# Report of the *Sexual Health in over ForTy-Fives* (SHIFT) EU Interreg 2Seas Region Project survey of awareness, knowledge, access, and attitudes towards sexual health wellbeing and services in over-45s.

July 2020

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# 1. Introduction

SHIFT (Sexual Health In the over ForTy-fives) is part of the Interreg 2Seas Programme, receiving funding from the European Regional Development Fund. Running from 2019 to 2022, the project involves partners from across the "2Seas" region: UK, The Netherlands, and Belgium.

The objective of SHIFT is to empower people aged over 45 to participate in sexual health services, and improve their sexual health and wellbeing. There is an additional focus on socioeconomically disadvantaged groups across the 2Seas region.

The following report will summarise the findings of a survey developed to establish an insight into the needs, awareness and attitudes towards sexual health and wellbeing among adults over the age of 45 in the 2Seas region.

## 1.1. Research aims

An online survey was distributed across the 2Seas region in order to gather an insight into the needs, attitudes and awareness towards sexual health and wellbeing, and current gaps in service provision for adults over the age of 45.

# 2. Methodology

An online survey was developed using the Qualtrics platform, to identify key gaps in service provision and the needs of people over the age of 45 when it comes to their sexual health and wellbeing. The online survey was published in three languages: French, Dutch and English, relevant to each country involved in the study. This facilitated a consideration of both cultural nuances and different sexual health service provision across the 2Seas region. Questions were developed using the knowledge and expertise of diverse stakeholders, with substantial experience in sexual health care provision and as support organisations for sexual health needs (e.g., NHS Trusts, Metro Charity UK; SoaAids Netherlands). Due to the taboo nature of sexual health, the survey was pilot-tested with a small group of the target population to ensure the suitability of questions, and adjusted accordingly.

The survey ran from 6th November 2019 (The Netherlands/Belgium) and 3rd October 2019 (UK), and closed on 3rd April 2020 for all countries. Partners in the UK, Belgium, and The Netherlands used their direct access to the target population to identify and recruit a sample of participants over the age of 45, via platforms such as social media and leaflet distribution. A total of 777 participants responded to the survey: 223 from Belgium, 317 from The Netherlands, and 237 from the UK.

Responses were divided according to socioeconomic status. Indicators used to identify those that may be at disadvantage are: highest education level below primary (level 0, equated across countries using the European Qualification Framework) and/or financial worry, reported by participants as worrying "very often" or "somewhat often" about struggling to keep up with their bills.

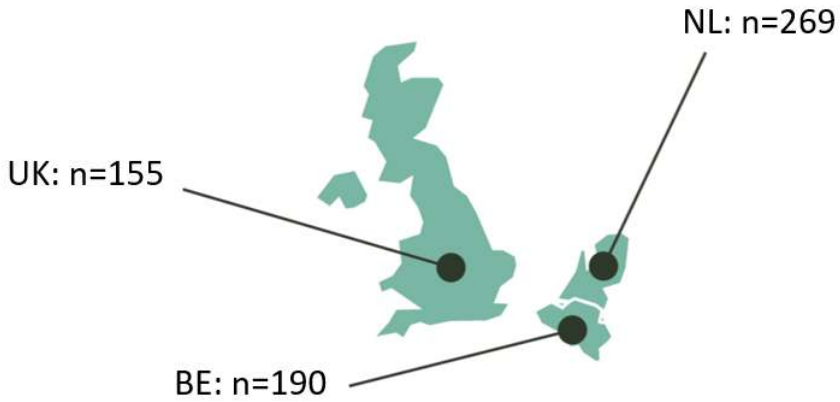
It is important to state here that this paper reports on findings relevant to those that have **not** been identified as having potential socioeconomic disadvantage.

## 3. Participant characteristics

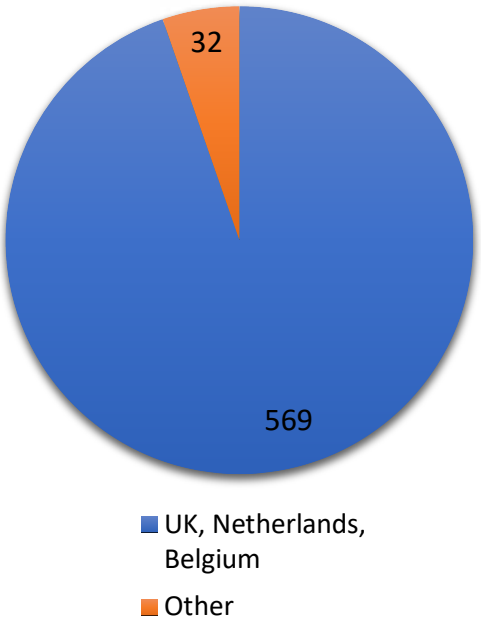
A total of 777 participants responded to the online survey. 614 respondents were identified as not being of low socioeconomic status. The findings from this population are reported below.

