

# Understanding perceptions of PrEP and PrEP access amongst priority groups

Prepared by Magpie  
for North Yorkshire County Council

Dr Grainne Dickerson, Dr Julie Van de Vyver and  
Emma Wragg

Magpie  
June 2023

# Contents

## Introduction

Executive summary	4
At a glance	7
Methodology (at a glance)	8

## Literature review

Methodology	10
Findings	13

## Primary research

Stakeholder research methodology	17
Overall stakeholder findings	19
Stakeholder findings by Local Authority	23
Survey methodology	28
Survey results overview	32
Survey findings	34

## Behavioural analysis and intervention functions

COM-B behavioural diagnosis	57
Overarching behavioural diagnosis	58
Behavioural diagnosis summary	59
Policies and interventions	60

## References

References	61
------------	----

## Appendices

<b>Appendix 1:</b> Survey	66
<b>Appendix 2:</b> Survey recruitment methods	80
<b>Appendix 3:</b> Further local authority findings	84
<b>Appendix 4:</b> Further findings by priority group	99

# Executive summary

# Executive summary

**This research sought to understand how to improve knowledge about and uptake of Pre-exposure prophylaxis (PrEP) across North Yorkshire, York, Hull, East Riding, Leeds, Barnsley, Bradford and Doncaster in the following priority groups:**

- Ethnicity groups disproportionately affected by HIV (e.g. Black African & Caribbean)
- Newly migrant populations
- Women, including trans women and non-binary
- Sex workers
- Men who have sex with men but may not identify as gay or bisexual (MSM)

The research consisted of a rapid evidence review, stakeholder focus groups and quantitative research using a survey design. We then drew on all collated evidence and conducted a behavioural analysis to inform recommendations.

The **rapid evidence review found** barriers to PrEP access related to beliefs and issues relating to medication and service access and provision. Stigma is also a barrier for transgender people and ethnic minority groups. The available research suggests there is much work to do to improve communications and marketing of PrEP so that priority groups are represented and can perceive the services as being relevant and welcoming for them.

The **Stakeholder research found**

- There are concerns around **eligibility for PrEP, ordering PrEP, storage of PrEP and identification of PrEP by non-users**, particularly for MSM.
- **A one size fits all approach does not work for many of the groups**, such as target ethnicity groups, sex workers and recent migrants; stigma and cultural influences impact on engagement. Some groups are approached to participate in studies, so there may also be **some reluctance and fatigue around engaging in research**.
- **Language is often the main barrier for engaging recent migrant communities** from a wide range of countries across the Middle East, Africa, Eastern Europe and the Balkans. Their priorities are GP registration and dental care, with sexual health checks less of a priority, some groups have large families which reduces engagement in sexual health and contraception.
- **Female sex workers are notoriously difficult to engage**, they are less connected to services as a whole, and tend to work in three different location types, from home online, sex parlours, and those who work in red light areas.
- **MSM are aware of PrEP and uptake is highest among white GBM**. Participants were not aware of any channels to reach MSM who don't identify as gay or bisexual, aside from looking into Apps (such as Grindr and Scruff).

# Executive summary

The **Survey findings** related to three overarching themes. The first theme explored sexual health in relation to **Perceptions of safe sex and risk**. The majority of participants had accurate knowledge about safe sex, however, the minority understood PrEP to be part of this equation; with the exception of MSM and trans/non-binary people. The majority also didn't perceive themselves to be at risk of STIs or HIV, with MSM being most likely to perceive a risk and women being least likely.

The second theme was more specific and about **PrEP awareness, PrEP use and social norms**. Awareness and use of PrEP were highest amongst MSM and trans/non-binary people. Sex workers and women had the lowest awareness and around half of minority ethnic and migrant groups had awareness. Social norms were strongest amongst those who had awareness of PrEP, with around half of participants who were aware of PrEP having social groups who talk about it. Only a small minority of participants in the sample reported taking PrEP now (8.6%).

The third theme related to **accessing Sexual Health Services and accessing PrEP**. The majority of participants reported being willing to access sexual health services as their first choice for their sexual health, to get advice on and access to PrEP. The biggest concerns across the board, in all groups and all local authority areas, were about long waiting times for appointments, followed by concerns about getting an appointment and travelling to an appointment.

# Introduction

# Introduction

**This report provides findings from research conducted between November 2022 and April 2023 to understand how to improve knowledge and uptake of Pre-exposure prophylaxis (PrEP) and prevent onward transmission of HIV across North Yorkshire, York, Hull, East Riding, Leeds, Barnsley, Bradford and Doncaster. This is a recent priority, due to provision of PrEP becoming a local authority responsibility since October 2020.**

The research explores the existing levels of knowledge and understanding about PrEP, the key variables that affect access to information about PrEP, the barriers to accessing PrEP and the facilitators to accessing PrEP for the following priority groups, who haven't taken up PrEP use to the same extent as men who have sex with men (MSM):

- Ethnicity groups disproportionately affected by HIV (e.g. Black African & Caribbean)
- Newly migrant populations
- Women, including trans women and non-binary
- Sex workers
- Men who have sex with men but may not identify as gay or bisexual (referred to as MSM)

This work was commissioned to build on previous national and regional findings from HIV Innovation funded [PrEP projects](#) and the work of the PrEP Impact Trial Community Advisory Board - [Women and Other Groups sub-group](#), to produce a high-quality report for the eight local authorities within Yorkshire and the Humber with clear recommendations based on the evidence and research gathered, that will improve the uptake of PrEP in the underrepresented groups described.

## About Magpie

Leaders in life-changing campaigns for social good.

Magpie is a creative behaviour change agency. We create insight, brands, campaigns and interventions that create healthier and happier communities.

Our interdisciplinary teams focus on campaigns and behaviour change interventions that speak to the United Nations Sustainable Development Goals.

[www.wearemagpie.com](http://www.wearemagpie.com)

# Methodology overview

**A behavioural science informed and evidence-based methodology was used to understand the experiences of priority groups in exploring the existing levels of knowledge and understanding about PrEP.**

There were four key research questions:

1. What are the existing levels of knowledge and understanding about PrEP in the identified priority groups?
2. What are the key variables that affect access to information about PrEP in the identified priority groups?
3. What are the barriers to accessing PrEP?
4. What are facilitators to accessing PrEP?

## Research process

**The research consisted of four stages:**

1. **Rapid evidence review** to understand barriers and facilitators to uptake of PrEP in the identified priority groups.
2. **Stakeholder focus groups** to identify barriers to and facilitators of PrEP uptake amongst the identified priority groups. We conducted a **thematic analysis** on the qualitative data.
3. **Quantitative research** using a survey design, with survey measures and recruitment plans informed by stages 1 and 2 of the research. We conducted descriptive statistics and statistical analyses of the survey data.
4. We drew on all collated evidence and conducted a **behavioural analysis** to inform recommendations.



# **Rapid evidence review: Summary results**

# Methodology

## Search Terms:

- PrEP or Pre-exposure prophylaxis and
- Uptake or Barriers or Facilitators or information or communication

## Exclusions:

- Timeframe: From 2017 (PrEP became available from sexual health services; Scotland - April 2017, Wales - July 2017, and England - October 2020, although PrEP has been available for online purchase since Autumn 2015)
- Geography: UK only due to specific barriers related to provision and the context within the UK

## Literature sources:

- Key organisations (UKHSA, Terrence Higgins Trust, National Aids Trust, Prepster, Sophia)
- Google scholar
- Summon database search
- Reference and citation searches

## Results:

- 59 papers screened
- 15 papers included

## Overview of priority groups covered by papers

Representation of priority groups within the included literature is summarised below (note, some are double counted as they related to more than one group):

Topic	No of papers
General context	2
Newly Migrant	0
Ethnic Minority Groups	4
MSM	8
Women (inc trans and non-binary)	4
Sex workers	1

# Introduction

The remit of this rapid evidence review is to:

- 1. Identify barriers and facilitators to engagement for target audiences**
- 2. Describe the issue and challenge in terms of the identified priority groups**
- 3. Ensure the design of the primary research focuses on the right areas**

Within this overview of the rapid review of the evidence, we summarise the findings by priority group and then provide an overarching summary.

We found the most papers relating to MSM. We found no papers related to newly migrant populations and four papers relating to ethnic minority groups. The only information found about sex workers was in a PHE Knowledge & Library Services (KLS) Evidence Briefing from 2019.

Two of the included papers provided useful UK context and information that supported the survey design for the primary research. DHSC (2021) provides an overview of their policy: Towards Zero: the HIV Action Plan for England - 2022 to 2025; which includes PrEP use as primary prevention, amongst other things. UKHSA, (2022) builds on this and provides a helpful overview of existing surveys to understand PrEP need and access.

# Overview of Not PrEPared report

## [Not PrEPared report \(Oct 2022\)](#)

This report was published at the time of beginning this project and as it was a UK national project we provide a brief overview. Whilst this study was focusing on people who had tried to access PrEP as the inclusion criteria, it provides useful and recent contextual findings.

### **Study information:**

- Focused on people who have tried to access PrEP since Oct 2021 and had difficulties in doing so.
- 1120 responses nationwide (90 from Yorkshire & Humber).
- Most participants were gay, bi-sexual, white males.

### **Key findings - structural barriers:**

- Barriers in accessing for the first time and repeat prescriptions.
- Only 35% of participants had managed to access PrEP.
- Challenges in booking appointments and availability of appointments.
- PrEP call back delays and waiting lists (57% > 12 weeks).
- Missed opportunities for PrEP initiation.
- 71% of Local Authorities have plans for targeted communications and outreach, those that don't, have barriers around staffing and capacity which prohibits this.

### **Key findings - workforce issues:**

- Insufficient workforce in clinics to manage demand.
- Support and training for clinicians needed.

# Summary findings by priority group

## Women and non binary people

(Grenfel et al. 2022)

- Social networks can influence women's engagement in PrEP.
- There should be positive messaging targeting potential female PrEP users including; advertising, sharing PrEP information and training of providers.
- Improvements are needed in: provider knowledge, proficiency in prescribing PrEP and screening for PrEP eligibility.
- Women and non-binary people who are Black, trans, migrants, and people of colour need specific services. Peer led services are needed.

## Sex workers

(KLS evidence briefing, 2019)

- Criminalisation of sex work hinders access to PrEP through stigma and discrimination.

