Let's Talk About Sexual Health

Survey Findings

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Hertfordshire

healthwatch Hertfordshire

About Healthwatch Hertfordshire

Healthwatch Hertfordshire represents the views of people in Hertfordshire on health and social care services. We provide an independent consumer voice evidencing patient and public experiences and gathering local intelligence to influence service improvement across the county. We work with those who commission, deliver and regulate health and social care services to ensure the people's voice is heard and to address gaps in service quality and/or provision.

For this engagement, Healthwatch Hertfordshire collaborated with, and was commissioned by Hertfordshire County Council Public Health who are responsible for many of the sexual health services across Hertfordshire.

Background

Promoting good sexual health is an important element of public health in the UK and plays a significant role in our overall wellbeing as a population and individually. Sexual health is a term which the World Health Organisation (WHO) uses to describe "a state of physical, emotional, mental and social wellbeing in relation to sexuality[1]…". Whilst this does encompass a wide range of factors, it is principally about ensuring safe and pleasurable sexual experiences are possible for everybody. It is therefore vital that information, advice and support in regards to sexual health is readily and freely available to everyone who needs it.

Typically, sexual health services in the UK provide care across a number of different areas, most commonly: contraception provision and advice, sexually transmitted infection (STI) testing and treatment, and HIV testing. These services have been under the commission of local government since 2013[2] when public health became part of the remit of local government. In Hertfordshire, Hertfordshire County Council funds Central London Community Healthcare NHS Trust (CLCH) to provide specialist sexual health services across the county, with centres in Watford, Stevenage and Hatfield and two one day clinics in Elstree and Cheshunt This also includes access to free STI testing kits and contraception (e.g. contraceptive pill) online. GP practices can also offer a range of contraception and free chlamydia/gonorrhoea testing and participating pharmacies can also offer this testing[3].

Since April 2023, Metro Charity have also been commissioned by Hertfordshire County Council to deliver Sexual Health Education and Prevention Services, including outreach to those at higher risk of poor sexual health.

A fundamental part of promoting sexual health amongst the population is with the aim of reducing the number of instances of STIs and HIV, in addition to providing prompt and easy access to the testing and treatment of them. The scope of this engagement therefore aimed to explore public awareness and attitudes towards sexual health, and the barriers and access to STI and HIV testing.

[1] Sexual health (who.int)
[2] Breaking point: Securing the future of sexual health services | Local Government Association
[3] https://www.hertfordshire.gov.uk/services/Health-in-Herts/Sexual-health/Sexual-health.aspx

Sexually Transmitted Infections (STIs)

STIs can be a consequence of engaging in sexual contact with another person, particularly without a barrier in place, such as using a condom. Increasing awareness, knowledge and understanding of STIs is a crucial way to support people to reduce their risk of contracting an STI, and sexual health services typically offer advice and opportunities for education about the prevention of STIs. Services will also often provide condoms, which, in addition to reducing the likelihood of unplanned pregnancy, also act as a barrier method to STIs.

There are many different types of STI, including: syphilis, gonorrhoea, chlamydia, trichomoniasis, hepatitis B, scabies, pubic lice and genital warts and herpes[4]. Symptoms of STIs can include: an unusual discharge from the vagina, penis or anus, pain when urinating, lumps or skin growths around the genitals or bottom, a rash, unusual vaginal bleeding and itchy genitals or anus. However, there are not always obvious or immediate symptoms, so it is possible to have an STI without realising, and therefore be at a higher risk of long-term complications, in addition to possibly passing the infection on to any sexual partners. For example, around 50% of men and 70% of women who are infected with chlamydia do not have any symptoms[5]. This is why regular testing for STIs is so important, particularly if someone has had different or multiple partners[6].

Treatment and Prevention

Several STIs (syphilis, gonorrhoea, chlamydia and trichomoniasis) are usually treatable with antibiotics that can be attained from a sexual health clinic or GP after testing positive for the STI. However, not all STIs can be treated in this way. Secondly, there is increasing concern about antimicrobial resistant STIs, in particular gonorrhoea, which means the bacteria responsible for the infection has evolved to no longer respond to antibiotic treatment[7]. This makes it particularly difficult to treat effectively and represents a significant public health challenge for the future.

The prompt treatment of STIs leads to much better outcomes for the patient, in addition to preventing the further spread of infection. Sexual health services routinely provide treatment for common STIs and this early intervention reduces the long-term health consequences of having an STI. For some STIs, there are vaccinations that can help to prevent or control the infection, but for others, prevention relies on condom use, prompt testing and treatment, and making sure that current and ex-partners are notified of positive results.

Human Immunodeficiency Virus (HIV)[8]

HIV is a virus that can be passed on through sexual contact (although this is not exclusively the case). If it is not detected and treated, it can lead to life-threatening consequences that occur as a result of the immune system being damaged. Whilst there is currently no cure for the virus, it can be managed very effectively and people live long and healthy lives, with undetectable and untransmissible HIV. Current prevention methods to protect against acquiring HIV are condoms, and two types of medication: pre-

[4] Sexually transmitted infections (STIs) (who.int)
[5] https://www.nhs.uk/common-health-questions/sexual-health/how-soon-do-sti-symptoms-appear/
[6] Sexually transmitted infections (STIs) - NHS (www.nhs.uk)
[7] Health matters: preventing STIs - GOV.UK (www.gov.uk)
[8] HIV and AIDS - NHS (www.nhs.uk)

exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP). More information about these can be found here.

Fortunately, new diagnoses have been declining for HIV due to these prevention and treatment options. However, there are still too many cases being diagnosed at a late stage of infection which has a significant impact on the possibility to manage and treat the infection, and increases HIV-related morbidities and mortality rates[9].

Testing

A second cornerstone of improving the sexual health of the population is in the provision of accessible testing facilities for STIs and HIV. Testing for STIs and HIV involves testing a person's blood, urine and/or a genital/anal/oral swab sample for infection. It is important that infections are detected promptly, so that treatment can be offered which will reduce the likelihood of a patient passing the infection on, and also reduce their risk of side-effects from the infection[10]. If a person has signs or symptoms of an STI they are advised to go to a sexual health service to be tested in person.

Potential side effects of untreated STIs are[11]:

- pelvic inflammatory disease, ectopic pregnancy, postpartum endometriosis[12], infertility, and chronic abdominal pain in women
- adverse pregnancy outcomes - including intrauterine death and premature delivery
- neonatal and infant infections and blindness
- urethral strictures[13] and epididymitis[14] in men
- genital malignancies (cancer), proctitis, colitis, and enteritis[15] in men who have sex with men (MSM)
- cardiovascular (heart) and neurological (brain) damage

The government recommends that: "*everyone should have an STI screen, including an HIV test, on at least an annual basis, if having condomless sex with new or casual partners".* Furthermore, they advised that: *"women and other people with a womb or ovaries under the age of 25 years who are sexually active should have a chlamydia test annually and on any change of sexual partner"*[16] *and "GBMSM [gay, bisexual and men who have sex with men] should have an annual test for HIV and STIs or every 3 months, if having condomless sex with new or casual partner."*[17].

This regular testing, together with consistent and correct use of condoms are key to the prevention and minimisation of STI occurrences in the population.

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[9] Breaking point: Securing the future of sexual health services | Local Government Association
[10] Visiting a sexual health clinic - NHS (www.nhs.uk)
[11] https://www.gov.uk/government/publications/health-matters-preventing-stis/health-matters-preventing-stis
[12] Postpartum endometritis is an infection of the lining of the womb which can occur up to six weeks after childbirth.
[13] A urethral stricture involves scarring that narrows the tube that carries urine out of the body, called the urethra.
[14] Epididymitis is where a tube (the epididymis) at the back of the testicles becomes swollen and painful
[15] Proctitis, colitis, and enteritis are inflammation of the rectum, colon and small intestine respectively.
[16] Young people are disproportionately affected by STIs, and the National Chlamydia Screening Programme (NCSP) is specifically focused on reducing reproductive harm of untreated chlamydia infection in young women, which has resulted in this recommendation - Spotlight on sexually transmitted infections in the East of England: 2021 data - GOV.UK (www.gov.uk)
[17] Spotlight on sexually transmitted infections in the East of England: 2021 data - GOV.UK (www.gov.uk)

National Picture

As mentioned, it is primarily the responsibility of local authorities to commission sexual health services for their communities[18]. Councils are currently estimated to spend £534 million a year on sexual health services, which is the third largest area of spending under public health. However, due to the public health grant being reduced in recent years, spending on STI testing, contraception and treatment has reduced by almost 17% between 2015/16 – 2020/21. These funding cuts are making it difficult for local councils to meet the increasing demand on services and will likely lead to higher costs for the healthcare system in the long term[19].

Diagnoses of STIs have been increasing back to pre-pandemic levels in the last year and are continuing to rise. Between 2021 and 2022 there was a 24% increase in diagnoses for STIs, with diagnoses for gonorrhoea increasing by 50% and syphilis diagnoses reaching the highest number since 1948[20]. STIs are therefore becoming a huge concern for public health, and a focus on prevention appears increasingly important for the wellbeing of individuals, and for healthcare services as a whole.

Inequalities

Health inequalities exist across the spectrum, so sexual health and illness also vary between different demographic groups – young people (aged 15-24 years old), gay or bisexual men, and some black ethnic groups are disproportionately affected by STIs[21]. More work needs to be done to explore these inequalities in greater detail, including how they intersect with socio-economic status. It is well-understood that people in worse financial circumstances face greater barriers (such as time, and travel costs) to accessing healthcare overall, which is likely to apply to sexual health services too[22].

Local Picture

Hertfordshire County Council's current 'Sexual Health Strategy' (2019-2024) sets out three ambitions: "to improve sexual health and wellbeing including the provision of sexual health services; encouraging safe sex, testing and treatment for sexually transmitted infections (STIs) and HIV; and preventing unwanted pregnancy and access to advice and support on sexual health matters."

In 2019, 5 smaller one day clinics were merged into 3 specialist centres in Watford, Stevenage and Hatfield in order to offer a wider range of services and consultant expertise. These clinics have longer opening hours, operating 5 days a week plus some evenings. Online sexual health services were also increased and includes chlamydia treatment and contraception.

Local initiatives to support the strategy include ChatSexualHealthHerts - a text message advice line that has been launched for people aged 21 and under, offering quick, easy and confidential sexual health advice[23]. In addition to this, the Sexual Health Hertfordshire website has a chatbot function that can help

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[18] Breaking point: Securing the future of sexual health services | Local Government Association

[19] Breaking point: Securing the future of sexual health services | Local Government Association

[20] Sexually transmitted infections and screening for chlamydia in England: 2022 report - GOV.UK (www.gov.uk)

[21] Sexually transmitted infections and screening for chlamydia in England: 2022 report - GOV.UK (www.gov.uk) , State of the nation report v2.pdf (tht.org.uk)

[22] HwH Cost of Living Report FINAL_0.pdf (healthwatchhertfordshire.co.uk) , State of the nation report v2.pdf (tht.org.uk)

[23] Hertfordshire Sexual Health Service launches text message advice line for young people :: Central London Community Healthcare NHS Trust (clch.nhs.uk)

residents to book appointments, order at-home STI testing kits and contraception, and find sexual health information easily. Treatment for chlamydia can sometimes be sent through the post, otherwise the provider will support in finding a treatment following a positive result[24]. GP surgeries and some pharmacies also offer free testing for chlamydia and gonorrhoea for residents aged 15+. Alternatively, STI kits can also be purchased from many pharmacies, either online or in-person.