N= 614

### Country of residence

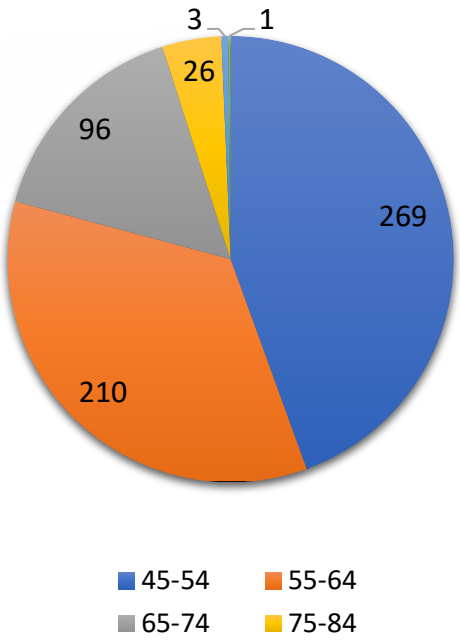



### Country of birth

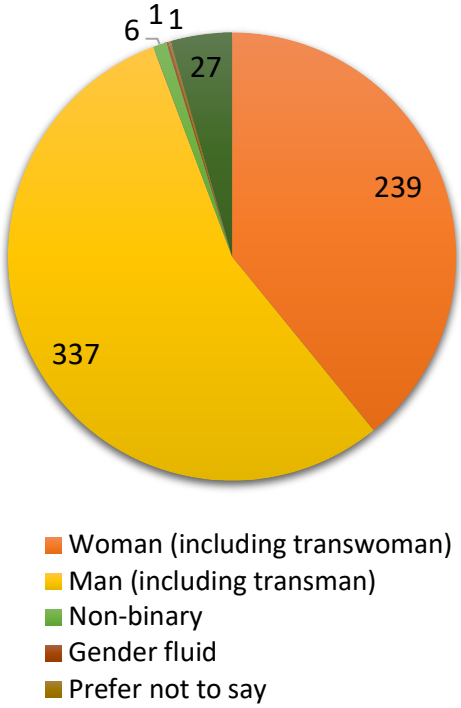



Of the 614 participants, 25% (n=155) live in the UK, 31% (n=190) in Belgium, and 44% (n=269) live in The Netherlands. The majority were born within the 2Seas countries, with only 5% (n=32) born outside, in countries such as Germany, Iran, Indonesia, and the USA.

## Age

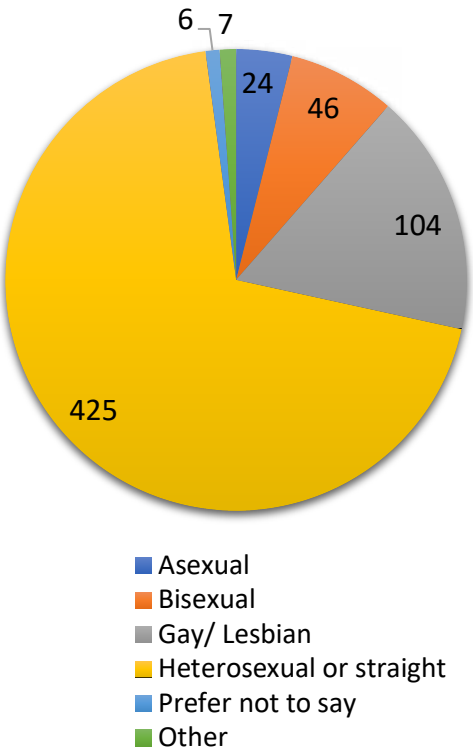



## Gender

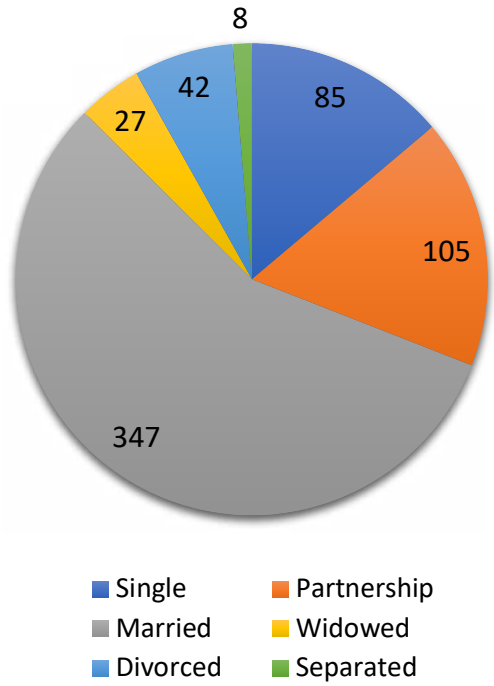



The mean age of participants was 57±9 years. Most participants fell into the younger age categories, with almost 80% (n=485) under the age of 65. 55% (n=337) of participants identified as “man (including transman)”, and 39% (239) as “woman (including transwoman)”. Those who responded “In another way” largely identified as “man/male” or “woman/female”, independently of transman or transwoman. One participant identified as “female, biological”.

## Sexual orientation




## Relationship status




425 respondents (69%) were heterosexual or straight, while 104 (17%) were gay or lesbian. In terms of relationship status, just over half of participants (n=347) were married, while 105 (17%) respondents reported being 'in a partnership'.

