

Changes in sexual behaviours and access to sexual health services, of Londoners, during first COVID-19 lockdown

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Background

The **GMI Partnership (GMI)**, established in 2008, together with its partners: **Positive East**, **Spectra** and **METRO Charity**, deliver the largest outreach and community-based HIV testing service in London, UK. After the government announcement of national lockdown at the end of March 2020, all GMI's face to face activities including our core outreach and HIV testing services were suspended. It was believed that the COVID-19 control measures may impact people's sexual health and wellbeing, as well as other aspects of health. In order to be capable of supporting our communities during and after the pandemic, GMI and its partners developed an online survey in early April exploring people's recent sex life and activities, changes in sexual behaviours and use of sexual health services. Additionally we conducted a qualitative phase of deepened exploration of the subjects.

Method

The anonymised survey was published online for four weeks in April 2020, aimed at people living in Greater London, UK, aged 16 or over.

There were no more than 15 questions for each respondent based on the pre-set logical pathways. Information was collected in five areas:

1. Demographic information
2. Current sex activities
3. Change in sexual behaviours
4. Change in accessing sexual health services
5. Needs for services

Most respondents were recruited via Facebook paid advertisements.

Results

Overview

- During the 4 week period, 5783 people viewed the survey. 763 people (13%) responded to the first two sections: demographic information and current sex activities. 548 people (72%) completed the entire survey, among which 65% were identified as MSM and 35% non-MSM (including women, heterosexual men and trans¹ people who do not have sex with men).
- Among the 548 respondents, the age range was 17 to 80, with an average age of 39. Over 80% of our respondents were White. 30% were not born in the UK.

Change in sexual behaviours (SB)

- 39% of respondents reported not having sex. MSM reported more likely to stop having sex (+17%, p<0.01) and less likely to maintain physical sexual activities² (-14%, p<0.01).
- Oral sex reduced the greatest with 52% reported having stopped completely. Reduction in hookup and physical sexual activities were more evidenced among MSM respondents.

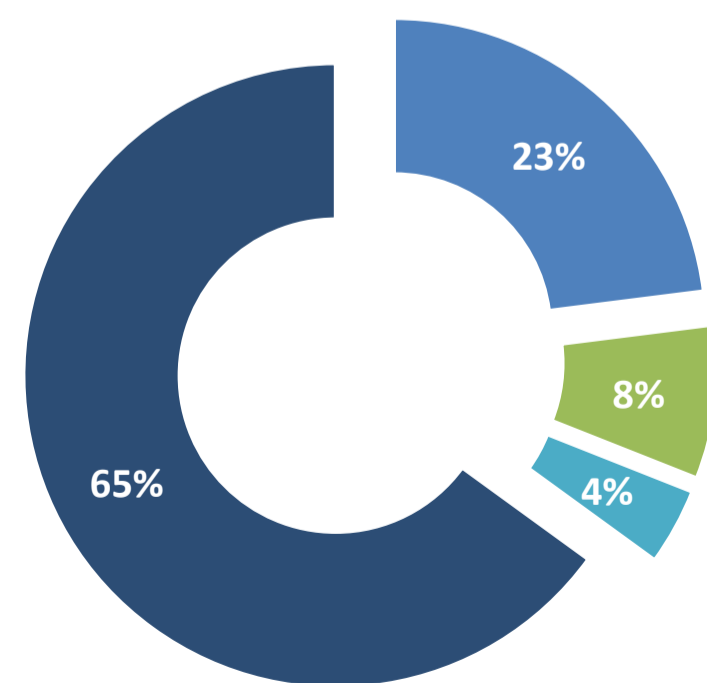
Change in use of sexual health service (SHS)

- Use of SHS decreased during lockdown. More MSM reported reduced or completely stopped HIV testing (42% MSM and 22% of non MSM, p<0.01) and STI testing (51% MSM and 28% of non MSM, p<0.01) than non MSM.

Need for sexual health service (SHS) during lockdown

- Overall, non-MSM reported a lower need for most sexual health services.
- Non-MSM reported a lesser need for accessing HIV/STI self-testing (-29%, p<0.01). 63% non-MSM respondents (56% women) did not think a contraception service is needed.
- MSM reported a higher need for domestic violence support than non-MSM (+8%, p<0.05).