## Trans gender

(Carvalho et al. 2019; KLS evidence briefing, 2019)

- Concerns about side effects
- Impact on hormone therapy
- Daily adherence
- PrEP-related stigma, including from healthcare workers
- Interaction with healthcare workers which includes discrimination and leads to mistrust
- Concerns about interactions with feminising hormones
- Exclusion of transgender women in advertising
- Preferred pronouns should be used and there should be safe spaces for transgender people in clinical settings

# Summary findings by priority group

## Minority ethnic groups:

### Black African and Black Caribbean women

(Nakasone et al., 2020)

#### Barriers

- Provision through sexual health services (SHS) that Black African and Black Caribbean women are unlikely to access
- Fear of being seen accessing SHS.
- Perceived institutional racism.
- Community stigma around HIV that extended to stigmatising HIV risk.

#### Facilitators

- PrEP normalisation via GP provision and peer networking.
- Alternative community-based delivery models.
- Multi-layered influences, including interpersonal networking around sexual health and community stigma, shape Black African/Black Caribbean women's perceptions of safer sex and PrEP openness.
- PrEP campaigns that engage with community norms around safer sex to increase uptake.
- Women-focused PrEP marketing is needed with tailoring of messages to different points in the life course.

## Black African communities

(Giuseppe, Kasoka, and Dunkley; 2019, Witzel, Nutland, and Bourne, 2019)

- The use of female-specific PrEP materials, connection to female PrEP users and linkage to medical providers for PrEP prescription are key for Black women.
- Younger African American women of lower socioeconomic status (SES) were more likely to use PrEP compared to older women of higher SES.
- Educating and training providers in order to cultivate a trusting patient-provider relationship may serve to increase the use of PrEP in Black women.
- Concerns about PrEP safety were linked to a mistrust of government and industry motives for promoting PrEP to Black women.
- Lack of HIV and PrEP awareness.
- Stigma due to PrEP being connected with HIV positivity, promiscuity, and risky behaviours.
- The study found significant associations between HIV testing, HIV awareness, PrEP awareness, and uptake interest.
- The need for service providers to develop HIV-prevention interventions that take into account the Black African sociocultural contexts in the United Kingdom.

# Summary findings by priority group

## Men who have Sex with Men

(Forster et al. 2002; Hanum et al., 2020; Health Protection Scotland, 2019; Hillus et al. 2021; Madhani and Finlay 2022; National Aids Trust, 2022; O'Halloran et al. 2019; Witzel, Nutland, and Bourne, 2019)

### Barriers

- Limited information about PrEP
- Optimistic bias about sexual behaviours and calculating risk
- Restricted access to PrEP
- Gay identity and sexual stigmatization
- Social and cultural stigmatization
- Socio-demographic and economic barriers
- Capabilities in treatment adherence
- Routine, taking tablets daily, storing tablets
- Previous experience of using services

### Facilitators

- Knowledge about PrEP has increased in recent years
- Increased perception of risk is a facilitator for access
- Increased perception of PrEP efficacy is a facilitator for access

# General findings

## Key factors influencing perception of and access to PrEP

### Beliefs

- Perception of HIV risk
- Optimism bias (about self-protective behaviours)
- Stigma of sexual behaviour
- Stigma of PrEP use
- Perceived social norms within peer group

### Medication factors

- Concerns about effectiveness of PrEP
- Concerns about PrEP side effects
- Concerns about taking medication daily (forming habits)

## Service factors

- Access to services
- Eligibility criteria
- Knowledge and attitudes of healthcare professionals

## Messaging

- Targeted campaigns needed for gender and ethnicity groups
- Gender and ethnicity groups to be represented within campaigns
- Messaging and information needed from broader sources including; GPs, pharmacies and peer-led groups (message channels were not covered by papers beyond this)

# Primary research



# Stakeholder research methodology

# Methodology

## Participants

A total of 16 people took part in four Stakeholder Focus Groups and one interview:

- MESMAC Yorkshire (Bradford, Leeds and Hull)
- MESMAC Local Services (Bradford)
- Health Protection (Doncaster)
- MESMAC (Bradford)
- Community Development (Barnsley)
- Leeds Sexual Health (Leeds)
- BASIS (Leeds)
- Public Health (Doncaster)
- Sexual health and HIV service (York and North Yorkshire)
- Clinical services for sexual health and HIV (York and North Yorkshire)
- MESMAC Local Services (Leeds)
- Sexual Health (Bradford)
- Clinical Outreach (York and North Yorkshire)
- Clinical outreach for sexual health (York and North Yorkshire)
- Public Health (North Yorkshire)
- Conifer Sexual Health Services (East Riding and Hull)

## Analysis

The focus groups were transcribed and the transcripts were analysed using thematic analysis principles.

# Overall stakeholder findings

## Key findings

### Storage of PrEP and identification of PrEP by non-users.

- There may be an issue around MSM (not wanting a partner to find medication and know about their other life) and recent migrants (lack of storage).
- PrEP is easily identifiable through naming (e.g. Truvada) and it being a large, blue pill.

### Ordering PrEP.

- You are not able to order PrEP online via public healthcare (is available privately), which means that anyone wanting PrEP (including a repeat prescription) has to go to the clinic to get prescribed.
- GPs are also not able to prescribe PrEP, they can only refer to sexual health clinics.

### Eligibility for PrEP.

- Only those who are deemed to be engaging in risky sexual behaviour (e.g. condomless sex with an at-risk group or individuals) or who are HIV- and their partner has HIV are eligible for PrEP.

### Surveying target groups.

- Many groups, such as target ethnicity groups, sex workers and recent migrants are approached to participate in studies.
- There may be some reluctance and fatigue around engaging in research, due to previous requests for their support. Interviewees recommended some remuneration for participants' time may be a good way to encourage them to participate.

## Ethnicity groups disproportionately affected by HIV

### We found that this target audience covers so many communities that a one size fits all approach will not work around PrEP.

- Target ethnicity groups are more likely to respond to faith and community leaders, and be accessible through services such as community centres or charities/organisations that work with them.
- Discussing PrEP on its own will not engage target ethnicity groups. There needs to be another discussion which is more agreeable, before you can lead into discussions around PrEP and wider sexual health with target ethnicity groups.
- There are some stigma and cultural influences around engaging with PrEP e.g. PrEP supports promiscuous sex and target ethnic groups/communities not liking being seen as an at-risk groups, even where there is evidence. MESMAC targets ethnic groups in Hull.

## Recent migrants

**We found that language is often the main barrier for engaging recent migrant communities. These communities are coming from a wide range of countries across the Middle East, Africa, Eastern Europe and the Balkans.**

- Often recent migrants are trying to navigate a new health service, which they may not realise is free. Their priorities will be around GP registration and dental care, with sexual health checks and going to clinics not a priority for them.
- Recent migrant men and women will have different views on accessing sexual health, with preventative medication (e.g. PrEP and condoms) not a priority around sexual health, especially where having large families is part of their culture.
- Migrant women are usually more open to contraception, allowing them more control over their fertility and decision-making over having children. Roma and Romanian women were advised to have engaged with sexual health services to obtain contraception.

## Sex workers

**We found that this group are notoriously difficult to engage. Sex workers tend to work in three different location types, from home online, sex parlours, and those who work in red light areas.**

- Those who work in parlours and red light areas tend to have a more chaotic life and are harder to engage. There are also sex workers who come into the area as 'tourist sex workers'.
- There is work to engage sex workers across most of the 8 Local Authority areas. BASIS and the LOTUS project provide support for sex workers in Leeds and Bradford respectively.
- MESMAC works with sex workers in Hull and Bradford, contact was made during the participant recruitment phase of the project. We received 5 surveys back from MESMAC Bradford.
- There is no current set sex worker focused work in North Yorkshire.
- There is a recommendation to communicate with the criminal justice system and housing to find out more information about engaging sex workers who have a more chaotic life (often linked to addiction, homelessness and with potential links to trafficking and potentially new migrants to the UK).
- There is a definite difference between male and female sex workers and their experience and feelings around PrEP. Most male sex workers fall under MSM categories, where there are higher levels of awareness in the community. For women it's less awareness and less engagement, as they are less connected to services as a whole.

## Women (including trans and non-binary)

**We found that comments about working with women (in general) were around this group being so large and not quite as targeted as a group.**

- The focus should be on women who are engaging in risky behaviours (e.g. condomless sex with at-risk groups/individuals).
- Most local authority areas have very few women on PrEP despite a quarter of new cases of HIV being in women. In this project, communicating with trans and non-binary audiences has been limited, this will need some further work although the audience at risk is likely to be small.

## Men who have sex with men (MSM)

**We found that MSM tend to be fairly aware of PrEP, and this awareness and uptake is highest among white GBM**

- MESMAC provides support to MSM in Hull, as well as in Bradford and Leeds. MSM tend to be fairly aware of PrEP, and this awareness and uptake are highest among white Gay and Bisexual Men (GBM).
- Some work reaching out to MSM has happened through outreach work including in saunas (Bradford), through MESMAC's work in Leeds, Hull and Bradford, and through mobile Apps such as Grindr.
- There may be some potential in using Apps such as Grindr and Gaydar, where someone's HIV and PrEP status is often advised on their profile, to reach MSM across all Yorkshire.
- We chose to advertise on Recon and Gaydar, as both these Apps could target our specific locations, whereas other Apps were UK-wide. Although over 100 surveys were filled in, a lot of these were white Gay and Bisexual Men (GBM). Reaching those who don't identify as gay or bisexual is particularly difficult, this could be for a number of reasons, but most likely individuals may want to keep this information private.

# **Stakeholder findings by Local Authority**

## North Yorkshire

**We found North Yorkshire has low PrEP use, no red light areas, and small pockets of ethnic groups compared with more urban areas.**

- Suggested targeting of ethnic groups and at-risk populations in urban locations on the fringes of Leeds and Bradford, as well as in Scarborough and Selby.
- There may be sex work happening online. As there are no dedicated North Yorkshire sex worker projects, the criminal justice system may be a likely source of local knowledge.



---

## Bradford

**We found there are some MSM in the Asian community, but lack of awareness of PrEP amongst Asian women and heterosexual Asian men, although these groups are not normally 'at risk'.**

- It was recommended that some work in saunas and mobile vans as outreach to different 'at-risk' communities, could be used to engage target groups.
- At the time of recruitment for this project, there was no mobile van outreach happening but saunas were added to the recruitment lists for follow-up.





## Leeds

**We found we could directly work with some ethnic groups communities.**

- MESMAC currently works with MSM and target ethnicity groups around HIV prevention, which includes raising awareness of PrEP.
- BASIS and Changing Lives (Yorkshire) also do work with sex workers in Leeds.



---

## Barnsley

**We found there is a lack of street work and gay scene in Barnsley, meaning that many go to other cities.**

- The Health Integration Team and Refugee Council both work with recent migrants/refugees.
- There is not a large community that includes the target ethnicity groups, and those who do live in the area are close-knit and mistrusting.
- A trans support group exists that we approached for the survey recruitment phase.



