City Research Online

City, University of London Institutional Repository

Citation: McKeown, E., Doerner, R., Nelson, S., Anderson, J., Low, N. & Elford, J. (2012). The experiences of ethnic minority MSM with NHS sexual health services in Britain. Sexually Transmitted Infections, 88(8), pp. 595-600. doi: 10.1136/sextrans-2011-050436

This is the unspecified version of the paper.

This version of the publication may differ from the final published version.

Permanent repository link: https://openaccess.city.ac.uk/id/eprint/3364/

Link to published version: https://doi.org/10.1136/sextrans-2011-050436

Copyright: City Research Online aims to make research outputs of City, University of London available to a wider audience. Copyright and Moral Rights remain with the author(s) and/or copyright holders. URLs from City Research Online may be freely distributed and linked to.

Reuse: Copies of full items can be used for personal research or study, educational, or not-for-profit purposes without prior permission or charge. Provided that the authors, title and full bibliographic details are credited, a hyperlink and/or URL is given for the original metadata page and the content is not changed in any way.

City Research Online: http://openaccess.city.ac.uk/ publications@city.ac.uk

The experiences of ethnic minority MSM using NHS sexual health clinics in Britain

Eamonn McKeown, Rita Doerner, Simon Nelson*, Nicola Low**, Angela Robinson***, Jane Anderson****, Jonathan Elford

City University London, UK, *Terrence Higgins Trust Bristol, UK, **University of Bern, Switzerland, ***Mortimer Market Centre, University College London, ****Homerton University Hospital NHS Foundation Trust London, UK

Correspondence to:

Professor Jonathan Elford

City University London

20 Bartholomew Close

London EC1A 7QN

Tel: 020 7040 5702

Fax: 020 7040 5717

Email: j.elford@city.ac.uk

DRAFT

Word count (excluding Abstract and tables): 2701

Running heading: The experiences of ethnic minority MSM using NHS sexual health clinics in Britain

Key words: men who have sex with men, ethnic minority, NHS, sexual health clinics, Britain

DRAFT

The experiences of ethnic minority MSM using NHS sexual health clinics in Britain

Abstract

Objective: To compare the experiences of ethnic minority and white British men who have sex with men (MSM) who attend National Health Service (NHS) sexual health clinics in Britain

Methods: In 2007-2008 a national sample of MSM living in Britain was recruited through websites, in sexual health clinics, bars, clubs and other venues. Men completed an online survey which included questions about their experience of attending an NHS sexual health clinic.

Results: Analysis is restricted to 363 ethnic minority MSM and 4776 white British MSM who had attended an NHS sexual health clinic in the 12 months before the survey. Compared with white British men, men from an Indian, Pakistani or Bangladeshi background were more likely to be very anxious about attending the clinic (adjusted odds ratio (aOR) 2.58, 95% confidence interval (CI) 1.63, 4.07), express concerns about being overheard at reception (aOR 1.68, 95% CI 1.10, 2.58), be uncomfortable in the waiting area (aOR 2.04, 95% CI 1.32, 3.15), or be afraid that people in their community would find out that they have sex with men (aOR 7.70, 95% CI 4.49,13.22). The adjusted odds ratios for being afraid that people in their community would find out that they have sex with men were also elevated for black Caribbean, black African, Chinese and other Asian men.

DRAFT

Conclusion: Sexual health clinics should be aware that some ethnic minority MSM, particularly those from an Indian, Pakistani or Bangladeshi background, have heightened concerns about clinic attendance and confidentiality compared with white British MSM.

Abstract word count 250 (maximum limit 250)

DRAFT

The experiences of ethnic minority MSM using NHS sexual health clinics in Britain

Introduction

Men who have sex with men (MSM) remain the group most at risk of acquiring HIV in Britain. In 2010, sex between men accounted for nearly forty percent of new HIV diagnoses in this country. MSM in Britain are also more likely to be diagnosed with a sexually transmitted infection (STI) such as gonorrhoea or syphilis than other men.[1]

Approximately five percent of MSM aged 15-44 years in Britain are HIV positive.[2] HIV prevalence is higher among MSM living in London than elsewhere in the country and prevalence also varies between ethnic groups.[3] While there has been some research examining the prevalence of HIV and other STIs among ***ethnic minority*** MSM in Britain,[4-6] little is known about the delivery of sexual health services for this population, or indeed for MSM in general.

