

The Sexual Health Needs of Gay and Bisexual Men in Cambridge and the surrounding areas

Steve Moralee
DHIVERSE, 2005

CONTENTS

Background and Introduction	2
Methodology	3
Demographics	5
<i>Age</i>	
<i>Ethnicity</i>	
<i>Area of Residence</i>	
<i>Disability</i>	
<i>Sexual Identity</i>	
<i>Employment and Education</i>	
Use of the gay scene	8
Gay community groups and support organisations	8
Homosexuality at school	10
Policing and homophobia	10
Social Exclusion and Isolation	10
Health	11
<i>Smoking, Alcohol, and Drug Use</i>	
<i>Mental Health</i>	
Sexual Health and Relationships	13
<i>Sexual health and General Practice</i>	
<i>GUM Clinics and HIV testing behaviour</i>	
<i>Sexually Transmitted Infections</i>	
<i>Hepatitis B Vaccination</i>	
<i>Condom use and accessing condoms</i>	
<i>Relationships and sexual partners</i>	
Sexual Experiences	17
<i>Sexual behaviour</i>	
<i>Age of first sex</i>	
<i>Where men find sexual partners</i>	
Summary and Implications for Services	19
References	22

Background and Introduction to the Study

DHIVERSE has been working in Cambridgeshire since 1986 to promote greater awareness of HIV, AIDS and other sexually transmitted infections and provide support for people living with and affected HIV. The organisation has expanded recently to provide services across more of the county to include Cambridge City, South Cambridgeshire, East Cambridgeshire, Huntingdonshire and parts of Fenland. This is the first needs assessment that DHIVERSE has carried out, although data has been collected by DHIVERSE for the Sigma Research, National Gay Men's Sex Survey (Wetherburn, *et al*, 2000; Reid, *et al*, 2002; Hickson, *et al*, 2003). This assessment aims to provide information specific to Cambridgeshire to inform the services provided by DHIVERSE and other providers to meet the needs of gay and bisexual men and to direct future work towards any needs that were identified as unmet, or met only in part.

In terms of the Cambridge gay scene, when this assessment was carried out there were 2 gay pubs in Cambridge where some of the recruitment was carried out. There was also a monthly night club (Dot Cotton) held at the Junction and a Cambridge University Student Union LGB society night held at the nightclub 'Life' called 'unique'. This was held every Tuesday night.

There is also a gay scene in Peterborough, the only other large city in Cambridgeshire. This was not covered in the data gathering for this needs assessment, but in the future it may be prudent to include Peterborough in the data gathering, through partnership with the Peterborough HIV agency, PHSS.

In 2001, the Department of Health published The National Strategy for Sexual Health and HIV (Department of Health, 2001) to address the rise in sexually transmitted infections and HIV. This strategy highlights that 'sexual ill health is not equally distributed among the population', with gay men being identified as a high risk group. This is supported by research carried out by Hickson, *et al* (2003) which showed that of the gay men surveyed; only 60% used a condom during their first experience of anal sex. The survey also showed that of those that had anal intercourse in the last year, 48.8% had unprotected intercourse and 59.6% of those who had, had both unprotected insertive and receptive intercourse.

This assessment aimed, in part, to investigate the sexual behaviour of gay and bisexual men in Cambridgeshire and whether the trends identified in the Hickson *et al* research applied.

The national strategy for sexual health and HIV also highlights the need for 'up to date evidence of what and how different interventions work'. This assessment aimed to evaluate the interventions already in place within the Cambridgeshire and to assess any unmet sexual health needs. This evaluation will also help to inform the future direction of work to best meet the needs of the target groups.

It is also important for DHIVERSE to assess the local gay community's knowledge of where to get free condoms, in particular, the packs that DHIVERSE provides to the gay venues. According to Effective Health Promotion (Department of Health, 2003) condoms should be 'visually available and ensure that these include ones particularly suitable for gay and bisexual men'. This research also seeks to examine the other health related services accessed by gay and bisexual men in Cambridgeshire.

The aims of the study can be summarised as:

- To identify the demography of the gay and bisexual population to which DHIVERSE is delivering services.
- To assess the work which DHIVERSE and other providers have already done in the area.
- To find any gaps in the coverage of DHIVERSE and to identify any services for which there is a need but no supply.

Methodology

Questionnaire Development

The questions that were used in the questionnaire were in part identified from a number of sources, including questions from other organisations needs assessments. A large amount of the questions for the gay men's survey came from Hickson, Wetherburn, Reid and Stephens (2003), Turner and Mallett (1998) and the Census (2001), using questions from other sources facilitated establishing comparisons with other populations.

Before being used, questionnaires were piloted on a small number of the target population for assessment. From this process, many of the questions were reworded and the layout changed to facilitate completion.

The scale that was used for socio-economic status is the Registrar General's Classification of Occupations taken from Breakwell, Hammond and Fife-Shaw (1995) and Wetherburn, Davies, Hickson and Hartley (1999). There are other scales that could have been used but this scale was considered sufficient for this report.

Exclusions and Recruitment

The criteria for excluding data were decided upon in a number of ways. Firstly it was deemed that if a questionnaire had been filled out by a respondent of the wrong gender then this should be excluded on the grounds that they are not in the target population. Similarly, if a questionnaire had been spoiled (circling all possible answers for all questions for example), it was also excluded. Data was also excluded if the respondent had answered less than 25% of the questions. Data was further excluded if the respondent had not had any homosexual sex, nor desired to do so, and had no intention of doing so in the future.

Questionnaires excluded from the Gay and Bisexual men results.

Reason for exclusion	Number
Heterosexual	8
Wrong Gender	0
Less than 25% completed	3
Total	11

Data for the socio-economic comparisons was comprised of respondents who were employed, retired, medically retired and unemployed but have had a job in the past and excluded certain groups of respondents. This was done as it is extremely difficult to work out the socio-economic status of groups such as students who have not yet started their careers or the unemployed that have never worked.

Exclusions from social status results.

Student	28
Never Employed	2
Other	3
Total	33

Recruitment

Recruitment was done face to face at gay pubs and at gay nights in Cambridge. Participants were given a questionnaire to fill out and were asked to place it in a sealed box provided to protect anonymity. This type of recruitment was only carried out within Cambridge City, thus representing the community that use the commercial gay scene in Cambridge. Using postcode data from the questionnaires, it was found that, although a high proportion of the sample did live in Cambridge city, the sample also contained respondents from surrounding localities.

To try and broaden the scope of the assessment to cover men that have sex with men but don't use the commercial gay venues, the questionnaire was sent out with the newsletter of the 4men project. This project covered the rural and isolated parts of the Cambridgeshire area such as Fenland and Huntingdonshire and includes men that may not use the Cambridge scene by choice and also those that may not have the opportunity to do so. To try and increase the response rate, a freepost envelope was included. The response rate from this mailing was 19.8%.

The questionnaire was also advertised and available to download from the Cambridge University Students Union Lesbian, Bisexual and Gay Society (CUSU LGB) website. This produced 13 completed questionnaires.

Number of Gay and Bisexual men questionnaires filled out at the different recruitment venues.