## Doncaster

**We found that sexual health services have been run by Solutions for Health on behalf of Doncaster Local Authority since April 2022.**

- Doncaster does not have significant ethnic groups communities, but any learnings and recommendations from this project can be included in their future communications plan for ethnic minority consultation.



---

## East Riding

**We found that East Riding Conifer offer sexual health services, and there is some outreach work around migrants and target ethnicity groups.**

- Discussions were needed with the local outreach teams to understand the best way to reach out to target audiences.



## Hull

**We found that MESMAC works with target ethnicity groups, MSM and sex workers in Hull.**

- There is some PrEP outreach via saunas, and to women via health professional chats through sexual health clinics.
- Further research around work in Hull is needed through the survey recruitment phase and learnings and recommendations will be shared in the final report.



---

## York

**We found that sex work is limited in York.**

- To date, there has been an underutilisation of University societies (e.g. fetsoc). Students may be at risk if they are undertaking condomless sex with at-risk individuals but the university is often not engaging, as this can affect their reputation.



# Survey methodology

# Survey methodology

## Survey design

The literature review informed the survey design and the survey questions were designed with reference to the COM-B Model (Michie, Van Stralen and West, 2011) and the Theoretical Domains Framework (Cane, O'Connor and Michie, 2012). The survey was hosted on-line via survey monkey and paper copies were made available to those who needed them.

## Survey recruitment

Multiple recruitment methods were used to recruit people from the eight Local Authorities from across all six targeted groups.

The methods are described in detail in Appendix 2 and summarised below:

- Engagement with services providers and community groups to access sex workers, recent migrants, transgender and non-binary people and at-risk minority groups.
- Advertising on dating apps RECON and Gaydar to access men who have sex with men.
- Two Prolific academic studies through research portal; one focused on reaching recent migrants and one focused on reaching women in the at-risk minority groups.

## Analysis

Our analysis of the data consisted of three elements:

1. **Descriptive statistics** on the survey data, by target group, by location, and across the whole sample.
2. To dig deeper into some of the emerging themes from the descriptive statistics we also conducted a **series of analyses of variance (ANOVAs)** to examine whether perceptions of one's own risk of catching STIs or HIV statistically vary between responses, by demographic group, by PrEP awareness, and by PrEP use.
3. Behavioural analysis using the Behaviour Change Wheel (Michie et al. 2012), assessing COM-B on findings across groups and identifying the most relevant and appropriate intervention options and policy categories.

# Sample

## Overview of survey sample

The sample achieved for the 6 target groups is described in table 1 below. Overall, there were 338 participants, and the table below shows crossover due to some participants falling within more than one category.

Table 1: Survey sample

Target group	Sample size
Men who have sex with men	79
Sex worker	23
Migrants who have lived in UK < 5 years	56
Women	145
Trans and non-binary people	37
Minority ethnic groups	148

# Sample by Local Authority

An overview of the sample by local authority is provided below.

## East Riding (n = 10)

- MSM: 4
- Gender: 1 trans woman and 7 men. 1 non-binary person. 1 not specified.
- Sex worker: 1
- Ethnicity: 6 White. 3 minority ethnic. 1 not specified.
- Recent migrants: 2

## Barnsley (n = 28)

- MSM: 5
- Gender: 9 women, 1 trans man, 1 trans woman, 16 men, 1 not specified.
- Sex worker: 1
- Ethnicity: 19 White. 7 minority ethnic. 2 not specified.
- Recent migrants: 2

## York (n = 26)

- MSM: 8
- Gender: 11 women. 1 trans woman. 1 non-binary person. 12 men. 1 not specified.
- Sex worker: none
- Ethnicity: 13 White. 12 minority ethnic. 1 not specified.
- Recent migrants: 10

## Hull (n = 21)

- MSM: 7
- Gender: 8 women. 2 trans men. 1 non-binary person. 9 men. 1 not specified.
- Sex worker: none
- Ethnicity: 13 White. 7 minority ethnic. 1 not specified.
- Recent migrants: 6

## North Yorkshire (n = 32)

- MSM: 18
- Gender: 7 women. 1 non-binary person. 2 trans men. 20 men. 2 not specified.
- Sex worker: none
- Ethnicity: 20 White. 10 minority ethnic. 2 not specified.
- Recent migrants: 6

## Leeds (n = 101)

- MSM: 21
- Gender: 44 women. 4 trans women, 7 non-binary people. 5 trans men. 31 men. 10 not specified.
- Sex worker: 3
- Ethnicity: 43 White. 52 minority ethnic. 6 not specified.
- Recent migrants: 16

## Doncaster (n = 15)

- MSM: 3
- Gender: 5 women. 1 non-binary person. 6 men. 3 not specified.
- Sex worker: none
- Ethnicity: 7 White. 5 ethnic minority. 3 not specified.
- Recent migrants: one

## Bradford (n = 67)

- MSM: 9
- Gender: 44 women. 3 trans women. 1 non-binary person. 16 men. 3 not specified.
- Sex worker: 17
- Ethnicity: 28 White. 34 minority ethnic. 5 not specified.
- Recent migrants: 5

# Survey results overview



# Results overview

The survey questions are summarised into three themes and 11 categories below; see Appendix 1 for the full survey.

## **Perceptions of safe sex and risk**

1. Safe sex
2. Current perceived risk
3. Worries about sexual health

## **PrEP awareness, PrEP use and social norms**

4. Awareness of PrEP
5. PrEP use
6. Social norms

## **Accessing PrEP**

7. Sexual health service preferences
8. Barriers to accessing sexual health services
9. Service preferences for PrEP
10. Barriers and facilitators to taking PrEP
11. Service improvements

The survey results cover the elements below:

1. Whole sample findings
2. Target group results
3. Local authority results
4. Local authority results by selected survey categories with some results further broken down by target group (this is provided in Appendix 3 for reference; the small sample sizes when broken down to this level mean they should be interpreted with caution).

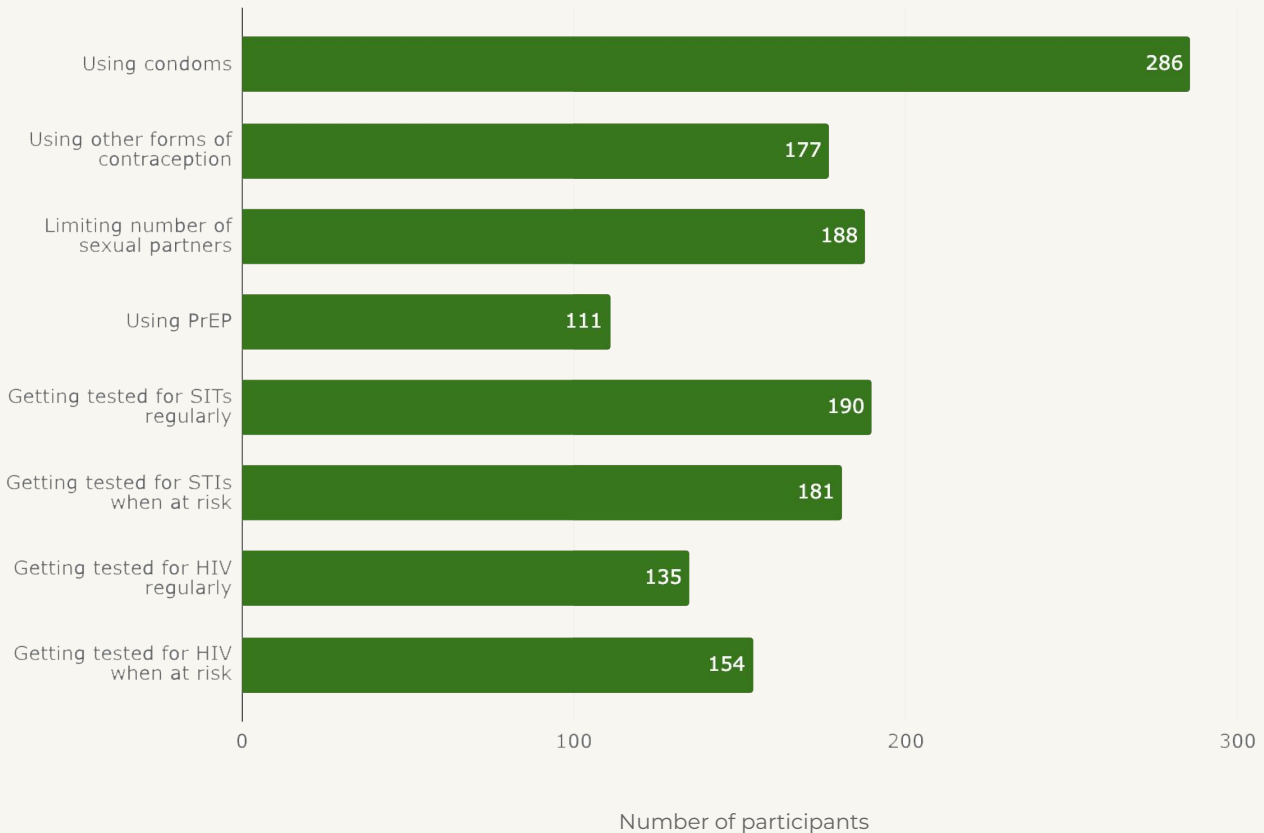
# Survey findings

# Perceptions of safe sex and risk

# Meaning of safe sex

When asked 'What does safe sex mean to you?' respondents were able to select multiple response options. Figure 1 below shows that respondents most often selected using condoms and least often selected using PrEP.

