A Sexual Health Needs Assessment

Black & Minority Ethnic Communities living in

Hampshire, Southampton & Portsmouth.

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Executive Summary

Over the Autumn and Winter of 2013/14 the Solent NHS Trust Sexual Health Service delivered a Sexual Health Needs Assessment of Black and Minority Communities across Southampton, Portsmouth and Hampshire. The overarching aim of this was to understand the needs of these groups which would enable the service to develop much more focused interventions with these communities.

The Needs Assessment was delivered through both an online questionnaire and focus groups allowing a range of interactions. 140 people completed the online questionnaire, of these 11 described their ethnicity as White British and have been excluded from the data analysis. A further 67 were involved in focus groups. The results from the questionnaire and focus groups are shown fully within this report in the 'Findings' section.

The key findings and overarching themes from this needs assessment are summarised below, these have been sorted into thematic headings to help clarify understanding and to enable further exploration to take place in this summary. Recommendations should be understood as a reflection of respondents who took part in this survey and as such they are reflective of the local BME communities across Hampshire, Southampton and Portsmouth, these recommendations do not refer to all BME communities in the UK.

There are limitations to this needs assessment. It is recognised that the sample size is smaller than desired, a lot of work was delivered to try and engage community members to take part in this process but there was a general reluctance to be involved. It is assumed that this is because of the challenging nature of the subject of sex and sexual health, which we know has issues of stigma and concern for many minority ethnic communities. Despite this the needs assessment gives some direction to the HIV Prevention and sexual health focus towards this local community.

The recommendations made from this needs assessment are shown below:

Recommendation 1.

- Improved access to sexual health services.
    - Access to specialist services continues to be an issue for many of our Black and Minority Ethnic Communities.
    - Many people from these communities have a preference to access services from their GP or a primary care provider. Reasons given for this are linked to embarrassment in accessing and stigma associated with Sexual Health Services.
    - Overall there is a low understanding of how to access Sexual Health Services. With many respondents not understanding what was available or that they could self-refer into these services.
    - More work needs to be done in Primary Care to advertise specialist services. Marketing needs to be focused towards Minority Ethnic Communities.

Recommendation 2.

- Improved access, understanding and empowerment of women to access contraception
    - Women from many Minority Ethnic Communities do not feel that they have autonomy to make decisions on their own contraception. Many ethnic minority communities are still very patriarchal.

- Myths and stigma regarding contraception are prevalent in minority ethnic communities with women believing that many forms of contraception can cause illness including cancers.

- Many women do not understand the range of contraception available and therefore are unable to make positive choices about this.

Recommendation 3.

- Increased awareness and access to HIV and STI testing, including reduction of the stigma and fears associated with HIV testing.

    - There is still stigma around accessing a HIV test. More work needs to be delivered to offer HIV testing in a range of settings which would support easy access to testing without the challenge of accessing a health care provider.

    - There are few gender differences shown with participants of this needs assessment regarding testing for STI's or HIV.

    - Men are perceived to be less likely to test for HIV and STI's, or to test late.

    - Community testing for HIV is welcomed and encouraged.

Recommendation 4.

- Reduction of stigma relating to the use of Sexual Health Services by development of community knowledge of HIV, testing and Services.

    - There is a still a view that individuals are stigmatised if they admit to using Sexual Health Services.

    - Perceived stigma affects an individual's ability to use specialist services.

    - Fear, Stigma, Discrimination and community judgement were key reasons why individuals would not access HIV testing.

Recommendation 5.

- Increase in knowledge and skills linked to sexual decision making, condom use, HIV transmission and access to services.

    - Overall knowledge about sexually transmitted infections and HIV transmission was high.

    - Knowledge about service access was low within this community.

Data Tables

All Respondents

1. Gender: All respondents.
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6. Time spent in UK: All respondents
7. District of residence: All respondents
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9. Last sexual health service use - Time: All respondents
10. Last sexual health service use – Location: All respondents
11. Friends and Family test – Solent : All respondents
12. What services were used at sexual health service: All respondents
13. Preferred service access routes: All respondents
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26. HIV – Treatment access venue: All respondents
27. Barriers to HIV testing: All respondents
28. Barriers to HIV testing V's Preferred service access: Barriers to HIV testing
29. HIV Knowledge and Attitudes: All respondents

Nepalese

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31. Religion: Nepalese
32. District of residence: Nepalese
33. Have you ever used a sexual health service: Nepalese
34. Last sexual health service use - Time: Nepalese
35. Last sexual health service use – Location: Nepalese
36. What services were used at sexual health service: Nepalese
37. Friends and Family test – Solent : Nepalese
38. Preferred service access routes: Nepalese
39. Age at first sex: Nepalese
40. Current contraception use: Nepalese
41. Current contraception use – Type: Nepalese
42. Contraception use desire: Nepalese
43. Last HIV test: Nepalese
44. Barriers to HIV testing: Nepalese
45. HIV Knowledge and Attitudes: Nepalese

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56. Age at first sex: Black and African
57. HIV status: Black and African
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65. HIV Knowledge and Attitudes: Black and African

Introduction

Solent NHS Trust Sexual Health Promotion Service has been working to understand the Sexual Health needs of Black and Minority Ethnic (BME) communities since 2012. This has included targeted work with community organisations and community groups, building trust, developing community understanding of Sexual Health Services and supporting individuals to access specialist services.

Work with BME communities sits within the HIV prevention agenda for the Sexual Health Promotion team within the Sexual Health Service. There is a recognition that this work needs to be focussed on Black African Communities, primarily due to the high prevalence of HIV and increased late or undiagnosed HIV in this population. There has also been an identified need to understand emerging minority communities, namely the Nepali community which is relatively new in Hampshire and is underrepresented in our services. This work is primarily focused in and around the Rushmoor area due to the large Nepali migrant population, many of which have links with the British Army. A growing Eastern European population is also of concern in Hampshire and although this report does not focus on this group further work needs to be done to understand the sexual health needs of these communities.

Between November 2013 and February 2014 an assessment of the Sexual Health needs of Black and Minority Ethnic Communities in Hampshire, Southampton and Portsmouth took place. The aim of this needs assessment was to develop a clearer understanding of how BME communities are accessing Sexual Health Services and the barriers, concerns and fears about accessing services. As well as this community understanding of a range of Sexual Health related topics including contraception, sex outside of marriage and HIV testing and services was explored. Data was collected through an online survey, using Survey Monkey and targeted focus groups with members reflecting a range of BME communities were held. These were chaired by Sexual Health Promotion Practitioners who have a specialist understanding of these communities.

This report shows the findings of the needs assessment and explores these within a wider national context of BME communities in the UK. Comments and recommendations are specifically linked to Sexual Health and risk of HIV transmission. Recommendations for future work by Solent NHS Trust Sexual Health Services, specifically focused on Sexual Health Promotion as well as recommendations for partner agencies have been made.

Background

Introduction

There is a clear Public Health driver to target HIV Prevention and Sexual Health Promotion at Black and Minority Ethnic Communities focusing on Black African Communities. The Public Health Outcomes Framework, (DOH, (2012)) identifies the reduction people presenting with late stage of HIV as an important public health outcome. It is known that people from Black African communities, particularly men from this community are more likely to be identified with a late HIV diagnosis than people from other communities.

This is reiterated in A Framework for Sexual Health Improvement in England, (DOH[1], (2013)), where BME and Black African Communities are identified as being at an increased risk of Sexually Transmitted Infections (STI's) and HIV transmission with HIV prevalence being approximately 5% in Black African Communities in the UK, as well as in some Black communities there being an increase of sexual transmitted infections including Gonorrhoea (DOH[1], (2013)). The framework also targets Black women as a high risk of repeat termination of pregnancy, (DOH[1], (2013)), suggesting that there is low uptake of contraceptive advice or treatment within minority ethnic communities.

These primary documents set out the Public Health drivers for work with Black and Minority Ethnic Communities. There is also a wealth of evidence that has influenced HIV Prevention and Sexual Health Promotion work with BME communities. In the development of this needs assessment some of these were reviewed and this evidence base is shown below.

Demographics

Hampshire's population is predominantly White British with 89% of its habitants describing themselves as this in the 2011 Census, (HCC, (2013)). Nine Hampshire Districts have a population that is described as being predominantly White British. Southampton, Portsmouth, Rushmoor and Basingstoke and Deane have White British populations that fall below the county average, (HCC, (2013)).

Minority Ethnic groups in Hampshire are far from being a single homogenous group with over 90 different ethnic identifiers being used to describe ethnicity, (HCC, (2013)). White Other is the next most popular ethnic label used; this correlates to what we know about the large numbers of individuals from Eastern European communities that have settled across Hampshire since 2004. These communities can be seen in significant numbers in Southampton, Portsmouth, Basingstoke and Deane, Eastleigh and Rushmoor. In Southampton the subset of the population described as White Other is 8.3%, (HCC, (2013)). These communities are from across Eastern Europe but there are significant numbers of Polish, Bulgarian and Romanian groups across the service area.

Asian ethnic population groups are the second most common subset population groups in Southampton, Portsmouth, Rushmoor and Eastleigh. Outside of Southampton and Portsmouth Rushmoor has the largest Non-White minority ethnic population in the county with 19.5% of the local community describing themselves as non-White/non-British. The majority of this group is made up of an Asian ethnic group (10.4%), (HCC, (2103)). This is largely linked to the settlement in the district of Nepali families who are linked to the Ghurkha Armed Forces. 6.5% of the population of Rushmoor identified themselves as Nepalese in the 2011 census, (HCC, (2103)). Anecdotal evidence suggests that this population is moving wider than the Rushmoor locality with large Nepali communities being found across Hampshire including in Basingstoke and Deane and Eastleigh in 2013.

The majority of Hampshire's Asian and Black populations are shown to have been born outside of the UK. 62.8% of the Asian population were born in Asia, 50.9% of Hampshire's Black population were born in Africa and 12.2% of the Black population were born in either North or South America or Caribbean, (HCC, (2013)). Of the 1,759,700 people living in Hampshire including Southampton and Portsmouth in 2011, 1.6% (n=27,900) were born in Africa, 3.3% (n=57,500) were born in the Middle East or Asia. (See Appendix 1)

HIV Prevalence

HIV Prevalence affects Black Minority Ethnic Communities and particularly Black African Communities disproportionally to other communities. In the UK Black African men and women are the second largest group affected by HIV with 38 per 1000 living with HIV, (26 per 1,000 in men, 51 per 1,000 in women), (PHE, (2013)). The only community with a high diagnostic prevalence in the UK is Men who have Sex with Men, (MSM), where 47 per 1,000 are living with HIV, (PHE, (2013)).

Undiagnosed Infection of HIV is a significant issue for Black African populations. It is estimated that 23% of Black Africans are unaware of their infection. This is significantly more than in MSM where it is estimated that 18% of MSM are unaware of their positive HIV status, (PHE, (2013)).

In the past four years there has been a change in the way HIV transmission has occurred with a UK acquired infection overtaking infections acquired abroad, (Appendix 3), (PHE, (2013)). This changing face of HIV transmission will require a subtle change in the way messages about HIV transmission, testing and prevalence are given to the communities at most need.

Late diagnosis of HIV[1] is a significant issue for Black African Communities with approximately 60% of new diagnosis in this community being defined as 'late diagnoses, (PHE, (2013)). In the UK all non-White ethnic minorities have a higher risk of late diagnosis compared to their white counterparts, (PHE, (2013)), (See Appendix 4).

The prevalence of HIV in Hampshire is shown in Appendix 2, what can be seen from this is that HIV prevalence, as shown as a Diagnostic Prevalence per 1,000 (15-59), is linked to the localities that have the largest ethnic minority communities. The four Local authority areas in Hampshire with the highest HIV prevalence are Southampton (1.82), Rushmoor (1.79), Portsmouth (1.58) and Basingstoke and Deane (1.16), (PHE, (2012)).

Contraception

In discussions with local women prior to this needs assessment contraception knowledge was seen to be low. This included knowledge of how to access contraceptive services and how to engage partners in discussion about contraception as well as how to make choices about contraception. Having explored some of the statistics around contraception use in Ethnic Minorities it is clear that access to contraception is a key issue to support women to make positive choices about their Sexual Health.

In 2012 19% of all women accessing termination services were non-White, (10% Asian or Asian British, 9% Black or Black British), (DOH[2], (2013)). Of these women Black and Black British women were most likely to have repeat terminations, (49%) and 46% of women from Mixed Ethnic backgrounds, (see Appendix 5), (DOH[2], (2013)). This in itself suggests that women from these communities are either unable or unwilling to access contraceptive support.

There is some suggestion that women from ethnic minority groups have significantly lower contraceptive use than White women. A study in 2006 showed that significantly lower contraceptive use was found in Indian, Pakistani, Black Caribbean and Black African women compared to White

[1] HIV late diagnosis is shown as a marker when CD4 is less than 350cells/mm[3]

women. Women in these minority ethnic groups were less likely to report using permanent or hormonal methods of contraception but were more likely to use a barrier contraceptive method, (Saxena S, Copas A, Mercer C et al, (2006)).

Contraception is a challenging issue for many women to discuss and there is a lot of confusion from the women we have spoken to about the role of religion in relation to their access to contraception. Many women do not understand what religious texts or religious leader's views are on the issue of contraception and therefore many do not feel that they are able to access support or advice in this area.