Venue	Number of questionnaires
Fleur de Lys (a gay venue in Cambridge)	69
Bird in Hand (a gay venue in Cambridge)	45
CUSU LGB	13
4men Project	18
Unknown	9
Total (n)	154

Data Analysis

The data that was collected from the questionnaires was entered on to SPSS for analysis. Where appropriate for the data collected, it was analysed using adjusted chi squared and the appropriate non-parametric correlation statistics (e.g. spearman's, Kendall's *tau-b*).

Demographics

The mean age of the sample was 30.91 with a standard deviation of 11.73 and a range of 50 (n=149, 4 missing). This data was not normally distributed, but skewed towards the younger age groups. This may be due to a large proportion of the data collection being undertaken in gay venues where it is likely that younger age groups would be better represented.

89% of this sample did not have children with 11% having children (15 respondents).

Most respondents in this sample (85.4%) described themselves as white UK (see table over). This is expected as the figures for the UK from the census place 92.1% of the population as white but does not distinguish between white British and white European, when these are combined, the total percentage is 90% in this sample. It would also be expected that this sample would be slightly less diverse as 45% of non-white UK population live in London and relatively low numbers live in the East (Census 2001), though as most of this sample live in Cambridge, this is reflected in the slightly higher percentages (Census 2001).

Ethnic Group	Percentage of sample
Black African	2% (3)
Black Caribbean	0.7% (1)
Asian	1.3% (2)
White British	85.4% (129)
White European	4.6% (7)
Irish	2.6% (4)
Other	3.3% (5)
Missing	1.9% (3)
Total	100% (154)

When compared to other assessments of the gay population, the largest is the Sigma research groups work which found similar representation of ethnic groups within their sample of gay men (Hickson *et al*, 2002).

Residence

In this sample, 39.5% of respondents currently lived alone, 19.7% with their parents and 14.5% living with a male partner. 15.6% lived with friends which initially were thought to represent the student sub population. However, taken with other descriptive variables, it was found that this group was mainly made up of 18-35 year old employed men.

From post code data, it could be seen that a large number of respondents were from Cambridge City and the immediate area and that respondents from the rest of the county were poorly represented. One reason for this is that Cambridge City has gay venues where the researchers could approach respondents face to face and engage them, to access gay men in the rest of the county, the researchers had to rely on postal replies which generate a lower response rate. Another is that when postcodes are looked at together with educational and employment data, most of the sample were well educated with a high level of employment and so likely to live in or around Cambridge City as this provides the best employment opportunities. Previous research (Keogh, Dodds & Henderson, 2004) has also suggested that gay men will move to areas with gay venues and Cambridge (together with other cities in the area) has these.

PCT	No. Respondents
Cambridge City and South Cambs.	89
Huntingdon	12
East Cambs. and Fenland	14
Peterborough	2
Norfolk	2
Suffolk	6
Uttlesford	2
Other	13
Missing	14
TOTAL	154

Disability

87% of respondents in this sample classed themselves as not having a disability, with 12.3% reporting that they did. Respondents had a free choice as to how disability was described. The table below shows the breakdown of disabilities that were reported in this sample.

Disability	Number of Respondents
Back Problems	2
Mental Health	3
Alcoholic	1
Visual Impairment	2
Dyslexia	2
Arthritis	3
Cerebral Palsy	1
Epilepsy	1
HIV	1
Auditory Impairment	1
Aspergers Syndrome	1
Not Stated	2

Sexual Identity and 'Outness'

86.4% of this sample described themselves as gay, with 8.4% describing themselves as bisexual. The remaining 5.2% percent was made up by the other 2 categories ('don't use a term', 3.9%, 'other', 0.6%) (n=153, 1 missing). The percentage of bisexual men in this sample is very low which made any further comparisons difficult with this sub-population.

Questions were asked to try and rate 'outness', this being defined as how open the respondents were about their sexuality to friends and family. This was measured by asking respondents to circle whether they were 'out to most of the family', 'out to some of the family' or 'not out to the family', and the same in terms of their friends.

Using this data, people were significantly more likely to be 'out' to most of their friends than most of their family (p=0.01). 57% of respondents were 'out' to most of their family whereas 77.2% of respondents were 'out' to most of their friends. Despite this difference being significant, the two do significantly co vary. The direction cannot be ascertained by the correlation but as the means are significantly higher in the 'out' to friends question, it is likely that in this sample, respondents have come 'out' to their friends prior to their family.

Employment and Education

The employment data for this sample roughly reflects the economic climate of Cambridgeshire. Almost three quarters of respondents were in current full time employment (72.4%) and 18.4% of respondents were full time students. The extent of the student population represents the data collected from CUSU LGB, and the data collected in the gay venues in Cambridge as Cambridge students are likely to frequent these. A small proportion of respondents were retired or medically retired (both 2.6%) and only 3.9% of the sample were currently unemployed (6 respondents).

The employment class data again is quite representative of Cambridgeshire with nearly 70% of respondents placing their employment level in the top two categories (professional 25.2%, intermediate non manual 44.5%). Such high percentages may be due to social desirability effects, but it could also be that there are many employment opportunities in Cambridgeshire and most of this sample are well educated. When analysed together, employment class and educational attainment are related (p=0.001).

In terms of education, 41% of respondents had completed higher education courses and 21.5% of respondents had completed further education courses. This is what would be expected from the general population of Cambridge City (41.18% Census 2001) but is way above that of Cambridgeshire as a whole (25.55%). It is probable that this is due to the disproportionate numbers of respondents living in Cambridge City.

Use of the 'Gay Scene'

87.6% of respondents said that they used the gay scene (the commercial gay venues), representing the questionnaires completed in gay venues. It is interesting that of the 12.4% who did not, half were from the Huntingdon/Fenland area. This is a high proportion as respondents from Huntingdon/Fenland postcodes only make up 12.7% of the entire sample. It may be that men in the Huntingdon/Fenland area do not want to use the gay scene or it may be that, due to geography, the men have a reduced access to the services available in the city. This is further backed up by qualitative comments on some of the questionnaires:

'a gay venue in Huntingdon would be good' (50, PE29).

'there's nothing out here' (35, PE28)

'I don't use any groups as I'm not aware of any' (20, PE14)

Gay Groups and Support Services in Cambridgeshire

Question 16 asked respondents to indicate which gay groups and support services they had used and to rate them on a 5 point scale (1=very poor to 5=very good). However, the sample that is represented here seemed to have rarely used the groups that were listed apart from DHIVERSE. The details are shown below.

Despite DHIVERSE being the most used organisation by this sample, only 40.9% of respondents claimed to have used their services. This may be because people are not aware where the free condom and lube packs come from and that despite doing work with the community, do not know the name of the organisation.