Figure 1: Meaning of safe sex responses

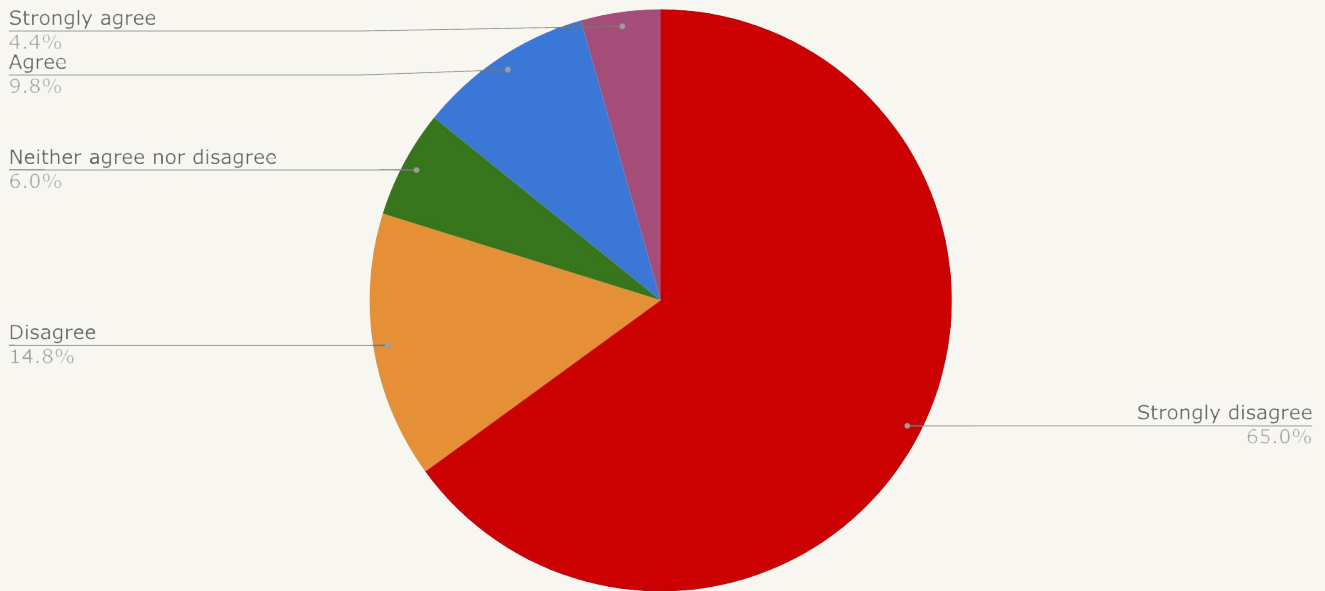


The range amongst the groups for the most commonly selected option of using condoms was **81% - 96%**, which was high across the board. The range in the least popular choice of using PrEP was **14-68%**. A significant proportion of MSM selected PrEP (**68%**), followed only by non-binary/trans people where **38%** selected PrEP.

## Current perceived risk of STIs and HIV

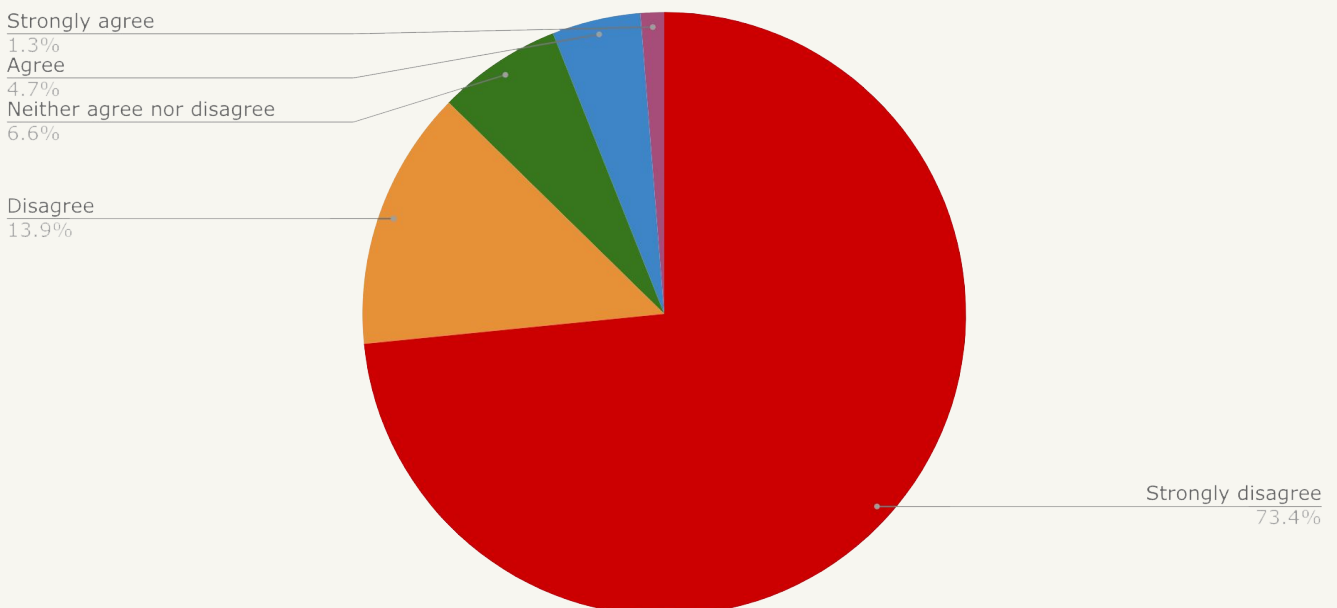
When asked 'Please say to what extent you agree or disagree with this statement: In the last four weeks I have felt there was a chance that I have been at risk of sexually transmitted infections', 79.8% of respondents disagreed with the statement and 14.2% agreed as shown in figure 3 below.

**Figure 3: Perceived risk of STIs**



When asked "Please say to what extent you agree or disagree with this statement: In the last four weeks I have felt there was a chance that I have been at risk of HIV", 87.3% of participants disagreed and 6% agreed with this statement, as shown in figure 4 below.

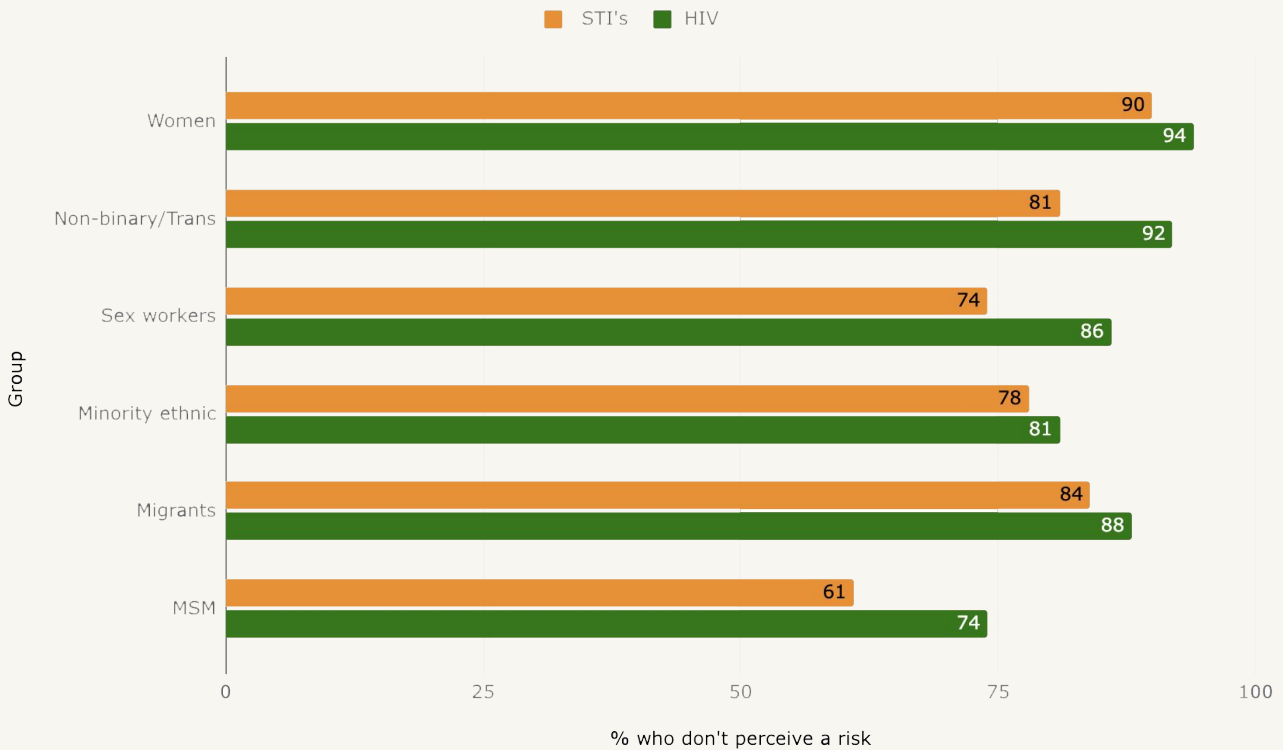
**Figure 4: Perceived risk of HIV**



# Current perceived risk of STIs and HIV

Figure 5 below shows the percentages of each group who didn't agree with the statement that they had been at risk of STIs or HIV in the last four weeks. This shows that MSM have the greatest perceptions of risk for STIs and HIV, whilst women have the lowest.

**Figure 5: Perceived risk of STIs and HIV by group**



We conducted a series of ANOVAs to examine whether perceptions of one's own risk of contracting STIs or HIV statistically vary between the different participant groups. We found that **MSM and Recent migrants** held a significantly higher STI and HIV risk perceptions compared to the rest of the study sample.

# Current perceived risk of STIs and HIV

We conducted a series of ANOVAs to examine whether perceptions of one's own perceived risk of catching STIs or HIV statistically vary between different demographic groups.

## Results revealed the following significant effects:

### Age group:

There was a significant effect of age on perceptions of HIV risk but not on perceptions of STI risk. **46-55 year olds held the highest risk perceptions.** Their risk perceptions were significantly higher than the younger groups (16-25, 26-35, and 36-45 years). Their risk perception scores were also descriptively higher than the 56+ year old group but not significantly so.

### Gender

There was a significant effect of gender on perceptions of STI and HIV risk. **Men held significantly higher risk perceptions than women.** The sample sizes for trans women, trans men, and non-binary people were too small to draw statistical inferences. However, descriptively, trans women and men hold similar risk perception scores as men, and non-binary people hold similar risk perceptions scores to women.

### Sexual orientation

There was a significant effect of sexual orientation on perceptions of STI and HIV risk perceptions. Specifically, **queer participants held significantly higher risk perceptions** compared to heterosexual participants.

## Results revealed the following non-significant effects:

Geographical area: There were no significant differences in risk perceptions by area type.

Minority ethnic groups: There were no significant differences in risk perceptions by whether or not participants belonged to a minority ethnic groups.

## Worries about sexual health

We included an open-text question “*What if anything worries you about your sexual health?*”? The main worry across each group of participants is STIs. The other worries expressed were:

- **HIV**; this was expressed by all groups, except migrants.
- **Concerns about appointments** were expressed in responses from women, minority ethnic groups, migrants and MSM.
- **Lack of available knowledge and information** was expressed by all groups.
- **Stigma, judgement, and/or cultural norms and taboos** were mentioned by all groups, except for MSM.
- **How to use PrEP and access to regular PrEP appointment** was a concern for some MSM; with some non-binary/trans people also concerned about accessing PrEP.
- **Transphobia and discrimination from clinicians** was expressed by non-binary/trans people.
- **Concern about partners**, including condom pushback and dishonesty about testing.
- **Pregnancy, fertility and contraception**; this was expressed by all groups, except MSM.

