Written evidence from the National Survey of Sexual Attitudes & Lifestyles (Natsal) Team

1. The Health and Social Care Committee has launched an inquiry into sexual health and seeks evidence on sexual health, including recent trends, prevention, as well as the commissioning and delivery of sexual health services.

2. We would like to draw the Committee’s attention to findings from the National Surveys of Sexual Attitudes and Lifestyles (Natsal), which are of relevance to this inquiry and all of which are published and publicly available.

3. **What are the Natsal surveys?:** The Natsal surveys are large, decennial, nationally representative, random probability sample surveys and form a major source of evidence about sexual health in Britain. They are carried out by a team of researchers led from UCL, with LSHTM, University of Glasgow and other organisations, with the fieldwork element undertaken by NatCen Social Research. The first Natsal survey was conducted in 1990-91 and interviewed 18,876 men and women aged 16-59 years and the second survey was conducted in 1999-2001 and interviewed 11,161 men and women aged 16-44 years. In the most recent survey (2010-12) we interviewed 15,162 men and women aged 16-74 years. Funding for the fourth survey has recently been awarded by the Wellcome Trust (https://wellcome.ac.uk/what-we-do/directories/longitudinal-population-studies-grant-funded) and the development phase for this survey will commence in spring 2019, with data collection planned to begin late 2020, and the resulting data available from late 2022.

4. **How can the Natsal surveys contribute to the inquiry?:** Natsal was initiated in response to the emerging HIV epidemic and has evolved to become internationally-renowned in the population-based measurement of the social, behavioural and biological aspects of sexual health. Natsal’s unique contribution is its high-quality detailed data on sexual behaviour, attitudes, sexual health outcomes, and service use, which are representative of the British general population. Unlike surveillance data, which is restricted to service users, Natsal is a population-based probability survey capturing data on those who do not attend services (in addition to those who do attend), which is essential to inform the design and delivery of sexual health services and STI control programmes.

5. **Sexual health - what we know from Natsal:** Natsal’s consistent methodology and repeated cross-sectional data enables rigorous assessment of trends, which capture generational changes and broad societal shifts through the measurement of both period and birth cohort effects. Natsal has captured dramatic changes in sexual attitudes and lifestyles in Britain, such as earlier sexual debut, increasing partner numbers and same-sex experience. Natsal has provided the evidence-base for major sexual health interventions and monitoring their impact (including for models on cost-effectiveness). These include the National Chlamydia Screening Programme; enhanced HIV testing; HPV vaccination; the Teenage Pregnancy Strategy; and sex and relationship education. Natsal-1-2-3 have shown increases in sexual health service use among those at greatest need. Updated evidence from Natsal-4 will evaluate consequences of changes to sexual health service provision on outcomes and inequalities; commission future services; and examine the impact of ongoing and new initiatives.

6. **Evidence for the Inquiry:** The key findings from the most recent survey addressing the key components of sexual health were published as a series of 6 papers in the Lancet in 2013. Since then, a number of papers have been published from Natsal-3 on a range of topics related to sexual health and service use. A full list of Natsal outputs is available.
from the Natsal website (www.natsal.ac.uk/natsal-3/publications.aspx). Here we bring to the attention of the Inquiry the key relevant publications, listed by theme, with their open-access reference (including DOI) given at the end of this document.

**Sexual behaviour:**
- Changes in sexual attitudes and lifestyles in Britain through the life course and over time.¹
- Sexual identity, attraction and behaviour in Britain: the implications of using different dimensions of sexual orientation to estimate the size of sexual minority populations and inform public health interventions.²
- The health and well-being of men who have sex with men (MSM) in Britain.³
- Examining ethnic inequalities in sexual behaviours and lifestyles: evidence from a British national probability sample survey.⁴
- Finding sexual partners online: prevalence and associations with sexual behaviour, STI diagnoses, and other sexual health outcomes in the British population.⁵
- Is ‘sexual competence’ at first heterosexual intercourse associated with subsequent sexual health status? ⁶
- Patterns and trends in sources of information about sex among young people in Britain.⁷
- Associations between source of information about sex and sexual health outcomes in Britain.⁸
- The prevalence of, and factors associated with, paying for sex among men resident in Britain.⁹
- Trends and patterns in heterosexual practices among young people in Britain.¹⁰

**Sexually transmitted infections (STIs) & HIV:**
- Prevalence, risk factors, and uptake of interventions for sexually transmitted infections in Britain.¹¹
- Confirmatory assays are essential when testing for *Neisseria gonorrhoeae* in low prevalence settings.¹²
- Human papillomavirus (HPV) in young women in Britain: Population-based evidence of the effectiveness of the bivalent immunisation programme and burden of quadrivalent and 9-valent vaccine types.¹³
- High-risk human papillomavirus infection and cervical cancer prevention in Britain.¹⁴
- *Trichomonas vaginalis* infection is rare in the British general population: implications for clinical testing and public health screening.¹⁵
- Epidemiology of *Mycoplasma genitalium* in British men and women aged 16-44 years.¹⁶
- Male circumcision and STI acquisition in Britain.¹⁷

**Reproductive health – including unplanned pregnancy and contraception:**
- The prevalence of unplanned pregnancy and associated factors in Britain.¹⁸
- Changes in conceptions in women younger than 18 years and the circumstances of young mothers in England in 2000-2012.¹⁹
- Trends in the use of emergency contraception in Britain.²⁰
- Prevalence of infertility and help seeking among 15,000 women and men.²¹

**Sexual function:**
- Sexual function in Britain.²²
- Sexual function in British 16 to 21 year olds.²³
- Factors associated with reporting lacking interest in sex and their interaction with gender.²⁴
• Painful sex (dyspareunia) in women.25
• Medicated sex in Britain.26

Non-volitional sex:
• Lifetime prevalence, associated factors, and circumstances of non-volitional sex among women and men in Britain.27

Service use:
• Sexual health clinic attendance and non-attendance in Britain.28
• STI risk perception in the British population and how it relates to sexual behaviour and STI healthcare-use.29
• HIV testing, risk perception, and behaviour.30
• Patterns of chlamydia testing in different settings, and implications for wider STI diagnosis and care.31
• Is chlamydia screening and testing in Britain reaching young adults at risk of infection? 32
• Where do women and men in Britain obtain contraception? 33

Sexual health & its association with other health behaviours and outcomes:
• Associations between health and sexual lifestyles in Britain.34
• Are depression and poor sexual health neglected co-morbidities? 35
• Illicit drug use and its association with key sexual risk behaviours and outcomes.36
• Sexual behaviours and sexual health outcomes among young adults with limiting disabilities.37

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References:
5. Cabecinha M et al. Sexually Transmitted Infections, 2017; doi:10.1136/sxtrans-2016-052994
12. Field N et al. Sexually Transmitted Infections, 2015; doi: 10.1136/sxtrans-2014-051850
15. Field N et al. Sexually Transmitted Infections, 2016; doi: 10.1136/sxtrans-2016-052660