Free STI kits (testing for chlamydia, gonorrhoea, syphilis and HIV) are also available to Hertfordshire residents via SH:24, the Get It website (for chlamydia and gonorrhoea only) and the national HIV and syphilis home sampling service. In 2023, 24,646 STI tests were carried out using the online service from SH:24.

Across England in 2022, there were 496 new STI diagnosis per 100,000 (excluding chlamydia in under 25-year-olds). In Hertfordshire, the rate stood at 330 per 100,000 people which is positive in comparison. However, the rate in Hertfordshire is higher than the rate across the East of England, which was at 305 per 100,000 people in 2022[25].

During 2022/23, 23,333 patients attended sexual health services in Hertfordshire, resulting in just over 30,000 face-to-face consultations. However, with cases of STIs rising nationally and locally, it is crucial to continue to improve county-wide access to prevention methods and STI testing, and ensure that this public health concern remains a priority.

[24] STI Testing Information | SH:24 (sh24.org.uk)

[25] Sexual and Reproductive Health Profiles - Data - OHID (phe.org.uk)

Aims

This research was designed to find out about people's understanding of sexual health and their access to sexual health services across Hertfordshire, rather than users' experiences of the services themselves. The specific aims of the engagement were as follows:

- To understand public views and attitudes towards sexual health and sexual health services
- To explore public awareness of important sexual health information
- To explore understanding of sexual health and testing services
- To identify barriers to STI and HIV testing

Methodology

In order to meet the aims listed above, an online survey was created in collaboration with Hertfordshire County Council and shared with Hertfordshire residents aged 18 years and over. Under 18s were not engaged with as information about their sexual health needs has been captured through alternative means, and because recent statistics have shown higher STI rates in those aged over 18.

The online survey was distributed digitally via social media, and a digital flyer was shared via email with stakeholders across the NHS, other statutory services and the Voluntary, Community, Faith and Social Enterprise sector.

This method of research is an efficient way to hear the views of many residents whilst also producing an overarching snapshot of general trends about perception and understanding of the topic. Due to the personal nature of the topic, a survey also allowed respondents to remain completely anonymous whilst sharing their views and experiences. Participants were offered the opportunity to share their views using an alternative method to accommodate their needs and/or preferences, but this was not requested at any point.

The online survey ran from September – November 2023.

Demographics

Through the online survey we heard from **130** Hertfordshire residents. Respondents were asked about their demographic information to help us understand how people's experiences may differ dependent on their personal characteristics. It is worth emphasising that providing this data was optional, meaning that percentages do not always add up to 100% due to respondents choosing not to answer or preferring not to say.

Age

18-24 years: **5%**
25-34 years: **22%**
35-44 years: **25%**
45-54 years: **19%**
55-64 years: **16%**
65-74 years: **9%**
75+ years: **4%**

Ethnicity

Asian/Asian British: **3%**
Black/Black British: **2%**
Black Caribbean and White: **2%**
Other mixed/multiple ethnic background: **2%**
White British: **77%**
Other White background (including Irish and Polish): **12%**

Sexual Orientation

Gay and bisexual male: **17%**
Lesbian/gay and bisexual female: **10%**
Heterosexual: **64%**

Sex

Female: **64%**
Male: **34%**
Intersex: **1%**

Gender

Woman: **64%**
Man: **31%**
Non-binary: **1%**
Trans man: **1%**

Income

19% have more than enough money for basic necessities and a lot to spare
51% have more than enough money for basic necessities and a little to spare
24% have just enough money for basic necessities and little else
3% do not have enough money for basic necessities and sometimes or often run out

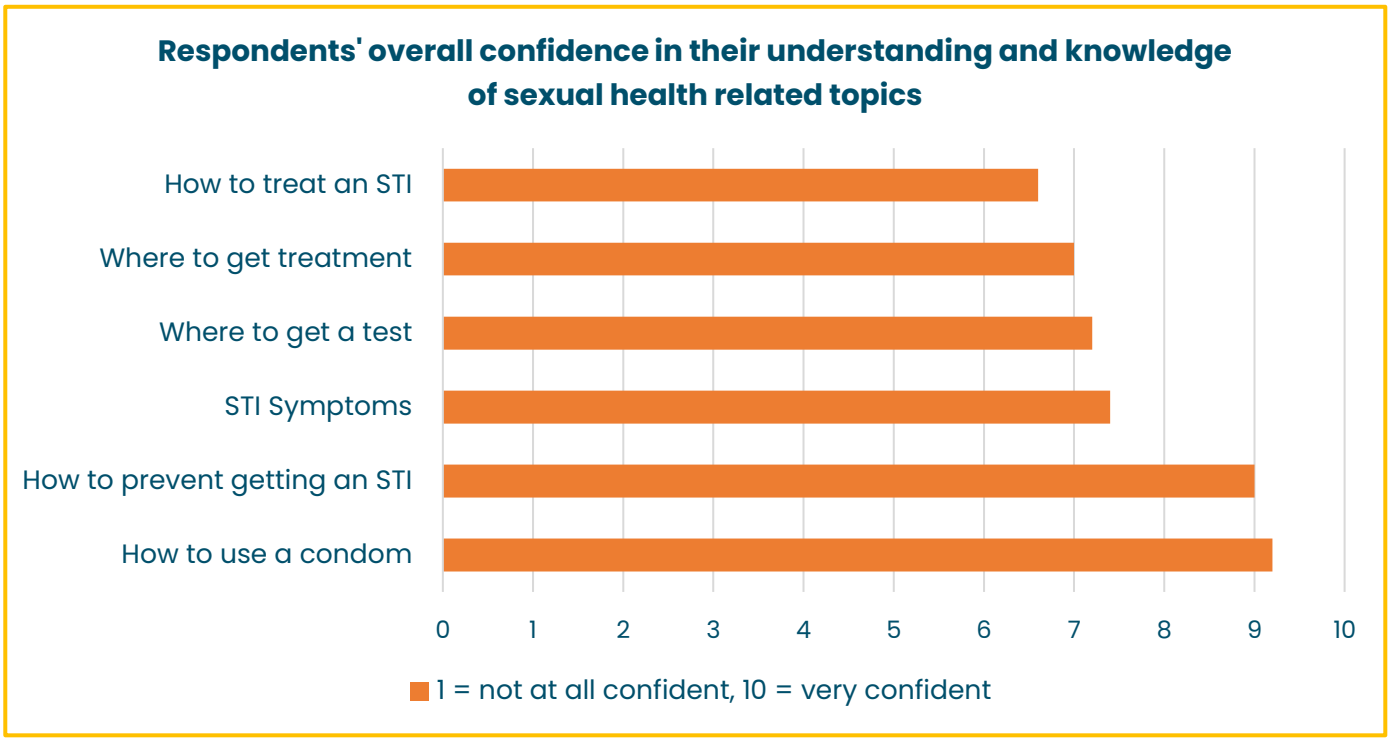
Key Findings

Confidence and Understanding

On average, respondents showed a mixed level of confidence regarding the symptoms of STIs and how they can be prevented and treated, and how treatment and testing for STIs can be accessed. Respondents felt most confident about using condoms, with an average confidence level of **9.2 out of 10**, followed closely by how they can prevent getting an STI at **9 out of 10**.

With an average confidence of **6.6 out of 10**, respondents were least confident about how to treat an STI. Respondents were slightly more confident about where they can access treatment, where they can get a tested and the symptoms of STIs at **7, 7.2 and 7.4 out of 10** respectively.

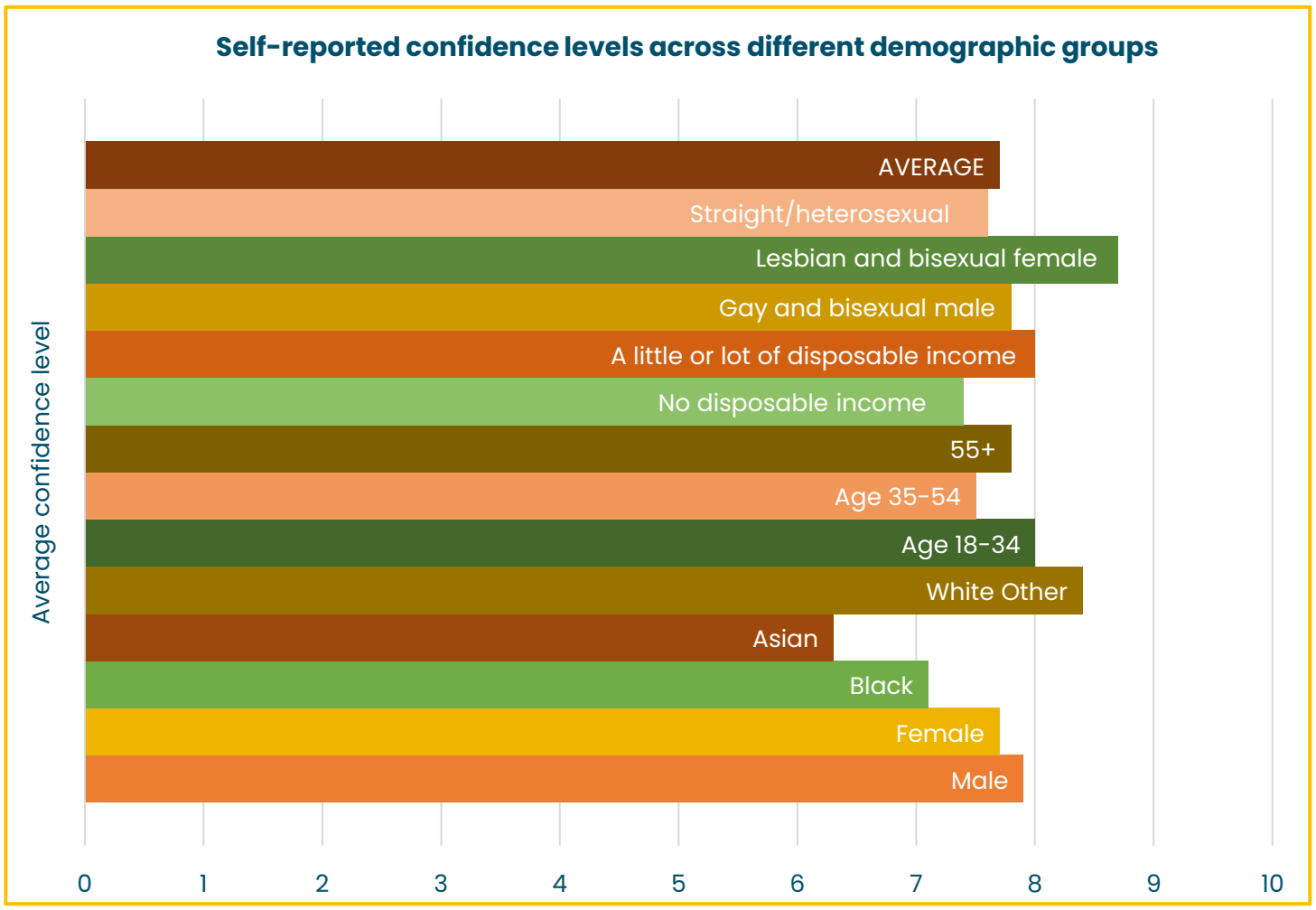
Across all listed sexual health topics, the average confidence level of respondents was **7.7 out of 10**.



Confidence and levels of understanding across all topics varied between demographic groups. Lesbian or bisexual females had the highest overall level of confidence, with an average of **8.7**, which was followed by those who identified their ethnic background as White Other, at **8.4** across all the topics listed. Those aged 18-34 had an average confidence of **8**, as did with people who identified that they had some disposable income. Gay and bisexual males had a confidence level of **7.8**, which is comparable to the average.