See Appendix 3 for a further breakdown of worries by participant group.



# PrEP awareness, PrEP use and social norms

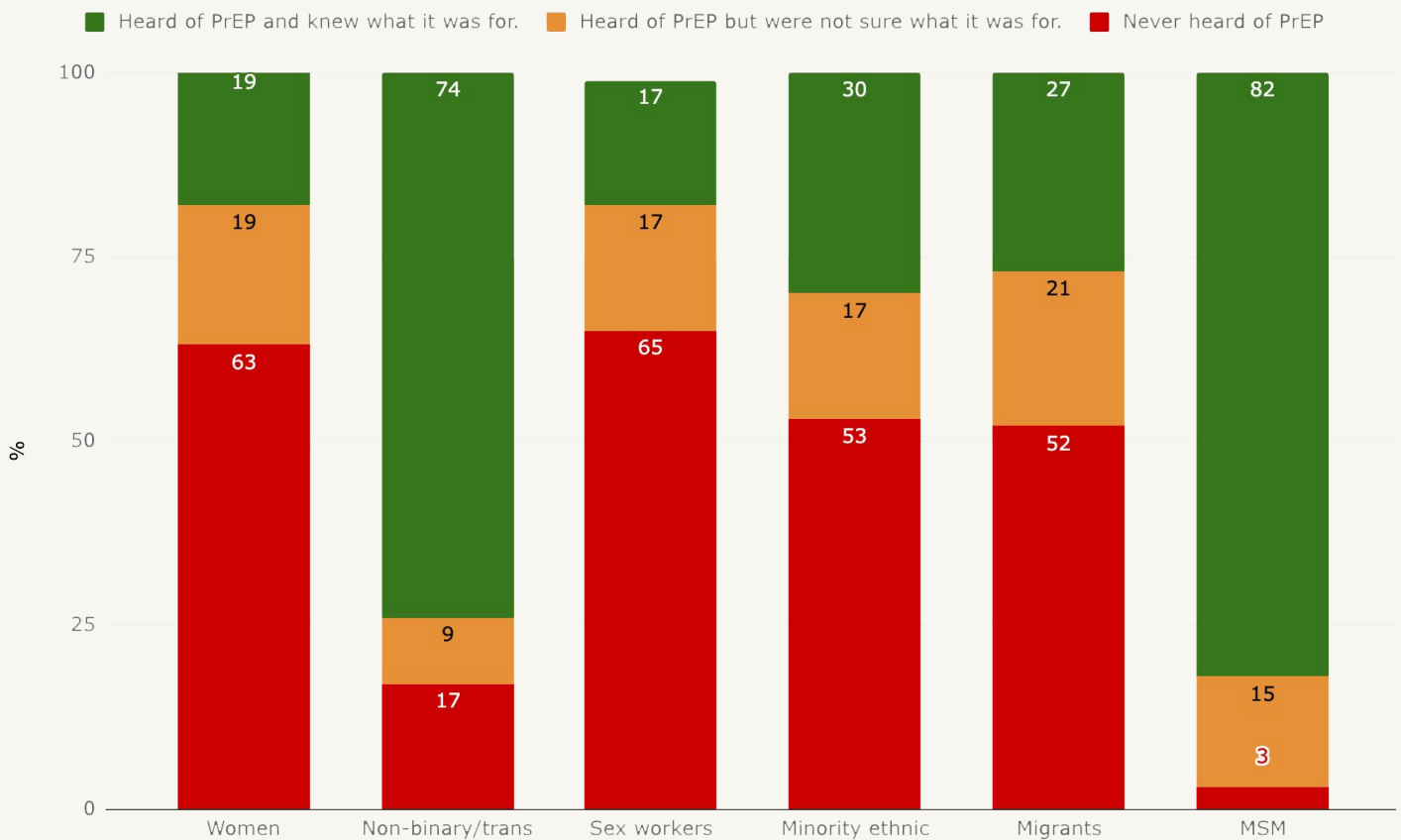
# Awareness of PrEP

We assessed awareness of PrEP and found:

- 41% of participants **had heard of PrEP and knew what it was for**
- 38% of participants **had never heard of PrEP**
- 15% of participants **had heard of PrEP but were not sure what it was for**
- 6% of participants did not answer this question

When we compared responses by group, we found great variability. Figure 6 below shows that **MSM and non-binary/trans people have the greatest awareness of PrEP, with sex workers and women having the lowest awareness**, followed by minority ethnic and migrant groups where just over half have never heard of it.

**Figure 6: Awareness of PrEP by group**



PrEP awareness was assessed by local authority and this showed some variability across the region. However, sample sizes don't allow for full comparisons, see Appendix 3 for the full breakdown by local authority.

# Awareness of PrEP and Social Norms

Participants were asked **'Do people in your social group ever talk about PrEP?'** , **'Does anyone in your social group take PrEP?'** and **'Do people in your social group think using PrEP (pre-exposure prophylaxis) is a positive choice to make?'**. We analysed the interaction of responses with responses about knowledge of PrEP. Table 2 below shows that of those who have knowledge of PrEP, **around half reported that people in the social group talk about PrEP, 37%** reported that someone in their social group takes PrEP and **64%** report that people in their social group think that taking PrEP is a positive choice.

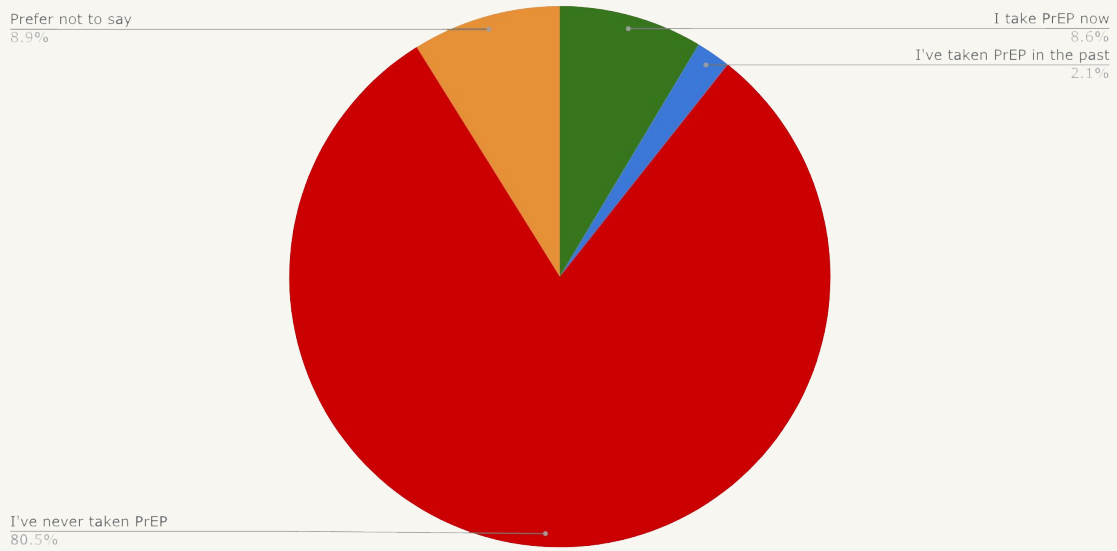
**Table 2: Interaction between social norms and PrEP awareness**

	<b>Group 1: Heard of PrEP and know what it is for</b>	<b>Group 2: Heard of PrEP but not sure what it is for</b>	<b>Group 3: Never heard of PrEP</b>
<b>Q1. Do people in your social group ever talk about PrEP?</b>	Yes = 47% No = 52%	Yes = 2% No = 98%	Yes = 2% No = 96% Missing = 1%
<b>Q2. Does anyone in your social group take PrEP?</b>	Yes = 37% No = 29% Not sure = 33% Missing = 1%	Yes = 4% No = 44% Not sure = 52%	Yes = 1% No = 51% Not sure = 47% Missing = 1%
<b>Q3. Do people in your social group think using PrEP (pre-exposure prophylaxis) is a positive choice to make? (if you have several social groups, think of the group you would be most likely to talk about sexual health with)</b>	Yes = 64% No = 8% Not sure = 27% Missing = 1%	Yes = 16% No = 10% Not sure = 74%	Yes = 9% No = 14% Not sure = 77%

# PrEP use

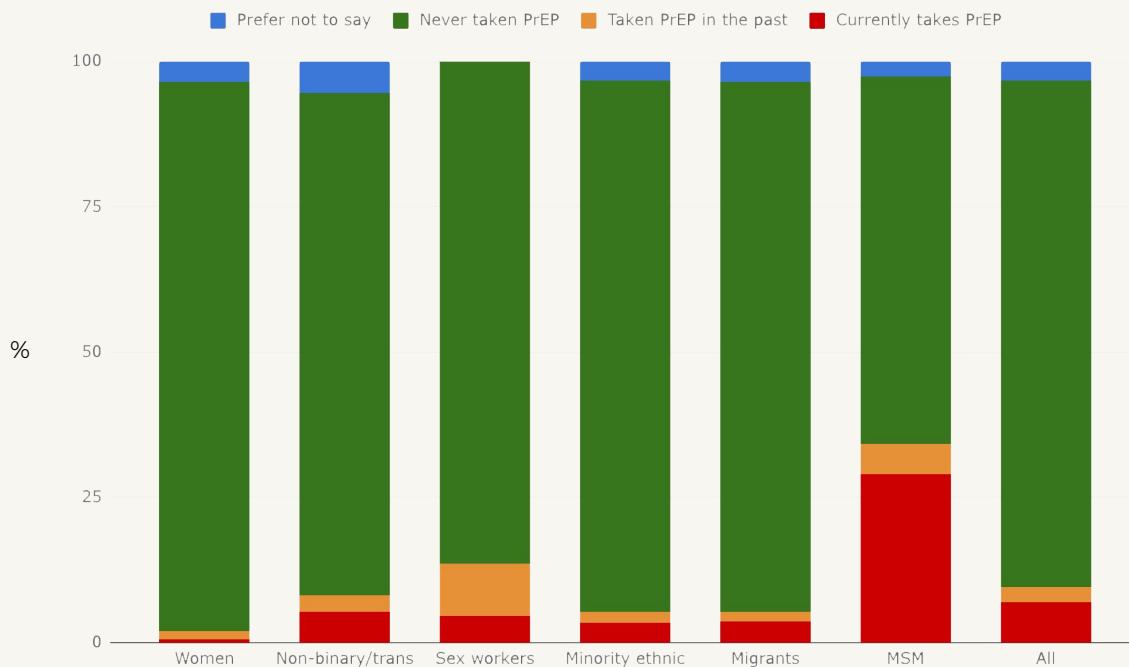
We assessed PrEP use and found that **80.5%** of participants had never taken PrEP and 10.7% take PrEP now or have in the past, as shown in figure 7 below.