HIV Stigma

HIV stigma continues to be an important discussion when exploring HIV testing and support for people living with HIV. This discussion is most prevalent within Ethnic Minority Communities who still show both individual and community level stigmatisation of HIV.

Sigma Research have explored the evidence base related to HIV related stigma in African people in the UK. The evidence base shows deeply embedded stigmas associated with HIV across communities, individuals and institutions, (Dodds C, (2014)). In exploring the relationship with stigma for African Migrants from the 'Outside Status' report, (Dodds C, Keogh P, Chime O et al, (2004)), there is a perceived engrained racism across culture which disallows cross cultural understanding and cultural dialogue, this in turn leads to a fear in African migrants when discussing issues that concern them including immigration, asylum and migration and HIV status, (Dodds C, (2014)).

There are concerns about disclosure of HIV status within a community including a concern that vital support means could be threatened including familial rejection, (Dodds C, (2014)).

In 2008 and 2009 the Bass Line Health and Sex Survey was delivered to 2,500 African people recruited from throughout the UK. In this survey when asked about HIV testing 28% of respondents identified that they would be too afraid to take a HIV test for fear of being 'treated differently' if they did, (Hickson F, Owuor J, Weaterburn P et al (2009)). As well as worrying about what people would think if a respondent took a test 32% of respondents were also concerned about what other people would think about them if they carried condoms, (Hickson F, Owuor J, Weaterburn P et al (2009)). In itself this shows that work needs to be delivered with African and other Ethnic Minority Communities to reduce stigma about HIV testing and personal prevention.

Conclusion

The evidence base shows that there are a range of concerns that need to be explored when working with Black and Minority Ethnic Communities. As well as being a target for HIV prevention work which includes increasing access for HIV testing within this community there is the need for education to be provided at a range of levels within communities to reduce the associated stigma of HIV and STI testing. This work needs to be completed at both an individual and community level.

Alongside discussions about HIV there needs to be an understanding that personal prevention is key, this includes the development of work to empower women to understand their contraceptive choices and develop knowledge and confidence in services that can support them to make positive decisions about how to prevent the need for termination services.

Methodology

In the development process of this needs assessment the team identified what we already knew about our local communities and identified knowledge that we wished to build on or develop. A team from the Sexual Health Promotion service who had specialist knowledge of our local Black and Minority Ethnic communities was gathered to develop the key elements of research including the questionnaire and focus groups questions. This group were also involved in providing the research knowledge which influenced this report.

The needs assessment had two phases, an online questionnaire followed by targeted focus groups. The online questionnaire was available to the public and marketing for this was focused in areas where BME communities were highest, this included community groups, African Barbers, faith groups, local community radio and newspapers. Focus groups were targeted on specific communities and used already engaged community groups who had a relationship with the service.

The following section of this report will briefly explain the rationale for the questionnaire design including how and why questions were decided upon and the rationale for the focus group schedule.

Questionnaires[2]

The development of the questionnaire used in the needs assessment started with the brainstorming of themes that the steering group wanted to cover and explore in this assessment. The priority themes were as follows:

- Understanding our local demographics
- HIV and Sexually Transmitted Infection testing history, Including barriers to HIV testing
- HIV knowledge and skills
- Sexual Health Services use
- Contraception use and knowledge

Several other themes that were explored during discussion, these themes had been identified through an understanding of national evidence or research.

Knowledge about first sexual experience was discussed after the results from the NATSAL research which shows the percentage of people who had sex with someone of the opposite sex before the age of 16, (NATSAL-3, (2013)), (see Appendix 6). Another discussion for addition into the needs assessment was about sex outside of marriage or long term relationship, this topic was deliberated as an addition to this needs assessment after presentations at the African Health Summit 2013 where sex outside relationships was discussed as a source for HIV and STI transmission in African Communities. This topic also linked into a small amount of evidence which suggested that men from Nepali Communities use sex workers as a cultural norm[3].

[2] A list of the questionnaire questions with possible responses can be found at Appendix 7.

[3] The source of this information comes from a Sexual Health Needs Assessment delivered in the UK with Nepali Communities. The source reference is unknown. The report focuses on the county of Kent which has a similar Nepali demographic to Hampshire. A copy of the report is held by the Sexual Health Promotion Team.

The questionnaire was developed with the following themes covered within it.

- Demographics (Questions 1-9)
- Use of Sexual Health Services (Questions 10-15)
- Sexual Experiences (Questions 16-20)
- Contraception (Questions 21-24)
- Sexually Transmitted Infections (Questions 25-26)
- HIV (Questions 27-34)

Specific questions of note were added into the questionnaire and these will be discussed further in the findings, for information they can be found at the following questions:

- Question 16 – Age of first sex – linked to NATSAL
- Questions 3 and 17 – Sexuality questions, with the hope of understanding hidden MSM in this community
- Questions 18, 19, 20 – Questions regarding sex outside of marriage or long term relationship.
- Question 33 – Barriers to HIV testing – linked to understanding stigma in relation to HIV testing
- Question 34 – HIV knowledge
- Question 14 – Friends and Family test for Solent NHS Trust Sexual Health Services.

The questionnaire was available online from November 2013 to February 2014 through a surveymonkey.com link, (https://www.surveymonkey.com/s/shpneedsassessment). It was also made available as a paper copy to community groups, outreach events with minority ethnic communities and also people involved in focus groups.

Focus Groups

Seven focus group discussions took place across Hampshire, Southampton and Portsmouth as part of this needs assessment. It was decided in the planning stage that whilst for some groups and individuals the anonymity of an online survey would allow easy access for views to be heard, for others, especially those where IT skills were lower or access to IT was problematic or where English was a second language then a focus group would increase participation. The seven focus groups included a range of ages and genders and 62 people were involved in these.

Groups involved included:

- Black African Women
- Nepali Men
- Nepali Women
- Nepali Youth (Mixed Gender)
- HIV Positive Women
- Mixed Gender Black African Group

A focus group questions template was devised and used as a discussion guide. This allowed practitioners to ask a range of questions about service access, contraceptive use and views around HIV testing as part of a formal process. As well as these themes the group discussions also were informed by individual and group need. Focus groups were recorded and transcribed by Sexual Health Promotion Practitioners.

Findings

The findings section of this report is split into two sections, firstly we will explore the findings of the online questionnaire and then the results from the focus groups.

Online Survey Results:

All Respondents

The BME Sexual Health Needs Assessment questionnaire was completed by 140 respondents between November 2013 and February 2014. In addition to this, 62 people were involved in targeted focus groups, (M=14, F=48). The findings from the questionnaire and focus groups are shown below.

11 people were removed from the questionnaire results findings as they described their ethnic origin as White British. Data discussed from this point forward is based on the 129 respondents who described themselves as anything other than White British. As well as this there are two findings sections which identify defined populations. The first of these is any respondent who defined their ethnicity as Nepalese, the second explores the responses from anyone who described their ethnicity as being from a Black African Community this includes Black African, Black Caribbean, Black British or Black Other.

Demographics

Of those who accessed the online questionnaire, 75.18%, (n92) identified as female and 27.34%, (n35), identified as male, one respondent did not wish to answer this question and one person completing the questionnaire skipped this question, (Data 1).

What is your gender.

	What is your gender.			
Answer Options	**Male.**	**Female.**	**Response Percent**	**Response Count**
Male.	35	0	27.6%	35
Female.	0	92	72.4%	92
Transgender.	0	0	0.0%	0
I do not want to answer this question.	0	0	0.0%	0
			answered question	**127**
			skipped question	**0**

(Data 1)

In reviewing ethnic origin by gender there are a few significant differences of how men and women describe their ethnicity. Female respondents had a larger cross section of ethnic backgrounds than men, (Data 2). The largest ethnic populations that were identified by the needs assessment were Black African at 23.8% (n30), of the total respondents, (Female, n22; Male n8) and Nepalese at 27%, (n34), of the total respondents, (Female n25; Male n9), (Data 2).

How do you describe your ethnic origin?			
	What is your gender.		
Answer Options	Male.	Female.	Response Percent
White Irish	0	0	0.0%
White Eastern European	<5	7	7.9%
White Other	<5	5	5.6%
Black British	0	5	4.0%
Black Caribbean	<5	0	<4.0%
Black African	8	22	23.8%
Black Other	0	<5	<4.0%
Mixed Ethnicity British	0	<5	<4.0%
Mixed Ethnicity Caribbean	0	<5	<4.0%
Mixed Ethnicity African	0	<5	<4.0%
Mixed Ethnicity Other	0	<5	<4.0%
Indian	<5	5	4.8%
Pakistani	<5	<5	<4.0%
Bangladeshi	0	<5	<4.0%
Chinese	0	0	0.0%
Nepalese	9	25	27.0%
Asian Other	<5	<5	5.6%
Gypsy	0	0	0.0%
Traveller	0	0	0.0%
Other	6	6	9.5%
Other (please specify)			
		answered question	126
		skipped question	1

(Data 2)

The average age of respondents was 34.8 years with respondent's ages ranging from 15 to 70. Respondents were asked to give their age rather than giving an age band option as it was believed that this would give a better understanding of the range of ages. The most common age of respondents was 23 yet there were more respondents over 30 than under 30 and most respondents were between 30 and 50.

89% (n113) of respondents identified as Heterosexual. One respondent identified as gay and four respondents, (3.1%), identified as Bisexual. A further 2.4% said they belong to other sexuality category and 6, (4.7%) respondents did not want to answer the question, (Data 3).

How do you describe your sexuality?

	What is your gender.			
Answer Options	**Male.**	**Female.**	**Response Percent**	**Response Count**
Heterosexual (Straight)	28	85	89.0%	113
Homosexual (Gay)	<5	0	<4.0%	<5
Bisexual	<5	<5	<4.0%	<5
Other	<5	<5	<4.0%	<5
I do not want to answer this question	<5	<5	4.7%	6
			answered question	127
			skipped question	0

(Data3)

When asked about the gender of sexual partners there was a subtle difference in the responses. Overall 5 people identified that they had both male and female partners, (4.1%) with men being slightly more likely to be behaviourally bisexual than women. (Data 4)

Same sex relationships were identified by less than 5 respondents, identifying that they only had sex with someone of the same gender as themselves, again men were slightly more likely to be in these sexual relationships. (Data 4)

It is known that there are cultural, familial and religious challenges for men and women who do not describe their sexuality as Heterosexual in BME communities. Terms like homosexual or bisexual may be a barrier to identifying the sexual relationships of people from minority ethnic communities and we should endeavour to talk in terms of sexual practice rather than use labels that may be culturally challenging.

What is the gender of your sexual partners?

	What is your gender.			
Answer Options	**Male.**	**Female.**	**Response Percent**	**Response Count**
Only Male	<5	88	75.2%	91
Only Female	24	<5	20.7%	25
Male and Female	<5	<5	4.1%	5
			answered question	121
			skipped question	6

(Data 4)

UK research suggests that there is no evidence that sex between men is either more or less common among any minority ethnic group, although there is evidence to suggest that it is more difficult for men and women from sexual minorities to talk about their sexuality if they are from a Black or Asian community. Compared to White Gay men, African-Caribbean men in the UK were twice as likely to be living with diagnosed HIV infection, while South Asian men were less likely to be doing so, (Keogh P, Henderson L, Dodds C, (2004).

39.4% (n 50) of people were single while 37.8% (n48) were married. 16.5%, (n21) described themselves to be in a relationship and 4.7%, (n6) were divorced. 3.1% (n4) people considered themselves as having being in an "other" form of relationship. (Data 5)

What is your relationship status?

	What is your gender.			
Answer Options	**Male.**	**Female.**	**Response Percent**	**Response Count**
Single	16	34	39.4%	50
Married	14	34	37.8%	48
Civil Partnered	0	0	0.0%	0
In a Relationship	<5	18	16.5%	21
Divorced	<5	<5	4.7%	6
Other	0	<5	3.1%	<5
			answered question	127
			skipped question	0

(Data 5)

Whilst the majority of respondents (67.5%, n86) had been in the UK for more than 5 years, 8.7% (n11) of respondents were born in UK. Very few respondents had been in the UK less than 12 months, (2.4%). This means that the results will give us an understanding of a mainly settled population group who are less likely to be transient and are most likely to be accessing a range of services in the locality including primary care. (Data 6)

How long have you lived in the UK?

	What is your gender.			
Answer Options	**Male.**	**Female.**	**Response Percent**	**Response Count**
Born in the UK	<5	10	8.7%	11
Under 6 months	0	<5	1.6%	<5
7 months to 1 year	0	<5	0.8%	<5
1 to 5 years	8	19	21.3%	27
5 years plus	26	60	67.7%	86
			answered question	127
			skipped question	0

(Data 6)

Respondents for the online survey were from across the Solent NHS Trust service. Respondents were found particularly in areas where there are larger BME communities. Data 7 shows the table of respondents by locality.

Six respondents described the locality they lived in as 'Other' when asked to specify this was either described as 'Hampshire' or as a locality on the borders of Hampshire. Reponses from individuals living on the borders of Hampshire have been included as it is feasible to believe that they use Hampshire services as part of their health seeking behaviour in relation to their sexual health.

What district area do you live in?