In contrast, respondents from an Asian background were typically less confident in their understanding of the topics, with an average score of **7.1**. This was followed by people who had less disposable income who averaged at **7.4**.

Although the number of survey respondents mean the data cannot be considered representative of Hertfordshire's population, these differences in confidence can be seen in the chart below. They are an example of how inequalities may manifest in someone's confidence and understanding of sexual health, and we would encourage Hertfordshire County Council to explore this issue in greater depth.

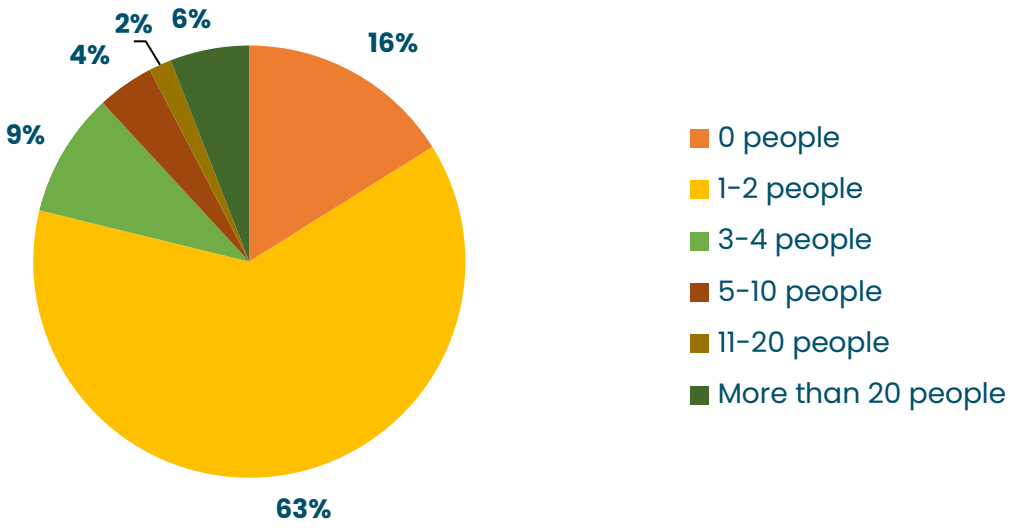


Sexual Activity

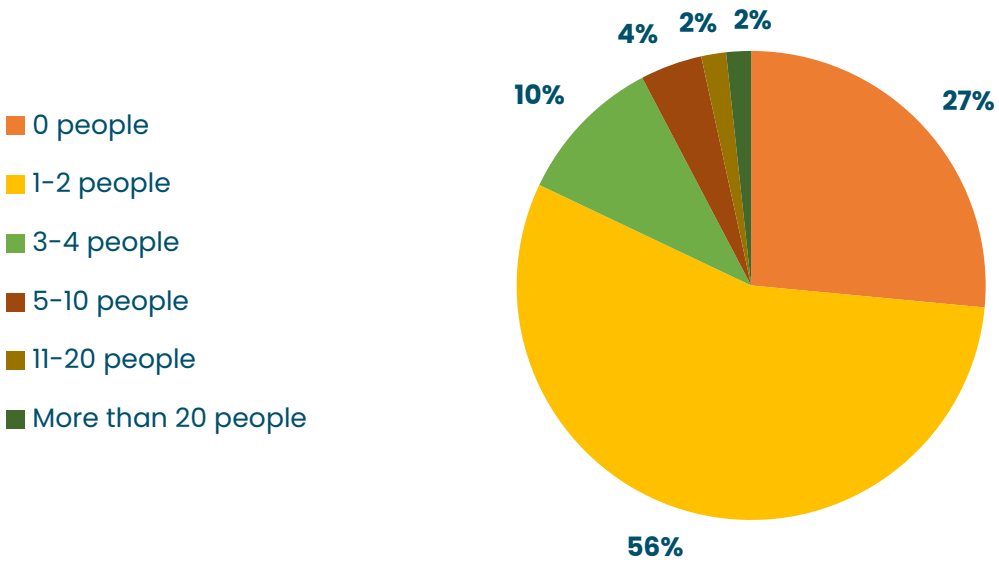
Respondents were asked about their sexual activity and the number of sexual partners they have had in the last 12 months. **63%** of people had had sexual intercourse with 1-2 people, **9%** with 3-4 people, **4%** with 5-10 people, **2%** with 11-20 people and **6%** with more than 20 people. **16%** said they had not had sex with anyone in this period.

When asked about genital contact, not involving intercourse, **56%** said they have had genital contact with 1-2 people, **10%** with 3-4 people, **4%** with 5-10 people, **2%** with 11-20 people and **2%** with more than 20 people. **27%** had not had genital contact with anyone in the last 12 months.

In the past 12 months, how many people have you had sexual intercourse with?



In the past 12 months, how many people have you had genital contact with, not involving intercourse?



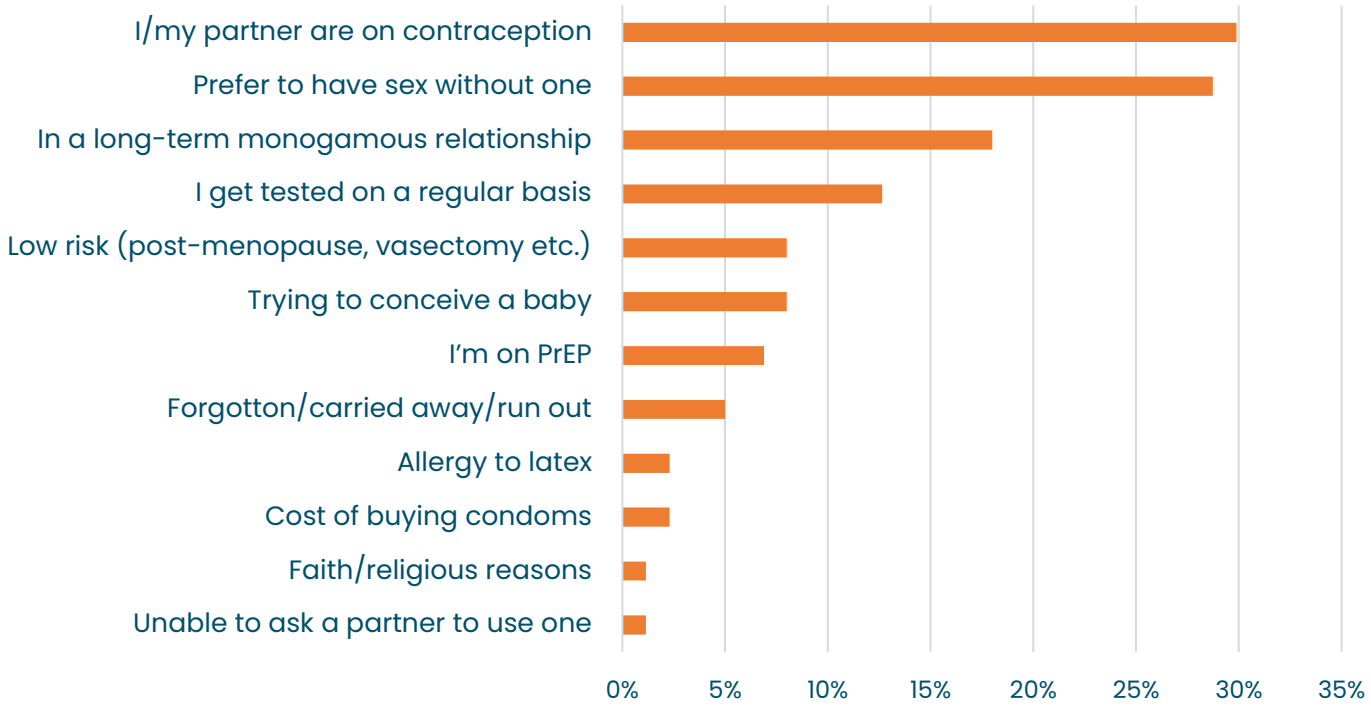
Condom Use

Respondents were asked whether they have had sexual intercourse without using a condom in the past 12 months. At **77%** the majority had had sex without a condom.

Of this percentage, **86%** had had sexual intercourse without a condom with 1-2 people, **9%** with 3-4 people, **2%** (n=2) with 5-10 people, **1%** (n=1) with 11-20 people and **1%** (n=1) with more than 20 people. Reasons for not using a condom are explored below.

Respondents from an Asian background were the least likely to have had sex without a condom at just **33%**.

What is the reason you didn't use a condom? Please tick all that apply.



Respondents from a White Other ethnic background were more likely to have had sexual intercourse without using a condom in the last 12 months at **100%**. Lesbian or bisexual females, those aged 18–34 and people with disposable income were also more likely at **92%, 91%** and **81%** respectively.

At **30%** the most common reason for not using a condom was because they or their partner were using other forms of contraception such as the pill or coil. This was followed closely by a preference to have sex without a condom at **29%**. These were cited as the most common reasons across most demographic groups, apart from; gay and bisexual males, of whom **53%** said it's because they test regularly, **47%** prefer sex without a condom and **40%** were on Pre-Exposure Prophylaxis (PreP)[26]; and lesbian and bisexual females, of whom **36%** prefer sex without a condom and **36%** were on another form of contraception.

18% did not use a condom because they have one monogamous partner they trust, while **13%** said they get tested for STIs on a regular basis.

8% said they chose not to use a condom because they were trying to conceive a baby, **7%** were taking PrEP and **7%** said they or their partner are infertile due to surgical procedures such as having a vasectomy, hysterectomy or having been through menopause.

5% said they had either forgotten to use a condom, got carried away, or had run out of condoms. Other reasons mentioned by one or two people were:

- the cost of buying condoms (**2%**)
- an allergy to latex (**2%**)

[26] Pre-Exposure Prophylaxis (PrEP) is medication someone can take to reduce their risk of getting HIV.

- faith/religious reasons (**1%**)
- feeling unable to ask their partner to use a condom (**1%**).
- one person could not find the right size condom for them, one person used a condom for vaginal penetration but not other types of sex, and one was in a same-sex partnership.

Positively, no respondents said that they did not know where to get condoms from, had forgotten to use one, were embarrassed to buy them or that their partner refused to use one.

> ***"My partner and I have been together for over 35 years. We've been faithful to each other, are disease free and don't need to protect ourselves from STIs."***
>
> ***"I use a condom for vaginal intercourse, but not for anal or oral sex."***
>
> ***"Carried away in the moment!"***
>
> ***"We are trying for a baby."***

When asked when or would they use a condom, the majority respondents (**75%**) said this would be to protect against STIs. **68%** would or do use them to protect against HIV, and **54%** to prevent pregnancy. Other reasons to use a condom included were if they were no longer in their long-term monogamous relationship, or if they knew or thought their partner was having sex with other people besides them.

