay and bisexual men in West London seem to be aware of what services are available within a sexual health clinic, and tend to attend them on a regular basis. However, some participants still reveal difficulties at service level, particularly in making contact with the service and arranging appointments. Moreover, there are long waiting times to access some services and these delays might have a significant impact on the overall wellbeing of gay and bisexual men.

Despite being rated very low, some participants are still concerned that some services might not be welcoming to gay and bisexual men, as staff are perceived to be judgemental about their sexuality.

Further studies should potentially address the sexual health needs of gay and bisexual men in West London, as this study did not identify whether or not the current provision adequately reflects local needs, despite high levels of satisfaction. Moreover, a new approach in which a variety of settings is used to facilitate access to clinical services should be considered. More discussion about integration and holistic sexual health care is needed to help service providers consider ways in which they may introduce a more integrated service.

APPENDICES

## Ethnicity & Satisfaction with service



Q3

Q17

- 13 to 29
- 2, 3 or 4
- 30 or more

# Ethnicity & Clinic Visited