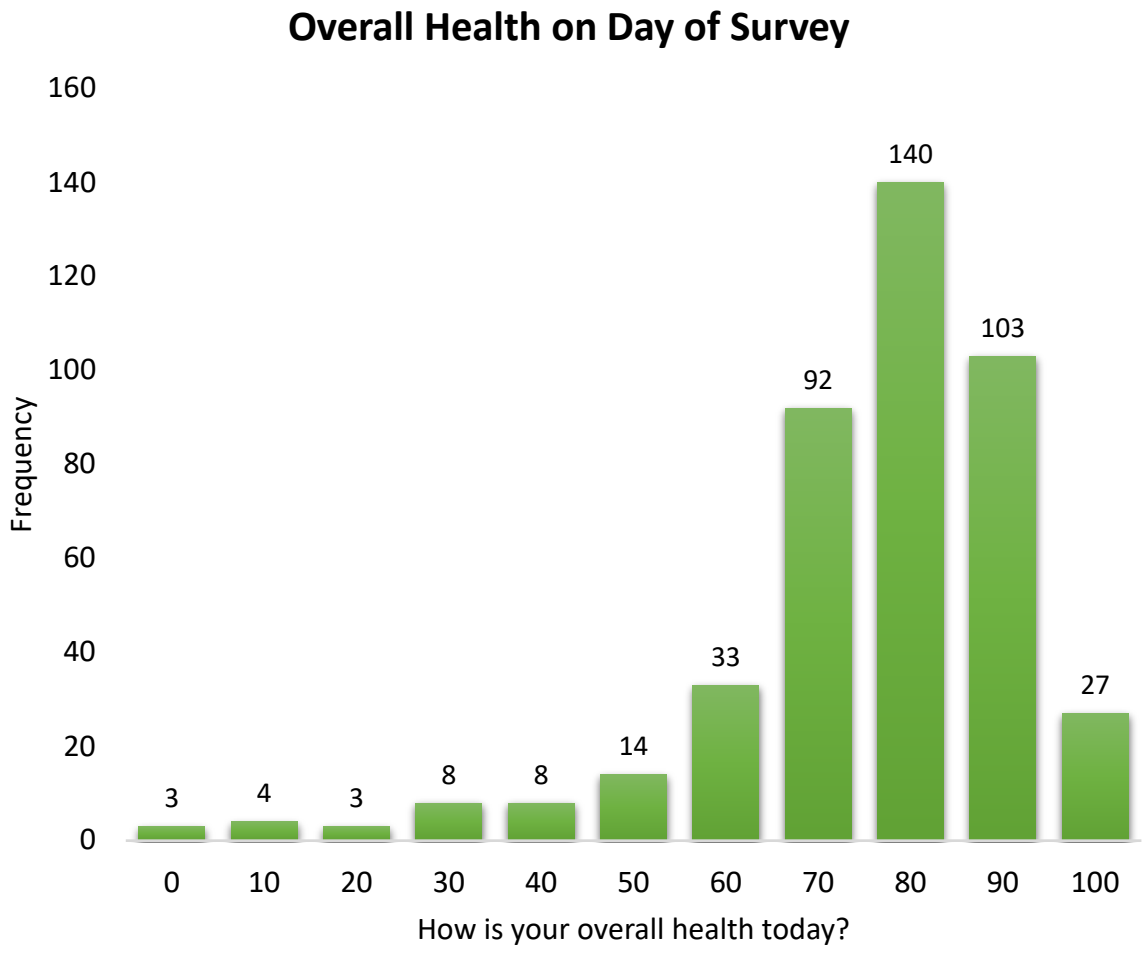
## Health

Participant health was reported using dimensions of the EQ-5D-5L. Frequency of reported problems are displayed below:

| | Mobility n (%) | Self-care n (%) | Usual activities n (%) | Pain/ discomfort n (%) | Anxiety/ depression n (%) |
|---|---|---|---|---|---|
| No problems | 357 (82) | 415 (96) | 356 (82) | 228 (52) | 289 (67) |
| Any problems* | 78 (18) | 18 (4) | 78 (18) | 207 (48) | 145 (33) |
| Total | 435 (100) | 433 (100) | 434 (100) | 435 (100) | 434 (100) |

*Aggregated data for: slight problems, moderate problems, severe problems, extreme problems/ unable to do.

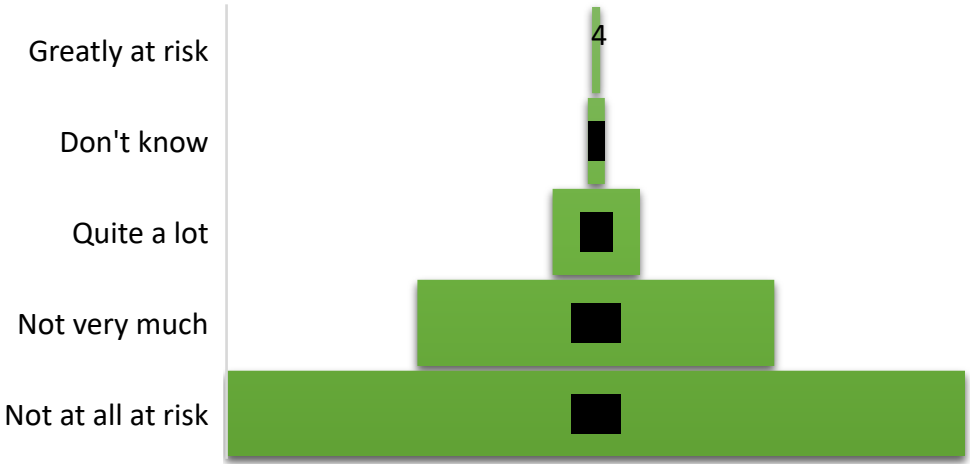
Participants were also asked to indicate their overall health on the day of survey completion using a 0-100 scale: 0 is “the worst health you can imagine” and 100 is “the best health you can imagine”. On average, respondents indicated their overall health on the day of survey completion as 76±17 out of 100.



# 4. Research findings

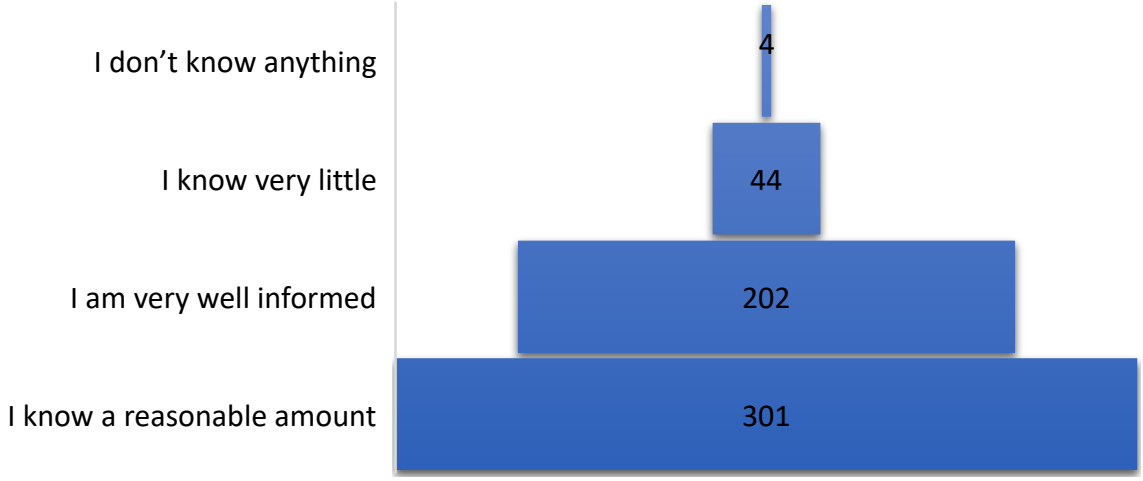
## 4.1. Perceived risk of contracting an STI (sexually transmitted infection)

337 (61%) of respondents perceive their current sexual lifestyle to leave them “not at all at risk” of getting an STI, including HIV. Meanwhile, 44 (8%) of participants consider their current sexual lifestyle to cause them to be “greatly” or “quite a lot” at risk of contracting an STI, including HIV.