	What is your gender.			
Answer Options	**Male.**	**Female.**	**Response Percent**	**Response Count**
Southampton	5	15	15.7%	20
Portsmouth	12	24	28.3%	36
New Forest	<5	<5	<4.0%	<5
Eastleigh	0	<5	<4.0%	<5
Test Valley	<5	0	<4.0%	<5
Fareham	0	<5	<4.0%	<5
Havant	0	<5	<4.0%	<5
Gosport	0	<5	<4.0%	<5
East Hampshire	<5	0	<4.0%	<5
Basingstoke and Deane	<5	<5	<4.0%	<5
Winchester	<5	10	8.7%	11
Rushmoor and Hart	10	27	29.1%	37
Other	<5	5	4.7%	6
Other (please specify)				5
			answered question	127
			skipped question	0

(Data 7)

Experience of Sexual Health Services

Survey respondents were asked about their experiences of Sexual Health Services. 47.7% (n61) had accessed a Sexual Health service while 49.2% (n63) have never used the service. A further 3.1% did not wish to answer this question.

When this question is explored against time spent in the UK the correlation between service acceptability and access is shown as not being dependent on time spent in the UK. We can see that although there is a significant increase in service use from people born in the UK service use does not increase with time spent in the UK. (Data 8).

Have you ever used a sexual health service?
(Sexual Health Services include GU Medicine, Contraceptive and Sexual Health and Sexual Health Clinics)

	How long have you lived in the UK?						
Answer Options	**Born in the UK**	**Under 6 months**	**7 months to 1 year**	**1 to 5 years**	**5 years plus**	**Response Percent**	**Response Count**
Yes	8	0	<5	11	41	47.7%	61
No	<5	<5	0	15	43	49.2%	63
I do not want to answer this question	<5	0	0	<5	<5	3.1%	<5
						answered question	**128**
						skipped question	**0**

(Data 8)

Of those who had accessed a Sexual Health service the majority had accessed a service within the last 12 months, 58.1%, (n36). Respondents were most likely to have accessed a service within the last 6 months, 33.9%, (n21). Males are more likely to have accessed sexual health services recently with 75% having accessed within the year.

When was the last time you used a Sexual Health Service? (Sexual Health Services include GU Medicine, Contraceptive and Sexual Health and Sexual Health Clinics)

	What is your gender.			
Answer Options	**Male.**	**Female.**	**Response Percent**	**Response Count**
Less than 6 Months ago	<5	17	33.9%	21
Between 6 Months and 1 year ago	8	7	24.2%	15
More than 1 year ago	<5	6	11.3%	7
More than 2 years ago	<5	8	14.5%	9
More than 5 years ago	<5	6	11.3%	7
Other	<5	<5	4.8%	<5
Other (please specify)				<5
			answered question	**62**
			skipped question	**65**

(Data 9)

Respondents were asked where they had used a Sexual Health Service. 71%, (n44), had accessed a service within the Solent NHS Trust Sexual Health Service area. Data 10 shows the breakdown of service use.

Where was the Sexual Health Service that you used?

	What is your gender.			
Answer Options	**Male.**	**Female.**	**Response Percent**	**Response Count**
Southampton	<5	13	24.2%	15
Portsmouth	8	11	30.6%	19
Winchester	<5	<5	6.5%	<5
Basingstoke	0	0	0.0%	0
Aldershot	<5	<5	6.5%	<5
Eastleigh	0	<5	3.2%	<5
Frimley Park	<5	9	16.1%	10
Guildford	<5	0	1.6%	<5
London	0	<5	3.2%	<5
Other	<5	<5	8.1%	5
Other (please specify)				5
			answered question	62
			skipped question	65

(Data 10)

Respondents were asked about whether they would recommend Solent NHS Trust Sexual Health Services to a friend or family. Of the 62 respondents who answered this question 88.9% responded either ‘extremely likely’ or ‘likely’ to recommend our services.

How likely would be to recommend the Solent Sexual Health Services to your friends and family if they need similar care or treatment. Please use the comments box below to explain your reason.

	What is your gender.			
Answer Options	**Male.**	**Female.**	**Response Percent**	**Response Count**
Extremely likely	<5	17	33.9%	21
Likely	8	23	50.0%	31
Neither likely nor unlikely	0	<5	4.8%	<5
Unlikely	<5	0	1.6%	<5
Extremely unlikely	0	<5	1.6%	<5
Don’t know	<5	<5	8.1%	5
Comments				10
			answered question	62
			skipped question	65

(Data 11)

Survey respondents were asked how they had previously used Sexual Health Services. Of the 62 respondents who had used these services the most common response was for the use of contraceptive services n32, (51.6%). When looked at by gender we can see that this is predominantly women using these services (F=n29,). Advice services were also used well by respondents with 27.4%, (n17), using these services. HIV testing was used by 22.6%, (n14), of respondents with STI testing accounting for 22.6% of use by respondents, (n14). Data 12 shows the full breakdown of responses for this question.

If we look at service use based on gender we can see that men are more likely to access services for HIV testing and STI testing or treatment than women. Women are more likely to access support services and contraceptive support. Data table 7 shows the breakdown of Sexual Health Services use by gender.

What kind of services did you access at the Sexual Health Service you went to? (Tick as many as apply to you)

	What is your gender.			
Answer Options	**Male.**	**Female.**	**Response Percent**	**Response Count**
HIV Testing	5	9	22.6%	14
HIV Treatment	<5	<5	8.1%	5
Contraception	<5	29	51.6%	32
Advice	<5	14	27.4%	17
Support	0	6	9.7%	6
Sexually Transmitted Infection Testing	7	7	22.6%	14
Sexually Transmitted Infection Treatment	5	<5	14.5%	9
Termination of Pregnancy Support	<5	<5	4.8%	<5
Other	<5	5	14.5%	9
Other (please specify)				9
			answered question	62
			skipped question	65

(Data 12)

Respondents were asked what their accessibility preferences were for Sexual Health Services. Data 13 shows the responses to this question. The primary response for where respondents would like to access services was GP services, 72.4%, (n89). This response is reflective of previous information the service has around preferences for accessibility, (Options UK, (2009)).

51.2% of respondents identified specialist Sexual Health Services would be an acceptable access location, (n63), this suggests that for half of this population accessing a specialist service could be problematic.

There is clearly a preference for Sexual Health Services to be delivered in primary care settings with GP's or Pharmacies identified a total of 115 times by respondents to this question.

Where would you like to access Sexual Health Services, including testing for HIV and Sexually Transmitted Infections, Support and Treatment? (Tick all that apply).				
	What is your gender.			
Answer Options	Male.	Female.	Response Percent	Response Count
Specialist Sexual Health Service	20	43	51.2%	63
GP	22	67	72.4%	89
Pharmacy	9	17	21.1%	26
Walk in Centre	7	23	24.4%	30
Community group	5	16	17.1%	21
Specialist Support Service	<5	11	11.4%	14
Other	<5	8	7.3%	9
Other (please specify)				15
			answered question	123
			skipped question	4

(Data 13)

Sexual Experiences

Respondents were asked several questions about their sexual experiences including first sexual experience, gender of sexual partners and experiences of sex outside of marriage.

Data for the responses to the question exploring first sexual experience is shown at Data 14. This information shows that just over 80% of people who answered this question had their first sexual experience over the age of 16, (86.8%, n105).

The gender differences for first sex shows that women were more likely to identify sex under 16 then males. While 17.5%, (n13), of females had first sexual experience under the age of 16 males identified sex under 16 in at a smaller percentage, 4.8%.

Women in general were more likely to experience first sex earlier than males and did not identify any first sex experiences over the age of 30 unlike males.

At what age did you have your first sexual experience? By sexual experience we mean any type of sexual experience including oral, vaginal, anal or other penetration.				
	What is your gender.			
Answer Options	Male.	Female.	Response Percent	Response Count
Under 16	<5	13	13.2%	16
16-20	13	38	42.1%	51
21-25	<5	20	19.8%	24
26-30	5	<5	6.6%	8
30-40	<5	0	0.8%	<5
Over 40	0	0	0.0%	0
I do not want to answer this question	5	16	17.4%	21
			answered question	121
			skipped question	6

(Data 14)

Participants in the survey were asked about sex outside of marriage or long term relationships with three questions, (see Questions 18 – 20 in survey). Whilst 63.6%, (n77) respondents to this question had not had sex outside of marriage or long term relationship 24%, (n29) had and a further 12.4%, (n15) did not want to answer the question. Females were less likely to have had sex outside of relationships than males, (Data 15).

Have you ever had sex outside of a marriage or long term relationship without your partner knowing?				
	What is your gender.			
Answer Options	Male.	Female.	Response Percent	Response Count
Yes	15	14	24.0%	29
No	13	64	63.6%	77
I do not want to answer this question	<5	12	12.4%	15
			answered question	121
			skipped question	6

(Data15)

Those who had identified that they had sex outside of relationships were asked how many sexual partners they had outside relationships. Although the majority of people identified only one experience of sex outside of a relationship there seemed to be a gender split in multiple experiences of sex outside of relationships. Women were more likely to have had one or two sex partners outside of relationships and men were more likely to have had multiple partners outside of relationships, (Data 16).

How many sexual partners have you had outside of your marriage or long term relationship that your partner did not know about?				
	What is your gender.			
Answer Options	Male.	Female.	Response Percent	Response Count
1	5	5	34.5%	10
2	0	7	24.1%	7
3	<5	0	3.4%	<5
4	<5	0	6.9%	<5
5	0	0	0.0%	0
More than 5	7	<5	31.0%	9
			answered question	29
			skipped question	98

(Data 16)

Respondents who had sex outside of relationships were asked about condom use when having sex outside of relationships. Men who responded to this question were more likely to use condoms always or sometimes than women, (Data 17).

Do you use condoms when you have sex outside of your marriage or long term relationship?				
	What is your gender.			
Answer Options	Male.	Female.	Response Percent	Response Count
Yes (always)	7	5	41.4%	12
Yes (sometimes)	7	<5	37.9%	11
No	<5	5	20.7%	6
			answered question	29
			skipped question	98

(Data 17)

It is believed that the implication for poor condom use by women is related to poor levels of empowered sexual decision making in minority ethnic communities. It is known that men are more likely to influence decision making about contraception use including condom use than women in these communities and this is highlighted in discussions from the focus groups of this needs assessment.

Contraception

Respondents to the online survey were asked about their use of contraception. Overall 42.1%, (n51) of respondents were using some form of contraception. When the data was filtered by length of time spent in the UK it was clear that contraception use was most common in people who were either born in the UK or who had lived in the UK for an extended period of time. Data 18 shows this trend.

At this current time are you using any form of contraception?

	How long have you lived in the UK?						
Answer Options	Born in the UK	Under 6 months	7 months to 1 year	1 to 5 years	5 years plus	Response Percent	Response Count
Yes	6	0	0	12	33	42.1%	51
No	<5	<5	<5	13	48	56.2%	68
Don't Know	<5	0	0	<5	0	1.7%	<5
						answered question	121
						skipped question	7

(Data 18)

Respondents most likely not to be using a form of contraception with 56.2% (n68), not using any form of contraception. Increased knowledge and information about access to contraception is needed as well as empowerment models of work with women to increase access to contraception.

When people were asked what contraception they were using condoms were the most common answer with 49.1%, (n26) of respondents using this method. Long Acting Reversible Contraception (LARC) methods including the coil, implant or injectable methods were used by 30.2%, (n16), of respondents, (Data 19).

What contraception are you using?

Answer Options	Response Percent	Response Count
Male Condom	49.1%	26
Female Condom	3.8%	<5
Contraceptive Pill	30.2%	16
Implant	9.4%	5
Coil	18.9%	10
Cap	1.9%	<5
Injectable Contraception	1.9%	<5
Sterilisation	5.7%	<5
Vasectomy	1.9%	<5
Natural Family Planning	3.8%	<5
Other	1.9%	<5
Other (please specify)		<5
	answered question	53
	skipped question	76

(Data 19)

When asked about contraception desire the majority of respondents did not want to be accessing contraceptives (58.6%, n41), (Data 20). There was no difference in the response to this question by gender. When asked what stops people from using contraception cost, pleasure, embarrassment, religious beliefs and male partners were identified as issues. As well as this not knowing where to access contraceptive services and generally not knowing why it is required was identified.

Would you like to be using contraception?		
Answer Options	**Response Percent**	**Response Count**
Yes	27.1%	19
No	58.6%	41
Don't Know	14.3%	10
	answered question	**70**
	skipped question	**59**

(Data 20)

Sexually Transmitted Infections and HIV

When asked about STI's men were significantly more likely to have been diagnosed with an STI than women; with just over a quarter (44%, n8) of men having received a diagnosis and 12.5% (n11) of women receiving a diagnosis for an STI, (Data 21).

Have you ever had a sexually transmitted infection?				
	What is your gender.			
Answer Options	**Male.**	**Female.**	**Response Percent**	**Response Count**
Yes	8	11	16.1%	19
No	18	76	79.7%	94
Don't Know	<5	<5	4.2%	5
			answered question	**118**
			skipped question	**9**

(Data 21)

Women were more likely to have received a diagnosis of Chlamydia than men, (F13.3%, M0%) whereas men were twice more likely to receive a Gonorrhoea diagnosis, (M15.38%, F7.14%). Men were more likely to receive a range of diagnosis for STI's, (Data 22).

Have you had any of the following?