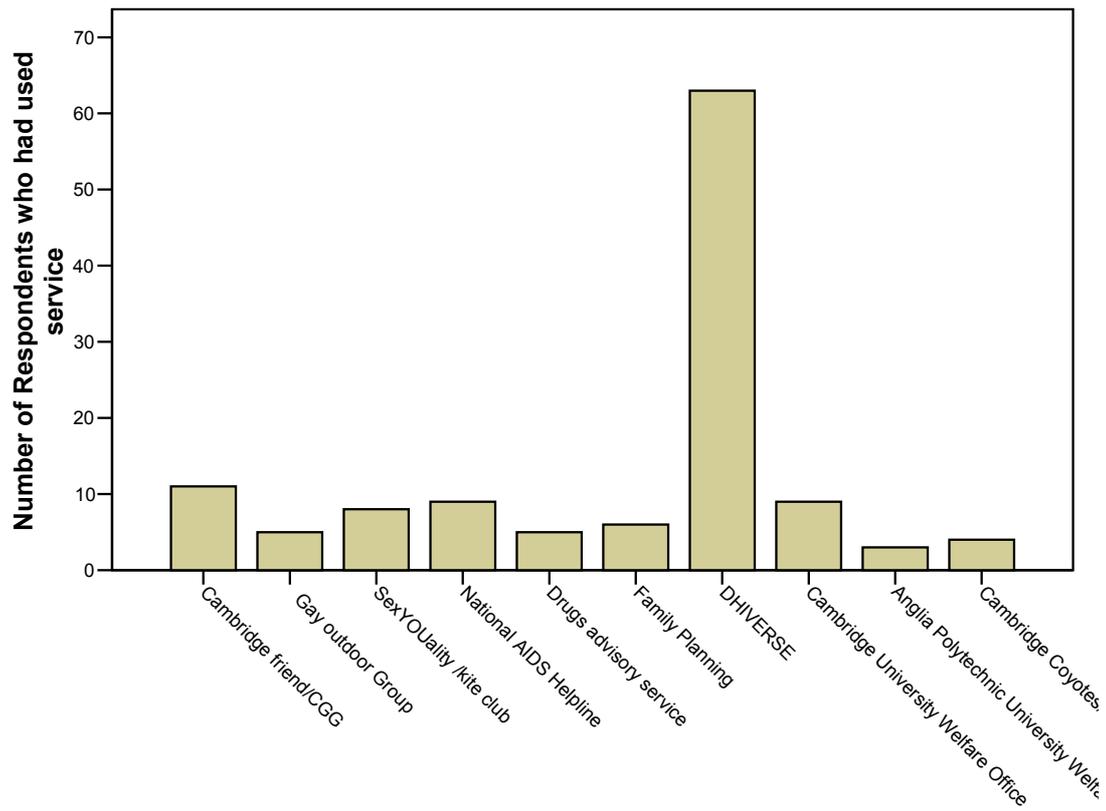
Despite this, when people had used the services of DHIVERSE, they rated them highly and DHIVERSE has the highest rating overall of 4.2 out of 5. As DHIVERSE was carrying out this research, the ratings and numbers reporting to access DHIVERSE may have been skewed by respondents.

A criticism that arose from comments on some of the questionnaires from respondents who lived in Huntingdonshire was that many of the services that they use were not listed. This was largely due to the close proximity to Peterborough of some of the respondents, whose services were not being assessed in this research. In future, it may be worth adding these services and passing the information on to the relevant organisations.

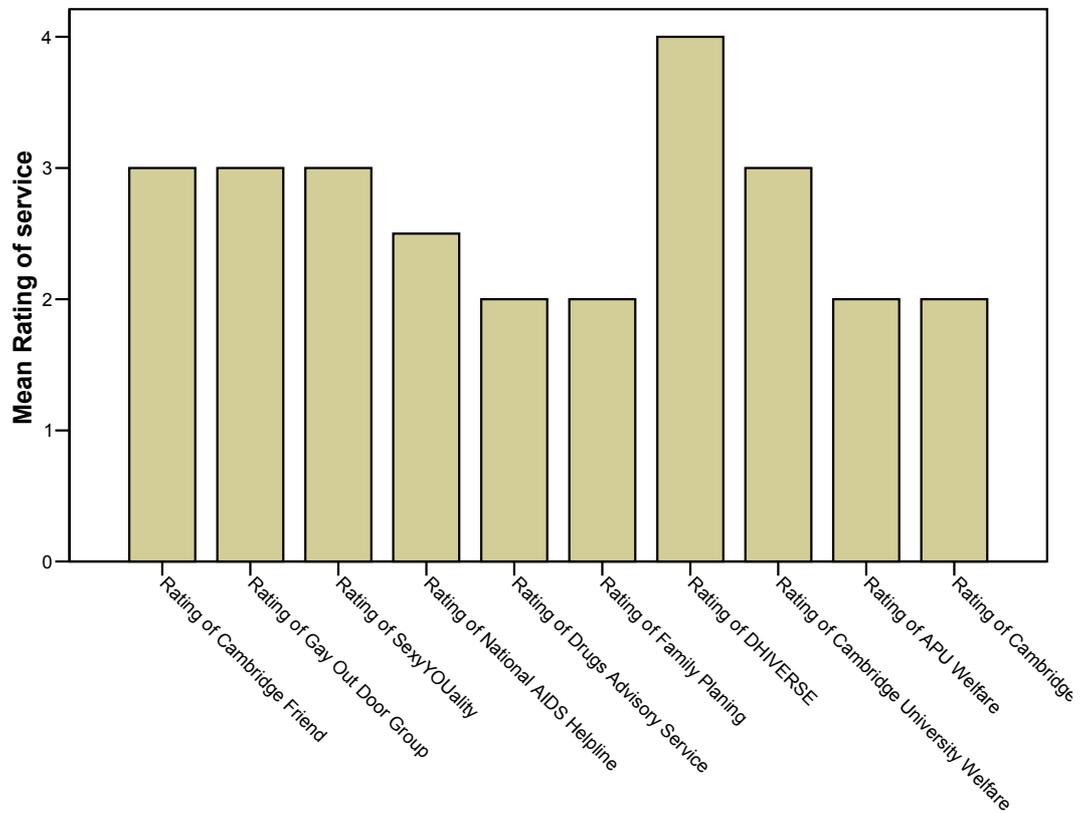
Respondents were asked whether there were any services that the respondent required that were not already provided. There seemed to be a very low response rate for this question (30.5%). This may be an indication of a low level of unmet need in terms of services, or a reluctance to reply to open answer questions.

Of those that did answer, 70.2% said that there were not any services they required and 29.8% said that there were. These included more services outside of Cambridge, a gay venue (such as a coffee shop) that was not centred around drinking and more practical advice on matters such as buying a house with a partner and other legal advice around partnerships/relationships.

Number of respondents who use the groups/organisations listed



Mean rating of gay organisations in Cambridge



Homosexuality at School

Respondents were asked whether the subject of homosexuality was raised at school or not and if so was it raised positively, negatively or unbiased. 60.4% of respondents reported that homosexuality was not raised at school and of the 39.6% who claimed it had, 43.3% claimed that it had been raised negatively, 38.8% unbiased and only 18.3% positively. One probable explanation for these results is a societal change towards the acceptance of homosexuality. When compared with age, it can be seen that the two are related with younger respondents being more likely to have had homosexuality raised at school ($p=0.001$) supporting to this notion.

Police and Homophobia

The questions on homophobia and the Police asked for actual events that had taken place, ratings of the Police service with regards to homophobic crime and individuals' perceptions of victimisation.