A number of studies have examined patients' experience of using sexual health services in Britain[7-9] but none of these have described the experiences of MSM, and ethnic minority MSM in particular. Furthermore, the handful of studies which have focused on ethnic minority engagement with sexual health services in Britain[10, 11] did not include MSM from an ethnic minority background as a population of interest.

DRAFT

The aim of this paper is, therefore, is to examine the experiences of ethnic minority men who have sex with men (MSM) who attend National Health Service (NHS) sexual health clinics in Britain and to compare their experiences with those of white British MSM. The findings from this research may inform new ways of working with ethnic minority MSM in an NHS clinic setting.

Methods

Recruitment

For this study (the MESH project), we recruited a national sample of ethnic minority MSM both "online" (through the Internet) and "offline" (e.g. through sexual health clinics or gay venues) between August 2007 and April 2008. We also recruited, primarily through the Internet, a comparison group of UK-born white British MSM. All men were asked to complete an anonymous, confidential questionnaire online which took 20-30 minutes to complete. The methods have been described in detail elsewhere.[12] Ethical approval for the study was granted by South West MREC (06/MRE06/71).

DRAFT

Men were eligible for the study if they (1) reported ever having sex with men, (2) lived in Britain, and (3) were over 18 years of age. All men recruited offline (i.e. through clinics or gay venues) were asked to complete a questionnaire online.

Questionnaire

Men were asked about their socio-demographic characteristics (age, ethnicity, country of birth, place of residence, employment, education) and whether they had attended an NHS sexual health clinic in the 12 months before the survey. Those who indicated that they had attended a clinic were asked to answer questions about their experience of using the clinic they had attended most recently.

Ethnicity

Our question on ethnicity was based on the 2001 census for England and Wales.[13] Respondents were asked "What is your ethnic group?" They could tick one of the following: white British, white Irish, white other, black Caribbean, black African, black other, black Caribbean and white, black African and white, Indian, Pakistani, Bangladeshi, Indian, Pakistani, Bangladeshi (IPB) and white, Chinese, other Asian, Arab, other ethnic group.

Statistical analysis

Data were analysed using STATA 11IC (Version 11.2 Stata for Windows Corporation, Texas USA). Respondents who described themselves as Chinese or other Asian were combined for the analysis, as were men who described themselves as black Caribbean and white or black African and white (referred to in the analysis as "black and white"). We included respondents who described themselves as white British but excluded those who described themselves as white Irish or white Other to maintain comparability with our earlier analysis of ethnic differences in self-reported HIV prevalence[5, 6]. Respondents who

DRAFT

described themselves as black other, Arab or other ethnic group were not included because of small numbers.

Ethnic groups included in the analysis were: (i) black Caribbean, (ii) black African,(iii)) black and white, (iv) Indian, Pakistani or Bangladeshi (IPB), (v) IPB and white, (vi) Chinese and other Asian and (vii) white British. Differences in the background characteristics of the respondents who belonged to these seven ethnic groups were compared using Mann-Whitney and Pearson chi square tests (χ^2) (Table 1).

We then examined differences between ethnic groups in their responses (e.g. uptake of HIV testing, Hepatitis B vaccination, STI diagnosis, anxiety about attending the clinic, feeling comfortable in the waiting room) also using chi square tests (Tables 2 and 3). Where we detected differences between ethnic groups in univariable analysis ($p<0.05$), these were further examined in multivariable analysis. We used binary logistic regression models to test if differences persisted between ethnic groups after adjusting for confounding variables using white British men as the reference group (Table 4).

DRAFT

Results

Sample

12804 MSM provided information about their ethnicity, HIV status and whether or not they had attended a sexual health clinic in the previous 12

months (ethnic minority MSM, n=860; white British MSM, n=11944). The majority of the respondents were recruited online through advertisements on websites (ethnic minority MSM n = 675, White British MSM n = 11,416). A further 44 ethnic minority MSM and 18 White British MSM were recruited through sexual health clinics in 14 British cities and towns. The cities and towns were selected because they a high proportion of ethnic minority respondents according to the 2001 Census (see Elford et al, 2010). Of the12804 men, 5139 (40.1%) said they had attended an NHS sexual health clinic during that time (ethnic minority MSM, n=363; white British MSM, n=4776). The percentage of MSM attending an NHS sexual health clinic in the previous 12 months varied between ethnic groups (34%-64%, p<0.01) (table 1). Of the men who had attended an NHS sexual health clinic in the 12 months before the survey, relatively few said they had attended a dedicated service for MSM (range 14%-22%, p=0.120).