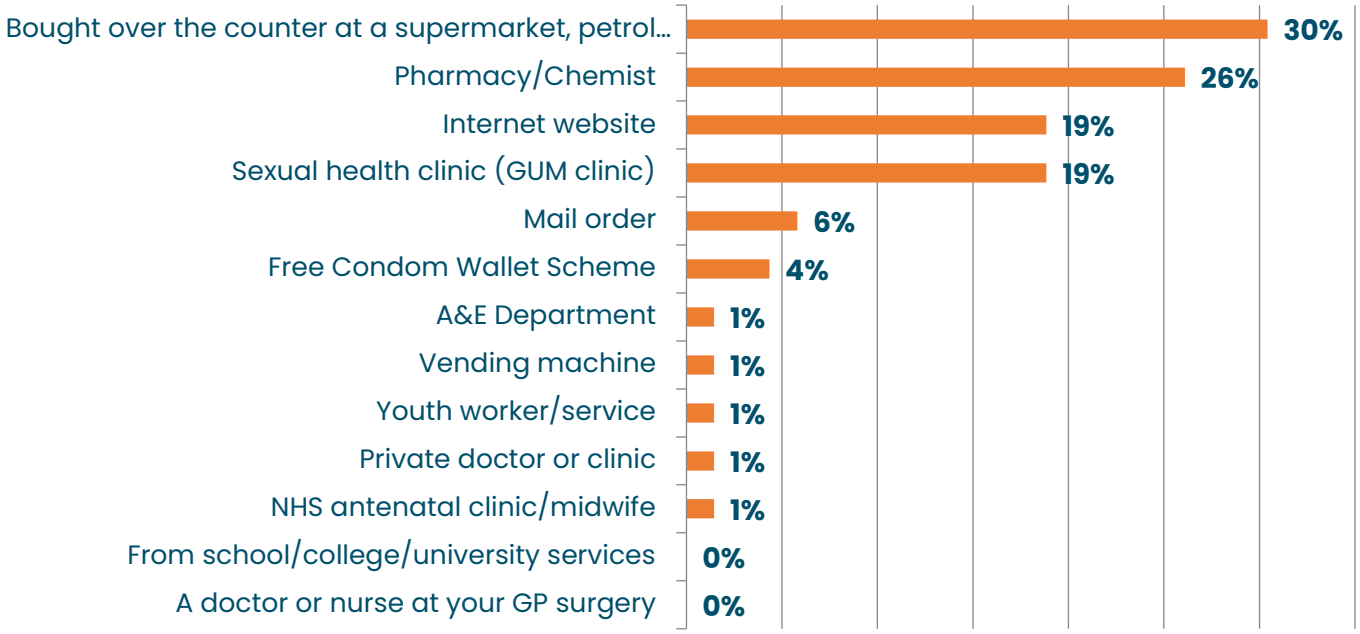
Female respondents were more likely to say they use a condom to prevent pregnancy, at **61%** in comparison to **46%** of male respondents. Those with more disposable income were slightly more likely like to use a condom to prevent pregnancy (**56%**) than those with less disposable income (**46%**). In parallel with this, those with more disposable income were less likely to use condoms to prevent STIs (**72%**) and HIV (**64%**) than those with less disposable income (STIs: **82%**, HIV: **75%**). Gay and bisexual males cited the prevention of HIV and STIs as the top reasons to use condoms for them, at **84%**. Of lesbian and bisexual females, **67%** used them to prevent pregnancy and **67%** and **75%** to prevent HIV and STIs respectively. No other notable differences in reasons for condom use were found between demographic groups.

Source of Condoms

Respondents were asked where they are sourced or purchased condoms from in the last 12 months. At **30%** most people bought their condoms over the counter at a supermarket, petrol station or other shop, followed closely by **26%** who bought them from a pharmacy/chemist. **19%** sourced condoms through a sexual health (GUM) clinic, and another **19%** via an internet website.

Less common sources included through mail order at **6%,** and the Free Condom Wallet Scheme, which only **three** respondents had used. Other sources indicated by just one or two respondents were through an antenatal clinic, a private doctor, a youth worker, a vending machine and an A&E department. No respondents had sourced them from a GP surgery or a school/college university.

Have you got condoms from any of these sources in the last year? Please tick all that apply



Male respondents and those under White Other were most likely to source condoms through mail order, at **11%** and **9%**. Male respondents were also the most likely to have used the Free Condom Wallet Scheme, but this was still only **7%**.

The sources of condom respondents used also changed with age. Respondents aged 18-34 were most likely to buy condoms over the counter at **44%**, in comparison to those aged 35-54 (**30%**) and aged 55+ (**7%**). This was also the case for sourcing condoms from a sexual health clinic, which **24%** of respondents aged 18-34, **17%** of respondents aged 35-54 and just **7%** of respondents aged 55+ chose to do.

In contrast, **36%** of those aged 55+ used a pharmacy or chemist to source condoms, in comparison to **27%** of 35–54-year-olds and **20%** of 18–34-year-olds.

Interestingly, at **88%**, lesbian and bisexual females were much more likely to purchase condoms over the counter than gay and bisexual males (**27%**) and those who identified themselves as heterosexual (**16%**). Furthermore, **50%** of lesbian and bisexual females got condoms from a sexual health clinic, as did **33%** of gay and bisexual males, in comparison to **8%** of heterosexual respondents.

The predominant source of condoms for heterosexual respondents was from a pharmacy, with **34%** choosing this option in comparison to **27%** of gay and bisexual males, and no lesbian and bisexual female respondents.

Free condoms

This data shows the predominant way that respondents sourced condoms was through purchasing them themselves. Whilst this is a great option for many people, as the cost of living continues to impact many people, it is important to ensure that those who might be not able to afford to purchase condoms know where and how they can receive them for free and are encouraged to do so. Likewise, the data perhaps indicates a need for greater awareness and promotion of where and how Hertfordshire residents can

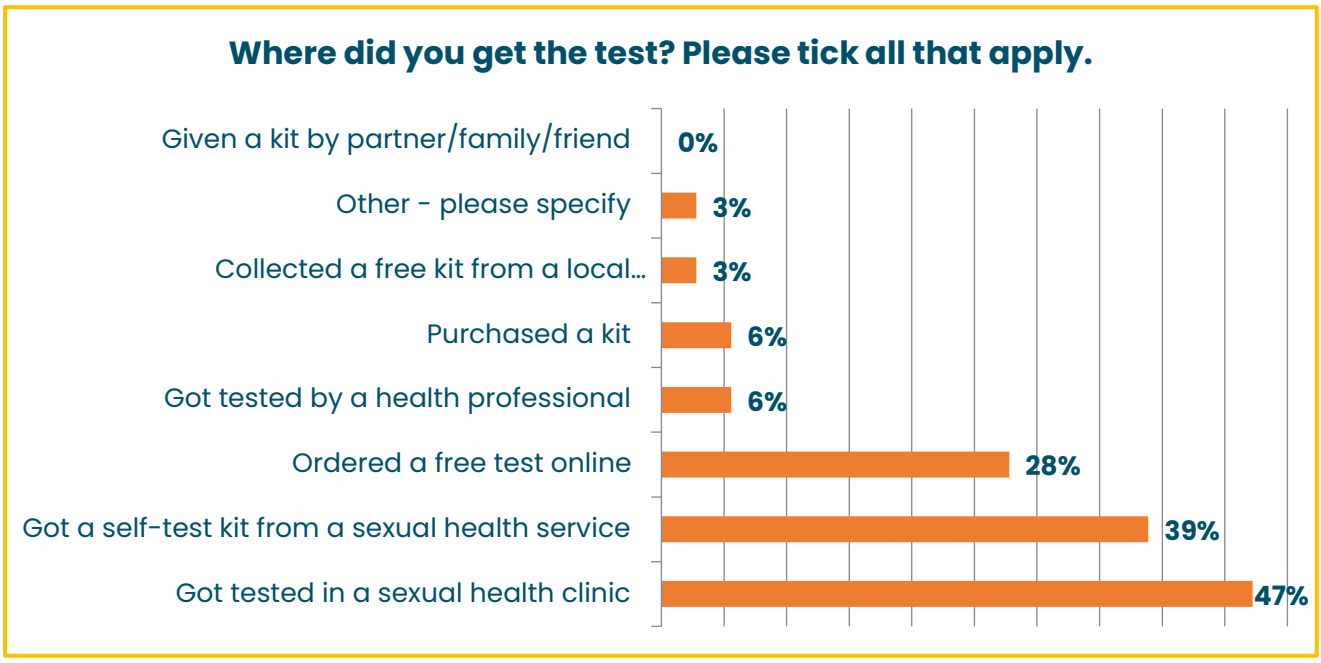
access condoms free of charge, given the small number of respondents who had sourced condoms in this way.

STI Testing

Respondents who had an STI Test

All respondents were asked whether they had an STI test (with the exception of HIV) in the last 12 months – of which **32%** said they had been tested. Of these respondents, **51%** had been tested once, **31%** twice, **9%** three times and **9%** four or more times in the last 12 months.

67% of lesbian and bisexual female and **58%** of gay and bisexual male respondents had been tested, as had **55%** of those aged 18-24.



The most common place to have been tested was in a sexual health clinic which applied to **47%** of these respondents. **39%** had received a self-test kit from a sexual health service, and **28%** had ordered a free test online. Just **6%** were tested by a health professional, **6%** purchased a STI testing kit, and **3%** had collected a free kit from either a local GP, pharmacy or youth service. No respondents were given a kit by a partner or friend.

Male respondents were more likely to have been tested in sexual health clinic than female respondents at **64%** in comparison to **37%** and were also more likely to have got a self-test kit from a clinic at **43%**, in comparison to **32%**. Female respondents were slightly more like to say they had bought a kit, picked one up from another source or been tested by a healthcare professional.

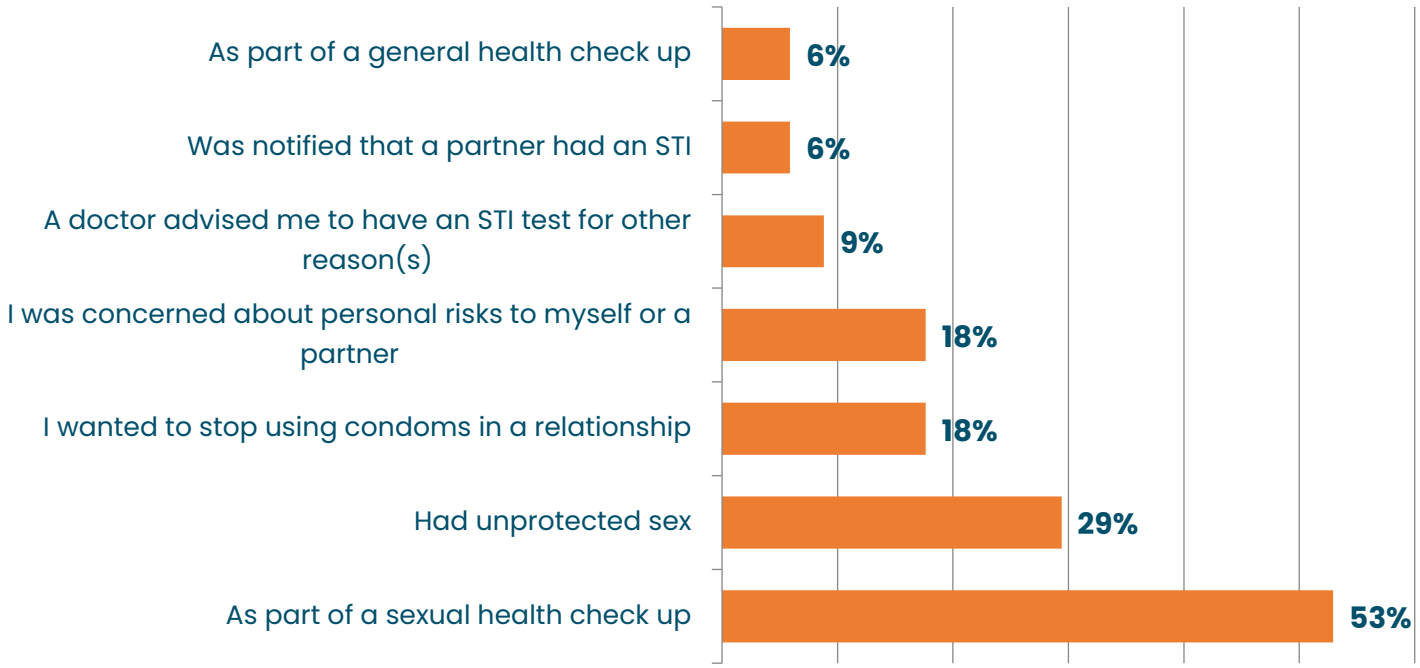
Those with less disposable income were more likely to be tested in a clinic (**60%**) than complete a self-test at home (**30%**), and those with more disposable income were equally likely to be tested in clinic or at home, at **44%** for each.