**Figure 7: Use of PrEP**



When comparing across groups, as shown in figure 8 below, we found that **MSM** was the group with the most participants who take or have taken PrEP, followed by **sex workers** and **non-binary/trans people**.

**Figure 8: Use of PrEP by group**



# Risk perceptions by PrEP awareness and use

We conducted a series of ANOVAs to examine whether perceptions of one's own risk of catching STIs or HIV statistically vary by PrEP awareness and PrEP use.

## PrEP awareness and risk perception

- STI risk perceptions were significantly higher in those who have heard of PrEP and know what it is for compared to those who have never heard of PrEP. Those who have heard of PrEP but who are not sure what it is for, had higher risk perception scores than those who have never heard of PrEP and lower risk perception scores than those who know what PrEP is for, but these differences were not statistically significant.
- HIV risk perceptions were significantly higher in those who have heard of PrEP and know what it is for as well as those who have heard of PrEP but are not sure what it is for, compared to those who have never heard of PrEP.

## PrEP use and risk perception

- Risk perceptions were significantly higher in those who take PrEP or have taken PrEP in the past, compared to those who have never taken PrEP.

# Accessing PrEP

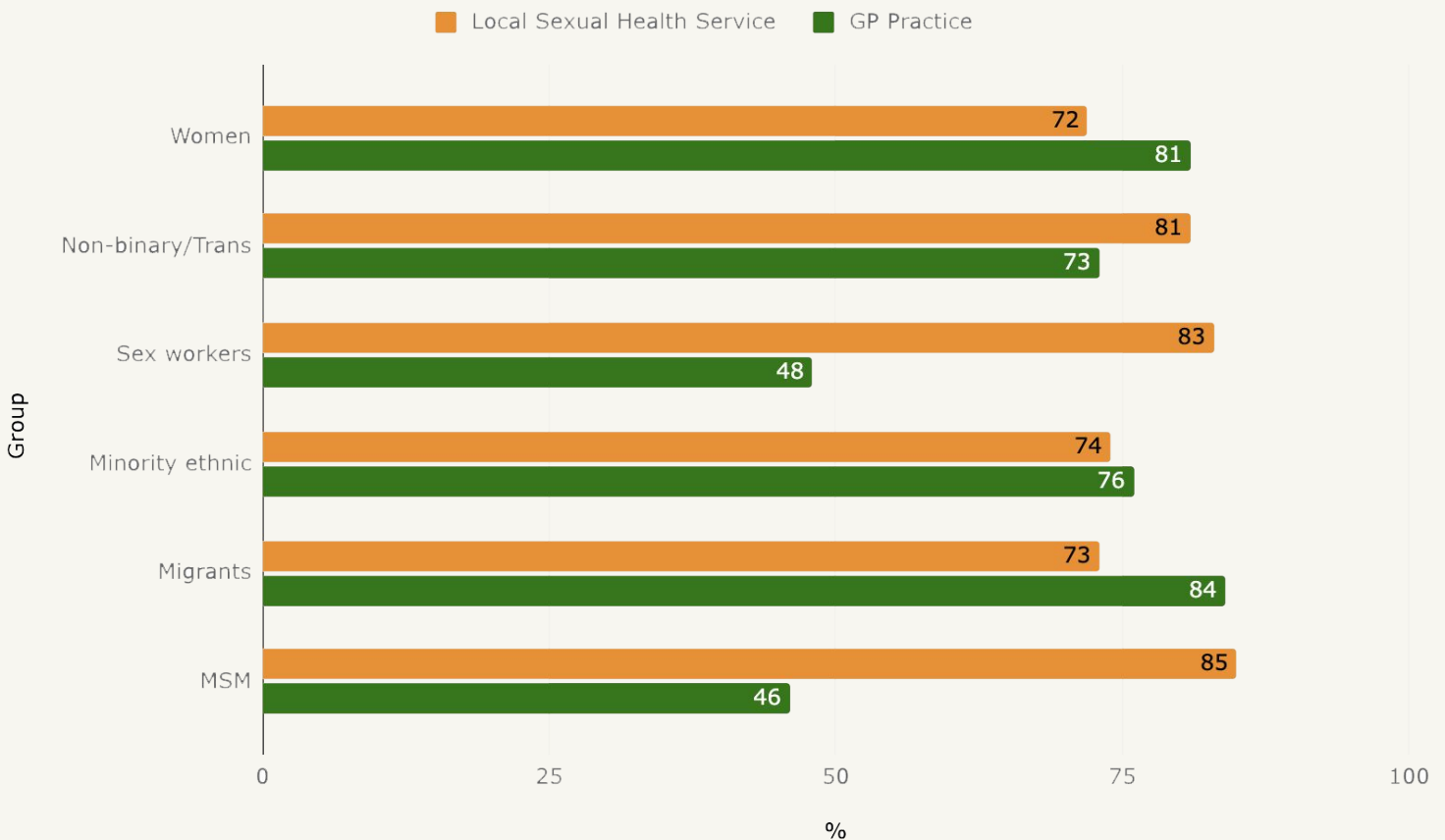
# Sexual Health Service preferences

When asked ‘Select the services you would be willing to use to get help with your sexual health’ participants were able to select multiple response options. The two most commonly selected options were **Local Sexual Health Service (range 72% - 85%)** and **GP Practice (range 46-84%)**. Below, Figure 9 shows the differences in these two options across the groups. **Women, Migrants and Minority Ethnic groups** selected sexual health services less frequently than **MSM, sex workers and Non-binary/Trans people**.

We also found that:

- Approximately half women (47%), minority ethnic groups (49%) and migrants (52%) indicated that they would also be happy to access support via pharmacies.
- Over half of MSM (55%) and non-binary/trans people (61%) indicated that they would be willing to access support via a sexual health charity or a sexual health group or organisation and a significant proportion of MSM (49%) and non-binary/trans people (53%) are also willing to access support via sexual health groups and organisations.

**Figure 9: Sexual Health Service Preferences across groups**

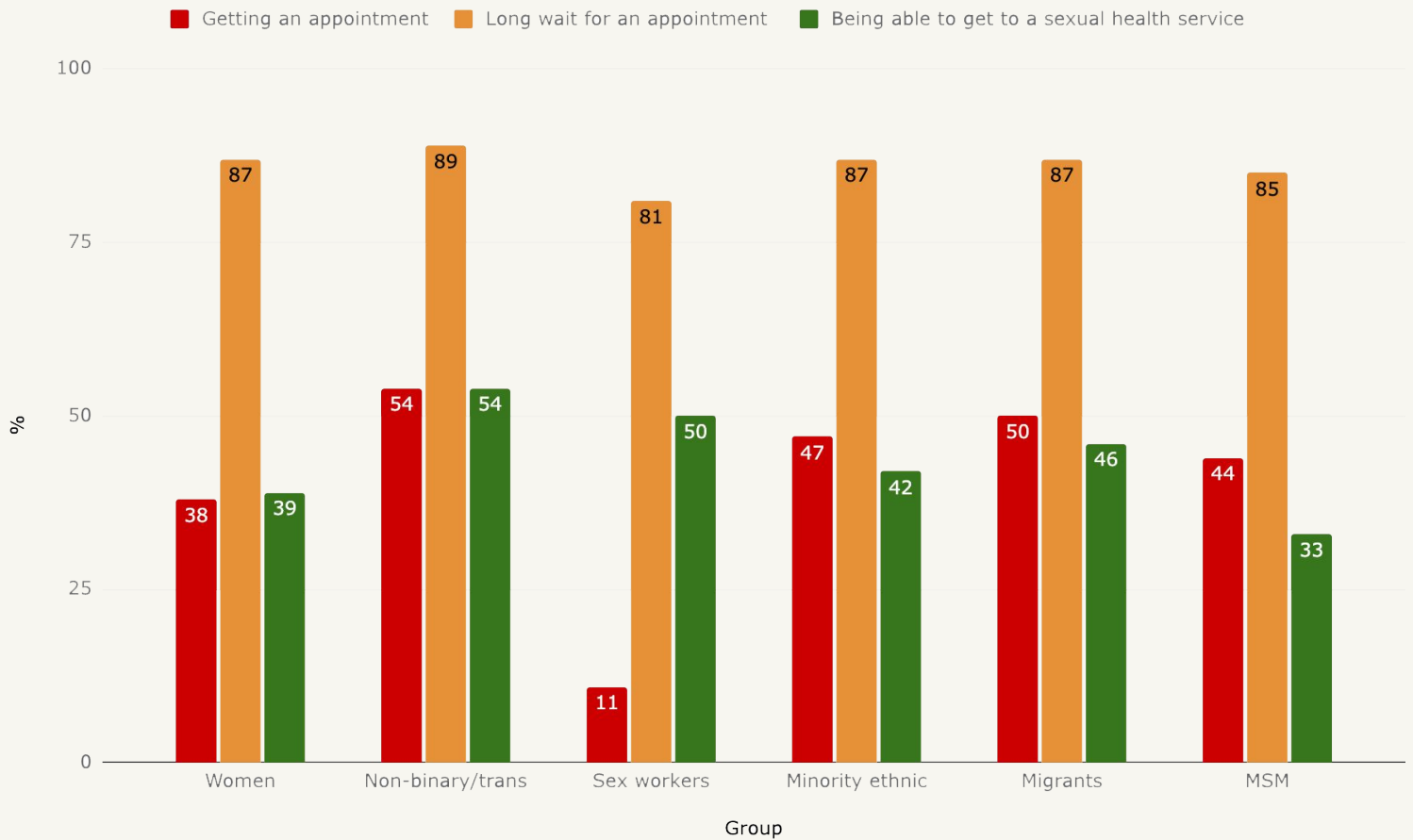


## Barriers to accessing Sexual Health Services

'Participants were asked: "If you wanted to book an appointment with a sexual health service what would or would not concern you?" The response options related to concerns about accessing appointments and factors relating to the actual appointment. Figure 10 below indicates the proportion of each group who are concerned about appointment access factors:

**A long wait for an appointment** was by far the greatest concern across all groups and a significant proportion of participants were **concerned about getting an appointment** and **being able to get to a sexual health service**.