As has been reported elsewhere[6] there were differences between ethnic groups in terms of age, place of birth, residence, education employment, sexual identity (all p<0.001) and sexual partners (p=0.05) (table 1). With the exception of Chinese and other Asian MSM, the majority of ethnic minority respondents (67 – 77%) were born in Britain. Compared with white British MSM, ethnic minority MSM were in general younger, more likely to live in London, more likely to be students and more likely to identify as bisexual. MSM from a black African, black and white or IPB and white background were more likely to have had sex with a woman than white British MSM. There were no observable differences, however, between IPB, Chinese, other Asian and White British on this variable.

Table 1.

Table 1. Sample characteristics

	Black Caribbean		Black African		Black & white		IPB		IPB & white		Chinese & other Asian		White British		
	n	(%)	n	(%)	n	(%)	n	(%)	n	(%)	n	(%)	n	(%)	p-value
Overall sample	100		76		119		244		59		262		11944		
Attended an NHS sexual health clinic in the last 12 months	64	(64%)	38	(50%)	52	(44%)	92	(38%)	28	(48%)	89	(34%)	4776	(40%)	<0.01
	64	(100%)	38	(100%)	52	(100%)	92	(100%)	28	(100%)	89	(100%)	4776	(100%)	
Attended a dedicated clinic for MSM	14	(22%)	8	(21%)	6	(12%)	22	(24%)	4	(14%)	17	(19%)	719	(15%)	0.120
Median age [range]	35	[18 - 51]	30	[18 - 50]	28	[18 - 62]	30	[18 - 55]	33	[18 - 61]	28	[20 - 55]	36	[18 - 79]	<0.001
Born in the UK	48	(75%)	27	(71%)	40	(77%)	62	(67%)	20	(71%)	17	(19%)	4776	(100%)	<0.001
Living in London	40	(63%)	25	(66%)	22	(42%)	55	(60%)	8	(29%)	56	(63%)	1202	(25%)	<0.001
Higher education	41	(65%)	34	(90%)	40	(77%)	87	(95%)	22	(79%)	86	(97%)	3474	(73%)	<0.001
Occupational Status															
Employed	47	(73%)	31	(84%)	37	(73%)	68	(74%)	22	(79%)	61	(69%)	3787	(80%)	<0.001
Student	9	(14%)	5	(14%)	10	(20%)	10	(21%)	2	(7%)	24	(27%)	374	(8%)	
Sexual identity															
Gay	54	(84%)	25	(66%)	47	(90%)	75	(84%)	24	(86%)	80	(90%)	4379	(93%)	<0.001
Bisexual	10	(16%)	13	(34%)	5	(10%)	14	(16%)	4	(14%)	9	(10%)	347	(7%)	
Sexual partners in last 12 months															
Men only	61	(95%)	29	(78%)	43	(84%)	84	(91%)	23	(82%)	85	(97%)	4426	(94%)	0.004
Men and women	3	(5%)	8	(22%)	8	(16%)	8	(9%)	5	(18%)	3	(3%)	299	(6%)	
Women only	0	(0%)	0	(0%)	0	(0%)	0	(0%)	0	(0%)	0	(0%)	3	(<1%)	

Denominators vary due to missing values. IPB - Indian, Pakistani, Bangladeshi.
Mann-Whitney U tests were used for comparing median ages and Chi-square tests were used for comparing percentages.

DRAFT

HIV testing, hepatitis B vaccination, STI diagnosis

Regardless of ethnic background, the majority of MSM (71%-87%, p=0.200) said they were offered an HIV test when they last visited an NHS sexual health clinic and most of these men (85%-95%, p=0.440) had accepted the offer (table 2). The majority of men also said the clinic had asked them if they were vaccinated against hepatitis B (77%-85%, p=0.900). About half the men said they had discussed HIV or STI prevention with a nurse, doctor or health advisor during their clinic visit (50%-61%, p=0.750). Approximately a quarter of the men said they were diagnosed with a sexually transmitted infection (STI) the last time they went to an NHS sexual health clinic (18%-31%, p=0.680). The numbers were too small to analyse individual STIs by ethnic group. In all ethnic groups the vast majority of men (92%-100%, p=0.723) said that the person they saw in the clinic (i.e. the doctor, nurse or health advisor) explained things in a way that they could understand.