Answer Options	What is your gender. Male. (% of Males)	Female. (% of Females)	Total Response Percent	Response Count
Chlamydia	0	13,3%	8.3%	<5
Gonorrhoea	15.38%	7.14%	12.5%	<5
Crabs	0	0	0.0%	0
NSU (Non-Specific Urethritis)	7.69%	7.14%	8.3%	<5
Scabies	7.69%	0	4.2%	<5
Syphilis	0	21.43%	12.5%	<5
HIV	7.69%	0	4.2%	<5
Hepatitis B	7.69%	28.56%	20.8%	5
Hepatitis C	0	0	0.0%	0
I do not want to answer this question	53.83%	28.56%	45.8%	11
			answered question	24
			skipped question	103

(Data 22)

When asked about HIV status there were no gender differences in knowledge of HIV status approximately 40% of all men and women identified that they either did or didn't know their HIV status, (Data 23). There were no significant trends on HIV status knowledge when this data was manipulated by gender or time spent in the UK. This suggests that just over 50% of the local minority ethnic community are unaware of their HIV status.

Do you know your HIV status?

Answer Options	What is your gender. Male.	Female.	Response Percent	Response Count
Yes	13	36	42.6%	49
No	15	51	57.4%	66
			answered question	115
			skipped question	12

(Data 23)

Of those people that had accessed a HIV test there is little difference in the time span of those tests, (Data 24). Whilst most people had received a test within the last 2 years, (63.2%, n31), another 14 respondents, (28.5%) had received a result later than this.

When did you last have an HIV test?

	What is your gender.			
Answer Options	**Male.**	**Female.**	**Response Percent**	**Response Count**
Within the last 6 months	<5	7	20.4%	10
Within the last 12 months	5	5	20.4%	10
Within the last 2 years	<5	10	22.4%	11
Within the last 5 years	<5	6	16.3%	8
Over 5 years ago	<5	5	12.2%	6
Never	<5	<5	8.2%	<5
			answered question	**49**
			skipped question	**78**

(Data 24)

Of those who knew their HIV status 6 people identified that their status was HIV +ve. All of these are accessing treatment and care It is possible that the person who identified as HIV+ve is not known to services as when reviewing HIV positive cases against HIV testing there was one person who identified themselves as HIV+ve who also identified that they had not tested for HIV. This is suggestive of a person who thinks that they are HIV+ve but is unwilling to test. All respondents who identified that they were HIV +ve and had tested were accessing treatment and care. The majority of people living with HIV had known their status 8 years or longer, (83.3% n5), with one respondents knowing about their status within the last two years, (16.7% n1). (Data 25).

How long have you known your HIV status

	What is your HIV status?		
Answer Options	**Positive (+ve)**	**Response Percent**	**Response Count**
Less than 1 year	0	0.0%	0
1-2 years	<5	16.7%	<5
2-4 years	0	0.0%	0
5-8 years	0	0.0%	0
8 years +	5	83.3%	5
		answered question	**6**
		skipped question	**0**

(Data 25)

People who were HIV+ve were asked what treatment and care they were receiving. Although we do not have information about where people were accessing HIV treatment four of the respondents, (66.7%), were accessing care from Positive Action. Two respondents, (33.3%) are also accessing treatment or care from an 'other' service. Unfortunately no respondents identified whether they were accessing their sexual health treatment from a local sexual health clinic within Hampshire, Southampton or Portsmouth, this may be due to a misunderstanding in answering the question.

Where are you accessing Treatment or Care from? (tick all that apply)

Answer Options	What is your HIV status? Positive (+ve)	Response Percent	Response Count
A Sexual Health Service in Hampshire, Southampton or Portsmouth	0	0.0%	0
A Sexual Health Service outside of Hampshire, Southampton or Portsmouth	0	0.0%	0
Positive Action	<5	66.7%	<5
Groundswell	0	0.0%	0
Other	<5	33.3%	<5
Other (please specify)			<5
		answered question	6
		skipped question	0

(Data 26)

When asked about the barriers to HIV testing four respondents identified a few key areas as barriers to testing this included fear (37.9% n25) and not believing that they has been at risk of HIV transmission (33.3% n22). Data 27 shows the full breakdown of responses.

Judgement from the community or religious belief also stands out as a reason for not receiving a HIV test. This suggests that work continues to be needed with communities and faith groups to reduce stigma and discrimination about HIV testing.

Access to services including not wanting to go to a Sexual Health service or judgement from medical professionals scored low as a barrier to testing but not knowing where to access a test was identified by 16.7%, (n11) respondents, suggesting that work still needs to be delivered to these communities about where to access services.

In the comments from this question which refer to 'other' reasons there were a few comments about not knowing whether a test was free or about respondents not being asked to take a test when with medical professionals.

What are the barriers for you for testing for HIV?				
	What is your gender.			
Answer Options	Male.	Female.	Response Percent	Response Count
Fear	8	17	37.9%	25
Discrimination	6	10	24.2%	16
Stigma	8	12	30.3%	20
No knowing where to access a test	<5	8	16.7%	11
I don't want to know my result	<5	<5	6.1%	<5
I don't think I have ever been at risk of HIV transmission	<5	18	33.3%	22
Judgement from my community	5	12	25.8%	17
Judgement from medical professionals	0	<5	6.1%	<5
I don't want to go to a sexual health service	0	<5	4.5%	<5
Religious belief	6	7	19.7%	13
Immigration status	<5	<5	4.5%	<5
Other	<5	11	21.2%	14
Other (please specify)				10
			answered question	66
			skipped question	61

(Data 27)

When the Data about barriers to HIV testing are compared to the Data about preferred access routes, (Data 13), we can see that where fear is a key barrier access through either a specialist Sexual Health service or a pharmacy service would be preferential, (Data 28). Where Fear, Stigma and Discrimination score highly a service in a GP service would be preferential and where community judgement is an issues services in community pharmacies would be preferential.

What are the barriers for you for testing for HIV?

Answer Options	Where would you like to access Sexual Health Services, including testing for HIV and Sexually Transmitted Infections, Support and Treatment? (Tick all that apply). Specialist Sexual Health Service	GP	Pharmacy	Walk in Centre	Response Percent	Response Count
Fear	18	22	14	<5	42.6%	23
Discrimination	16	15	11	0	29.6%	16
Stigma	18	19	13	<5	35.2%	19
No knowing where to access a test	<5	9	0	0	18.5%	10
I don't want to know my result	<5	<5	<5	<5	7.4%	<5
I don't think I have ever been at risk of HIV transmission	10	20	6	<5	40.7%	22
Judgement from my community	15	15	12	<5	31.5%	17
Judgement from medical professionals	<5	<5	<5	<5	7.4%	<5
I don't want to go to a sexual health service	<5	<5	0	0	3.7%	<5
Religious belief	12	13	10	<5	24.1%	13
Immigration status	<5	<5	<5	0	5.6%	<5
Other	0	6	0	0	11.1%	6
Other (please specify)						<5
					answered question	54
					skipped question	54

(Data 28)

Knowledge and Attitudes

Participants in the survey were asked about their knowledge of HIV and Sexual Health Services. They were presented with a list of ten statements and asked to identify any that they thought were true.

Overall knowledge levels regarding HIV transmission and Sexual Health Services were high, (Data 29). Most respondents knew that HIV can be transmitted through sex without using condoms (80.7%, n92) and that HIV testing is free and confidential, (66.7%, n83). Knowledge that the more people you have sex with the increased risk of transmission was lower scoring than many of the results at 64%, (n73) but lowest of all was the fact that condoms can be damaged by oils at 43.7%, (n52).

Of the attitudes questions there was a high judgement of fear about HIV testing in the community with 72 people, (58.8%, n67) which was not replicated when people were asked directly about barriers for testing, (Data 28), which suggests that more people are talking about fear of HIV testing than are actually fearful of HIV testing. Underlying this is a community perception that you 'should' be scared or fearful of having a HIV test.

Just over half of people identified that they would like somewhere in their community that they could talk about sex and relationships, (51.8%, n59). This increases the need for Sexual Health promotion to be working with community groups and community venues to provide opportunities to talk about these issues.

Please tick any statement that you think is true.

Answer Options	What is your gender. Male.	Female.	Response Percent	Response Count
You cannot get HIV from Kissing	24	56	70.2%	80
People from my community are scared of having a HIV test	24	43	58.8%	67
HIV is transmitted through sex without condoms	23	69	80.7%	92
HIV testing, treatment and care is free to everyone in the UK	15	61	66.7%	76
HIV testing and treatment is confidential	18	65	72.8%	83
The more people you have sex with the greater risk you have of being exposed to HIV through sex	14	59	64.0%	73
Condoms can protect you from HIV and other Sexually Transmitted Infections	22	62	73.7%	84
Condoms made of Latex can be damaged by oils	10	37	41.2%	47
Condoms are free from Sexual Health services	19	61	70.2%	80
People from my community would like somewhere to be able to talk about sex and relationships	16	43	51.8%	59
			answered question	114
			skipped question	13

(Data 29)

Nepalese Community

The following data tables show the responses of people from the Nepalese community to the online survey. 34 people from this community completed the online survey. Of these 73.5%, (n25), had lived in the UK over 5 years, (Data 30). This suggests that this is a relatively settled community. The majority of these respondents live in the Rushmoor and Hart localities, (64.7%, n22), (Data 32). Respondents from this community also predominantly describe their religion as Hindu, (58.8%, n20), (Data 31).

How long have you lived in the UK?

	How do you describe your ethnic origin?		
Answer Options	**Nepalese**	**Response Percent**	**Response Count**
Born in the UK	<5	2.9%	<5
Under 6 months	0	0.0%	0
7 months to 1 year	0	0.0%	0
1 to 5 years	8	23.5%	8
5 years plus	25	73.5%	25
		answered question	**34**
		skipped question	**0**

(Data 30)

What religion would you describe yourself as?

	How do you describe your ethnic origin?		
Answer Options	**Nepalese**	**Response Percent**	**Response Count**
Other	<5	5.9%	<5
No Religion	<5	2.9%	<5
Christian	<5	2.9%	<5
Muslim	0	0.0%	0
Hindu	20	58.8%	20
Sikh	0	0.0%	0
Jehovah's Witness	0	0.0%	0
Buddhist	9	26.5%	9
Jewish	0	0.0%	0
Prefer not to say	<5	2.9%	<5
Other (please specify)			<5
		answered question	**34**
		skipped question	**0**

(Data 31)

What district area do you live in?	How do you describe your ethnic origin?		
Answer Options	Nepalese	Response Percent	Response Count
Southampton	0	0.0%	0
Portsmouth	0	0.0%	0
New Forest	0	0.0%	0
Eastleigh	<5	<10%	<5
Test Valley	0	0.0%	0
Fareham	0	0.0%	0
Havant	0	0.0%	0
Gosport	0	0.0%	0
East Hampshire	0	0.0%	0
Basingstoke and Deane	0	0.0%	0
Winchester	8	23.5%	8
Rushmoor and Hart	22	64.7%	22
Other	<5	<10%	<5
Other (please specify)			<5
		answered question	34
		skipped question	0

(Data 32)

When asked about Sexual Health Service access people from the Nepalese community were less likely to have accessed a service than the average for all respondents. 20.6%, (n7) respondents from the Nepalese community had used a service whereas 48%, (n61), of respondents from all communities had accessed services. This suggests that work needs to be done with this community to increase understanding about access and services to increase confidence in their use. (Data 33 and Data 8)

Have you ever used a sexual health service? (Sexual Health Services include GU Medicine, Contraceptive and Sexual Health and Sexual Health Clinics)	How do you describe your ethnic origin?		
Answer Options	Nepalese	Response Percent	Response Count
Yes	7	20.6%	7
No	25	73.5%	25
I do not want to answer this question	<5	5.9%	<5
		answered question	34
		skipped question	0

(Data 33)

Of those that had used sexual health services, usage was relatively recently with 77.8%, (n7), respondents identifying that this was within the last year, (Data 34). Most respondents had used a sexual health service within Hampshire, Southampton or Portsmouth, (Data 35) and Contraception was the main reason for use of these services, (Data 36).

Of those that had used a Solent Sexual Health Service the majority who recommend these services to others, 88.9%, (n8), said that they would be Extremely likely or Likely to recommend Solent NHS Trust Sexual Health Services to others, (Data 37).

When was the last time you used a Sexual Health Service? (Sexual Health Services include GU Medicine, Contraceptive and Sexual Health and Sexual Health Clinics)

	How do you describe your ethnic origin?		
Answer Options	**Nepalese**	**Response Percent**	**Response Count**
Less than 6 Months ago	<5	11.1%	<5
Between 6 Months and 1 year ago	6	66.7%	6
More than 1 year ago	0	0.0%	0
More than 2 years ago	<5	11.1%	<5
More than 5 years ago	0	0.0%	0
Other	<5	11.1%	<5
Other (please specify)			<5
		answered question	9
		skipped question	25

(Data 34)

Where was the Sexual Health Service that you used?

	How do you describe your ethnic origin?		
Answer Options	**Nepalese**	**Response Percent**	**Response Count**
Southampton	<5	11.1%	<5
Portsmouth	0	0.0%	0
Winchester	<5	22.2%	<5
Basingstoke	0	0.0%	0
Aldershot	<5	11.1%	<5
Eastleigh	0	0.0%	0
Frimley Park	<5	22.2%	<5
Guildford	0	0.0%	0
London	0	0.0%	0
Other	<5	33.3%	<5
Other (please specify)			<5
		answered question	9
		skipped question	25

(Data 35)

What kind of services did you access at the Sexual Health Service you went to? (Tick as many as apply to you)

Answer Options	How do you describe your ethnic origin? Nepalese	Response Percent	Response Count
HIV Testing	0	0.0%	0
HIV Treatment	0	0.0%	0
Contraception	5	55.6%	5
Advice	0	0.0%	0
Support	0	0.0%	0
Sexually Transmitted Infection Testing	0	0.0%	0
Sexually Transmitted Infection Treatment	0	0.0%	0
Termination of Pregnancy Support	<5	22.2%	<5
Other	<5	22.2%	<5
Other (please specify)			<5
		answered question	9
		skipped question	25

(Data 36)

How likely would be to recommend the Solent Sexual Health Services to your friends and family if they need similar care or treatment. Please use the comments box below to explain your reason.