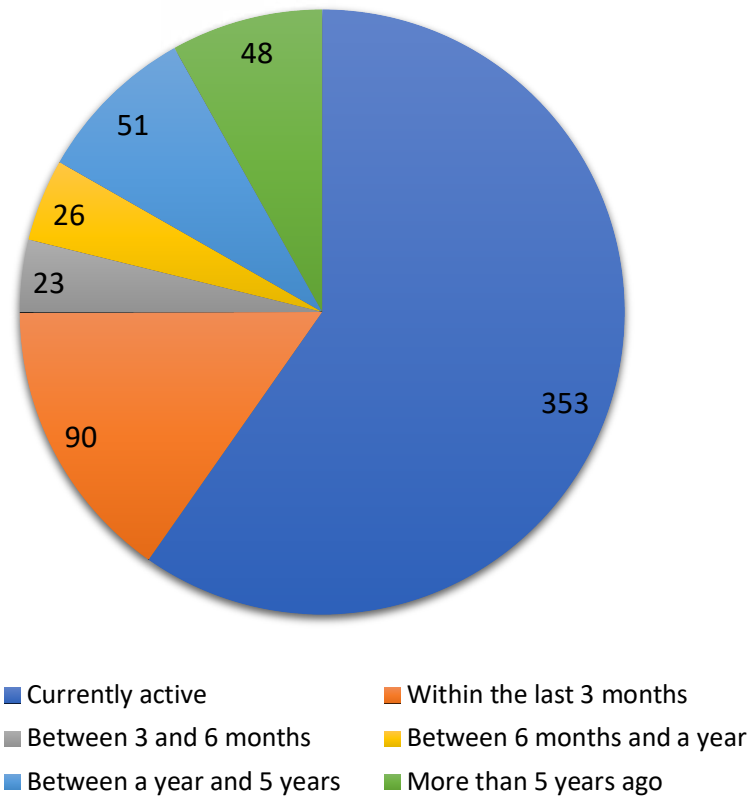

## 4.2. Knowledge and understanding

The majority of participants feel they have good knowledge and understanding when it comes to sexual health and STIs; 202 (37%) responded “I am very well informed”, while 301 (55%) responded “I know a reasonable amount”. 48 participants feel they “don’t know anything”, or “know very little” when it comes to knowledge and understanding of sexual health.



## 4.3. Practicing safe sex

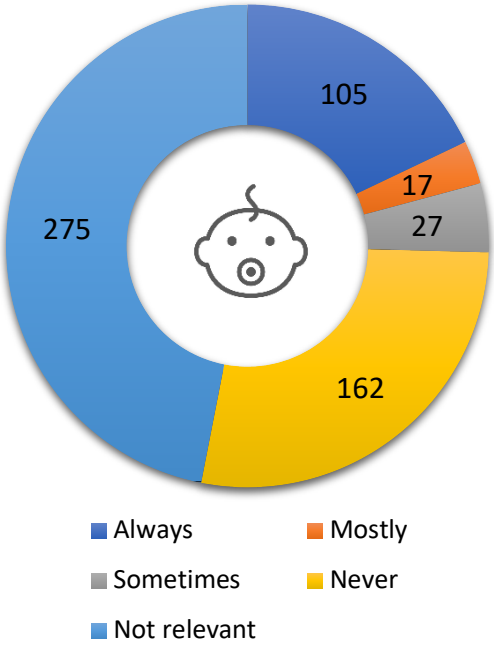
### Last sexual activity



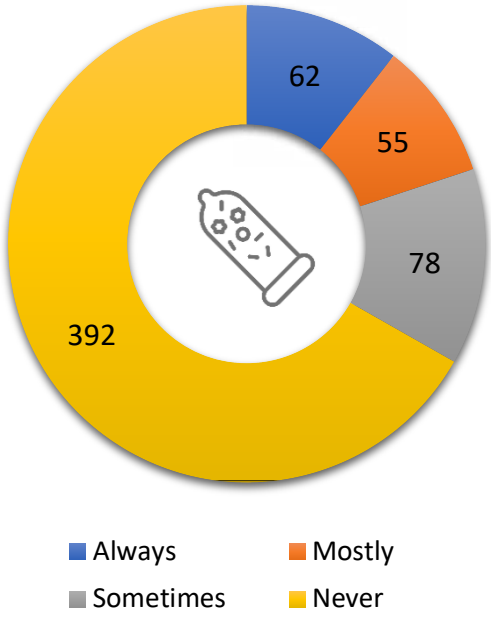

Most respondents were "currently [sexually] active" with their partner(s) (n=353, 60%), or had been sexually active with their partner(s) within the last year (n=139, 24%). On the other hand, 48 (8%) of participants were last sexually active "more than 5 years ago".