There was little evidence of differences between ethnic groups on any of the above variables (table 2). However, compared with white British men (8%), MSM in all ethnic minority groups were more likely to say that the person they saw in the clinic assumed that they had sex with women (12%-18%) (p<0.001).

Table 2

DRAFT

Table 2. HIV testing, hepatitis B vaccination, STI diagnosis

	Black Caribbean		Black African		Black & white		IPB		IPB & white		Chinese & other Asian		White British		p- value
	n	(%)	n	(%)	n	(%)	n	(%)	n	(%)	n	(%)	n	(%)	
Attended an NHS sexual health clinic in the last 12 mo.	64	(100%)	38	(100%)	52	(100%)	92	(100%)	28	(100%)	89	(100%)	4776	(100%)	
Where you offered an HIV test at your last clinic visit? ***Yes***	47	(76%)	27	(79%)	35	(71%)	78	(85%)	22	(79%)	76	(87%)	3675	(79%)	0.200
Did you accept the offer of having an HIV test? ***Yes***	40	(85%)	23	(85%)	33	(94%)	67	(86%)	19	(86%)	72	(95%)	3201	(87%)	0.440
Were you asked if you were vaccinated against Hep B ***Yes***	51	(82%)	26	(77%)	39	(80%)	78	(85%)	21	(75%)	70	(81%)	3683	(79%)	0.900
Did you discuss prevention of HIV or STIs with someone in the clinic? ***Yes***	32	(50%)	21	(55%)	29	(56%)	56	(61%)	15	(54%)	52	(58%)	2543	(53%)	0.750
STI diagnosis at last clinic visit? ***Yes***	19	(31%)	10	(29%)	9	(18%)	19	(21%)	7	(25%)	18	(21%)	1079	(23%)	0.680
Did the person in the clinic explain things in a way you could understand? ***Yes***	59	(95%)	33	(97%)	45	(92%)	88	(96%)	28	(100%)	83	(95%)	4447	(96%)	0.723
Did the person you saw in the clinic assume that you have sex with women? ***Yes***	11	(18%)	6	(18%)	8	(16%)	15	(16%)	5	(18%)	10	(12%)	382	(8%)	<0.001

Denominators vary due to missing values. IPB - Indian, Pakistani, Bangladeshi
Chi-square tests were used for comparing percentages.

DRAFT

Experience of attending an NHS sexual health clinic

Approximately two out of five respondents were able to get an appointment in less than 48 hours, a similar number waited 3 to 7 days for an appointment and one in five had to wait more than 7 days. This did not vary by ethnicity (p = 0.801) (table 3).

About half the men said they were a "little anxious" attending the sexual health clinic. However, the percentage of respondents who said they were "very anxious" attending the clinic varied between ethnic groups. Men from an Indian, Pakistani or Bangladeshi (IPB) or an IPB and white background were more likely to say they were "very anxious" attending the clinic (33%, 32%) than men in other groups (17%-24%) (p=0.002) (table 3). Men from an IPB background were also the most likely to say they were concerned that other patients could hear them when they were talking to the receptionist (p=0.061). They were also more likely than men in other groups to say that they were uncomfortable sitting in the waiting room with other patients (p=0.050). Men from an IPB background were also the most likely to say they were worried that people in their community would find out that they had sex with men if they disclosed this information in the clinic (28%). This percentage was also elevated for black Caribbean, black African, Chinese and other Asian men (18%-21%) (p<0.001). In marked contrast, very few white British men (7%) or men from a mixed background (i.e. black and white [4%], IPB and white [7%]) were worried about this.

The overall level of satisfaction with the sexual health clinic was high, with 95%-100% of respondents being 'very satisfied' or 'satisfied', regardless of ethnic group (p=0.639). Regardless of ethnicity, most respondents (76%-86%) said they would recommend the clinic to other MSM (p=0.120).