Figure 10: Barriers relating to accessing appointments

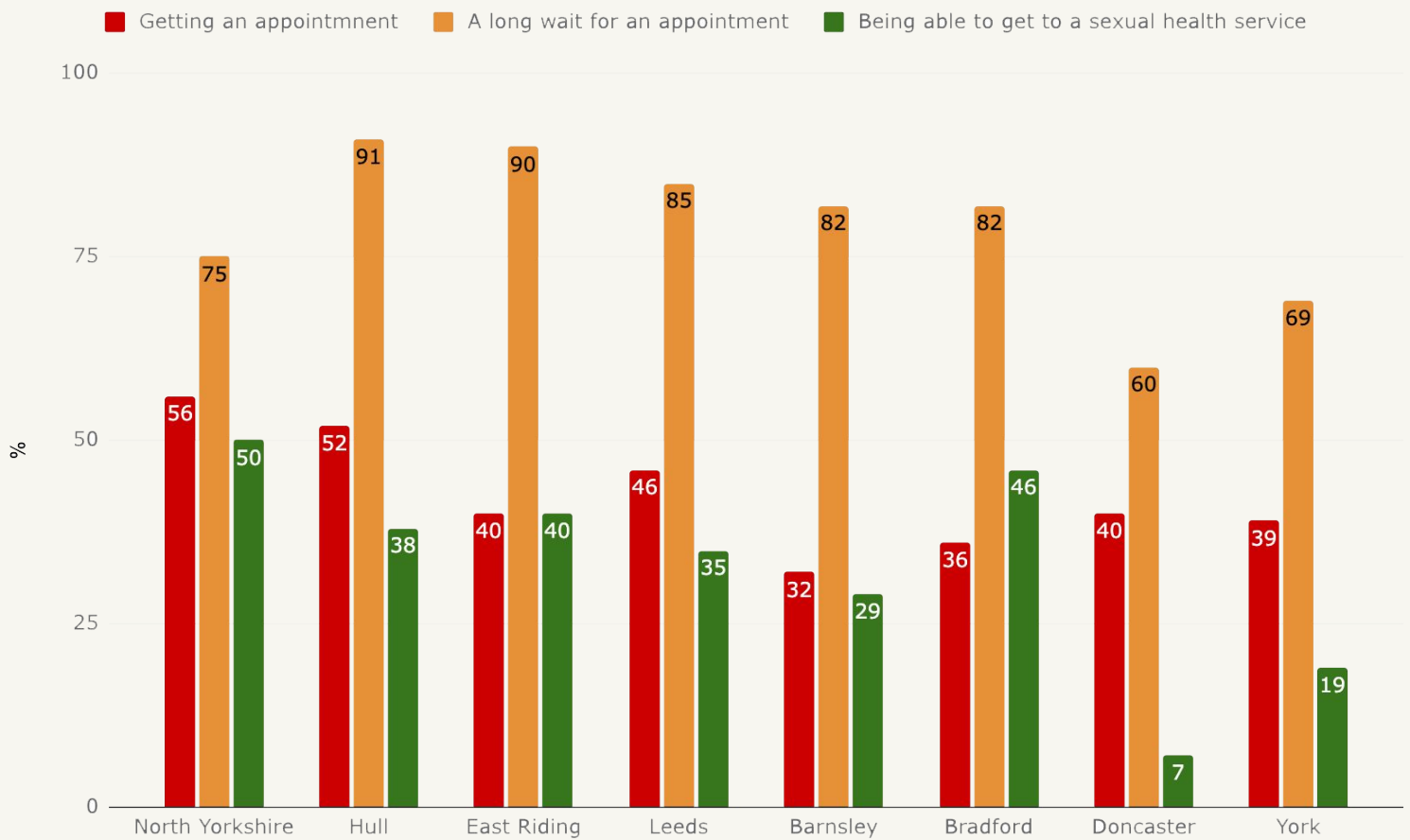




# Barriers to accessing Sexual Health Services

There was variation in responses to these questions across local authorities, however, figure 11 below shows that the pattern was similar, with the biggest concern being a long wait for an appointment, followed by getting an appointment and being able to get to a sexual health service.

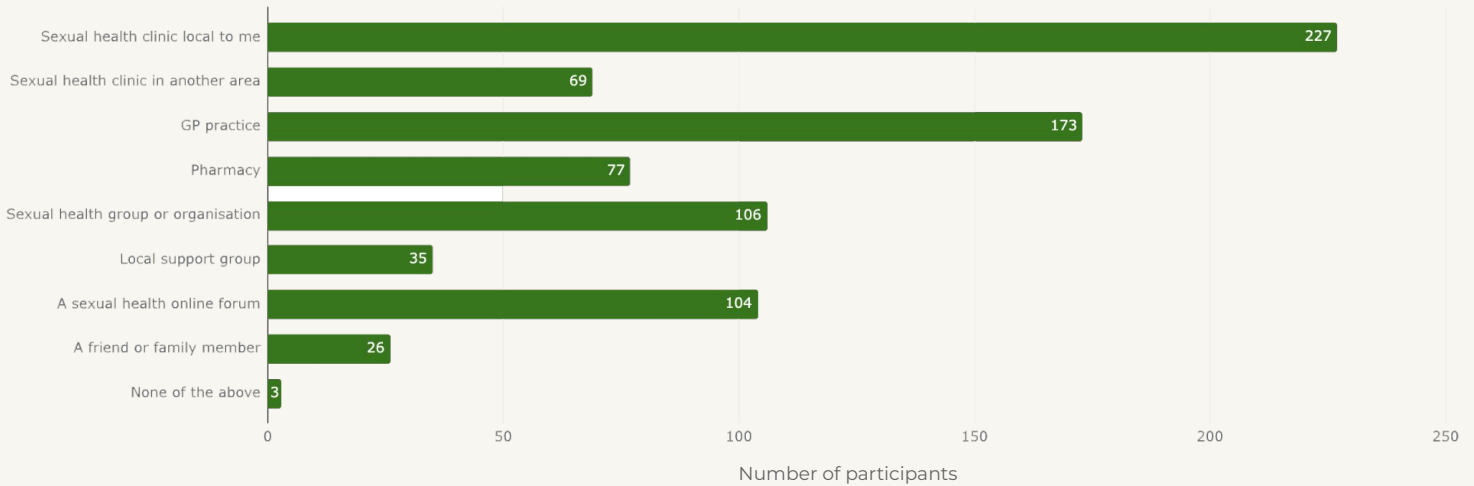
Figure 11: Barriers relating to accessing appointments by Local Authority



# Getting advice about PrEP

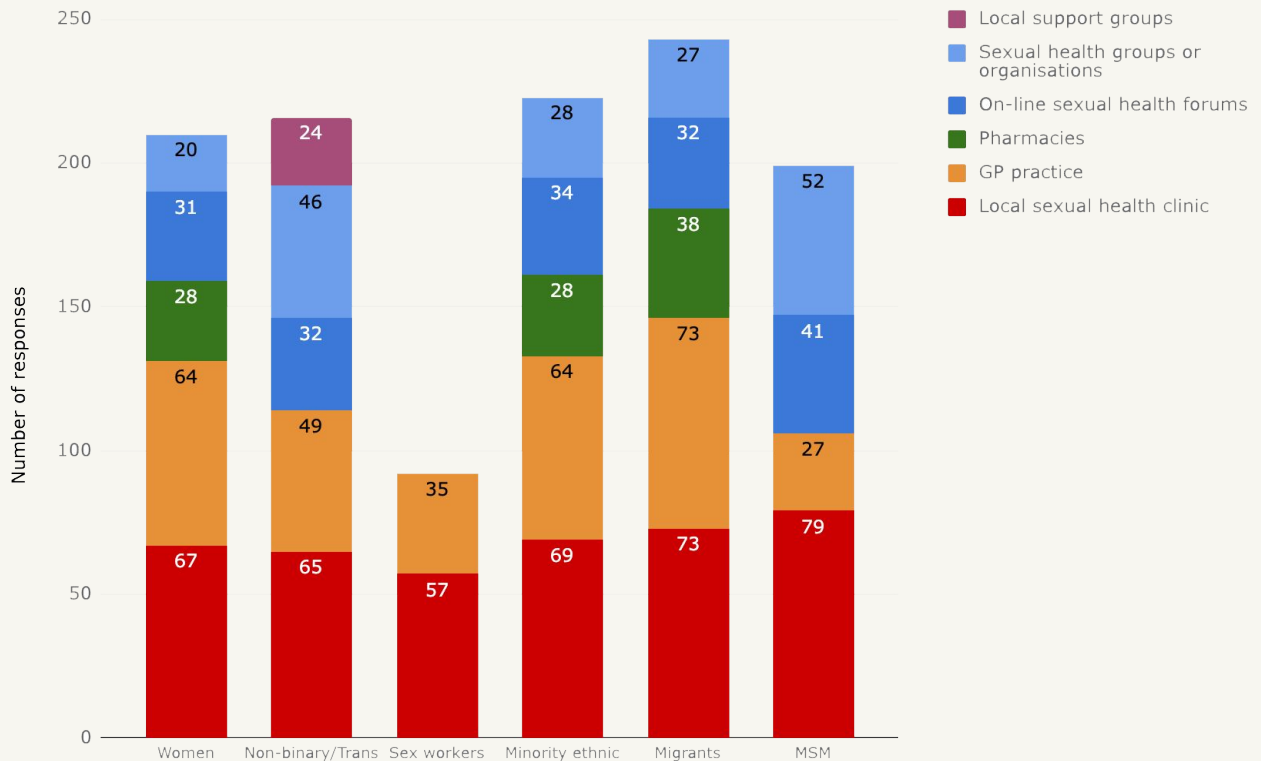
We asked participants, 'If you wanted to get advice about PrEP, who would you talk to?'. Figure 12, below, shows that the most popular options are a **local sexual health clinic** followed by **GP practice**. This is in line with the findings on where participants would prefer to get sexual health support.

**Figure 12: Advice about PrEP**



We compared the responses across the participant groups and found a similar pattern across all groups, as shown in figure 13. Sex workers indicated less willingness to access advice compared with the women and non-binary people

**Figure 13: Advice about PrEP across participant groups**



## Getting advice about PrEP

When comparing preferences for advice about PrEP across local authorities, as shown in table 3 below, 'local sexual health clinic' is the most popular choice across each area, with 'GP Practice' being the second most popular in most areas and the third most popular being 'sexual health group or organisation' for most areas; except for Leeds and York where 'online sexual health form' was chosen and 'pharmacy' in Barnsley.