## Contraception use…

…to prevent unplanned pregnancy




…to prevent STIs



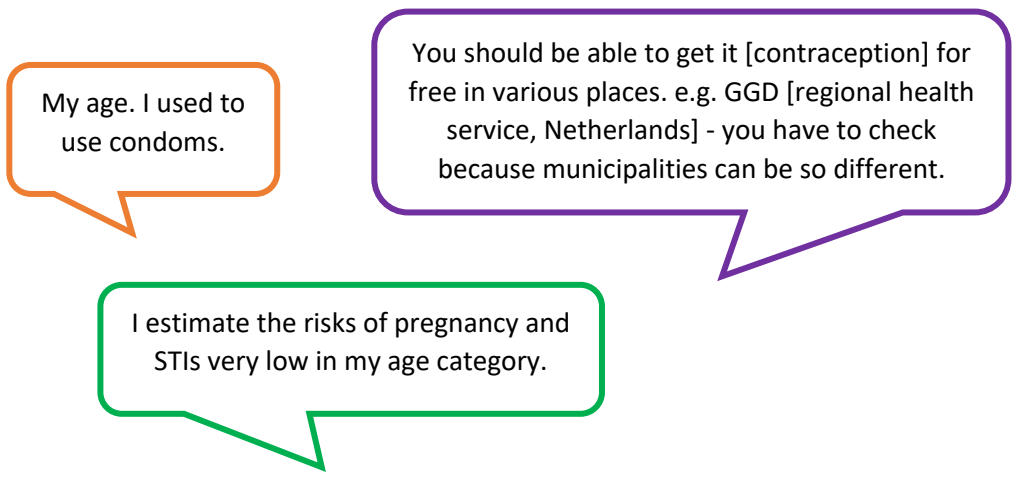

When it comes to using contraception to prevent unplanned pregnancy, most respondents express this as “not relevant” for them (n=275, 47%), or that they “never” use contraception for this reason (n=162, 28%). Meanwhile, using contraception to prevent STIs is not common practice among participants, with 392 (68%) stating they “never” use contraception, and only 62 (11%) respondents saying they “always” use contraception to prevent STIs.

## Reasons contraception was not used

The most cited reason for not using contraception was “I am in a monogamous (exclusive to one) relationship”, followed by “no risk of pregnancy”. The full list of responses is displayed below.

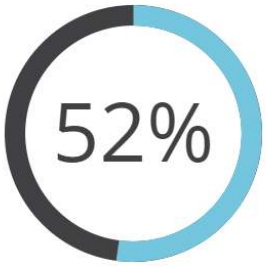
| If you have been sexually active and did not take actions to prevent unplanned pregnancy or STIs, can you tell us why? (select all that apply) | Number of responses (%) |
|---|---|
| I am in a monogamous (exclusive to one) relationship | 328 (34) |
| No risk of pregnancy | 197 (21) |
| I have been sterilised/ had a hysterectomy/ been through the menopause and do not feel there is a risk | 121 (13) |
| I am not at risk of contracting a STI | 91 (10) |
| I don’t like condoms or contraceptives | 90 (9) |
| Other | 60 (6) |
| My partner(s) did not want me to use condoms | 37 (4) |
| I am taking PrEP | 21 (2) |
| Embarrassment about discussing using condoms with partner | 4 (0) |
| Allergies | 3 (0) |
| Condoms and/or contraceptives go against my beliefs | 2 (0) |
| Condoms are too expensive | 2 (0) |
| I don't know where to get condoms or contraceptives | 1 (0) |
| Total responses | 957 (100) |

Of the 60 participants who selected “other” for reasons they did not use contraception, some explain they and their partner(s) had an STI test prior to unprotected sex. Other common answers include carelessness, forgetfulness – particularly during spontaneous sex, accepting a small risk, and/or not believing it is necessary for oral sex. Further comments include: problems “at [their] age” achieving an erection when using condoms, “widower” or being “forced [to have] unprotected sex”. Others put not using contraception directly down to age, or variations in cost across regions:

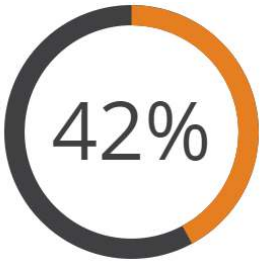


## Testing, diagnosis and treatment for STIs

233 (48%) respondents have been tested for an STI at some point in their lives, compared to 255 (52%) who express they have never been tested. Of the participants that have been tested, 136 (58%) responded that they did not get diagnosed with an STI, compared to 97 people (42%) who have been diagnosed with an STI.




Have never been tested for an STI




Of those tested, have been diagnosed with an STI

The most frequent STI treated by participants that had been tested was chlamydia (n=42, 20% of responses), closely followed by gonorrhoea (n=36, 17% of responses). All but 1 respondent had been treated for an STI after stating they had been diagnosed.

| Have you ever been treated for any of the following STIs? (select all that apply) | Number of responses (%) |
|---|---|
| Chlamydia | 42 (20) |
| Gonorrhoea | 36 (17) |
| Pubic lice | 25 (12) |
| Genital warts | 24 (12) |
| Syphilis | 18 (9) |
| Genital herpes | 14 (7) |
| HIV | 13 (6) |
| Hepatitis B | 8 (4) |
| Hepatitis C | 8 (4) |
| Scabies | 8 (4) |
| Trichomonas vaginalis | 6 (3) |
| Lymphogranuloma venereum | 4 (2) |
| Molluscum contagiosum | 1 (0) |
| I have never been treated for any STI | 1 (0) |
| Mycoplasma genitalium | 0 (0) |
| Total responses | 208 (100) |

## 4.4. Engagement with services

### Awareness of sexual health services and STI testing locations

**42%**

are not aware of where their nearest sexual health service is located*

* Note that this figure only includes data collected from The Netherlands and UK.

While 182 (58%) respondents are aware of where their sexual health service is located in The Netherlands and UK, 132 (42%) of respondents are unaware. GP surgeries were found to be the preference for testing services across the 2Seas Region, followed by sexual health services* and hospitals. Community based settings such as pharmacies and health fairs were less preferable. Those selecting “other” suggested locations including a gynaecologist, Pride Amsterdam, and the “Man to Man” initiative in The Netherlands.