DRAFT

Table 3. Experience of attending the sexual health clinic

	Black Caribbean		Black African		Black & white		IPB		IPB & white		Chinese & other Asian		White British		
	n	(%)	n	(%)	n	(%)	n	(%)	n	(%)	n	(%)	n	(%)	p value
Attended an NHS sexual health clinic in the last 12 months	64	(100%)	38	(100%)	52	(100%)	92	(100%)	28	(100%)	89	(100%)	4776	(100%)	
*Waiting time for appointment															
< 48 hours	18	(38%)	8	(27%)	13	(31%)	22	(31%)	12	(48%)	22	(31%)	1498	(37%)	
3 to 7 days	21	(45%)	13	(43%)	19	(45%)	30	(43%)	10	(40%)	34	(47%)	1671	(42%)	
More than 7 days	8	(17%)	9	(30%)	10	(24%)	18	(26%)	3	(12%)	16	(22%)	845	(21%)	0.801
*Were you anxious attending the clinic?															
Very anxious	12	(19%)	9	(24%)	8	(15%)	31	(33%)	9	(32%)	17	(19%)	799	(17%)	
A little anxious	32	(52%)	18	(47%)	25	(48%)	40	(44%)	9	(32%)	44	(50%)	2139	(45%)	
Not at all anxious	18	(29%)	11	(29%)	19	(37%)	21	(23%)	10	(36%)	27	(31%)	1832	(38%)	0.002
Were you concerned that other patients could hear you when you were talking to the receptionist? ***Yes***	24	(38%)	15	(40%)	21	(40%)	44	(48%)	12	(43%)	32	(36%)	1584	(33%)	0.061
Did you feel comfortable sitting in the waiting room with other patients? ***No***	21	(33%)	13	(34%)	15	(29%)	39	(43%)	7	(25%)	34	(38%)	1393	(29%)	0.050
Were you worried that if you said that you have sex with men people in your community would find out? ***Yes***	13	(21%)	6	(18%)	2	(4%)	26	(28%)	2	(7%)	18	(21%)	245	(5%)	<0.001
Overall level of satisfaction with clinic															
Very satisfied/ satisfied	60	(97%)	34	(100%)	47	(96%)	88	(96%)	26	(93%)	85	(98%)	4396	(95%)	
Dissatisfied /very dissatisfied	2	(3%)	0	(0%)	2	(4%)	4	(4%)	2	(7%)	2	(2%)	242	(5%)	0.639
Would you recommend the clinic to other MSM? ***Yes***	50	(78%)	30	(79%)	46	(86%)	70	(76%)	24	(86%)	72	(81%)	4056	(85%)	0.120

DRAFT

Denominators vary due to missing values.   IPB - Indian, Pakistani, Bangladeshi
Chi-square tests were used for comparing percentages.
*Three categories were compared for the analysis

DRAFT

Multivariable analysis

Compared with white British MSM, in multivariable analysis MSM from an IPB background were more likely to be very anxious about attending the clinic, to express concern about being overheard at reception, to be uncomfortable in the waiting area and to be afraid that people in their community would find out that they have sex with men (table 4).

The adjusted odds ratios for being worried that people in their community would find out that they have sex with men were also elevated for black Caribbean, black African (borderline), Chinese and other Asian men. The odds ratios for this variable were not elevated for men from a mixed background (black and white, IPB and white) (table 4). It was notable that for men from a black and white background, the odds ratios were not significantly elevated for any of the four variables above.

In multivariable analysis, compared with white British MSM, men in all ethnic minority groups were more likely to say that the person they saw in the clinic assumed that they had sex with women. The adjusted odds ratios were greater than 2.0 for all groups except Chinese and other Asian MSM (table 4).

Table 4

DRAFT

Table 4. Experience of attending the sexual health clinic: multivariable analysis