Although the sample sizes were small, those over 55+ were more likely to have been tested in a clinic (**75%**), and no one in that respondent group had collected a self-test kit from a sexual health clinic. Gay and bisexual males were also more likely to have been tested in a clinic with **73%** having done so.

Reasons for testing

The majority of respondents (**52%**) said they had an STI test was as part of a sexual health check-up, whilst **29%** decided to get tested because they had had unprotected sex. **18%** wanted to safely stop using condoms in a relationship, and **18%** were concerned about a personal risk to themselves or their partner. **6%** were tested because a partner had an STI, and **6%** were tested as part of a general health check. One respondent wanted to check whether her partner had passed on thrush to her.

Why did you get an STI test? Please tick all that apply.



The only group whose primary reason to be tested was not as part of sexual health check up was those with less disposable income, who cited having had unprotected sex, wanting to stop using condoms in a relationship and being concerned about a risk to themselves or a partner as the top three reasons, although the overall sample size of this group was 28 of 130 respondents.

Respondents who had not had an STI Test

68% of respondents had not had an STI test in the last 12 months. This percentage was higher amongst Asian and Black respondents at **100%** and **75%** respectively.

Female respondents were slightly less likely than male respondents to have been tested at **71%** compared to **66%** of males. Gay and bisexual males were also less likely to have been tested than lesbian and bisexual females, at **42%** in comparison to **33%** not having been tested.

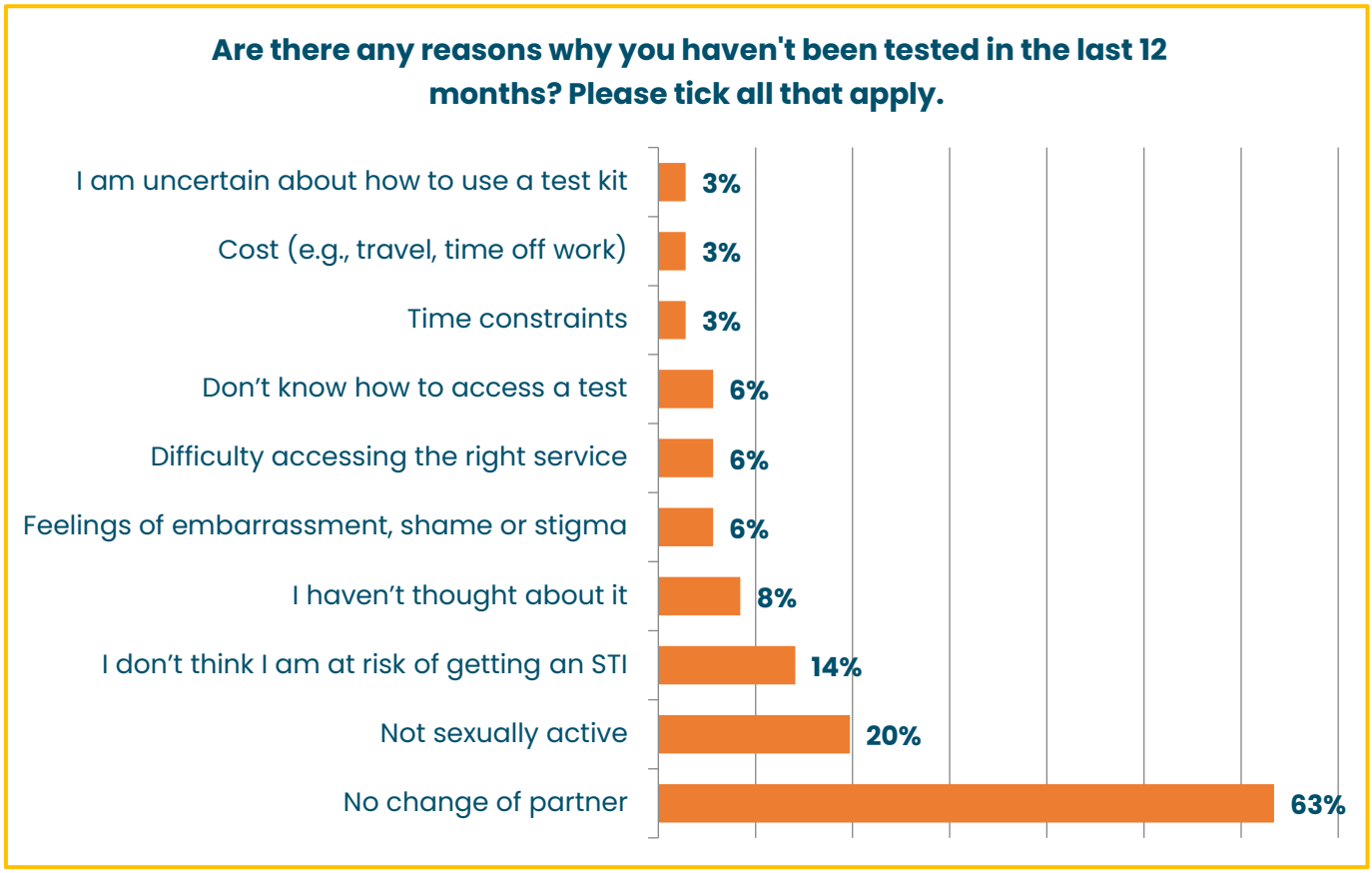
Heterosexual respondents were also less likely to have been tested for STIs at **82%**.

Reasons

When respondents were asked why they had not had an STI test, for **63%** this was because they had not changed sexual partner. **20%** had not been sexually active, and **14%** said they did not feel at risk of getting an STI.

However, **8%**, who all identified as heterosexual, said they simply had not thought about having an STI test, **6%** had not been tested due to feelings of shame, embarrassment or stigma and **3%** were uncertain about how to use a test kit.

19% of respondents had not been tested due to barriers in accessing STI tests. Of this percentage, **6%** had difficulties accessing the right service, **6%** did not know how to access a test, **4%** faced time constraints, and **3%** facing cost difficulties relating to travel or time off work. One respondent has not been tested because they did not want to do a finger prick blood test, one misguidedly thought that because they had a smear test, they did not need an STI test, and one said they did not have a clinic local to them.



Not having changed partner was the primary reason for not having tested in the last 12 months across all demographic groups surveyed.

However, **12%** of male respondents said that they felt embarrassment, shame or stigma which prevented them from testing, in comparison to **2%** of female respondents. **21%** of people aged 18-24 also felt this way, in comparison to no 35–54-year-olds and just **4%** of 55+ year olds.

Concerningly, **38%** of gay and bisexual males said that embarrassment, shame or stigma was a reason they hadn't tested in the last 12 months, which was significantly higher than heterosexual respondents of whom **2%** felt this way.

"Finger prick tests are horrible."

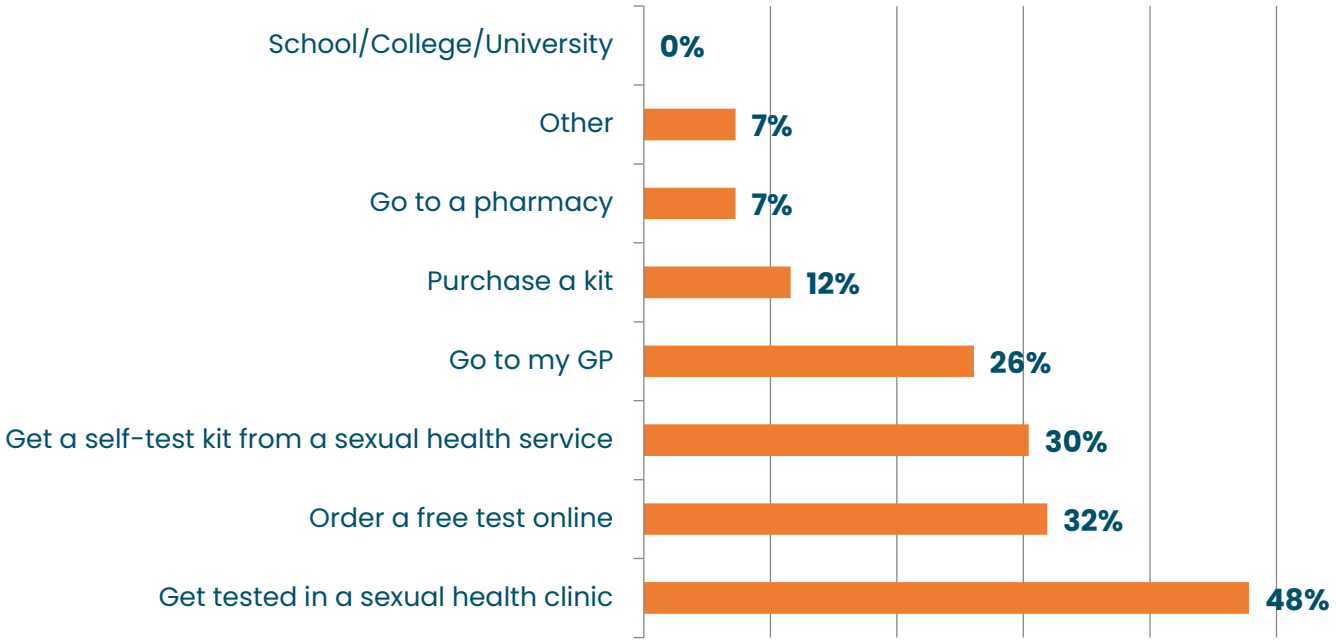
"Neither of us are at risk of getting an STI."

"Nowhere near me to get one done because you closed all the clinics and services."

Location of test

If they wanted to get an STI test, most respondents (**48%**) said they would go to a sexual health clinic to be tested and **30%** said they would get a self-test kit from a sexual health service. **32%** would order a free test online, **26%** would go to their GP and **12%** said they would buy a test kit.

Where would you go if you wanted to get an STI test in Hertfordshire? Please tick all that apply.



A couple of respondents were not sure where they would go to access an STI test. One respondent would use a sexual health service outside of Hertfordshire in order to keep their privacy, while another respondent said there were no clinics local to them.

"Outside of Hertfordshire so I didn't bump into anyone at Watford Town Hall."

"Nowhere because there are no services available near me after you closed them all."

Potential higher-risk group:

9% of respondents had engaged in sexual intercourse without a condom, and with more than two people in the last 12 months. Of this group, **50%** said they did not use a condom because they prefer to have sex without one and **50%** said they get tested on a regular basis. Further to this, **33%** were using PrEP and **25%** were using contraception such as the pill. Two respondents gave reasons for not using condoms, both relating to the type of sex, with one presumably using a condom to prevent pregnancy rather than against STIs:

"I used condom for vaginal intercourse, but not for anal and oral sex"

And another differentiated between oral sex with a condom and other types of sex.

"Oral sex with condom is weird"

Positively, of this group, **67%** had had an STI test in the last 12 months, and all at least twice, and **58%** had had an HIV test.

However, a quarter of this group said they faced barriers to testing, relating to the discretion and confidentiality of testing, appointment availability and difficulties with location.