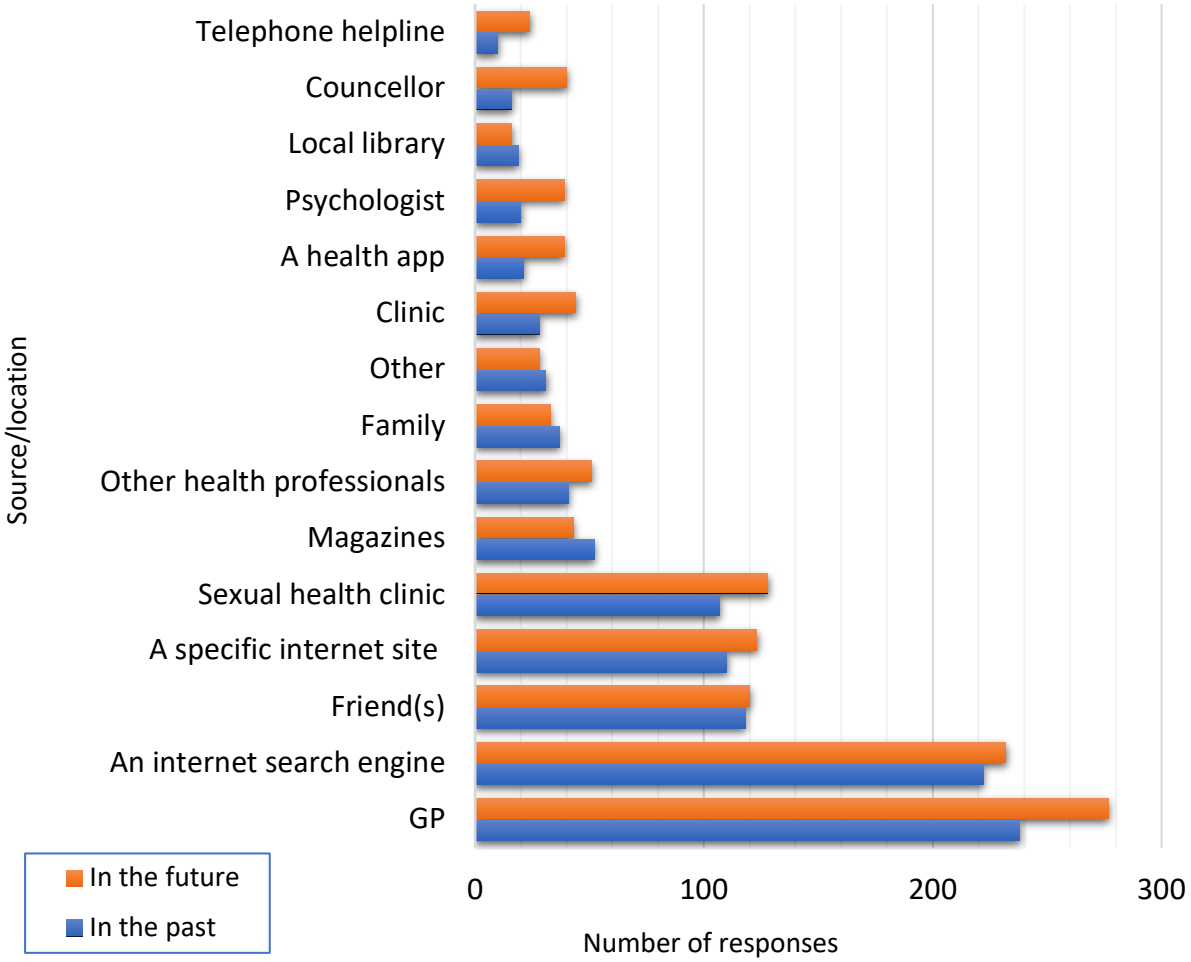
| If you were in need of a STI or HIV test, would you get tested at the following places? | Number of responders selecting "yes" (%) |
|---|---|
| GP surgery | 329 (27) |
| Sexual health clinic* | 299 (25) |
| Hospital | 235 (20) |
| Order home test kit online, results immediately available | 112 (9) |
| Order home test kit online, results provided by text/phone | 111 (9) |
| Institute of Tropical Medicine Antwerp** | 51 (4) |
| Pharmacy | 35 (3) |
| Community setting (e.g. health fair) | 20 (2) |
| Other | 10 (1) |
| Total responses | 1202 (100) |

* this location was only an answer option in The Netherlands and UK surveys.

**this location was only an answer option in Belgium surveys.

## Seeking information and advice about sexual health

In the past, participants were most likely to seek information and advice about sexual health from the GP, an internet search engine, or friend(s). This is similarly reflected in where participants would seek advice and information in the future, with preference for GP and internet search engine. Sexual health clinic and specific internet site become preference over friend(s) for seeking future advice and information.



Specific sources that are mentioned as commonly used by participants are shown in the word cloud below – the size of the source or location corresponds to the number of times it was mentioned by respondents.

## Barriers to seeking assistance for sexual health from a health professional

Participants were asked what they would consider a barrier to them seeking assistance for sexual health from a health professional. The most commonly cited barrier to which participants answered “very true of me” or “somewhat true of me” was “I don’t need to get tested because I’m not at risk”, followed by “I feel ashamed to seek sexual health services”, and “I’m not sure if I need to get tested”.

## 4.5. Communication

### Comfort discussing sex and sexual health with partner(s)

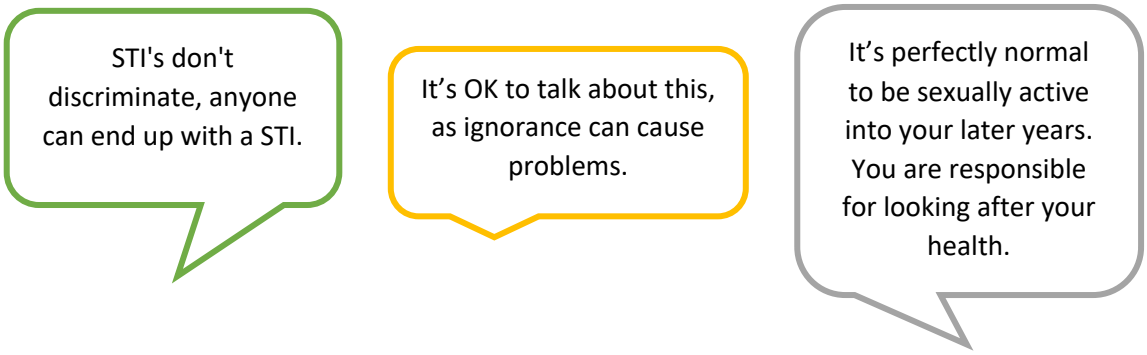
Most participants were comfortable to discuss sex and sexual health with their partner. On a scale of 0-10 (0 being completely uncomfortable, and 10 being completely comfortable), the mean score was 9.