	Black Caribbean		Black African		Black & white		IPB		IPB & white		Chinese & other Asian	
	aOR	(95% CI)	aOR	(95% CI)	aOR	(95% CI)	aOR	(95% CI)	aOR	(95% CI)	aOR	(95% CI)
Very anxious about attending the clinic [1]	1.36	(0.70, 2.62)	1.16	(0.47, 2.88)	0.73	(0.32, 1.66)	**2.58**	**(1.63, 4.07)**	**2.29**	**(1.00, 5.23)**	1.20	(0.69, 2.08)
Concerned about being overheard in the reception area [2]	1.22	(0.72, 2.23)	1.10	(0.54, 2.23)	1.04	(0.58, 1.88)	**1.68**	**(1.10, 2.58)**	1.42	(0.66, 3.04)	1.06	(0.68, 1.66)
Uncomfortable in waiting room [3]	1.29	(0.76, 2.20)	1.26	(0.63, 2.50)	1.01	(0.55, 1.85)	**2.04**	**(1.32, 3.15)**	0.79	(0.33, 1.88)	**1.63**	**(1.05, 2.54)**
Worried that people in their community will find out they have sex with men [4]	**5.31**	**(2.65, 10.65)**	2.58	(0.95, 7.02)	0.75	(0.17, 3.29)	**7.70**	**(4.49, 13.22)**	1.06	(0.23, 4.95)	**6.04**	**(3.37, 10.84)**
Assumed to have sex with women [5]	**2.68**	**(1.33, 5.42)**	2.09	(0.80, 5.41)	**2.33**	**(1.06, 5.10)**	**2.32**	**(1.28, 4.21)**	2.24	(0.81, 6.17)	1.61	(0.80, 2.31)

aOR adjusted Odds Ratio. CI confidence interval. Reference group, white British MSM, aOR = 1.00. IPB - Indian, Pakistani, Bangladeshi

[1] Very anxious about attending the clinic; odds ratio adjusted for age, having an STI diagnosis, place of residence and HIV status

[2] Concerned about being overheard in the reception area: odds ratio adjusted for age, sexual identity, STI diagnosis & attending a dedicated MSM service

[3] Uncomfortable in the waiting room: odds ratio adjusted for sexual identity, attending a dedicated MSM service, place of residence

[4] Worried that people in the community will find out they have sex with men : odds ratio adjusted for sexual identity, attending a dedicated MSM service, place of residence

[5] Assumed to have sex with women: odds ratio adjusted for sexual identity, attending a dedicated MSM service, place of residence and HIV status

DRAFT

Discussion

Our study shows that, among men who have sex with men (MSM) in Britain, overall satisfaction with NHS sexual health clinics is very high regardless of ethnicity. Nonetheless some men expressed anxieties and concerns about privacy and confidentiality in the clinic. These concerns were reported by men in all ethnic groups. However, compared with white British MSM, men from an Indian, Pakistani or Bangladeshi background were more likely to be very anxious attending the clinic, be concerned about being overheard in the reception area and to feel uncomfortable in the waiting room. They were also more likely to be worried that as a consequence of telling someone in the clinic that they have sex with men people in their community would find out. Black Caribbean, black African, Chinese and other Asian MSM also expressed similar fears about people in their community finding out that they have sex with men.

As we have reported elsewhere,[14] MSM from IPB and black African or Caribbean backgrounds living in Britain face an array of culture-specific and community-bound challenges not shared by white British MSM. It seems likely that these challenges underpin the problematic experiences reported by some ethnic minority MSM when attending a sexual health clinic. Homosexuality remains stigmatised in many ethnic minority communities in Britain.[14] Undoubtedly this will account for the heightened sensitivities about confidentiality expressed by ethnic minority MSM in our study.

It was striking that MSM from ***mixed ethnic backgrounds*** (that is, from IPB and white or from black and white backgrounds) were rather like white British MSM in many of

DRAFT

their responses. In general, they did not display the same level of concern, discomfort and anxiety about attending the clinic as men from a single ethnic background.

Studies among the general population in Britain have also shown that overall satisfaction with sexual health services is high although people did express some concerns about confidentiality and privacy.[9, 15] A recent systematic review of sexual health services[16] also identified the reception area and waiting rooms of sexual health clinics as areas of potential concern for clinic attendees.

While no other British study appears to have examined the experiences of ethnic minority MSM attending sexual health clinics, several studies have investigated the experiences of the wider ethnic minority population. These studies highlighted different patterns in accessing sexual health care according to ethnicity. For example, Tariq et al[17] have shown that referral routes to sexual health services are often different for people from South Asian backgrounds than for those from other ethnic backgrounds. Dhar et al[10] also note that sexual health care pathways for South Asian women need to be improved in light of their reluctance to access sexual health services compared to other groups.   These studies resonate with the elevated concerns reported here by MSM from an Indian, Pakistani or Bangladeshi background.