HIV Testing

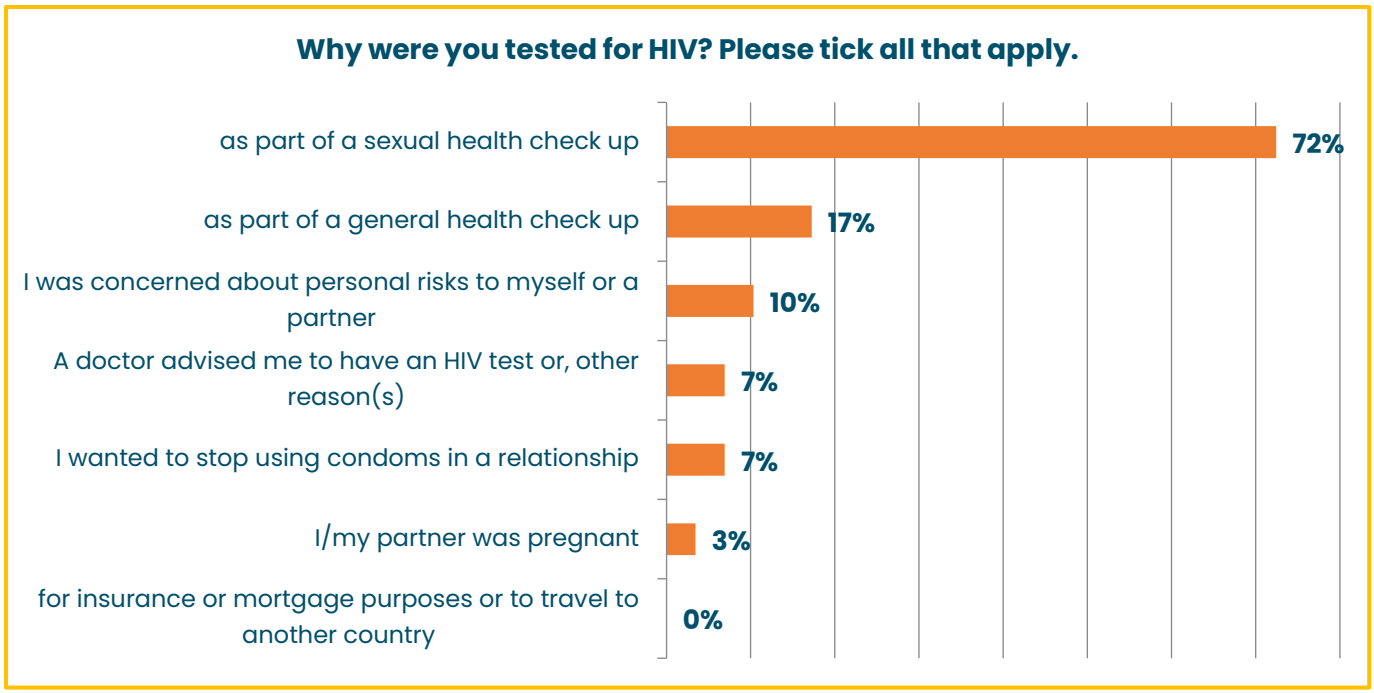
Respondents who had an HIV Test

In the last 12 months, **26%** of all respondents had been tested for HIV and **2%** were not sure if they had. Respondents aged 18-34 were more likely to have been tested at **45%**, followed by gay and bisexual male respondents at **42%**. Of the respondents who had been tested for HIV, **100%** received the results.

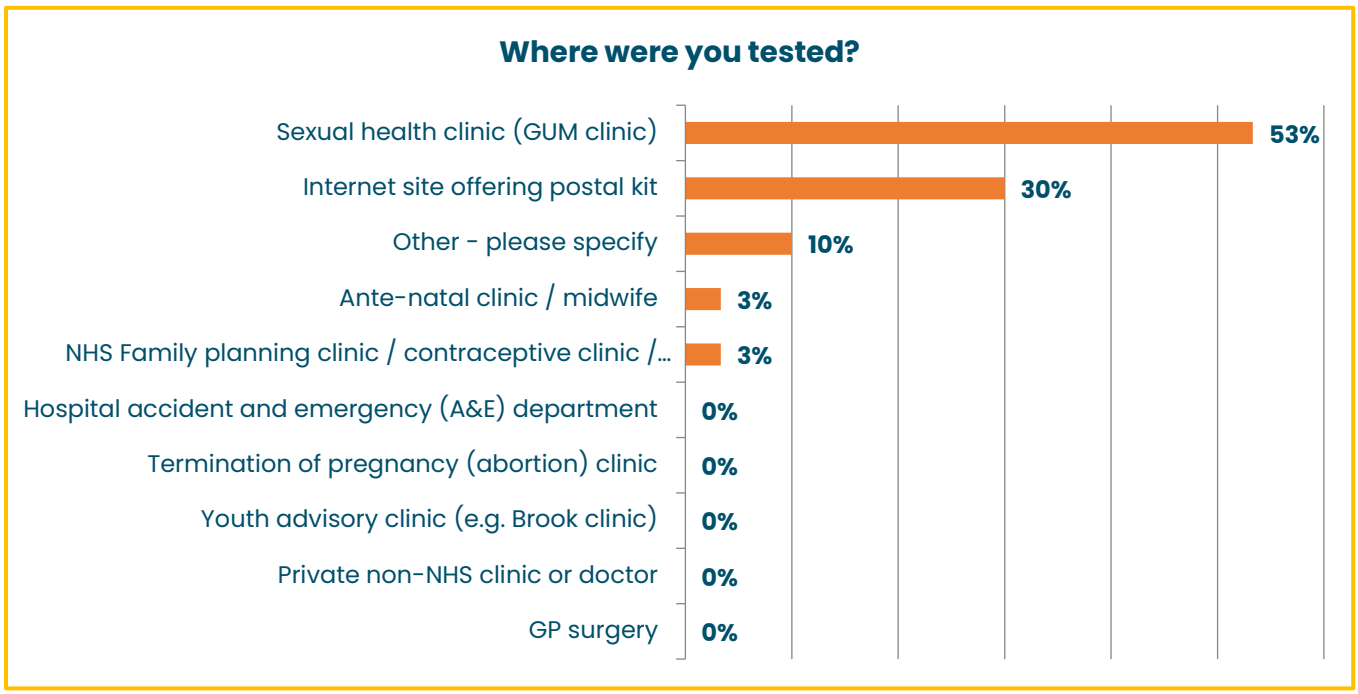
18% of heterosexual respondents, and **17%** of those aged over 55 had been tested for HIV.

Of respondents who had been tested for HIV, **72%** were tested as part of a sexual health check-up, and **17%** as part of a general health check up. Less common reasons to tested were to safely stop using condoms in a relationship (**7%**), on the advice of a doctor (**7%**), and because they or their partner were pregnant (**3%**).

20% of female respondents said they were tested due to being concerned about personal risks to themselves or their partner, which was not the case for any male respondents. Concern about personal risk was also selected by **20%** of lesbian and bisexual respondents, and **17%** of heterosexual respondents in comparison to **0%** of gay or bisexual male respondents.



Most respondents (**58%**) were tested for HIV at a sexual health clinic, of whom gay and bisexual males were the most likely to have used this method at **78%**. **30%** of all respondents were tested through an internet site offering a postal kit. One person had been tested at an antenatal clinic or by a midwife, and one person at a family planning/contraceptive/reproductive health clinic. One person was tested at an NHS appointment for an existing health condition, and another purchased a test from a high-street store. There were no further notable differences between demographic groups regarding where/how respondents were tested.



Respondents who had not had an HIV Test

72% of respondents had not been tested for HIV in the last 12 months. For most respondents (**68%**) this was because they had no change of sexual partner. **19%** were not worried about having or getting HIV and **16%** were not sexually active. **4%** said they felt feelings of embarrassment, stigma or shame that prevented them and **3%** said they did not know how to access an HIV test.

One person had difficulty accessing the right service, one person knew they were HIV positive, and two people had not been offered a HIV test. Three respondents had difficulties with self-testing kits, sharing that they had problems extracting blood to complete the sample, or kits not including a test for HIV.

> ***"Test kits don't tend to come with one."***
>
> ***"I keep trying to use the self-test kits but I can't collect enough blood from a finger prick. Either that or the test can't be carried out as blood has coagulated too much by the time the test is received."***

Respondents aged 55+

Those in older age categories can easily be overlooked when considering sexual health, but sexual wellbeing and health are important throughout the life-course, and services must cater for all age groups. Concerningly, STIs in the 45+ year old age group have been increasing in recent years across the UK - see here.

In this survey, **28%** of respondents were aged 55 years and over, of whom **75%** were heterosexual, **8%** were gay, **8%** were bisexual and **3%** (n=1) were lesbian.

62% of this group had engaged in sexual intercourse without a condom in the last 12 months, but all with 1-2 people. Only **13%** had received an STI test in the last 12 months.

Most respondents (**64%**) explained that they had not changed sexual partner in this time, and a further **32%** had not been sexually active. Similar reasons were given for not having had an HIV test. The remaining respondents:

- **11%** felt they weren't at risk
- **7%** had not thought about having an STI test
- **7%** were not sure how to use a test kit
- One person experienced feelings of embarrassment, shame or stigma, one person had difficulty accessing the right service and one person did not know how to access a test.

If they wanted to be tested, **56%** would go to a sexual health clinic, **26%** would get a self-test from a clinic, and **22%** said they would order at test online.

However, when asked their preferred method, **33%** wanted to attend a sexual health clinic, and **43%** wanted to order a test kit online.

Only **one** respondent aged over 55 said they faced barriers, which unfortunately related to being stigmatized by staff members for their sexuality.

Access to STI/HIV Testing

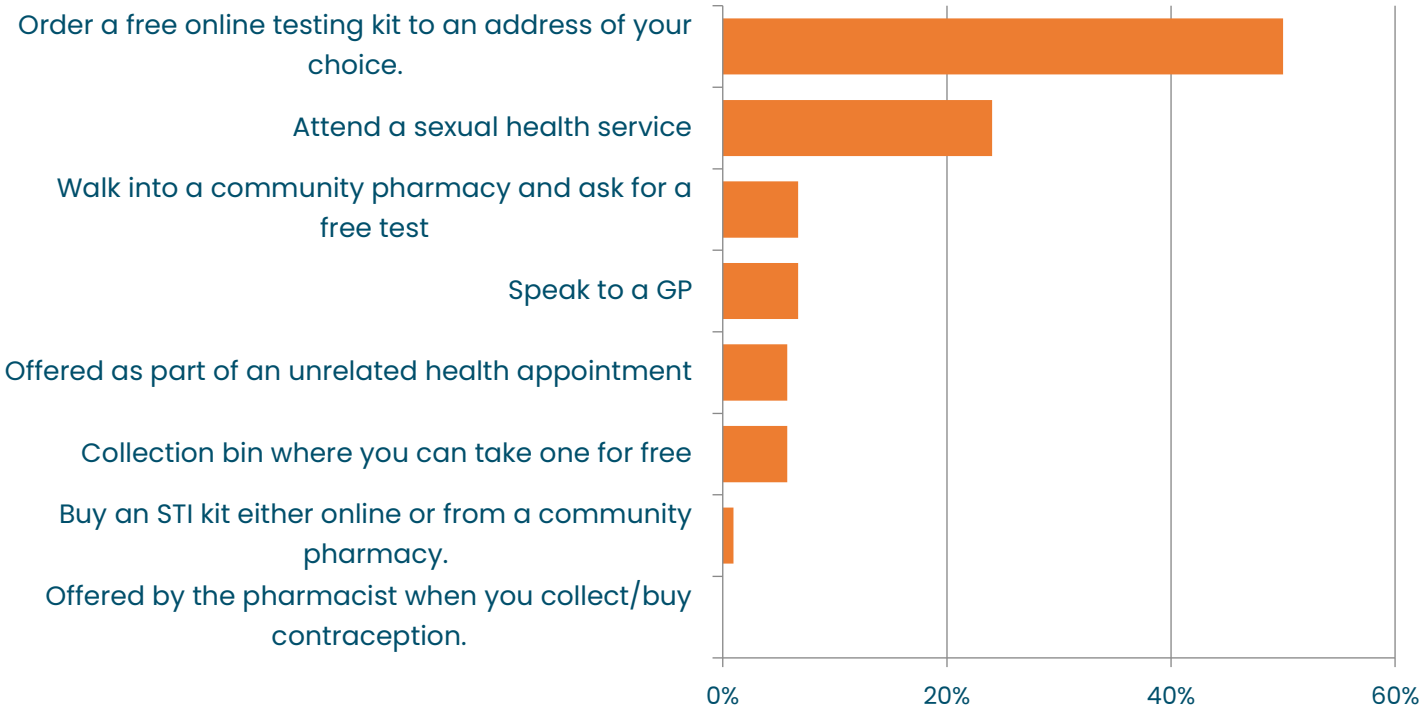
Preferences in Access

All respondents were asked how they would prefer to get an STI test, and for the majority (**50%**) their preference would be to order a free online testing kit sent to an address of their choice. This was followed by attending a sexual health clinic at **24%**.