Answer Options	How do you describe your ethnic origin? Nepalese	Response Percent	Response Count
Extremely likely	<5	22.2%	<5
Likely	6	66.7%	6
Neither likely nor unlikely	0	0.0%	0
Unlikely	0	0.0%	0
Extremely unlikely	0	0.0%	0
Don't know	<5	11.1%	<5
Comments			<5
		answered question	9
		skipped question	25

(Data 37)

Whilst Specialist Sexual Health Services scored highly, (52.9%, n18), as a venue where respondents from this community would like to access sexual health services, GP services scored highest with 28 respondents, (82.4%), saying that they would like to access sexual health services in this way, (Data 38). Respondents from this community reflected the views of general respondents to this question, (Data 13).

Where would you like to access Sexual Health Services, including testing for HIV and Sexually Transmitted Infections, Support and Treatment? (Tick all that apply).	How do you describe your ethnic origin?		
Answer Options	**Nepalese**	**Response Percent**	**Response Count**
Specialist Sexual Health Service	18	52.9%	18
GP	28	82.4%	28
Pharmacy	11	32.4%	11
Walk in Centre	6	17.6%	6
Community group	<5	8.8%	<5
Specialist Support Service	<5	8.8%	<5
Other	<5	5.9%	<5
Other (please specify)			<5
		answered question	**34**
		skipped question	**0**

(Data 38)

When asked about first sexual experience the majority of respondents, (n19, 55.9%), identified that they had their first sexual experience post 16, (Data 39).

At what age did you have your first sexual experience? By sexual experience we mean any type of sexual experience including oral, vaginal, anal or other penetration.	How do you describe your ethnic origin?		
Answer Options	**Nepalese**	**Response Percent**	**Response Count**
Under 16	<5	8.8%	<5
16-20	9	26.5%	9
21-25	9	26.5%	9
26-30	<5	2.9%	<5
30-40	0	0.0%	0
Over 40	0	0.0%	0
I do not want to answer this question	12	35.3%	12
		answered question	**34**
		skipped question	**0**

(Data 39)

Respondents from the Nepalese community are slightly less likely to be using contraception that general respondents to this survey. Data 40 shows that 32.4%, (n11) respondents from the Nepalese community identified that they were using some form of contraception, whereas, in Data 18 we see that 42.5%, (n51), of respondents identified that they were using some form of contraception.

The most common contraception used for respondents of this community was condoms, with 72.7%, (n8), respondents identifying this as a contraceptive choice. (Data 41).

In Data 42 we see that there is a relatively even split in respondents of those who would like to be using contraception, (34.8%), those who do not want to use contraception, (30.4%) and those who do not know if they want to use contraception, (34.8%). When exploring this data against the focus group responses we are aware that there are some complex myths within this community regarding contraception and this is work that will need to be explored to increase confidence and access.

At this current time are you using any form of contraception?

	How do you describe your ethnic origin?		
Answer Options	**Nepalese**	**Response Percent**	**Response Count**
Yes	11	32.4%	11
No	23	67.6%	23
Don't Know	0	0.0%	0
		answered question	**34**
		skipped question	**0**

(Data 40)

What contraception are you using?

	How do you describe your ethnic origin?		
Answer Options	**Nepalese**	**Response Percent**	**Response Count**
Male Condom	8	72.7%	8
Female Condom	0	0.0%	0
Contraceptive Pill	<5	9.1%	<5
Implant	0	0.0%	0
Coil	<5	18.2%	<5
Cap	0	0.0%	0
Injectable Contraception	0	0.0%	0
Sterilisation	0	0.0%	0
Vasectomy	0	0.0%	0
Natural Family Planning	0	0.0%	0
Other	0	0.0%	0
Other (please specify)			0
		answered question	**11**
		skipped question	**23**

(Data 41)

Would you like to be using contraception?	How do you describe your ethnic origin?		
Answer Options	Nepalese	Response Percent	Response Count
Yes	8	34.8%	8
No	7	30.4%	7
Don't Know	8	34.8%	8
		answered question	23
		skipped question	11

(Data 42)

HIV testing was low amongst respondents from this community, with less than 5 respondents identifying that they had ever had a HIV test, (Data 43). This question had a 91.17% skip rate, suggesting that this question was unacceptable to respondents from this community.

Fear, Discrimination and Stigma were the most common reasons given as barriers for HIV testing, (Data 44). The percentage scores for these responses from this community were higher than those found in general respondents, (Data 28).

Judgement from the community and religious belief also scored highly as a barrier to HIV testing. (Data 44)

When did you last have an HIV test?	How do you describe your ethnic origin?		
Answer Options	Nepalese	Response Percent	Response Count
Within the last 6 months	0	0.0%	0
Within the last 12 months	<5	33.3%	<5
Within the last 2 years	<5	33.3%	<5
Within the last 5 years	<5	33.3%	<5
Over 5 years ago	0	0.0%	0
Never	0	0.0%	0
		answered question	<5
		skipped question	31

(Data 43)

What are the barriers for you for testing for HIV?	How do you describe your ethnic origin?		
Answer Options	**Nepalese**	**Response Percent**	**Response Count**
Fear	15	48.4%	15
Discrimination	12	38.7%	12
Stigma	12	38.7%	12
No knowing where to access a test	8	25.8%	8
I don't want to know my result	<5	3.2%	<5
I don't think I have ever been at risk of HIV transmission	8	25.8%	8
Judgement from my community	14	45.2%	14
Judgement from medical professionals	<5	6.5%	<5
I don't want to go to a sexual health service	<5	6.5%	<5
Religious belief	11	35.5%	11
Immigration status	0	0.0%	0
Other	5	16.1%	5
Other (please specify)			<5
		answered question	**31**
		skipped question	**3**

(Data 44)

Overall HIV knowledge was relatively good in respondents from the Nepalese community. Areas of concern include condom knowledge, where only 32.4%, (n11) of respondents knew that oils affected latex condom efficacy and HIV transmission basics where 44.1%, (n15) respondents did not know that you cannot get HIV from kissing. (Data 45).

Please tick any statement that you think is true.	How do you describe your ethnic origin?		
Answer Options	**Nepalese**	**Response Percent**	**Response Count**
You cannot get HIV from Kissing	19	55.9%	19
People from my community are scared of having a HIV test	26	76.5%	26
HIV is transmitted through sex without condoms	31	91.2%	31
HIV testing, treatment and care is free to everyone in the UK	21	61.8%	21
HIV testing and treatment is confidential	28	82.4%	28
The more people you have sex with the greater risk you have of being exposed to HIV through sex	22	64.7%	22
Condoms can protect you from HIV and other Sexually Transmitted Infections	26	76.5%	26
Condoms made of Latex can be damaged by oils	11	32.4%	11
Condoms are free from Sexual Health services	23	67.6%	23
People from my community would like somewhere to be able to talk about sex and relationships	21	61.8%	21
		answered question	**34**
		skipped question	**0**

(Data 45)

Black & African Communities

The following data tables show the responses of people who described their ethnicity as Black British, Black Caribbean, Black African and Black Other to the online survey. 38 people described their self in this way the data in the tables below shows the breakdown of all ethnic indicators. Where data could identify individuals this has been supressed. Data for 'Black Caribbean' has been fully supressed in most cases as it has the potential for a data breach (Data 46).

Of these 68.4%, (n26), had lived in the UK over 5 years, (Data 47). Respondents from these communities live across Hampshire, Southampton and Portsmouth with the largest community responses to this survey being from Portsmouth followed by Rushmoor and Hart and Southampton, (Data 50).

Respondents from these communities predominantly describe their religion as Christian, (78.9% n30), (Data 49), this religion descriptor was high amongst all sub sections of black respondents.

What is your gender.

	How do you describe your ethnic origin?					
Answer Options	**Black British**	**Black Caribbean**	**Black African**	**Black Other**	**Response Percent**	**Response Count**
Male.	0		8	0	23.7%	9
Female.	5		22	<5	76.3%	29
Transgender.	0		0	0	0.0%	0
I do not want to answer this question.	0		0	0	0.0%	0
					answered question	38
					skipped question	0

(Data 46)

How long have you lived in the UK?

	How do you describe your ethnic origin?					
Answer Options	**Black British**	**Black Caribbean**	**Black African**	**Black Other**	**Response Percent**	**Response Count**
Born in the UK	<5		0	0	5.3%	<5
Under 6 months	0		<5	0	2.6%	<5
7 months to 1 year	0		0	0	0.0%	0
1 to 5 years	0		7	<5	23.7%	9
5 years plus	<5		22	0	68.4%	26
					answered question	38
					skipped question	0

(Data 47)

When describing relationship status, Black respondents followed the same trend as general respondents in their descriptions, (Data 48 and Data 5).

What is your relationship status?

	How do you describe your ethnic origin?					
Answer Options	**Black British**	**Black Caribbean**	**Black African**	**Black Other**	**Response Percent**	**Response Count**
Single	<5		9	0	28.9%	11
Married	0		10	<5	31.6%	12
Civil Partnered	0		0	0	0.0%	0
In a Relationship	3		7	0	26.3%	10
Divorced	0		5	0	13.2%	5
Other	<5		<5	0	5.3%	<5
					answered question	38
					skipped question	0

(Data 48)

What religion would you describe yourself as?

	How do you describe your ethnic origin?					
Answer Options	**Black British**	**Black Caribbean**	**Black African**	**Black Other**	**Response Percent**	**Response Count**
Other	0		<5	0	<10%	<5
No Religion	0		<5	0	<10%	<5
Christian	<5		25	<5	78.9%	30
Muslim	<5		<5	0	<10%	<5
Hindu	0		0	0	0.0%	0
Sikh	0		0	0	0.0%	0
Jehovah's Witness	0		0	0	0.0%	0
Buddhist	<5		0	0	<10%	<5
Jewish	0		0	0	0.0%	0
Prefer not to say	<5		0	0	<10%	<5
Other (please specify)						<5
					answered question	38
					skipped question	0

(Data 49)

What district area do you live in?

Answer Options	How do you describe your ethnic origin?				Response Percent	Response Count
	Black British	Black Caribbean	Black African	Black Other		
Southampton	0		5	0	13.2%	5
Portsmouth	<5		15	<5	50.0%	19
New Forest	0		0	0	0.0%	0
Eastleigh	0		0	0	0.0%	0
Test Valley	0		0	0	0.0%	0
Fareham	0		0	0	0.0%	0
Havant	<5		0	0	<5%	<5
Gosport	0		0	0	0.0%	0
East Hampshire	0		0	0	0.0%	0
Basingstoke and Deane	0		0	0	0.0%	0
Winchester	<5		0	0	<5%	<5
Rushmoor and Hart	<5		10	0	28.9%	11
Other	<5		0	0	<5%	<5
Other (please specify)						<5
					answered question	38
					skipped question	0

(Data 50)

Recent Sexual Health Service usage was common amongst respondents from the communities described with 52%, (n13) having used a service within the last 6 months and 72%, (n18), having used a service within the past 12 months, (Data 51).

Sexual Health Service use for these communities was highest in the Southampton and Portsmouth Cities with 48%, (n12) of respondents using a service in either of these locations, (Data 52). Access to services outside of Hampshire, Southampton and Portsmouth was identified by 10 respondents, (40%) with the majority of these using Frimley Park as a service, (32%, n8). (Data 52).

The most common reason for sexual health service access was contraception, (44%, n11) with HIV testing, (36%), Advice, (40%) and STI testing, (28%), also showing positive scores. (Data 53).

96%, (n24) of respondents in this sub-category would be Likely or Extremely Likely to recommend a Solent NHS Trust Sexual Health Service to their friends or family. This shows a very high degree of acceptability and confidence in the services provided. (Data 54).

When was the last time you used a Sexual Health Service? (Sexual Health Services include GU Medicine, Contraceptive and Sexual Health and Sexual Health Clinics)

	How do you describe your ethnic origin?					
Answer Options	**Black British**	**Black Caribbean**	**Black African**	**Black Other**	**Response Percent**	**Response Count**
Less than 6 Months ago	<5		9	0	52.0%	13
Between 6 Months and 1 year ago	0		5	0	20.0%	5
More than 1 year ago	<5		0	0	4.0%	<5
More than 2 years ago	<5		<5	<5	20.0%	5
More than 5 years ago	0		<5	0	4.0%	<5
Other	0		0	0	0.0%	0
Other (please specify)						0
					answered question	25
					skipped question	13

(Data 51)

Where was the Sexual Health Service that you used?