In our study black African, black and white and IPB and white MSM were more likely to have had sex with women in the previous 12 months than white British MSM. However, there were no observable differences between black Caribbean, IPB, Chinese, other Asian and white British MSM in the percentage who said they

DRAFT

had had sex with a woman. Nonetheless, men in most ethnic minority groups were more likely than white British men to say that the person they saw in the clinic assumed that they had sex with women. While we must bear in mind that responses to this question are likely to be entirely subjective on the part of participants, this finding does raise the possibility that some ethnic minority MSM are being stereotyped by clinic staff, regardless of their actual sexual behaviour.

Although ours is the first national study among ethnic minority MSM to examine their experience of using NHS sexual health clinics, it is important to acknowledge some of its limitations. Common to much research on MSM, the study relied on convenience sampling and therefore we cannot claim to have recruited a representative sample of ethnic minority or white British MSM.[18-22] Of the 860 ethnic minority MSM who provided information on whether or not they had attended a sexual health clinic in the previous 12 months, only 363 had done so and were therefore eligible to be included in the analysis. The questionnaire for the study was only in English which would have precluded some ethnic minority MSM with limited knowledge of the language from participating. Another potential limitation is that the participants in all ethnic groups were highly educated. MSM from less educated backgrounds may have had experiences at sexual health clinics not captured by this research. Also, utilising broad categories such as "Black African" may conceal an array of diverse experiences within each ethnic group. Unfortunately a validated tool for measuring patient satisfaction with sexual health services was not available when we conducted the survey although one has been published subsequently.[23, 24]

In conclusion, overall satisfaction with NHS sexual health services is high among MSM in Britain. Nonetheless, some men expressed anxieties and concerns about their clinic

DRAFT

visit regardless of their ethnic background. These concerns were elevated for some ethnic minority MSM, particularly those from an Indian, Pakistani or Bangladeshi background, In particular, they were concerned about the confidentiality of the clinic consultation and the possibility that this could lead to people in their community finding out that they have sex with men.

Practitioners need to be aware that some ethnic minority MSM have heightened sensitivities around their clinic attendance. Training staff in the reception area to present themselves as reassuring and discreet may go some way to reducing the anxieties that these men experience. An emphasis on the confidential nature of the clinic consultation may also provide the reassurance required by some ethnic minority MSM particularly those from an Indian, Pakistani or Bangladeshi background.

DRAFT

Acknowledgements

The authors would like to thank all the men who completed the online questionnaire; the community representatives and advisory group; the participating sexual health clinics and HIV prevention projects; and Gaydar for technical support and for promoting the survey.

Competing interests

The authors declare that they have no competing interests.

Contributorship statement

JE, SN, NL, AR and JA conceived the study; JE is the guarantor; JE, EM, SN, NL, AR and JA participated in its design; JE was responsible for overall project management; EM was responsible for both the quantitative and qualitative arms of the study; RD was responsible for quantitative data analysis; EM drafted the manuscript with input from JE. All authors read, revised and approved the final manuscript.

Key messages

- The vast majority of MSM from all ethnic backgrounds were satisfied with the service they received at the NHS sexual health clinic.

- Compared with white British MSM, ethnic minority MSM were more likely to be concerned about the confidentiality of the clinic consultation and were afraid that people in their community might find out that they have sex with men

DRAFT

- Compared with white British and other ethnic minority MSM, men from an Indian, Pakistani or Bangladeshi background had heightened anxieties and concerns about their clinic visit**.**

DRAFT

References

1. Health Protection Agency. *Testing Times: HIV and other Sexually Transmitted Infections in the United Kingdom*. London: Health Protection Agency (HPA), 2007.
2. Health Protection Agency *United Kingdom HIV New Diagnoses to End of December 2008.* London: Health Protection Agency (HPA), 2009.
3. Health Protection Agency *United Kingdom new HIV diagnoses to end of June 2010.* London: Health Protection Agency (HPA), 2010.
4. Hickson F, Reid D, Weatherburn P, *et al*. HIV, sexual risk, and ethnicity among men in England who have sex with men. *Sex Transm Infect* 2004;**80**:443-450.
5. Elford J, Doerner R, McKeown E, *et al*. Explaining differences in HIV prevalence among ethnic minority and migrant MSM in Britain. XVII International AIDS Conference. Vienna Austria, 18 - 23 July 2010.
6. Elford J, Doerner R, McKeown E, *et al*. HIV infection among ethnic minority and migrant MSM in Britain. (currently under review)
7. Ingram J, Salmon D. “No worries!”: Young people’s experiences of nurse-led drop-in sexual health services in South West England. *J Res Nursing* 2007; **8**:139-47.
8. Perry C, Thurston M. Meeting the sexual health needs of young people: A model that works? *Child Care Health Dev* 2008;**34**:98-103.
9. Melville C, Bigrig A, Nandwani R. Client perspectives on sexual health service provision. *Int J STD AIDS* 2004;**15**:380-3.