Just **7%** would prefer to speak to a GP practice, **7%** would like to walk into a pharmacy to collect a free test, and **6%** would like to be offered an STI test as part of a health appointment not related to their sexual health.

6% would prefer to use a collection bin for free, and only one person said they would want to buy a test kit online or from a community pharmacy. No respondents wanted to be offered a test kit by a pharmacist when collecting their contraception.

Which of the following would be your preferred method to get an STI test?



Respondents from a Black background and lesbian and bisexual females were more likely to say that their preference would be to order a free online testing kit to be sent to an address of their choice, with both standing at **75%**. **61%** of those aged 18-34 were also more likely to have this preference, as did **56%** of female respondents.

Some groups had a stronger preference for attending a sexual health clinic – this was the case for **37%** of gay and bisexual males, **36%** of people without disposable income, **33%** of people aged over 55, and **32%** of male respondents.

Offering STI Testing

Just one respondent had been offered an STI test by a healthcare professional in the last 12 months. However **16%** of respondents said they would like to be offered a free STI test. For most, this was because it would provide reassurance that they do not have an infection. For one respondent, it would reduce their feeling of embarrassment if the healthcare professional started the conversation.

> ***"It would be good to know if I'm STI free."***
>
> ***"I'm too embarrassed to ask. It would make it easier if they raised it."***

The majority of respondents (**53%**) said they would not mind being offered an STI test for a healthcare professional. Most felt they did not need to be tested, but would not take offence if this was offered to them.

> ***"I wouldn't mind being offered one as a reminder – even though I am older with the same sexual partner then it would be my choice if I decide if I wanted to proceed but it would prompt me to think about it."***
>
> ***"I don't mind being offered but would probably not take one."***

Likewise, some respondents mentioned they would not mind being offered an STI test if it is advised by, or would be helpful to, the healthcare professional.

> ***"If this is something a healthcare professional would want me to do then I wouldn't mind being asked."***
>
> ***"I'm happy to complete a test if needed for research sampling."***

In contrast, **31%** actively would not want a healthcare professional to offer them an STI test – though these respondents did not explain their reasons for this. We would encourage Hertfordshire County Council to explore people's reluctance and/or hesitancy.

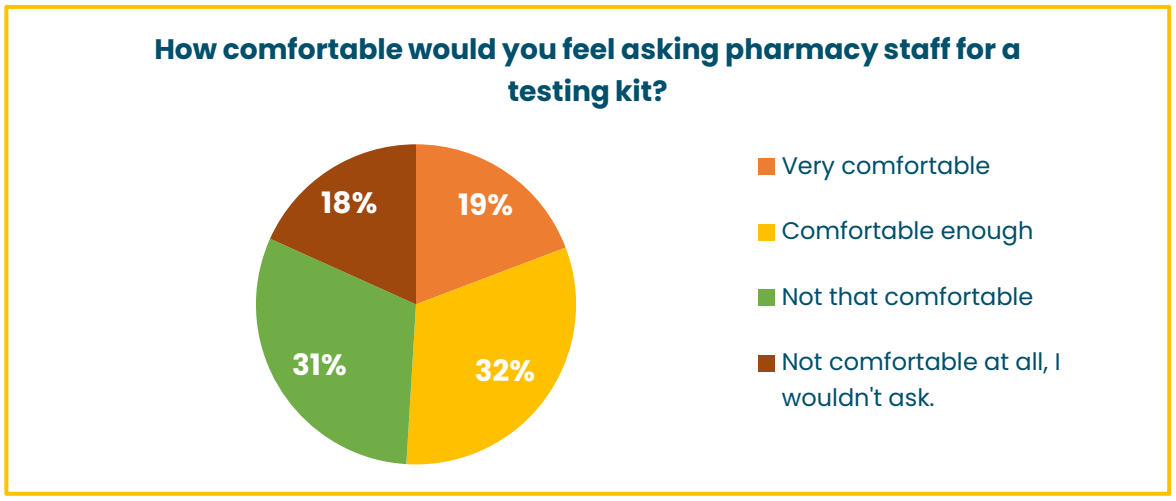
Some groups were more positive about being offered a test by a healthcare professional:

- **50%** of Asian respondents said they would like to be offered a test, sharing that it would minimise the embarrassment they may feel in asking.
- **50%** of gay and bisexual males wouldn't mind being offered at **50%** would actively like to be offered.
- **40%** of respondents from a White Other ethnic background would like to be offered a test, and **60%** would not mind.
- **36%** of those aged 18-34 would like to be offered a test, and a further **43%** would not mind.

54% of people aged over 55 would not want to be offered an STI test by a healthcare professional.

Pharmacy Access

Given that free testing kits for chlamydia and gonorrhoea are available from participating pharmacies, respondents were asked how comfortable they would feel asking pharmacy staff for a testing kit. **19%** said they would feel 'very comfortable' asking pharmacy staff for a test kit and **32%** would feel 'comfortable enough'. In contrast**, 31% w**ould not feel 'that comfortable' and **18%** would 'not feel comfortable at all'.



Male respondents were the most comfortable to ask pharmacy staff, with **58%** saying they would be 'very comfortable' or 'comfortable enough'. In comparison, respondents from a White Other ethnic background and those without disposable income were the least comfortable, at **40%** and **43%** respectively.

This shows that at least **51%** of respondents would consider accessing STI testing through a pharmacy, even if it is not necessarily their preferred method. With the increasingly important role community pharmacies are playing in primary care, there could be an opportunity to promote and increase access to STI testing through the provision of free testing kits within pharmacies.

Barriers and improvements to accessing STI testing

Positively, when respondents were asked if they faced any barriers to accessing STI testing, the majority (**68%**) said they did not face any difficulties and **14%** were not sure. When asked how to make access to STI testing easier, several respondents shared that access was already easy for them.

"Can order tests easily"

"It's already easy"

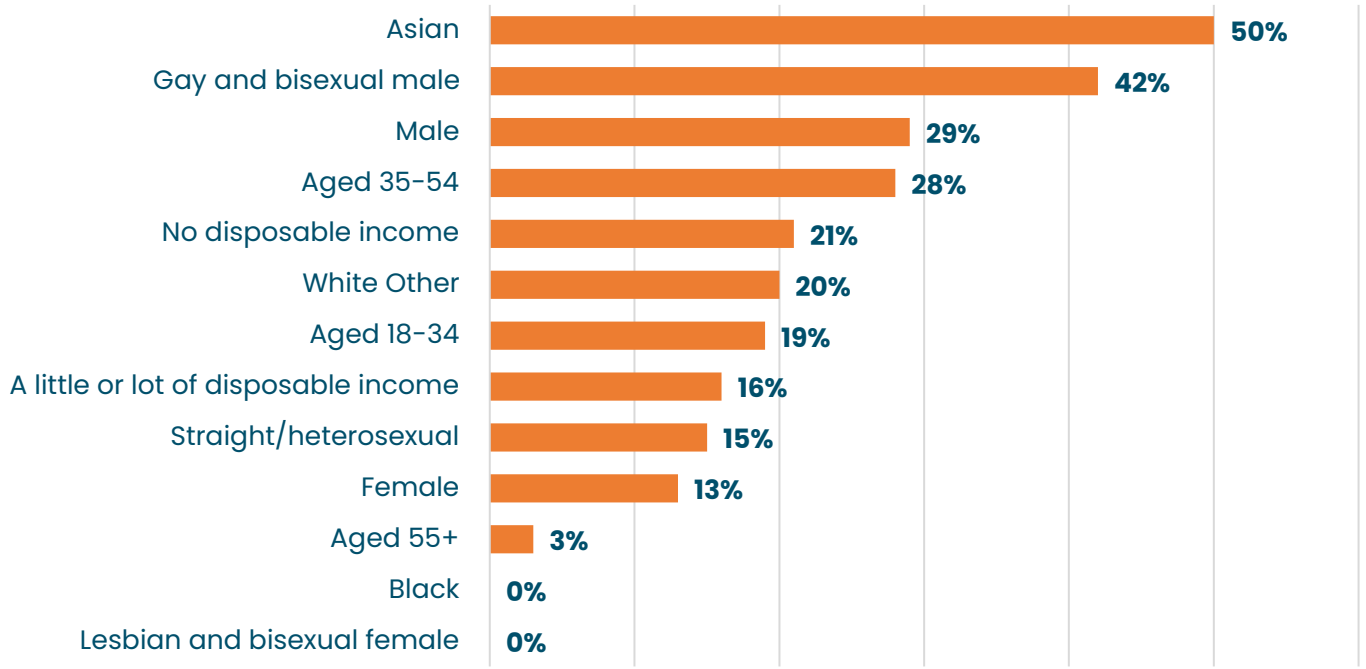
18% did report facing issues and **25%** had ideas for how access to STI testing easier for Hertfordshire residents – both of which are explored below.

There was variation between demographic groups, with Asian respondents the most likely to report facing barriers in accessing STI testing at **50%**, followed by gay and bisexual males at **42%**, one of whom had found staff attitudes a barrier to access.

"Assumptions that all gay men are promiscuous, as commented by a sexual health staff member"

Male respondents and those aged 35-54 were also more likely to experience difficulties, at **29%** and **28%** respectively. In contrast, those aged over 55, female respondents and Black respondents were less likely to face difficulties in accessing STI testing. Although these are useful indications, more engagement should be conducted to explore the extent of these inequalities, and any common reasons for these barriers.

The percentage of each demographic group who reported that they faced barriers to STI testing



Location and Travel

A common barrier was the location of sexual health clinics, with respondents commenting that they do not have access to a sexual health clinic in their local area, meaning they have to travel across the county. For people who do not drive or do not have access to a car, this was particularly difficult, given the inconsistency, unreliability and cost of public transport.

"No local services and I don't drive which makes it all but impossible to go to a local clinic."

"Closest sexual health clinic is not in St. Albans."

"Closer clinic. The nearest is 15 miles away."

Respondents emphasised the negative impact of the closure of sexual health clinics, and called for greater provision and the need for more local services.

"Reopening services in local/closer areas. I live in Hoddesdon and don't drive and the 'nearest' ones are in St. Albans, Watford and Hatfield etc, i.e. places that are impossible for me to get to."

"More clinics I can go to for testing."