Gender & Sexual Orientation



■ Cis Women ■ Cis straight men ■ Trans ■ MSM

Contingency Tables

Having any sex?		Non-MSM	MSM	Total
No, I am not having any sex	Count	52	159	211
	% of total	9 %	29 %	39 %
Yes, but without any physical contact with another	Count	50	76	126
	% of total	9 %	14 %	23 %
Yes, with physical contact with another/others	Count	92	119	211
	% of total	17 %	22 %	39 %
Total	Count	194	354	548
	% of total	35 %	65 %	100 %

Chi-Squared Tests

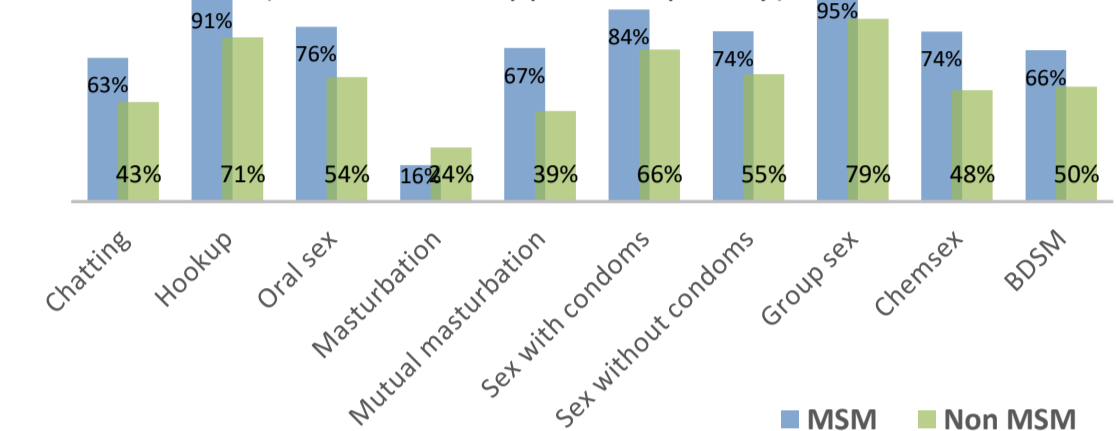
	Value	df	p
X ²	18	2	< .001
N	548		

1. Trans represents the full spectrum of gender identity and diversity including but not limited to trans men and women, agender, non-binary, queer and gender-fluid people.

2. For the purpose of the survey, sex activity was defined as any activity- solitary, between two persons, or in a group - that induces sexual arousal, including penetrative and non-penetrative sex, masturbation. <https://www.britannica.com/topic/human-sexual-activity/Sociosexual-activity>

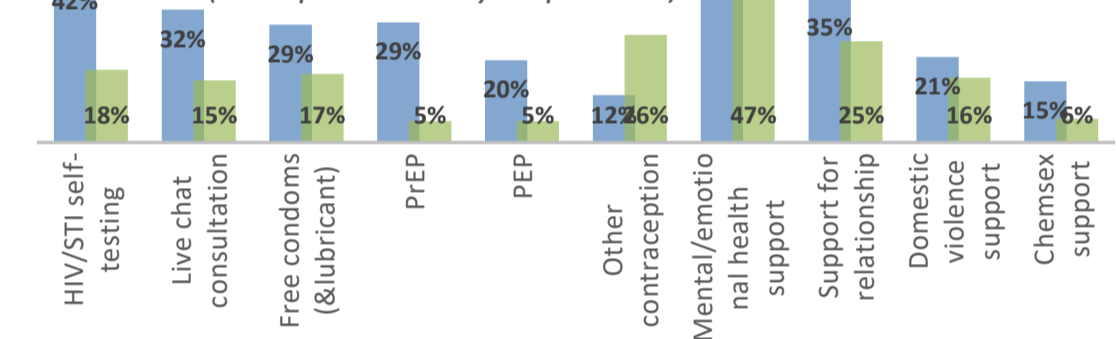
Reduction in SH

(reduced or stopped completely)



Importance of SHS

(still quite or very important)



Conclusion

During the first lockdown, non-MSM reported being more sexually active than MSM. There was a greater decreased use of SHS, by MSM compared to non-MSM, yet a greater need for some SHS by MSM compared to non-MSM was also reported. The results proved many of the assumptions of changes in sexual behaviour and sexual health needs made during the period. The survey also provided some evidence for structuring SHS under a national crisis.

Limitations

- They survey was specially developed to investigate changes in sexual behaviours and needs for sexual health services during the first national lockdown. The results might not be generalisable beyond this particular setting.
- The overall sample size is small. Although the survey intended to include Londoners from all groups, the distribution of sample might not represent the London population.
- Due to a consideration of being prevention focus, we purposely exclude questions around accessing treatments.
- Despite the description provided, some terminology could have caused confusion in responses, e.g. PrEP and PEP.