### Messages for encouraging good sexual health

Participants were given a selection of messages (listed in the table below) which could be used to encourage good sexual health (safer sex, and use of contraception for example). They selected those that they believe would be most effective. The most popular message was "STIs can affect you at any age", followed closely by "communication is key and it is best to be upfront with sexual partners".

| What message do you think would work best to encourage good sexual health? (select all that apply) | Number of responses (%) |
|---|---|
| STIs can affect you at any age | 226 (18) |
| Communication is key and it is best to be upfront with sexual partners | 206 (17) |
| It's important to get any STIs treated quickly, regardless of your age | 147 (12) |
| It's not only younger people who need to think about practising safer sex | 137 (11) |
| STIs can be present without symptoms | 121 (10) |
| Even if you are past child-bearing age, safe is important because you can still get STIs | 112 (9) |
| Get checked regularly at free and confidential services, they see people of all ages | 96 (8) |
| If you have other sexual concerns (e.g. erectile dysfunction, vaginal dryness, low libido) you can get support from sexual health services, but you still need to think about safe sex too. | 95 (8) |
| Being prepared e.g. carrying condoms doesn't mean you're promiscuous: it's just being sensible | 59 (5) |
| I feel safer using condoms | 23 (2) |
| Total responses | 1222 (100) |

Respondents were also encouraged to suggest their own messages. Many emphasise the importance of communication with partners and raising the awareness that STIs can be contracted, even at older ages:



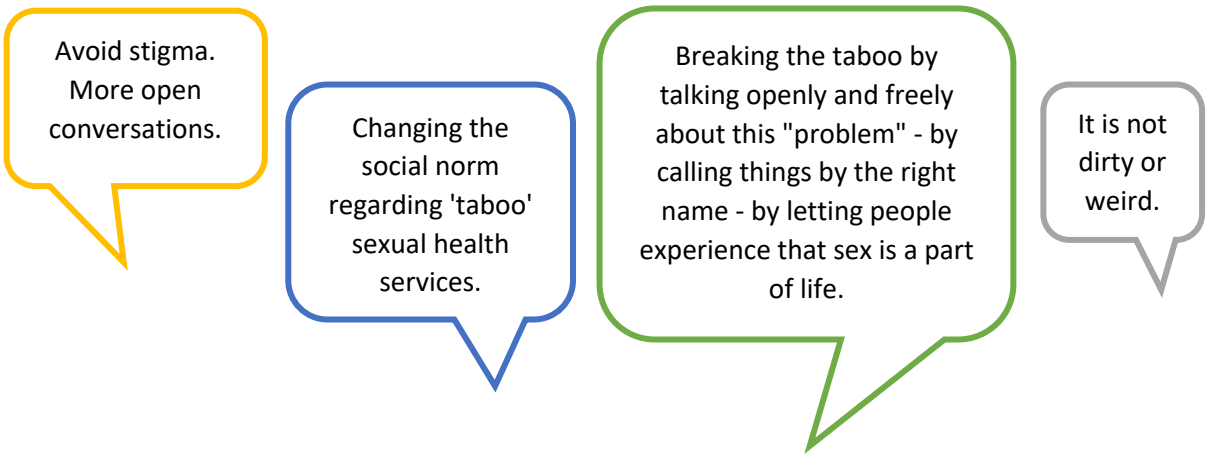

## Methods of communication

When asked to select the communication methods they would find most effective, participants chose "promotional materials in community settings" as preference, followed by "social media advertising" and "public health/sexual health websites".

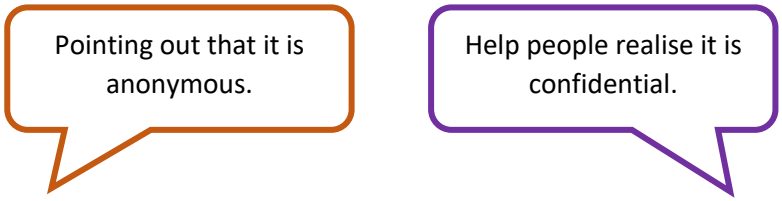
| What do you think are the best ways to communicate about sexual health and local sexual health services? (select all that apply) | Number of responses (%) |
|---|---|
| Promotional materials (e.g. posters/leaflets) in community settings e.g. libraries, GP surgeries, pharmacies, community centres | 228 (19) |
| Social media advertising (e.g. Facebook, twitter, Instagram | 213 (17) |
| Public health/sexual health websites | 210 (17) |
| Health professional e.g. GP raising the subject during an unrelated appointment | 173 (14) |
| Radio &/ Television – factual information e.g. news and documentaries | 170 (14) |
| Radio &/ Television – storylines in regular programmes (e.g. serial dramas, comedies) | 88 (7) |
| Printed media e.g. newspapers and magazines | 61 (5) |
| Online advertising on websites other than social media platforms | 46 (4) |
| Email | 23 (2) |
| Post | 16 (1) |
| Total responses | 1228 (100) |