Police

Of this sample, 17.1% had called the Police in relation to a gay incident in the last 3 years (26 respondents). Of this group, over half rated the service that they received as either good (30.8%) or very good (26.9%). A further 7.7% rated the service as satisfactory and the remainder rating the service as either poor (15.4%) or very poor (19.2%). Together with comments written on the questionnaires, the impression was given that the gay community felt confident in the service that the Police provide and would contact them in relation to a gay incident.

Discrimination and Victimisation

Of this sample, a high proportion had suffered homophobic abuse of some kind. 40.3% of respondents have suffered homophobic discrimination in the form of abuse, 23.6% suffered assault and 13% suffered unfair treatment at work. However, only 5.8% of respondents thought that they were victimised because of their sexuality often and that most incidents were a one off occurrence.

Social Exclusion and Isolation

Loneliness, Isolation and exclusion

Respondents were asked to rate their loneliness on a 4 point Likert scale from 'never feel lonely' to 'often feel lonely' and answer yes/no to whether they felt excluded from things because of their sexuality. The results showed that 21.1% claimed never to feel lonely and 13.8% claimed to feel lonely often. Most participants (65.2%) claimed that they felt lonely occasionally or sometimes (34.9% and 30.3% respectively).

In terms of being excluded from things because of sexuality, 69.1% said that they did not feel excluded with 30.9% saying that they did. These results were similar when asked if respondents were isolated because of their sexuality (63.8% no, 36.2% yes).

All three of these variables significantly co-vary showing a relationship, however, it was found that none of them seemed to be related to condom use as some researchers have suggested (Weatherburn *et al*, 1999).

The other question in this section asked if respondents had a car. This was found not to correlate with any of the other questions in this section suggesting that in this sample, owning transport is not related to the isolation variables. A likely explanation for this is that many respondents represented in this sample were from Cambridge City where services are available within a short distance with good public transport systems. However, when the data is grouped by postcode, respondents from more rural areas who did not have a car were more likely to report feeling isolated because of their sexuality.

Health

Smoking, Alcohol and recreational drug use

There is also evidence of a relationship between homosexuality and smoking rates. This suggests that a community based smoking cessation programme would be well targeted within the local gay community.

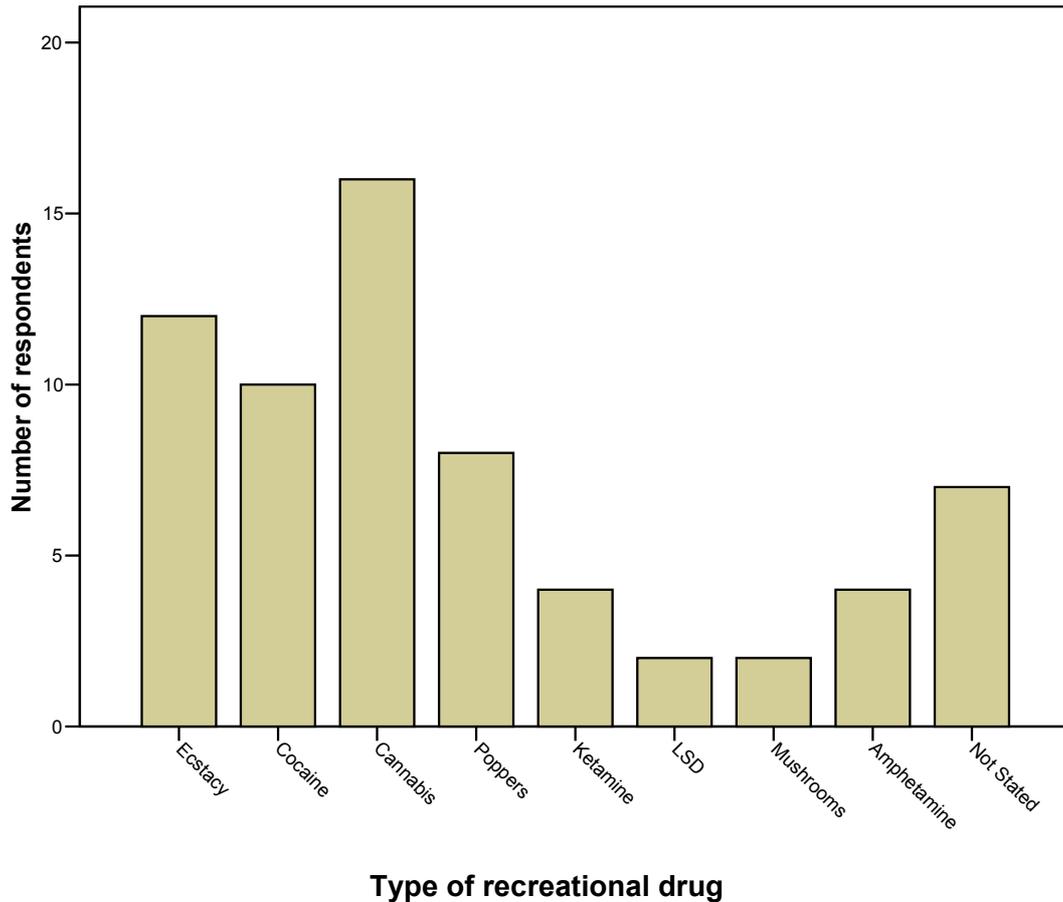
44.2% of respondents in this sample smoke, which is higher than the national average (28% of men, DoH, 2001 and the regional average of 29.4%). Of the sample, 19.4% were light smokers (less than 20 cigarettes a day) which is .4% higher than the national average (DoH, 2001). Worryingly, of this sample 20.7% were considered to be heavy smokers (20 or more a day) which is well above the national average of 9% (DoH, 2001). These data would seem to support the notion that there is a relationship between being gay/bisexual and smoking (Turner & Mallett, 1998).

In terms of alcohol use, 31% of respondents claimed that they drank 2-3 times a week, consuming an average of 19.33 units per week above the national average of 16.9 units and above the regional average of 15.4 units. There were criticisms of this question as no example was given of what one unit of alcohol is and so some respondents may have answered incorrectly. More than 10% of this sample identified 'being drunk' as a contributory factor to UAI in the previous year.

Questions on drug use were also included in this assessment. The rationale for this was that there is growing evidence of a link between gay men and drug use and drug use and unsafe sex (see Mattison et al. 2001, Thiede, Valleroy, MacKellar, Celentano, Ford, Hagan, Koblin, LaLota, McFarland, Shehan, and Torian, 2003, Lewis and Ross. 1995). To gain a measure of the drug using sub-population within the Cambridge gay community was deemed useful to assess the potential need and direct future, potential interventions.

19.1% of respondents took recreational drugs other than alcohol, the British Crime Survey (2002/2003) reported recreational drug use of 12% in the general population of 16-59 year olds. The percentage in this sample may have been higher if the questionnaire had listed types of drugs as it is likely that most respondents would use Amyl Nitrate ('poppers') but may not consider them a drug. Anecdotal evidence also suggests an increase in reports of 'drink spiking' within gay venues in Cambridge.