DRAFT

10. Dhar J, Griffiths CA, Cassell JA, *et al*. How and why do South Asians attend GUM clinics? Evidence from contrasting GUM clinics across England. *Sex Trans Infect* 2010: doi:10.1136/sti.2009.036004
11. Beck A, Majumdar A, Estcourt C, *et al*. 'We don't really have cause to discuss these things, they don't affect us.' A collaborative model for developing culturally appropriate sexual health services within the Bangladeshi community of Tower Hamlets. *Sex Transm Infect* 2005;**81**:158-62.
12. Elford J, McKeown E, Doerner R, *et al*. Sexual health of ethnic minority MSM in Britain (MESH project): design and methods. *BMC Pub Health* 2010;**10**:419.
13. Office for National Statistics. Ethnic group interim classification for 2001. The classification of ethnic groups. Office for National Statistics; 2010 available at http://www.ons.gov.uk/about-statistics/classifications/archived/ethnic-interim/presenting-data/index.html. (accessed 12/08/2011).
14. McKeown E., S. Nelson, J. Anderson, *et al*. Disclosure, discrimination and desire: experiences of Black and South Asian gay men in Britain, *Cult Health Sex*. 2010;**12**:843-856.
15. Opaneye AA. Acceptabilitiy of genitourinary medicine services in Middlesborough, England. *Int J STD AIDS* 1997;**8**:713-14.
16. Weston, R., Dabis R., Ross J. D. C. Measuring patient satisfaction in sexually transmitted infection clinics: a systematic review. *Sex Transm Infect* 2009;**85**:459-467.
17. Tariq S., Edwards S.G., Nalabanda A., Ward H., Allen E., Fenton K., Mercey D. Getty G. Sexual health services for South Asians in London, UK: a case controlled study. *Int J STD AIDS* 2007;**18**:563-564.

DRAFT

18. McGarrigle C, Fenton K, Gill O, Hughes G, Morgan D, Evans B. Behavioural surveillance: the value of national coordination. *Sex Transm Infect* 2002;**78**:398-405.

19. Elford J, Bolding G, Davis M, Sherr L, Hart G. Trends in sexual behaviour among London gay men 1998-2003: implications for STI/HIV prevention and sexual health promotion. *Sex Transm Infect* 2004;**80**:451-454.

20. Elford J, Bolding G, Davis M, Sherr L, Hart G. The Internet and HIV study: design and methods. *BMC Pub Health* 2004;**4**:39.

21. Evans AR, Wiggins RD, Mercer CH, Bolding GJ, Elford J. Men who have sex with men in Great Britain: comparison of a self-selected internet sample with a national probability sample. *Sex Transm Infect* 2007;**83**:200-205.

22. Rhodes S, Bowie D, Hergenrather K. Collecting behavioural data using the world wide web: considerations for researchers. *J Epidemiol Community Health* 2003;**57**:68-73.

23. Weston RL, Hopwood B, Harding J *et al*. Development of a validated patient satisfaction survey for sexual health clinic attendees. *Int J STD AIDS* 2010; **22**;584-590.

24. Hathorn E, Land L, Ross JDC. How to assess quality in your sexual health service. *Sex Transm Infect* 2011;**87**:508-510

DRAFT

Licence statement

The Corresponding Author has the right to grant on behalf of all authors and does grant on behalf of all authors, an exclusive licence (or non exclusive for government employees) on a worldwide basis to the BMJ Publishing Group Ltd to permit this article (if accepted) to be published in STI and any other BMJPGL products and sublicences such use and exploit all subsidiary rights, as set out in our licence http://group.bmj.com/products/journals/instructions-for-authors/licence-forms.

DRAFT