	How do you describe your ethnic origin?					
Answer Options	**Black British**	**Black Caribbean**	**Black African**	**Black Other**	**Response Percent**	**Response Count**
Southampton	0		<5	0	16.0%	<5
Portsmouth	<5		<5	<5	32.0%	8
Winchester	<5		0	0	4.0%	<5
Basingstoke	0		0	0	0.0%	0
Aldershot	0		<5	0	8.0%	<5
Eastleigh	0		0	0	0.0%	0
Frimley Park	<5		7	0	32.0%	8
Guildford	0		0	0	0.0%	0
London	<5		<5	0	8.0%	<5
Other	0		0	0	0.0%	0
Other (please specify)						0
					answered question	25
					skipped question	13

(Data 52)

What kind of services did you access at the Sexual Health Service you went to? (Tick as many as apply to you)

	How do you describe your ethnic origin?					
Answer Options	**Black British**	**Black Caribbean**	**Black African**	**Black Other**	**Response Percent**	**Response Count**
HIV Testing	<5		7	0	36.0%	9
HIV Treatment	0		<5	0	16.0%	<5
Contraception	<5		8	<5	44.0%	11
Advice	<5		7	<5	40.0%	10
Support	0		6	0	24.0%	6
Sexually Transmitted Infection Testing	<5		5	0	28.0%	7
Sexually Transmitted Infection Treatment	0		<5	0	16.0%	<5
Termination of Pregnancy Support	0		<5	0	4.0%	<5
Other	<5		<5	0	16.0%	<5
Other (please specify)						<5
					answered question	25
					skipped question	13

(Data 53)

How likely would be to recommend the Solent Sexual Health Services to your friends and family if they need similar care or treatment. Please use the comments box below to explain your reason.

	How do you describe your ethnic origin?					
Answer Options	**Black British**	**Black Caribbean**	**Black African**	**Black Other**	**Response Percent**	**Response Count**
Extremely likely	<5		5	<5	36.0%	9
Likely	<5		12	0	60.0%	15
Neither likely nor unlikely	0		0	0	0.0%	0
Unlikely	0		0	0	0.0%	0
Extremely unlikely	0		0	0	0.0%	0
Don't know	0		<5	0	4.0%	<5
Comments						<5
					answered question	25
					skipped question	13

(Data 54)

(Data 55)

Where would you like to access Sexual Health Services, including testing for HIV and Sexually Transmitted Infections, Support and Treatment? (Tick all that apply).

	How do you describe your ethnic origin?					
Answer Options	**Black British**	**Black Caribbean**	**Black African**	**Black Other**	**Response Percent**	**Response Count**
Specialist Sexual Health Service	<5		16	0	44.7%	17
GP	<5		17	<5	60.5%	23
Pharmacy	<5		6	<5	21.1%	8
Walk in Centre	<5		8	0	31.6%	12
Community group	<5		12	0	36.8%	14
Specialist Support Service	0		6	0	15.8%	6
Other	0		<5	0	10.5%	<5
Other (please specify)						8
					answered question	38
					skipped question	0

Whilst Specialist Sexual Health Services scored highly, (44.7%, n17), as a venue where respondents would like to access sexual health services, yet again GP services scored highest with 23 respondents, (60.5%), saying that they would like to access sexual health services in this way, (Data 55). Respondents from this community reflected the views of general respondents to this question, (Data 13).

The majority of respondents, (63.2%, n24) had first sex over the age of 16 as comparable with other respondents. (Data 56).

At what age did you have your first sexual experience? By sexual experience we mean any type of sexual experience including oral, vaginal, anal or other penetration.

	How do you describe your ethnic origin?					
Answer Options	**Black British**	**Black Caribbean**	**Black African**	**Black Other**	**Response Percent**	**Response Count**
Under 16	<5		<5	<5	21.1%	8
16-20	<5		12	<5	42.1%	16
21-25	0		5	0	13.2%	5
26-30	0		<5	0	7.9%	<5
30-40	0		0	0	0.0%	0
Over 40	0		0	0	0.0%	0
I do not want to answer this question	0		6	0	15.8%	6
					answered question	**38**
					skipped question	**0**

(Data 56)

(Data 57)

What is your HIV status?						
	How do you describe your ethnic origin?					
Answer Options	**Black British**	**Black Caribbean**	**Black African**	**Black Other**	**Response Percent**	**Response Count**
Positive (+ve)	0		<5	0	16.7%	<5
Negative (-ve)	<5		16	0	83.3%	20
					answered question	**24**
					skipped question	**14**

16.7%, (n4), of respondents from this cohort described their HIV status as HIV positive, (Data 57). This accounts for 66.6% of all HIV positive respondents to this survey, (Data 23). Within this cohort all of the people who described themselves as HIV positive also described their ethnicity as Black African.

Sex outside of marriage or long term relationship identified itself as being an issue with all of the black communities identified in the sub group. Sex outside of a relationship was identified by 14 respondents, (36.8%), of this group, (Data 58). This is higher than the average response for all respondents which is 24%, (n29), (Data 15).

Condom use when having sex outside of a relationship was also shown not to be consistent with 64.3%, (n9), respondents identifying that they used condoms in sex outside of relationships either never or only sometimes, (Data 59).

Have you ever had sex outside of a marriage or long term relationship without your partner knowing?

Answer Options	How do you describe your ethnic origin?				Response Percent	Response Count
	Black British	Black Caribbean	Black African	Black Other		
Yes	<5		10	<5	36.8%	14
No	<5		14	<5	47.4%	18
I do not want to answer this question	0		6	0	15.8%	6
					answered question	38
					skipped question	0

(Data 58)

Do you use condoms when you have sex outside of your marriage or long term relationship?

Answer Options	How do you describe your ethnic origin?				Response Percent	Response Count
	Black British	Black Caribbean	Black African	Black Other		
Yes (always)	0		<5	0	35.7%	5
Yes (sometimes)	<5		5	0	42.9%	6
No	<5		<5	<5	21.4%	<5
					answered question	14
					skipped question	24

(Data 59)

At this current time are you using any form of contraception?

	How do you describe your ethnic origin?					
Answer Options	Black British	Black Caribbean	Black African	Black Other	Response Percent	Response Count
Yes	<5		10	<5	37.8%	14
No	<5		20	<5	62.2%	23
Don't Know	0		0	0	0.0%	0
					answered question	37
					skipped question	1

(Data 60)

Contraceptive use in this cohort was low, with 62.2%, (n23) of respondents identifying that they were not using any form of contraceptive, (Data 60). Condoms were the most used for of contraception, (57.1% , n8) with a significant number of respondents also using the contraceptive pill,)50%, n7), (Data 61).More respondents in this cohort identified the contraceptive pill as a method of used contraception than in the general responses to the survey, (Data 19).

What contraception are you using?

	How do you describe your ethnic origin?					
Answer Options	Black British	Black Caribbean	Black African	Black Other	Response Percent	Response Count
Male Condom	0		7	0	57.1%	8
Female Condom	<5		0	0	7.1%	<5
Contraceptive Pill	<5		<5	<5	50.0%	7
Implant	0		0	0	0.0%	0
Coil	0		<5	0	14.3%	<5
Cap	0		0	0	0.0%	0
Injectable Contraception	0		<5	0	7.1%	<5
Sterilisation	0		0	0	7.1%	<5
Vasectomy	0		0	0	0.0%	0
Natural Family Planning	0		0	0	0.0%	0
Other	0		0	0	0.0%	0
Other (please specify)						0
					answered question	14
					skipped question	24

(Data 61)

(Data 62)

Do you know your HIV status?						
	How do you describe your ethnic origin?					
Answer Options	Black British	Black Caribbean	Black African	Black Other	Response Percent	Response Count
Yes	<5		19	0	65.7%	23
No	<5		9	<5	34.3%	12
					answered question	35
					skipped question	3

65%, (n23) of respondents in this cohort identified that they knew their HIV status, (Data 62), with half, (n12) having tested within the last 12 months and 70.8%, (n17), having tested in the last 2 years, (Data 63). In comparison with general respondents HIV testing and status knowledge is high within this cohort, (Data 23, Data 25).

When did you last have an HIV test?						
	How do you describe your ethnic origin?					
Answer Options	Black British	Black Caribbean	Black African	Black Other	Response Percent	Response Count
Within the last 6 months	<5		5	0	33.3%	8
Within the last 12 months	<5		<5	0	16.7%	<5
Within the last 2 years	0		5	0	20.8%	5
Within the last 5 years	0		<5	0	12.5%	<5
Over 5 years ago	0		<5	0	8.3%	<5
Never	0		<5	0	8.3%	<5
					answered question	24
					skipped question	14

(Data 63)

Access to HIV testing was one of the most common reasons given as barriers for HIV testing, (Data 64) with 15%, (n3) of respondents identifying this as a cause for not testing. The percentage scores for this reason from this cohort were higher than those found in general respondents, (Data 28).

'Other' reasons as a barrier for testing was the most common reason given, (33.3%, n4) and these were identified as 'never needing it', 'being free from it' or 'don't know', (Data 64).

What are the barriers for you for testing for HIV?

	How do you describe your ethnic origin?					
Answer Options	**Black British**	**Black Caribbean**	**Black African**	**Black Other**	**Response Percent**	**Response Count**
Fear	<5		<5	<5	33.3%	<5
Discrimination	0		<5	0	8.3%	<5
Stigma	0		<5	0	16.7%	<5
No knowing where to access a test	0		<5	0	25.0%	<5
I don't want to know my result	0		0	<5	8.3%	<5
I don't think I have ever been at risk of HIV transmission	0		<5	<5	16.7%	<5
Judgement from my community	<5		0	0	8.3%	<5
Judgement from medical professionals	<5		0	0	8.3%	<5
I don't want to go to a sexual health service	0		<5	0	8.3%	<5
Religious belief	0		<5	0	8.3%	<5
Immigration status	0		<5	<5	16.7%	<5
Other	0		<5	<5	33.3%	<5
Other (please specify)						<5
					answered question	**12**
					skipped question	**26**

(Data 64)

Overall HIV knowledge was relatively good in respondents from this cohort, (Data 65). Areas of concern include condom knowledge, where only 41.7%, (n15) of respondents knew that oils affected latex condom efficacy.

Please tick any statement that you think is true.

Answer Options	How do you describe your ethnic origin?				Response Percent	Response Count
	Black British	Black Caribbean	Black African	Black Other		
You cannot get HIV from Kissing	<5		25	<5	88.9%	32
People from my community are scared of having a HIV test	<5		19	<5	61.1%	22
HIV is transmitted through sex without condoms	<5		21	<5	77.8%	28
HIV testing, treatment and care is free to everyone in the UK	<5		19	0	66.7%	24
HIV testing and treatment is confidential	<5		18	<5	63.9%	23
The more people you have sex with the greater risk you have of being exposed to HIV through sex	<5		17	<5	66.7%	24
Condoms can protect you from HIV and other Sexually Transmitted Infections	<5		20	<5	72.2%	26
Condoms made of Latex can be damaged by oils	<5		12	0	41.7%	15
Condoms are free from Sexual Health services	<5		18	<5	69.4%	25
People from my community would like somewhere to be able to talk about sex and relationships	<5		16	<5	58.3%	21
					answered question	36
					skipped question	2

(Data 65)

Focus Groups

Participants in the focus groups were asked to expand on the themes of the online questionnaire. Focus group participants were asked about their perceptions on Sexual Health Services, including accessibility as well as specific questions about contraceptive and condom use.

The focus groups were targeted at the services vulnerable minority ethnic communities and included men only, women only, mixed gender, PLWHIV and youth groups from the Nepali and Black African communities across the service area.

Overwhelmingly participants in focus groups talked about how they would prefer to use their GP for services versus a specialist Sexual Health service. Participants sited that the GP understood their issues and had a personal relationship with them which made this relationship easier stating:

> *"GP's know about most of our situations and it is easy to talk to GP about any of those things"*
>
> *"GPs know my background. In a different service, I don't know whether they will understand what I say".*

Access to the GP surgery was also identified as a reason for preferred access.

> *"My GP is quite near to where I live. I don't have to drive or difficulty in finding parking"*
>
> *"My GP is quite near to where I live. Transport is a problem getting to specialist sexual health clinic"*

Although there was a reflection that primary care services do not do enough to advertise specialist Sexual Health Services.

> "*They is no information available or posters put up at the GP about sexual services"*
>
> *"It would have been useful if they have provided leaflets through GPs or pharmacies. They should make it as a practice to give to people like myself as I would never be able to ask or take one from lots of other leaflets in a GP or pharmacy".*

As well as this there is some concern that participants did not know that they could access Sexual Health Services direct, and that referral into these services can be a cause of concern.

> *"I now know that we can go straight to a Sexual Health service, but I always thought we need to go through GP for accessing any other services and explaining my contraception needs to a GP receptionist was so difficult."*
>
> *"The GP would be my first point of contact; I would than get referred to the concerned clinic / department"*

Although GP access was deemed useful there was still some understanding that Sexual Health was not a priority for any of the participants. It was often described as an afterthought, something for other people to worry about or something that was of such concern that it was not discussed.

> *"I don't want people to think I have a problem"*
>
> *"I don't want people to think I have a problem. If I go to GP, no one will know what the issue is".*
>
> *"It is not really needed for people with a straight life"*

Access to the specialist Sexual Health service was both a real and perceived issue for many. This included the ability to make appointments or find out about services.

> *"I still don't know how to get an appointment. They asked me to ring and look in the website. I don't know what to ask if I am ringing them or I cannot look in a website"*

> *"It was not straight forward for me to find Sexual Health service. I had to go through my GP to find one."*

Embarrassment was a key factor in access.

> *"I will rather go to a pharmacy and pay the prescription than facing the embarrassment.*

> *"The waiting area is very open and was feeling embarrassed until leaving the place".*

> *"I don't want people to think I have a problem. If I go to GP, no one will know what the issue is".*

> *"I was shy when even the staff looked at me"*

As was understanding and expectations of the service.