The graph below shows the drugs that respondents in this sample use and the number that use them. The bars in this graph are related, that is that a single respondent is likely to be represented in more than one of the bars as most of the respondents who took recreational drugs used more than one. As would be expected, the most frequently used drug within this sub sample was cannabis (both 'weed' and 'solid' forms are grouped together in this total, 10.5% of sample, 11% general population estimate) followed by ecstasy (7.8% of total sample). Cocaine was also a drug that was frequently used with 6.6% of the sample using it (34.5% of the drug taking sub population, general population estimate 3% class A drug use). Interestingly, in this sample drug users tended to use more than one type of drug whereas in the British Crime Survey (2002/2003), they found that a majority of drug users only used one drug type.



Smoking and Recreational Drug use

Previous research has suggested (National Association of Lesbian and Gay Addiction Professionals, 2002) that there is a link between smoking and recreational drug use. A Pearson's chi square test was performed and it would seem that the two variables in this data set are significantly related ($p=0.001$, $df= 1$). Using the same test, it was also found that smoking and alcohol use seemed to be related ($p=0.001$, $df=4$).

It must be noted that the data collection may have skewed the results in these areas as much of the data collection was carried out in the gay venues at weekends when it is likely that a higher proportion of people who drink, smoke and do drugs would be present.

Mental health

Of this sample, 32.9% of respondents reported having suffered mental health issues which again is higher than the 14% national average for men (mentalhealth.org). Of this 32.9% that reported mental ill health, 89% reported depressive symptoms making it by far the most prevalent mental disorder in this sample (17.1%). Also common, though not directly asked on the questionnaire, was mixed anxiety and depressive disorder (12.1%), which explained the significant co-morbidity between the two ($p=0.001$, $df=1$). This would seem to support previous research (Warner *et al* 2004) which suggested that gay and bisexual men are more likely to suffer from mental ill health than the general population. The data also suggest that there is a relationship between feeling victimised because of sexuality and mental ill health, with those having felt victimised 'sometimes' or 'often' reporting higher rates of mental ill health ($p=0.001$). This relationship might be that these respondents have a greater willingness to identify as a victim.

Sexual health and Relationships

Sexual health and GPs

Recent research (Keogh, Weatherburn, Reid, Dodds and Hickson, 2004) suggests that over half of gay men in their sample were not 'out' to their doctor, with only 27.5% stating that staff at their GP surgery did know that they had sex with men. In this sample, similar trends can be seen with 53% of respondents stating they were *not out to their doctor*. There seemed to be no relationship with the geographical area with men from rural communities being equally likely/unlikely to be out to their doctor.

Interestingly, when asked '*would you talk about sexual health with your doctor*', 77.1% said that they would which is 22.1% higher than the percentage of men who were out to their GP.

Respondents were also asked to rate their satisfaction of the service they received from their GP on a 5 point Likert scale from 'very poor' to 'very good'. Only 3.5% of respondents rated their service as very poor and 6.3% as poor, with 20.3% satisfactory, 36.4% good and 33.6% as very good. There was a relationship between being out to your doctor and satisfaction rating with significantly more respondents who were out to their doctor rating the service as good or very good ($p=0.001$, $df=4$). This relationship could go either way in that men who have disclosed their sexuality then might receive a better service or that men might disclose their sexuality because they are satisfied with the service they have received.

GUM Clinics and HIV Testing

47.1% of respondents in this sample had been to the GUM Clinic at Addenbrookes in Cambridge (reflecting the large number of respondents from Cambridge) and 8.2% had used the GUM clinic at Hinchingsbrooke in Huntingdon (with 13.9% visiting a GUM clinic elsewhere). Approximately 30% of the sample reported having not visited a GUM clinic which could explain the relatively low HIV testing level of the sample (see below).

When respondents had visited a GUM clinic, their ratings of the service were generally very good (see table below).

Clinic	% attendance	Very Good	Good	Satisfactory	Poor	Very Poor
1a Addenenbrooke's	47.1	67.3%	23.6%	5.5%	1.8%	1.8%
6 Hinchingsbrooke	8.2	77.8%	11.1%	11.1%	0%	0%
Other	13.9	60%	33.3%	0%	6.7%	0%

In relation to HIV testing, 38.9% of respondents have never had an HIV test with 61.1% having had a test, of these 97.4% were diagnosed as HIV negative. Hickson et al (2003) found a higher proportion of gay men had never tested for HIV in their research (44%), and found that this was linked to social class with upper class men being more likely to have tested. This trend was not found in this sample and no significant correlation was present. This was also true of educational level and HIV testing.

Sexually Transmitted Infection	Percentage/number of respondents
Pubic Lice	6.5% (10)
NSU	4.5% (7)
Gonorrhoea	4.5% (7)
Syphilis	0.6% (1)
Thrush	1.3% (2)
Herpes	1.3% (2)
Anal Warts (HPV)	2.6% (4)
HIV	1.3% (2)
Hepatitis A	1.3% (2)
Hepatitis B	0.6% (1)
Hepatitis C	0.6% (1)
Chlamydia	2.6% (4)
Scabies	1.3% (2)
Not Stated	7.1% (11)

Sexually transmitted infections

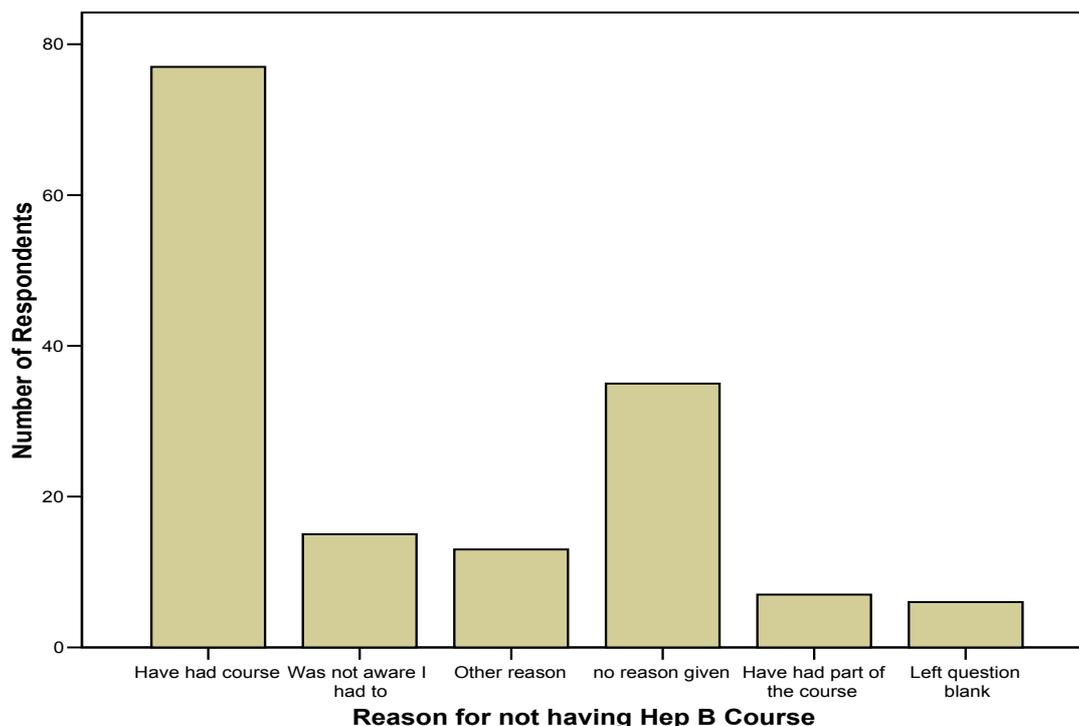
28% of respondents stated they had an STI but only two respondents disclosed they were HIV positive, this latter figure is lower than might be expected based on national prevalence figures. There must be some caution when looking at these results as they come from self report data and, despite the questionnaire being anonymous, they were often filled out in the presence of a group of friends/partner which may have caused under reporting.