"There used to be a clinic at Hertford County Hospital but you closed it down."

"Facility for testing closer to home."

Availability of Appointments

Another common barrier cited by respondents was the availability of appointments within sexual health clinics. Respondents felt that availability was poor, stating there is a lack of bookable appointments, as well as limited walk-in clinics. As such, respondents called for easier and greater access to appointments, and in particular, the provision of more walk-in appointments.

"More walk-in availability, easier access to appointments."

"More walk-in appointments for people of all ages, not just at specific times on certain days."

"More appointments to be available across NHS sexual health services. Less than 2 hours wait needed for walk-ins."

"It's hard to get an appointment quickly."

Linked to this, many respondents found it difficult to book an appointment at a sexual health clinic around their work and/or caring responsibilities – particularly given not many clinics operate frequent out-of-hours appointments.

"Difficulty finding appointment times around work and childcare."

"Appointment times are in the working day."

"There should be more times appointments."

Tests and Services

Some respondents said they would like more choice in how they are tested for STIs, and emphasised the importance of being able to see a healthcare professional face-to-face to have a full examination and/or to discuss their concerns and questions, rather than having to self-test.

"Opportunity to be able to speak to a healthcare professional even if you order a STI kit online. Sometimes I just have a few questions which is why I always go to a sexual health clinic. Sometimes it would be easier to order online but less personal."

"Can order tests easily but it's more difficult if you want to be physically examined."

Similarly, some respondents would like to be tested for STIs and HIV within a sexual health clinic, even if they do not have symptoms. Respondents shared their frustrations about this, and felt that in-person appointments should be available to anyone who requests this.

> ***"If you do not have symptoms, the GUM clinics in Hertfordshire will not see you and ask you to do a self-test."***
>
> ***"If the clinic had more slots for appointments and provided free preventative testing (i.e. without symptoms) for all STIs."***

Lastly, a few respondents found that sexual health clinics could not offer the test they needed or preferred and felt that the STI tests they offered (particularly through self-testing) was not extensive enough.

> ***"The self-test kits only test for four STIs – very limited. It's very hard finding a slot at the sexual clinic that test for more STIs and yeast infection."***
>
> ***"I wish the ones you got from SH24 were comprehensive STI tests, instead of just testing for chlamydia and gonorrhoea."***
>
> ***"Limited choice of free tests in Herts."***

Availability of Test Kits

Another barrier to STI testing was the sporadic availability of test kits, with some respondents commenting that test kits should be more readily available in a multitude of healthcare and community settings to enable easier access to STI testing.

> ***"Having collection bins where you can take one for free. In pharmacies or public bathrooms."***
>
> ***"Available easily and freely from pharmacies, GP surgeries, and all health centres, not just ones specialising in sexual health."***
>
> ***"Pick up at a local pharmacy."***

Others showed limited awareness of the opportunity to order a free testing kit online, and would prefer to be able to do this. Although some respondents knew they could order self-test kits, but because they have symptoms, can only be seen within a sexual health clinic.

> ***"Being ale to access them online and return them by post (and feel confident in the postal service)."***
>
> ***"If you could order one to your house."***
>
> ***"Free testing - can take awhile to get an appointment at a Sexual Health Clinic."***

Discretion

Some respondents had concerns about privacy and suggested that sexual health clinics could be more discreet for people attending. There was particular concerns about having to wait outside next to obvious signage, and respondents were worried about stigma or seeing someone they knew. As such, respondents felt sexual health clinics could put in place greater privacy for those wanting to access the clinic.

> ***"The walk-in centre at Stevenage expect clients to wait outside next to a sign saying sexual health clinic. Not very discreet."***
>
> ***"Don't want family and friends to see me access a service."***

> ***"More discreet arrangements for waiting, either inside the building or away from signage."***
>
> ***"The Sexual Health Clinic in Watford is part of the Town Hall, too public to go there for STI tests or other sexual health advice"***

A couple of respondents also commented that when attending the clinic, there is not a private space to be able to speak to a receptionist, meaning they have to share their concerns in front of other people. It is important that sexual health clinics are safe spaces and implement discretion and privacy, and this could encourage people to feel more comfortable and confident in using sexual health services.

> ***"Embarrassing asking in a queue."***

Disability

Two respondents had a disability and said this made accessing sexual health clinics much more difficult for them due to difficulties physically getting to services. This is a real concern and if left unaddressed, could worsen existing health inequalities that disabled people face.

> ***"Disabled and use a wheelchair. Even then can't park close enough to clinics or public transport doesn't serve them."***
>
> ***"Disabled. Travelling is difficult and so is self-testing."***

Staff

One respondent felt that there simply were not enough staff within sexual health clinics.

> ***"More staff at the GUM clinic."***

Many of these respondents cited experiencing a number of these barriers, and it is clear that respondents would like to be able to access STI testing that is convenient and confidential.

> ***"Time, appointment availability, location of clinics."***

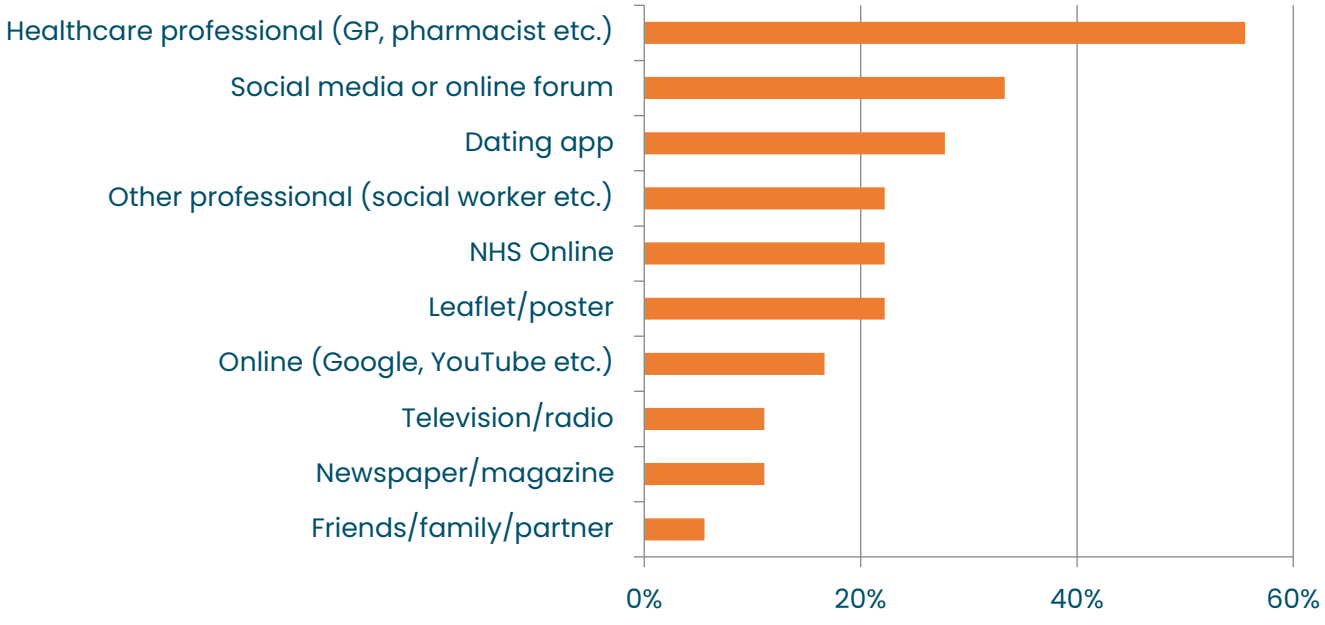
Information and Awareness

Just **15%** of respondents said that they had received any information about STIs in the last 12 months, such as use of condoms, getting tested, local services and treatment. **83%** said they had not received any information, and **2%** were not sure.

For those who had, **56%** had received this from a healthcare professional, such as a GP, pharmacist or sexual health worker. This was followed closely by finding information on social media such as Instagram or Facebook at **33%**, and via a dating app at **28%**.

22% of respondents had seen a leaflet or poster, **22%** received information via NHS Online and **22%** from another professional such as a social, youth or support worker. Least common sources of information were via a newspaper or magazine at **11%**, television or radio at **11%,** or from family/friends or a partner at **6%**. One person said an advert pop up on a website, and one person had received information through a Hertfordshire County Council 'Update Me' newsletter.

Where have you received any information about STIs such as the use of condoms, getting tested, local services and treatment? Please tick all that apply.



Overall, this is quite a minimal amount of information that people are receiving about STIs. This absence of overt discourse and information sharing could be contributing to an overall lack of awareness about symptoms, treatment options and the importance of testing. Whilst many respondents did show confidence in their understanding of STIs, there are further and misconceptions to address.

Gay and bisexual males and respondents from a White Other ethnic background were the most likely to report having seen any information about STIs recently, although this was still only the case for **33%** and **30%** of them respectively, and consisted mainly of NHS online, social media, dating apps and from healthcare professionals. **26%** of 18–34-year-olds had seen information about STIs in the last 12 months, from the same sources.

Those aged 55 and over were the least likely to have received information, with just **6%** (2 people) having seen any. This was closely followed by just **8%** of lesbian and bisexual females, **9%** of heterosexual/straight people and **10%** of female respondents, both of which groups primarily received information from a healthcare professional.

A couple of respondents felt that sexual health services could do more outreach work, and that information and advice should be more widely available and accessible. This can be particularly important for rural communities who might be less likely to live near a clinic.

"GUM clinic outreach program in the rural communities i.e. certain days a week you can go to your local health centre and see a GUM clinic nurse."

"Sexual health advice in a range of settings…gym, workplace."

"Available via local LGBTQ+ venues or LGBTQ+ charities in Hertfordshire."

Summary

This research sought to understand people's attitudes towards sexual health, in addition to their use and access to sexual health services. The survey findings show that Hertfordshire residents generally have good access to sexual health services, with 68% of respondents facing no barriers at all. There was also a good level of understanding and confidence about basic STI prevention and a strong positive response to the increasing variety of routes to STI testing.

This report has also highlighted the importance of making sure sexual health services are accessible to everyone who needs them in Hertfordshire. There are still common barriers faced by people trying to access care, including difficulty making an appointment, difficulty travelling long distances to clinics, feeling embarrassed or stigmatised or having their privacy compromised when attending. Several of these barriers are reflective of wider access barriers that are currently occurring in some primary and secondary care settings, such as difficulty making an appointment. This further highlights the benefits of offering online sexual health services and the importance of promoting that option for people where possible.

The findings of this research also emphasise that more work can be done on raising awareness of different types of STIs, including how they are treated and any longer-term consequences of untreated STIs. A very small proportion of respondents had received any information about sexual health in the last year, which indicates that more conversations need to be started about the importance of maintaining good sexual health throughout the life-course, and for all different demographic groups. However, more work needs to be done to explore the inequalities that different groups face around maintaining good sexual health, and ensure that barriers to testing are reduced or removed.

Response

The findings of this research have been shared with Public Health at Hertfordshire County Council, who are responsible for many of the sexual health services across Hertfordshire.

"I'd like to thank everyone who responded to the survey. The findings from this report will help inform our forthcoming Sexual and Reproductive Health Delivery plan over the next 5 years. I'm pleased most residents are happy with the range of STI services available, especially those online, however, more work is needed to address the embarrassment, stigma, and privacy concerns raised, which nationally are also highlighted as barriers to get tested. In partnership with local stakeholders, collectively we will continue to increase awareness on the importance of STI testing and where to access services, both online and in the community."

Sarah Perman
Director of Public Health at Hertfordshire County Council

Hertfordshire

healthwatch Hertfordshire