> *"Not sure what to expect there"*

In some cases the fact that the service was free and open to all was a barrier in itself.

> *"I had to pay in Pakistan, so I wasn't feeling ashamed to get the service I wanted".*

In discussion about contraception there were some concerns about the health risks, many women identified that they believed that contraceptives could cause a range of health issues, the most common of these included weight gain, migraines and sickness but the list of concerns included the increased risk of cancers. Despite this many participants had thought about using contraception. Male partner's reluctance to use condoms or contraception was a barrier to use.

> *"My husband said we should not really use contraception. But men always like more children, don't they?"*

> *"I have looked for ages for condoms in a pharmacy once and I left it. I thought it is easy to have sex without condom; my husband is not happy with condoms anyway."*

There was also some confusion about religious belief and contraceptive use. There are different interpretations of religious texts which make it challenging for women to make a choice.

For some women accessing contraception in their country of birth seemed less of a challenge. A number of participants responded that they have had coils fitted when on holiday in Pakistan and one lady said she bought tablets from overseas and will think about buying more when the stock is finished.

Emergency contraception was highlighted as something that women knew how to access.

When discussing about HIV and STI screening in focus groups there was a clear understanding that HIV was of concern to many and brought up feelings of anxiety.

> *"I am a little bit worried when hearing about HIV, I don't know whether I can go to a hospital and do the test; I don't want to make my husband feel bad."*

There was an identification that gender played a part in low uptake of HIV testing which often was linked to other concerns feeling more important for individuals.

"Men tend to leave testing and treatment too late due to their pre-occupation with their job and trying to sort their immigration status".

Although there was a suggestion that accessing HIV testing was something that many participants would be interested in, especially if it were easy to access.

"I would do an HIV test now if you offer it to me; I am really aware about how serious the infection is"

The focus groups have given an understanding to the data which recognises that culture, patriarchy and community play a significant role in service access. Comments given in these groups have allowed us to understand some of the data from a personal perspective and this process has been useful in putting the data in context.

Recommendations

Having completed the Needs Assessment for Black and Minority Communities and reviewing the data collected there are a number of recommendations that can be made. Below are four key recommendations for delivery of activities which should be explored further in Hampshire, Southampton and Portsmouth to support increased access to Sexual Health Services.

Access to Sexual Health Services

Knowledge about service access including how to access services, the services offered and confidentiality were identified issues for access to services. It is recommended that a targeted marketing strategy is developed for Minority Ethnic Communities which explores access to services.

This marketing and promotional activity should explain fully how individuals can access services and what services are provided by specialist Sexual Health Services. This promotional campaign also needs to provide information about the confidentiality of services to reduce fear and stigma of access.

Promotional activities need to take place across communities and could be provided through group work discussion or workshop type activities as well as through promotional activity in community venues for example Barbers Shops and faith leaders.

Word of mouth and personal recommendation is also a key source of community confidence. The results from the needs assessment showed that users of Solent Sexual Health Services would recommend the service to others. This information will be shared throughout the community to increase community confidence in local services.

Marketing also needs to target primary care as a key location as many respondents identified that they accessed their GP as their first point of contact for any health matter including sexual health.

Contraception

Understanding of contraception options, health outcomes and accessibility of contraception needs to be explored with minority ethnic communities. Although this work needs to be targeted at women, to enable them to make positive choices about pregnancy and family planning. Work with men also needs to take place to enable them to understand the importance of contraception and condom use.

Previous group work with women from minority ethnic groups has proved that small group discussion about contraceptive options is a positive way of engaging women and developing knowledge in this area. This work previously has not proved effective in engaging women in accessing these services through specialist Sexual Health Services but may have increased access through primary care.

There also needs to be a better understanding from the service about how faith beliefs affect access to contraception access. Work will be developed with local faith leaders to support service understanding of faith communities and beliefs as well as engaging faith leaders to support understanding within their communities of contraceptive choices.

HIV Testing

Increasing access to HIV testing is a key requirement of work with minority ethnic communities, particularly with Black African and Black Caribbean Communities due to the increased HIV prevalence within these groups. The needs assessment has shown that access to HIV testing is still a concern and that fear and stigma still play a role in reducing uptake of HIV testing.

As well as the provision and promotion of Rapid HIV testing in community settings, which focus some of their promotion on these target communities there is the need for the development of understanding within communities about the benefits of early and regular HIV testing.

There is a need for communities to understand that HIV testing and treatment is free to access, confidential and does not affect right to remain or immigration status.

Access to HIV testing in a range of settings including community spaces and primary care would help to increase access to HIV testing and normalise this across communities. This needs to occur alongside work which de-stigmatises HIV testing in target populations, such as Black Africans and engages individuals in positive choices about HIV testing.

Programmes of work such as National HIV Testing week, Barbers Shop peer education and work with Faith Leaders have shown that engaging community leaders has a positive impact on engaging individuals in HIV testing as this increases community confidence and decreases stigma. These programmes can be empowering for individuals to make positive choices about HIV testing.

Primary Care

Primary care settings are undoubtedly a key area of support for people from minority ethnic communities. These settings have been identified as being less of a challenge to access for support for minority ethnic communities.

More support is required for primary care settings in localities with a high Black and Minority Ethnic demographic to enable them to provide appropriate Sexual Health and contraception care. One of the key elements of this is the provision of adequate marketing and information, which has been requested by a number of participants in this, needs assessment.

Support for primary care settings, particularly GP's in areas of high HIV prevalence is needed to enable increased HIV testing and onward referral to specialist support services.

As well as the recommendations above the Specialist Sexual Health Promotion Practitioner for BME Communities will explore two areas of concern. These are the engagement of men and sex outside of marriage.

Engagement with men is an ongoing process for the Sexual Health team and has a range of challenges. The team will be exploring evidence from programmes of work nationally that have engaged men through their leisure time, including football teams, barbers shops and men only community spaces.

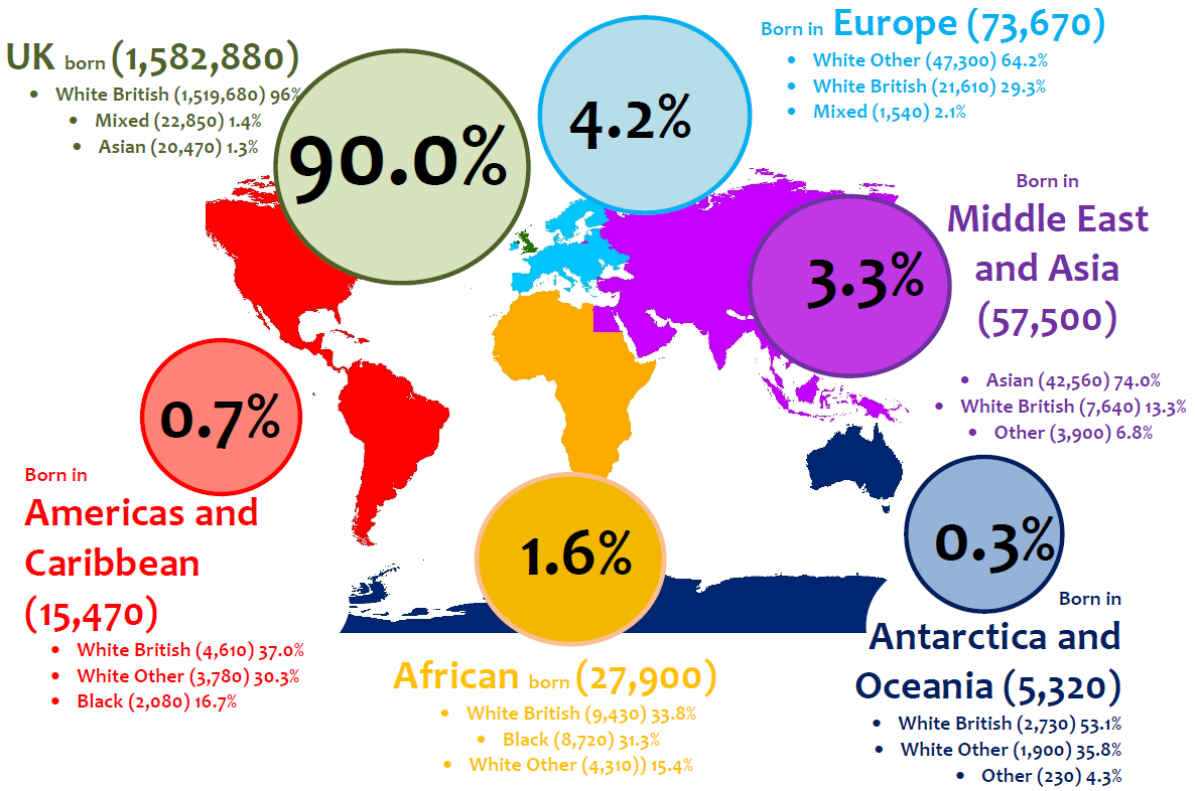
Sex outside of marriage is a complex issue to discuss with community groups and individuals. The needs assessment shows that there is a need for discussion to take place with communities about how to keep your partner sexually safe if you are having sex outside of your marriage or long term relationship. The team will be exploring the evidence base around this issue further to try and get a better understanding of the issues.

Appendices

List of Appendicies

Appendix 1

Demographic Breakdown (Hamshire, Southampton and Portsmouth).



HCC, (2013).

Appendix 2

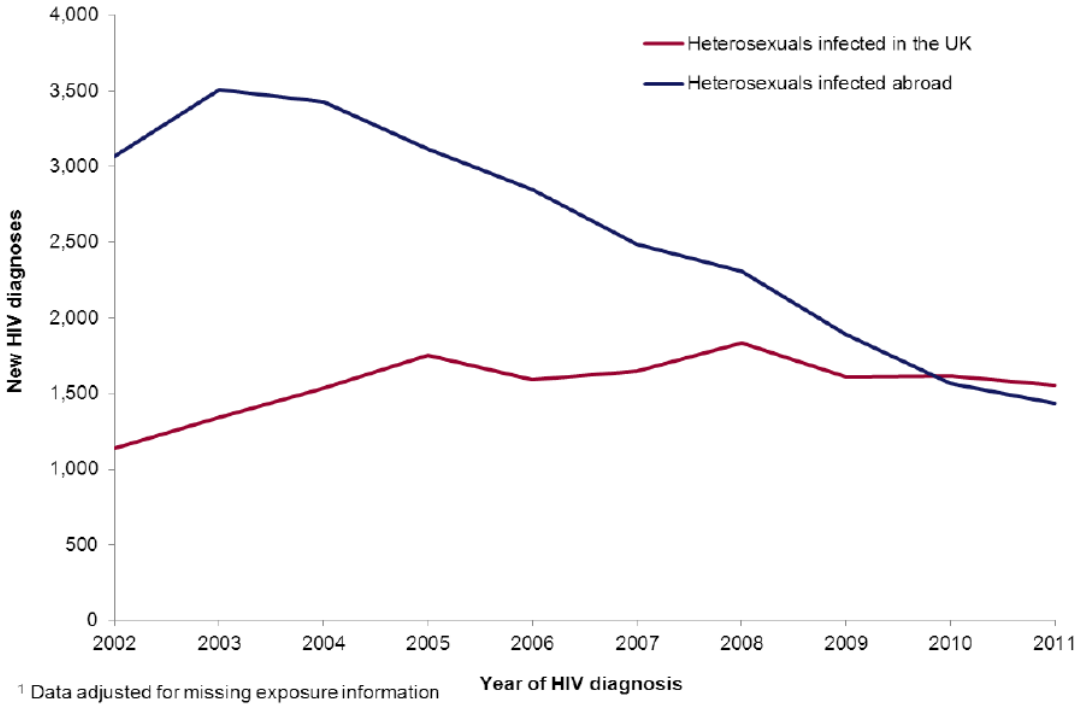
HIV Prevalence by Local Authority, (Hampshire, Southampton, Portsmouth).

Local Authority Area	Residents Accessing HIV Related Care. (aged 15-59)	Estimated Resident Population in 1,000's (aged 15-59)	Diagnosed HIV Prevalence per 1,000. (aged 15-59)
Southampton	283	155.1	1.82
Portsmouth	209	132.4	1.58
Rushmoor	108	60.4	1.79
Hart	37	53.4	0.69
Basingstoke and Deane	119	102.2	1.16
Winchester	41	67.1	0.61
Test Valley	48	66.2	0.73
East Hampshire	56	65.2	0.86
Fareham	27	63.2	0.43
Gosport	41	48.3	0.85
Havant	54	66.6	0.81
Eastleigh	77	74.4	1.03
New Forest	66	91.6	0.72
TOTAL	**1166**	**1006.1**	**1.01**

PHE, (2012).

Appendix 3.