Hepatitis B Vaccinations

Respondents were asked about Hepatitis B vaccinations and reasons why they may not have had the vaccination. At the time of this assessment, 47.6% of respondents were not fully vaccinated against Hepatitis B, with 34.7% never having had the course and 12.9% having had a part of the course.

The table below shows the reasons respondents gave as to why they had not had the vaccination. Respondents could write any reason and these were then grouped into categories. A common reason was that respondents were not aware that it was necessary to have the vaccination, other reasons included the 'potentially serious side effects', and feeling there is no need.

Number of respondents who had received full Hep B course and reasons given why respondents had not received a full course

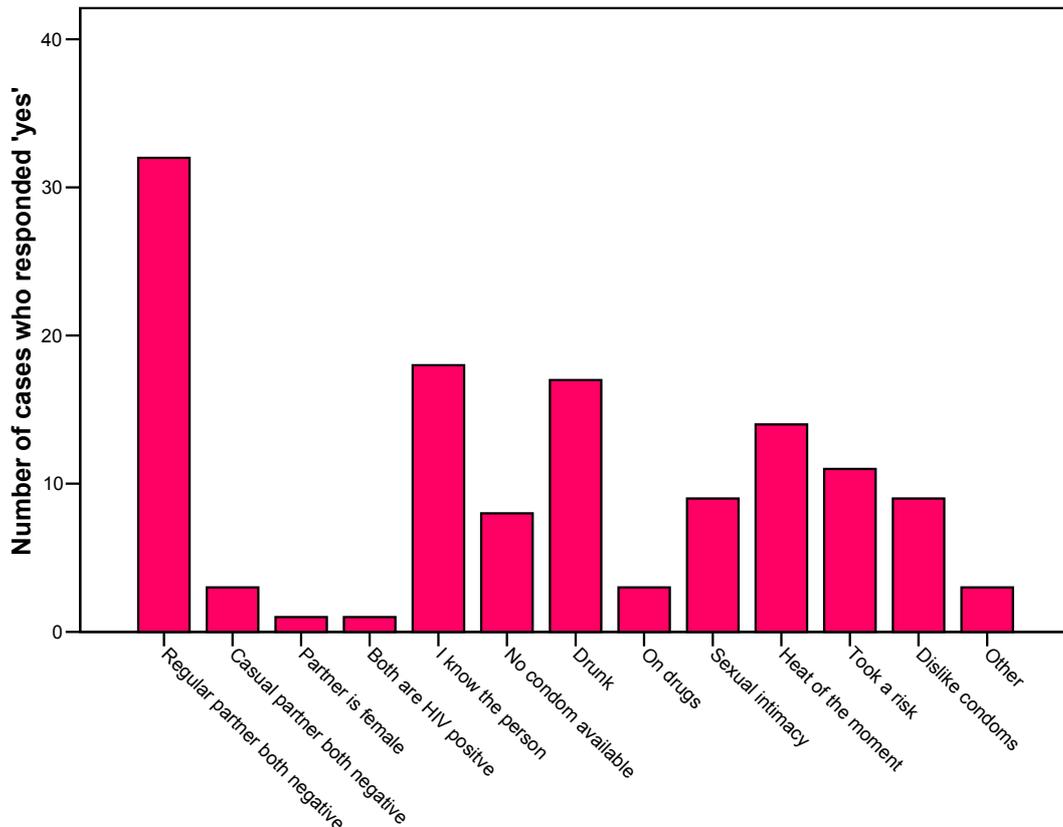


Condom use and where men found condoms

Most of this sample (64.1%) reported always using a condom when having anal intercourse. 16.2% reported usually using a condom, 8.5% reporting using a condom sometimes and 10.6% reporting never using a condom during anal intercourse. These results may have been affected by some respondents reporting always using a condom despite this not reflecting their behaviour due to always using a condom being the socially desirable response.

Those participants that identified they did not always use condoms were asked to circle as many reasons as applied to them as to why they had not used condoms. However, it was noted that some of those who claimed to always use condoms gave reasons as to why they had not. The results are shown in the graph below.

Reasons why respondents had not used condoms



Reasons why respondents had not used condoms during anal sex

As with previous questions, the categories are not exclusive so respondents may be represented in more than one bar.

Of the 34 respondents who circled 'regular partner both HIV negative', 3 had stated in an earlier question that their partner had not had an HIV test or that they were unsure if they had, though they may have been referring to a previous partner. There was no relationship found between condom use and age or condom use and how you describe your sexuality, though the number of bisexual men in this sample is too small to use for comparison.

Respondents were also asked how often they used lubricant when having anal sex. Results showed that 75.4% said that they always used lubricant with 10.6% saying they usually did, 5.6% said that they never used lubrication with 7% saying they sometimes did. 1.4% said that they did about half the time. It is interesting to see that when condom use and lubricant use are compared, it would seem that there is a trend towards the less someone uses a condom the less someone uses lubricant though this is not significant.

In terms of where respondents obtained their condoms, most respondents got them from the gay venues supplied by DHIVERSE (Fleur de lys, 43%, Bird in Hand, 38%, Dot Cotton Club, 35%, DHIVERSE, 31%) and most rated them easy to get hold of. It is interesting that there is a relationship between where the questionnaires were filled out and the respondents rating of how easy it was to get condoms. This relationship showed that participants recruited in the Fleur de Lys pub were more likely to rate getting condoms from the Bird in Hand as difficult or very difficult and vice versa. Overall, 71.4% of respondents had got their condoms free from DHIVERSE, this high figure is perhaps not surprising as in 2004 DHIVERSE distributed more than 14,000 condoms to the local gay community.

In terms of places other than DHIVERSE that respondents got condoms from, 33.8% got them from the chemists, 18.8% got them from the GUM clinic, 10.4% from Family Planning and 21.4% got them from places other than those listed.

Despite this, it would seem that the community do know where to get free condoms and find it relatively easy to do so.

Relationships and Sexual Partners

60.1% of respondents were not in a relationship at the time this assessment was carried out. Of those that were, 2 respondents were in relationships with women and 77.2% stated their relationship was *monogamous*. This again must be treated with some caution as respondents with partners most likely filled out the questionnaire with their partner nearby which may affect the answers that were given. Of the rest, 10.5% stated their relationship as *open* and 12.3% rated their relationship as other.

In terms of HIV testing, 52.5% said that their partner had been tested for HIV, 18.6% said they did not know and 27.1% said their partner had not been tested. When this is compared to condom use, of those that were unsure or knew their partner had not tested for HIV, 10 respondents reported not always using condoms.