## What else could be done to encourage more people to access local sexual health services?

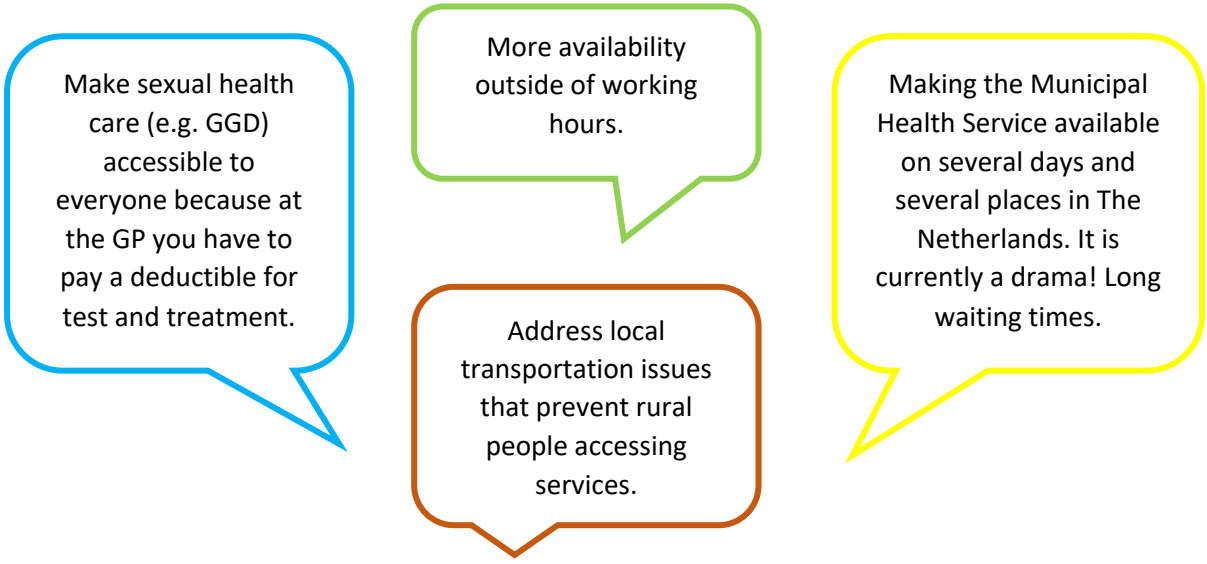
The survey concluded with an open question to ask what else could be done to encourage more people over the age of 45 within the 2Seas region to access local sexual health services. There were 159 responses, some examples are shared below. Many responses express the importance of addressing the stigmatisation and taboo nature of sexual health:




Others suggest reassurance of confidentiality and anonymity may encourage people to access sexual health services:



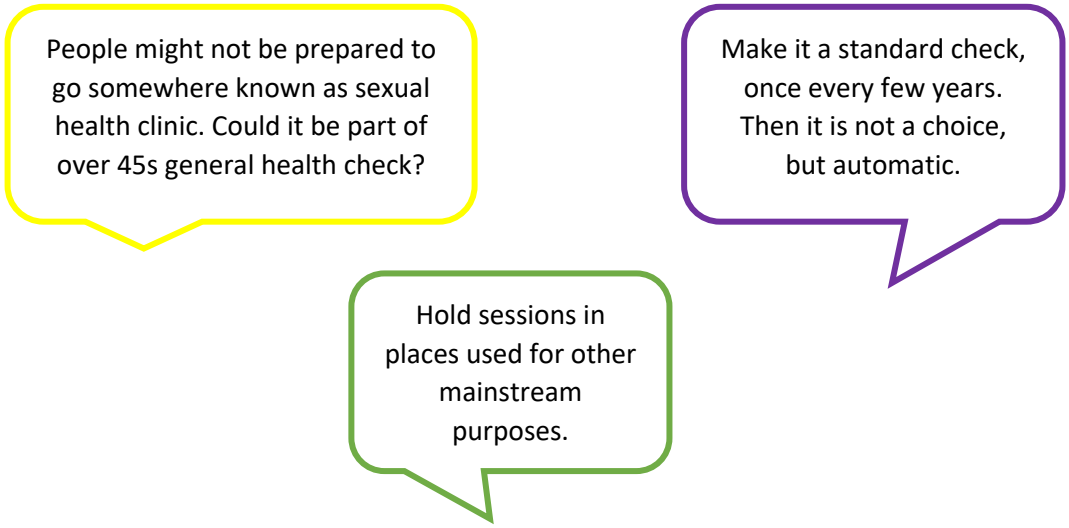

Physical accessibility, availability and cost are also acknowledged as a concern:



Alongside many comments encouraging better publicity and advertisement of services in general, promoting and providing age- and gender-appropriate services are considered essential for some participants. They explain that they may feel uncomfortable attending services targeting young people, or that their needs may not be met:


Interaction with staff during previous visits to healthcare services appears off-putting for some participants, while others suggest healthcare professionals may require further training to provide effective information and assistance for sexual health concerns:


Another element of sexual health service provision frequently discussed was providing care alongside other services, for ease and to enable sexual health to be normalised:



# 5. Summary

The overall summary is organised under four key SHIFT project targets: Awareness, Access, Knowledge, and Stigma.

**Awareness:** The communication methods that would likely be most effective for increasing awareness and knowledge were reported as “promotional materials in community settings” along with “social media advertising” and “public health/sexual health websites”. A rather high percentage (42%; n=132) of respondents are unaware of where their sexual health service is located in The Netherlands and UK. Furthermore, a significant number of participants express they have “low risk” of contracting STIs, are “well-informed” about sexual health or are “unsure if they need to get tested”. This perhaps points to a need to raise awareness of the risks that exist for over 45s, why testing may be necessary, and to further engage this population in how to access and utilise sexual health services in order to meet their needs.

**Access:** Cost appeared an issue in some 2Seas areas where participants referred to the barrier of payments for sexual health services. It must be noted that this is not a common theme across countries. A prominent barrier to accessing services appears to be the limited availability of appointments outside of usual business hours, which could hinder working adults’ ability to seek assistance.

**Knowledge**: Respondents pointed to perceived lack of specific and in-depth knowledge regarding sexual health amongst health professionals (e.g., doctors and nurses). This suggests an urgent need for a tailored training programme to increase sexual health knowledge and understanding of the concerns and issues in health professionals and the wider community workforce for those who work with or engage the over-45s. Just over half of participants have never been tested for an STI which could reflect good sexual health but, on the other hand, could feasibly reflect a lack ok knowledge of STIs and the need for tests and sexual health check-ups.

**Stigma:** Negative attitudes and stigma around Sexual Health remains a key issue for over-45s in the 2Seas region. This is particularly apparent in the qualitative comments provided by respondents such as recognition of the need to have more open conversations around sexual health and for it not to be deemed a ‘dirty’ term. Indeed, one participant highlighted that calling a service a Sexual Health Service, might act as a barrier as it could discourage people from attending, with the suggestion that it be included as part of an overall health check-up for over-45s. It seems imperative that the SHIFT model includes stigma reduction strategies and techniques with respect to increasing acceptance of sexual health wellbeing and willingness to access services as being as ‘normal’ as acceptance of importance of general physical health wellbeing and use of general health services.