New HIV Diagnosis among Heterosexuals by probable country of Infection: UK, 2002 -2011[1]

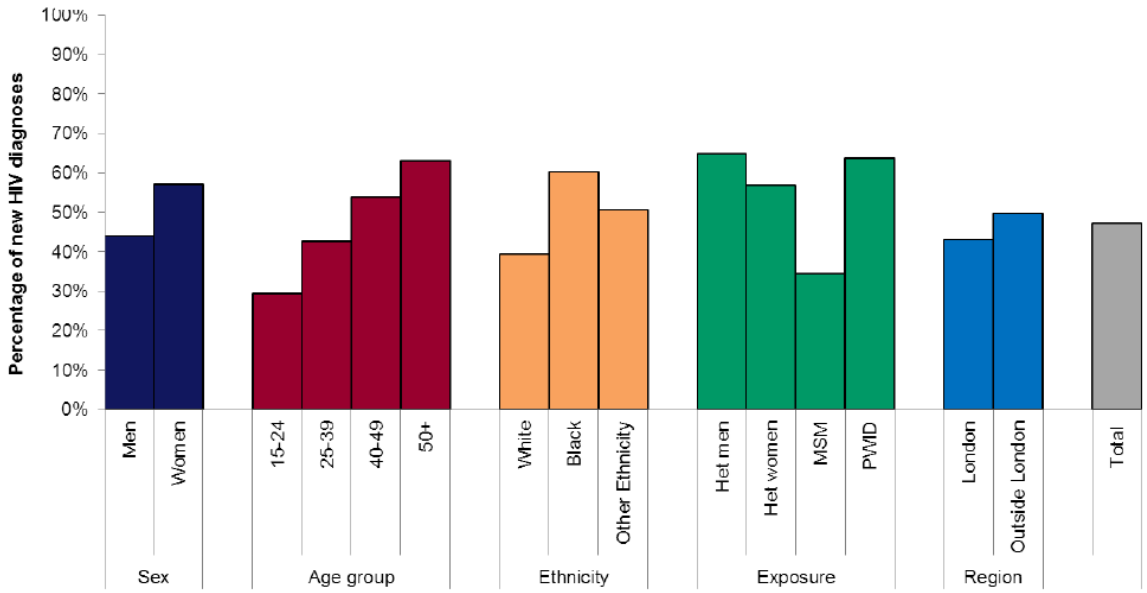


[1] Data adjusted for missing exposure information

(PHE, (2013)).

Appendix 4

Late Diagnosis: Proportion of Adults diagnosed with a CD4 count <350 cells/mm^3: UK 2012



(PHE, (2013)).

Appendix 5

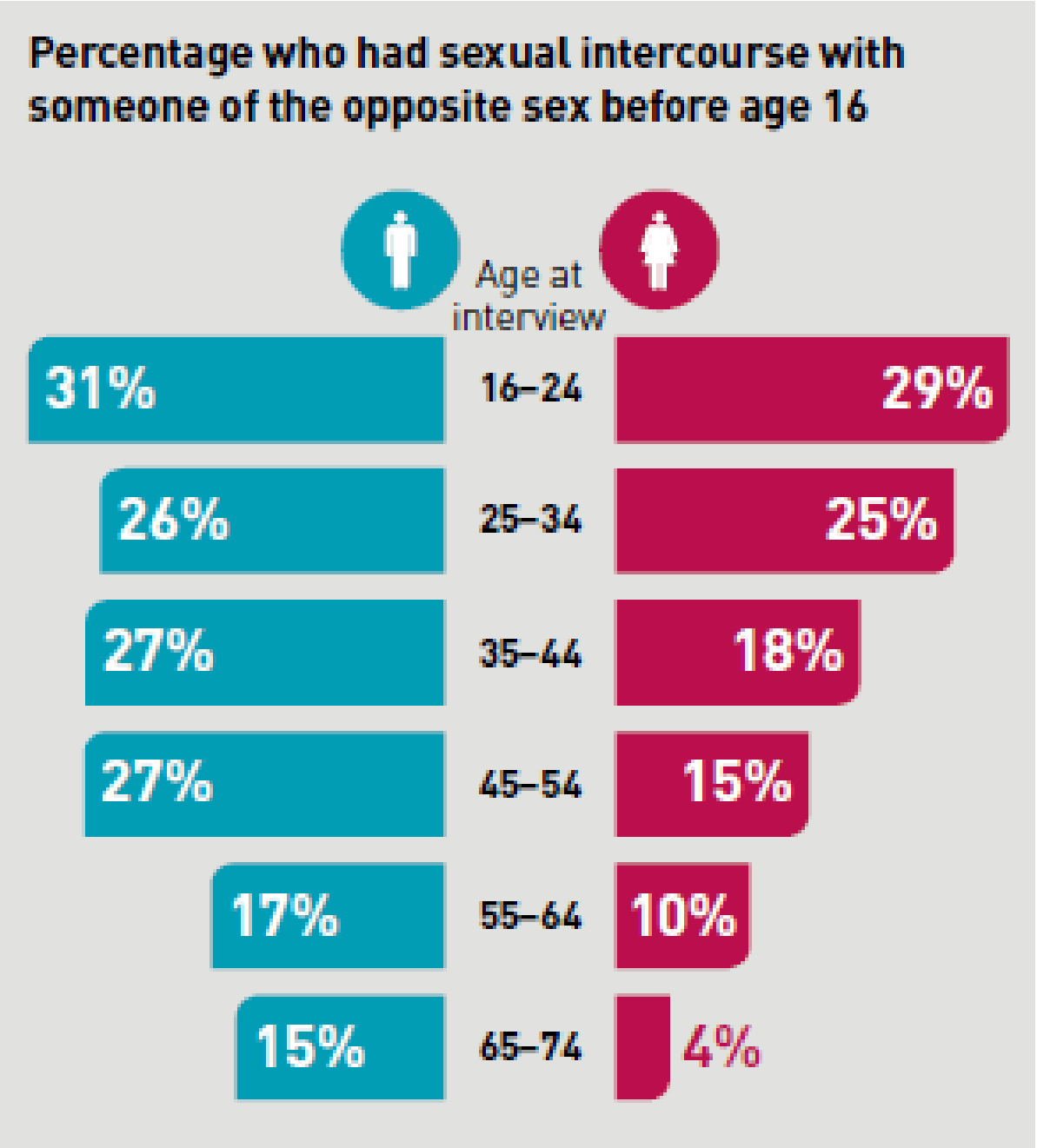
Percentage of women who had one or more previous abortions, by Ethnicity. England and Wales 2012.

Ethnicity	% of women who had one or more previous abortions
Asian or Asian British	33%
Black or Black British	49%
Chinese or other ethnic group	34%
Mixed	46%
White	36%
All women	**37%**

DOH[2], (2013).

Appendix 6

Percentage of people who had sexual intercourse pre-16



NATSAL-3, (2013).

Appendix 7

Needs Assessment Questions with possible Responses.

*** 1. What is your gender.**

- ◯ Male.
- ◯ Female.
- ◯ Transgender.
- ◯ I do not want to answer this question.

*** 2. How old are you?**

*** 3. How do you describe your sexuality?**

- ◯ Heterosexual (Straight)
- ◯ Homosexual (Gay)
- ◯ Bisexual
- ◯ Other
- ◯ I do not want to answer this question

*** 4. Which country were you born in?**

*** 5. How do you describe your ethnic origin?**

- ◯ White British
- ◯ White Irish
- ◯ White Eastern European
- ◯ White Other
- ◯ Black British
- ◯ Black Carribean
- ◯ Black African
- ◯ Black Other
- ◯ Mixed Ethnicity British
- ◯ Mixed Ethnicity Carribean
- ◯ Mixed Ethnicity African
- ◯ Mixed Ethnicity Other
- ◯ Indian
- ◯ Pakistani
- ◯ Bangladeshi
- ◯ Chinese
- ◯ Nepalese
- ◯ Asian Other
- ◯ Gypsy
- ◯ Traveller
- ◯ Other

Other (please specify)

*** 6. How long have you lived in the UK?**

- ◯ Born in the UK
- ◯ Under 6 months
- ◯ 7 months to 1 year
- ◯ 1 to 5 years
- ◯ 5 years plus

*** 7. What is your relationship status?**

- ☐ Single
- ☐ Married
- ☐ Civil Partnered
- ☐ In a Relationship
- ☐ Divorced
- ☐ Other

*** 8. What religion would you describe yourself as?**

☐

Other (please specify)

*** 9. What district area do you live in?**

☐

Other (please specify)

*** 10. Have you ever used a sexual health service?**
(Sexual Health Services include GU Medicine, Contraceptive and Sexual Health and Sexual Health Clinics)

- ◯ Yes
- ◯ No
- ◯ I do not want to answer this question

***11. When was the last time you used a Sexual Health Service?**
(Sexual Health Services include GU Medicine, Contraceptive and Sexual Health and Sexual Health Clinics)

- ◯ Less than 6 Months ago
- ◯ Between 6 Months and 1 year ago
- ◯ More than 1 year ago
- ◯ More than 2 years ago
- ◯ More than 5 years ago
- ◯ Other

Other (please specify)

***12. Where was the Sexual Health Service that you used?**

Other (please specify)

***13. What kind of services did you access at the Sexual Health Service you went to?**
(Tick as many as apply to you)

- ☐ HIV Testing
- ☐ HIV Treatment
- ☐ Contraception
- ☐ Advice
- ☐ Support
- ☐ Sexually Transmitted Infection Testing
- ☐ Sexually Transmitted Infection Treatment
- ☐ Termination of Pregnancy Support
- ☐ Other

Other (please specify)

***16. At what age did you have your first sexual experience? By sexual experience we mean any type of sexual experience including oral, vaginal, anal or other penetration.**

- ◯ Under 16
- ◯ 16-20
- ◯ 21-25
- ◯ 26-30
- ◯ 30-40
- ◯ Over 40
- ◯ I do not want to answer this question

***17. What is the gender of your sexual partners?**

- ◯ Only Male
- ◯ Only Female
- ◯ Male and Female

***18. Have you ever had sex outside of a marriage or long term relationship without your partner knowing?**

- ◯ Yes
- ◯ No
- ◯ I do not want to answer this question

***19. How many sexual partners have you had outside of your marriage or long term relationship that your partner did not know about?**

- ◯ 1
- ◯ 2
- ◯ 3
- ◯ 4
- ◯ 5
- ◯ More than 5

***20. Do you use condoms when you have sex outside of your marriage or long term relationship?**

- ◯ Yes (always)
- ◯ Yes (sometimes)
- ◯ No

*21. At this current time are you using any form of contraception?

- ◯ Yes
- ◯ No
- ◯ Don't Know

*22. What contraception are you using?

- ☐ Male Condom
- ☐ Female Condom
- ☐ Contraceptive Pill
- ☐ Implant
- ☐ Coil
- ☐ Cap
- ☐ Injectable Contraception
- ☐ Sterilisation
- ☐ Vasectomy
- ☐ Natural Family Planning
- ☐ Other

Other (please specify)

***23. Would you like to be using contraception?**

- ◯ Yes
- ◯ No
- ◯ Don't Know

***24. What stops you from using contraception.**

***25. Have you ever had a sexually transmitted infection?**

- ◯ Yes
- ◯ No
- ◯ Don't Know

***26. Have you had any of the following?**

- ☐ Chlamydia
- ☐ Gonorrhoea
- ☐ Crabs
- ☐ NSU (Non-Specific Urithritus)
- ☐ Scabies
- ☐ Syphilis
- ☐ HIV
- ☐ Hepatitis B
- ☐ Hepatitis C
- ☐ I do not want to answer this question

27. Do you know your HIV status?

- ◯ Yes
- ◯ No

***28. What is your HIV status?**

- ◯ Positive (+ve)
- ◯ Negative (-ve)

***29. When did you last have an HIV test?**

- ◯ Within the last 6 months
- ◯ Within the last 12 months
- ◯ Within the last 2 years
- ◯ Within the last 5 years
- ◯ Over 5 years ago
- ◯ Never

***30. Are you accessing HIV Treatment and Care?**

- ◯ Yes
- ◯ No

***31. Where are you accessing Treatment or Care from? (tick all that apply)**

- ☐ A Sexual Health Service in Hampshire, Southampton or Portsmouth
- ☐ A Sexual Health Service outside of Hampshire, Southampton or Portsmouth
- ☐ Positive Action
- ☐ Groundswell
- ☐ Other

Other (please specify)

***32. How long have you known your HIV status**

- ◯ Less than 1 year
- ◯ 1-2 years
- ◯ 2-4 years
- ◯ 5-8 years
- ◯ 8 years +

***33. What are the barriers for you for testing for HIV?**

- [ ] Fear
- [ ] Discrimination
- [ ] Stigma
- [ ] No knowing where to access a test
- [ ] I don't want to know my result
- [ ] I don't think I have ever been at risk of HIV transmission
- [ ] Judgement from my community
- [ ] Judgement from medical professionals
- [ ] I don't want to go to a sexual health service
- [ ] Religious belief
- [ ] Immigration status
- [ ] Other

Other (please specify)

***34. Please tick any statement that you think is true.**

- [ ] You cannot get HIV from Kissing
- [ ] People from my community are scared of having a HIV test
- [ ] HIV is transmitted through sex without condoms
- [ ] HIV testing, treatment and care is free to everyone in the UK
- [ ] HIV testing and treatment is confidential
- [ ] The more people you have sex with the greater risk you have of being exposed to HIV through sex
- [ ] Condoms can protect you from HIV and othe Sexually Transmitted Infections
- [ ] Condoms made of Latex can be damaged by oils
- [ ] Condoms are free from Sexual Health services
- [ ] People from my community would like somewhere to be able to talk about sex and relationships

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Note on Data

Specific data sets are available for planning purposes. Data sets can be sorted by gender, ethnicity, sexuality, locality or HIV testing status.

If you require specific data for service planning or delivery please contact Andrew Smith HIV Prevention Lead on andrew.smith@solent.nhs.uk

A Sexual Health Needs Assessment. Black & Minority Ethnic Communities.

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Solent NHS Trust

2014