Sexual Experiences

Sexual Behaviour

In this sample, 57.7% of respondents had sexual relationships with one other person in the last month and 28.2% had sexual relations with 2-4 other people. 7.4% had sexual relations with 4-15 other people and 1.3% had relations with 16 or more people in the previous month. These figures reflect the number of respondents in monogamous relationships but it must be noted that many of these respondents would have answered these questions with their partner present.

92.6% of respondents stated that all their sexual partners were men. One person stated that they had only had sex with women and 5.8% stated that they had sex with mainly women. These respondents had described themselves as bisexual.

Respondents were asked about the types of sexual experiences that they had over the past year, all but one respondent had experienced some kind of sexual act during this time. 93.2% of men in this sample had experienced oral sex done to them and 88.5% had experienced oral sex done by them. 67.6% had experienced anal sex done to them and 70.3% had done anal sex to another person. This figures are very slightly lower than those reported by Hickson *et al*, 2002. Only a small proportion of men (5.4%) had experienced vaginal sex and was accounted for by the bisexual respondents.

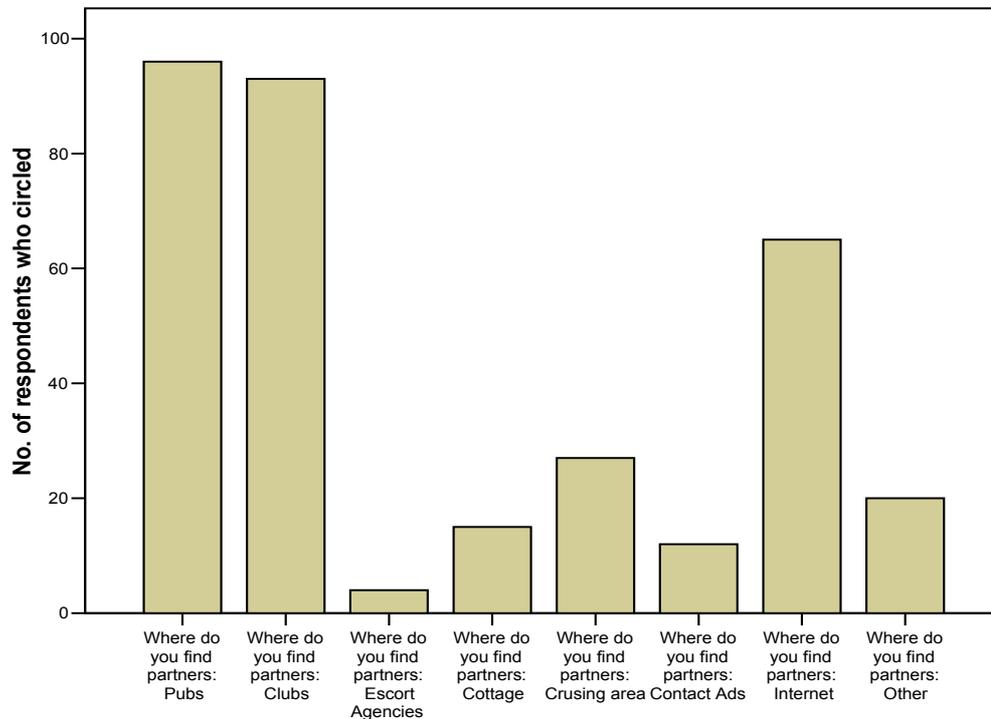
Age of First Sexual Experiences

Participants were asked at what age they had first had sexual relations with another man. The average age was 18.18, higher than the average of 14 for first heterosexual sexual experience (Johnson *et al*, 1994). When age and age of first sexual experience are compared, the data suggests that there is a trend with younger respondents having their first sexual experience at a younger age, though this is not significant ($p=0.06$). 28.7% of respondents reported having sex with a man under the age of 16 and of these, 2.7% reported having done so under the age of 10.

Under half of respondents had experienced sexual relations with a woman in this sample (40.3%) and of those that had, the average age of doing so was 17.6 years of age. There is also a relationship with younger men being less likely to have had sexual relations with a woman but those that have done, did so at an earlier age than their older counter parts.

Finding Sexual Partners

Respondents were asked where they go to find sexual partners and asked to circle as many as applied from a given list. The results are detailed below.



Most men in this sample reported using pubs or clubs to find sexual partners although a large percentage (50.8%) also used the internet. It would seem that, by comparison, few respondents used cottages or cruising grounds to find sexual partners. This could be skewed by desirability factors and where the respondents were recruited, but research has also suggested (Weatherburn, Hickson and Reid, 2003) that as gay men increasingly find sexual partners on the internet, they are using public sex environments less. In this research, the most notable decline in reported use for where gay men find sexual partner was 'cruising grounds' and 'cottages'.

Respondents were asked if they had ever had sex when they didn't want to and given the space to briefly explain the situation in which the incident occurred. 31.1% of men reported having sex when they did not want to (46 respondents). Many respondents chose not to give further details but of those that did, rape was a common reason given (12 respondents). Other reasons that were provided included: being pressured to have sex with a current partner and having sex with another man after drinking too much alcohol.

Summary and Implications for service planning and delivery

Services for young gay and bisexual men

The data demonstrate that young gay and bisexual men are having more sex at an earlier age. Whilst younger respondents rate the handling of sexuality within schools more highly than their older counterparts; only 18.3% of this sample felt that homosexuality had been raised in a positive way within their school. 29% of respondents had homosexual sex for the age of 16, again prioritising the need for sexual health education in schools.

- Continue to invest in social and support services for young people who are 'coming out', and to advertise such services through LGBT venues and a wide range of other settings including schools and youth groups
- To continue the close working relations between sexual health agencies and LGBT youth organisations
- To work in a multi-agency approach to ensure appropriate schools based sexual health education that recognises the needs of those who are in or may enter same sex relationships.
- There is a need to support the development of work around homophobia and sexuality within local schools

Smoking

44% of this sample smoked, with 20% classed as heavy smokers. These figures are higher than the national average, 28% of all men smoke, by more than 15 percentage points. The proportion of smokers who smoke more than 20 cigarettes per day is also higher. These findings are not unique to Cambridge, but may be affected by the nature of the sampling.

- To further investigate levels of smoking within the community and the likely take up of a community based smoking cessation initiative.
- To develop partnerships between LGBT community groups and smoking cessation practitioners to facilitate smoking cessation workshops.
- To work with venues and other settings to promote smoking cessation campaigns to the LGBT community.

Drugs and Alcohol

In this sample both drug and alcohol usage levels were higher than the national averages for men. This finding may in part be affected by the nature of sampling. The men in this sample were also more likely than men within the general population to use more than one drug. Both cocaine and ecstasy use were higher than within the general population. More than 10% of the sample had had unprotected sex where they identified being drunk as a contributory factor in the previous year.

- The need to develop multi-agency approaches in raising awareness of drug and alcohol issues within the LGBT community.
- The development of community appropriate materials and information.

Policing

This research reflected the progress that has been made by Cambridgeshire police in developing relations with the LGBT community. There were however still a large minority of those who had had contact with the police, who rated the service as poor or very poor. This would suggest the importance of continuing initiatives such as the LGBT policing alliance and the Open Out Scheme.

Mental health

In this sample more than 30% identified mental health issues- this is much higher than the national average for men (14%). Mental ill health correlated with feelings of victimisation and being excluded on grounds of sexuality. Nearly a third of men in this sample identified having had sex when they did not want to; of these a quarter self-identified this incident as 'rape'.

- To seek additional funding for the provision of counselling and group work for gay and bisexual men, in response to the growing demand for services.
- To conduct further research to gain a better understanding of the mental health needs of the community.
- To develop campaign and awareness work around mental health issues within community settings.
- To develop multi-agency partnerships around mental health work with gay and bisexual men.
- To promote local services such as MARS (PHSS) and Choices within community settings. To raise awareness of issues around sexual assault and coercion.

Condoms and condom availability

More than two thirds of respondents accessed the free condoms scheme from DHIVERSE, with others identifying condom access from GUM and to as lesser extent Family Planning.

- To produce an evaluation of the condom scheme for gay and bisexual men including the possibilities of generating revenue from condom sales for bulk purchases (as per the London model) and the feasibility of moving to different condom thicknesses.
- To run a campaign to educate men about correct condom and lubricant usage and availability.
- To seek to further involve the community as volunteers in supporting the condom scheme.

HIV/STI Testing and Hepatitis B

In this sample nearly 40% of men had never tested for HIV, and nearly 50% had not completed a course of hepatitis vaccination. This is despite indicators of sexual risk taking within these groups. Both the GUM clinics and DHIVERSE were well rated by the respondents in the sample.

- To promote the services of GUM clinics within the community, and to plan campaigns around testing and vaccination.
- To consider the feasibility of outreach GUM services within community and commercial LGBT venues.

- To examine services such a 'chaperoning' to support men in attending GUM services.
- To conduct further qualitative work to examine the views of men around accessing health related services within the voluntary and statutory sectors in order to inform service provision. The scope should also include primary care, and issues around disclosure of sexuality to GPs.

Mechanisms and ways of working

The sample identified a number of factors and issues that have impact for ways of working with gay and bisexual men locally.

- More than 60 men within this sample used the internet to find partners, this compares with less than thirty identifying use of either of the key types of PSE area. This would suggest the importance of an internet presence for local sexual health services, and the potential use of the internet to recruit and promote activities.
- That said, this sample was not recruited within PSE areas, and other research suggests that a number of men access PSE who do not access other venues, this would suggest the need to continue/develop some PSE work.
- To develop static and dedicated display sites within the LGBT venues to promote a range of local services in response to the needs identified in this research.
- The complexity of issues identified, including mental health concerns and issues around sexual assault would suggest a need to focus resources on the development of more in depth and therapeutic services; whilst maintaining current outreach and promotional work.

Loneliness, Isolation and Community

More than two thirds of the sample identified feelings of loneliness and more than 30% felt at times excluded on grounds of sexuality. In mapping the voluntary and community groups there is a focus towards urban centres. It is notable that of those respondents that did not access commercial venues a high proportion lived in Huntingdon and Fenland. The age demographic also suggests that as men age they are less likely to access venues – raising the question as to what services such men have available to them.

- To build on the LGBT Network concept in Cambridge to seek funding for a development worker, with the role of supporting community development and the growth of the network.
- Within Huntingdon the Dimensions group as grown in size and attendance, providing a social setting for gay and bisexual men. To build on this group to introduce others. For PHSS and DHIVERSE to work together to better integrate the growing network of groups.
- To support the development of community groups, venues and activities. To continue the work of PHSS and DHIVERSE in developing the Out and About Community magazine.

References

- Breakwell, G.M., Hammond, S., and Fife-Shaw, C., (eds.) (1995). *Research Methods in Psychology*. SAGE Publications, UK.
- Department of Health, (2001). *The national strategy for sexual health and HIV*. Crown Copyright, UK.
- Department of Health, (2003). *Effective Health Promotion –Practical Tips for Sexual Health Promotion with Gay and Bisexual Men*. Crown Copyright, UK
- Department of Health, (2002). *The national strategy for sexual health and HIV – Implementation action plan*. Crown Copyright, UK.
- Henderson, L., Reid, D., Hickson, F., McLean, S., Cross, J., and Wetherburn, P., (2002). *First, Service -Relationships, sex and health among lesbian and bisexual women*. Sigma Research, UK.
- Hickson, F., Wetherburn, P., Reid, D., and Stephens, M., (2003). *Out and about – Findings from the United Kingdom Gay Men’s Sex Survey 2002*. Sigma Research, UK.
- Lewis, L.A. and Ross, M.W. (1995). *Select Body: The Gay Dance Party Subculture and the HIV/AIDS Pandemic*. Cassell, New York
- Mattison, A. M., Ross, Michael, R.W., Wolfson, D.F., (2001). *Circuit party attendance, club drug use, and unsafe sex in gay men*. *Journal of Substance Abuse*, **13**,119-116.
- Reid, D., Wetherburn, P., Hickson, F. and Stephens, M., (2002). *Know the score – Findings from the National Gay Men’s Sex Survey 2001*. Sigma Research, UK.
- Seibt, A.C., McAlister, A.L., Freeman, A.C., Krepcho, M.A., Hedrick, A.R. and Wilson, R. (1993). *Condom Use and Sexual Identity Among Men Who Have Sex With Men -- Dallas, 1991*. *Morbidity and Mortality Weekly Report*, **42 (01)**, 7, 13-14.
- Thiede, H., Valleroy, L.A., MacKellar, D.A., Celentano, D.D., Ford, W.L., Hagan, H., Koblin, B.A., LaLota, M., McFarland, W., Shehan, D.A. and Torian, L.V. (2003). *Regional patterns and correlates of substance use among young men who have sex with men in 7 US urban areas*. *American Journal of Public Health*, **93**, 1915- 1921.
- Turner, G and Mallett, L (1998) *A Second Survey of the Health Needs of Gay and Bisexual Men in Southampton and South West Hampshire*. *Southampton Gay Men’s Health Project*, UK.
- Wetherburn, P., Davies, P., Hickson, F. and Hartley M., (1999). *A class apart –the social stratification of HIV infection among homosexually active men*. Sigma Research, UK.
- Wetherburn, P., Stephens, M., Reid, D., Hickson, F., Henderson, L., and Brown D., (2000). *Vital statistics –Findings from the National Gay Men’s Sex Survey 1999*. Sigma Research, UK.
- Association of Lesbian and Gay Addiction Professionals, (2002). *Alcohol, Tobacco and Other Drug Problems & LGBT Individuals*, Web Site (www.nalgap.org).

Warner, J., McKeown, E., Griffin, M., Johnson, K., Ramsay, A., Cort, C., & King, M. (2004). *Rates and predictors of mental illness in gay men, lesbians and bisexual men and women*. *The British Journal of Psychiatry* (2004) **185: 479-485**

Johnson, A., Wadsworth, J., Welling, K., Field, J. & Bradshaw, S. (1994). *Sexual Attitudes and lifestyles*. Blackwell Scientific Publications, Oxford, UK.

Office of National Statistics (2003/4) *Census 2001*. Office of National Statistics, London, UK.