**Table 3: Advice about PrEP by local authority**

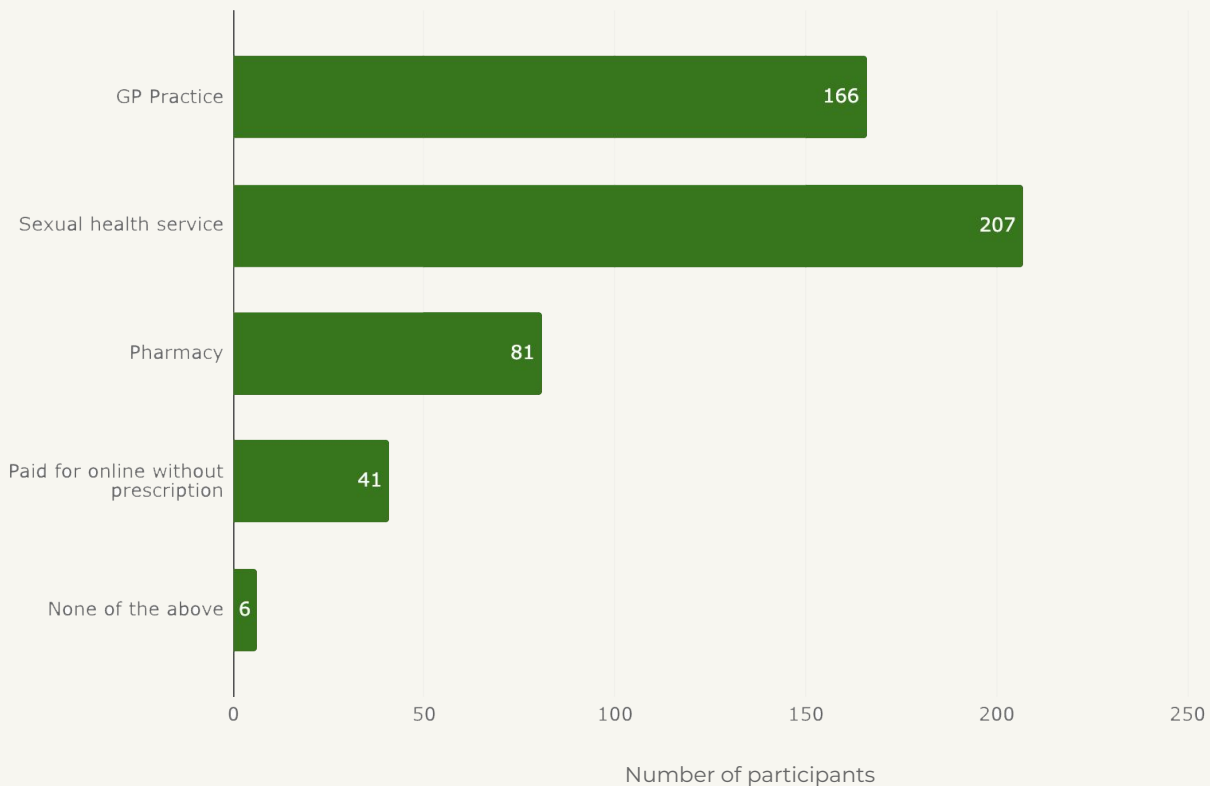
	<b>1st most popular</b>	<b>2nd most popular</b>	<b>3rd most popular</b>
<b>North Yorkshire</b>	Local sexual health clinic (78%)	Sexual health group or organisation (47%)	GP Practice (38%)
<b>Hull</b>	Local sexual health clinic (48%)	Online sexual health forum (33%)	Sexual health group or organisation (29%)
<b>East Riding</b>	Local sexual health clinic (70%)	GP Practice (60%)	Sexual health group or organisation (60%)
<b>Leeds</b>	Local sexual health clinic (71%)	GP Practice (56%)	Online sexual health forum (39%)
<b>Barnsley</b>	Local sexual health clinic (79%)	GP Practice (79%)	Pharmacy (50%)
<b>Bradford</b>	Local sexual health clinic (58%)	GP Practice (39%)	Sexual health group or organisation (27%)
<b>Doncaster</b>	Local sexual health clinic (60%)	GP Practice (53%)	Sexual health group or organisation (27%)
<b>York</b>	Local sexual health clinic (85%)	GP Practice (54%)	Online sexual health forum (39%)

## Accessing PrEP

We also asked participants: *If you wanted to start taking PrEP, where would you go to get it?*

Figure 14, below, shows that the most popular option is a **local sexual health clinic** followed by **GP Practice**. This is in line with the findings on where participants would prefer to get sexual health support.

**Figure 14: Preferences for accessing PrEP**



We compared the responses across the participant groups and found a similar pattern across all groups; except that migrants have a slightly higher preference for 'GP Practice' over 'sexual health service'. We also compared local authorities and found the same pattern for all areas.

## Barriers to taking PrEP

We asked participants: *'If you were to start taking PrEP what would or would not concern you?'* As shown in table 4 below, the biggest concerns were, potential side effects, whether it would work, how it would affect other medication and people thinking I have HIV. This identifies the biggest issues as related medication effects, medication efficacy and stigma.

**Table 4: Barriers to taking PrEP**

	<b>This would concern me</b>
<b>Potential side effects</b>	244 (79%)
<b>How it would affect other prescribed medication I am on</b>	202 (65%)
<b>Whether it would work</b>	225 (73%)
<b>Having to take a tablet everyday</b>	86 (28%)
<b>Remembering to take a tablet everyday</b>	127 (41%)
<b>Storing the tablets</b>	49 (16%)
<b>Other people seeing my tablets</b>	111 (36%)
<b>What people would think about my sex life</b>	121 (39%)
<b>People thinking I have HIV</b>	157 (51%)
<b>Being acceptable in my culture</b>	110 (36%)

# Facilitators and improvements for PrEP access

We asked people who are taking PrEP or have taken PrEP in the past to share **what helped them and what could have been improved** as shown in table 5 below.

**Table 5: Suggested facilitators and improvements for PrEP access**

Group	What helped	What could be improved
Women	Friends who are women	Provide more information Ensure ease of access
Non-binary and trans people	Being asked at sexual health clinics Being able to get it online Support from MESMAC worker	Ensuring medical staff are positive and supportive
Minority ethnic	Friends Easy access Learning about recent HIV infection rates Taking charge of my sexual health Having a HIV positive partner The workers at MESMAC being very knowledgeable and helping me get a appointment to see a nurse who prescribed PrEP	Being able to get repeat prescriptions easier from a local pharmacy Health services advice If MESMAC had a nurse who could provide the script for PrEP More information
Migrants	Support from MESMAC, friends, and having used it before (familiarity).	MESMAC having an in-house nurse who can prescribe Being able to store it in one place (highlighted as a difficulty due to homelessness) Having more information
Sex worker		Prepare participants for what to expect: <i>“Knowing to expect enough bags of medication and knowing that you are prescribed the medication also for side effects. I thought I could collect my medication and hold it in my hand. I was confused when I had enough bags to fill a trolley.”</i>
MSM	Free testing service at local gay sauna Can access from same service already using for testing Availability of sexual health clinics and PrEP at clinics Availability through NHS Availability through trial Being at risk for HIV Being informed Availability online MESMAC advice PrEP effectiveness	Ensuring easier access to sexual health service and PrEP Being able to access via GP practice Being able to access PrEP discreetly Free online access to PrEP Easier access to PrEP appointments at my local sexual health clinic e.g. shorter waiting times for phone calls or the ability to access online booking Gay male nurses, it's all old ladies where I go, who have to ask me the same billion questions about gay sex while they stare at their pc screens never looking at me

# Behavioural analysis

**The results suggest a priority behaviour change intervention to improve knowledge about PrEP in women, migrants, minority ethnic groups and sex workers.**



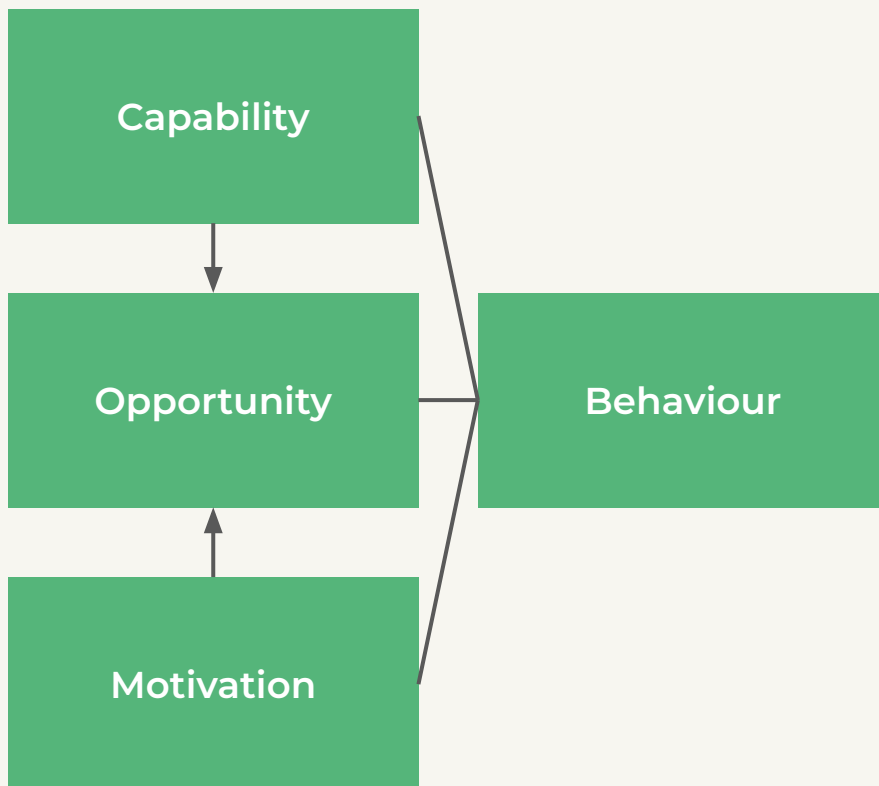
# Behavioural diagnosis

Magpie conducted behavioural analysis of the research findings, to identify barriers and facilitators, to create a behavioural diagnosis. We used the COM-B Model (Michie, Van Stralen and West, 2011) as shown below to categorise the findings.

In Michie, Stralen and West's COM-B model of behaviour change (2011) behaviour occurs as the result of interaction between three necessary conditions, capabilities, opportunities and motivation.

- **Capability** is defined as the individual's psychological and physical capacity to engage in the activity concerned. It includes having the necessary knowledge and skills.
- **Opportunity** is defined as all the factors that lie outside the individual that make the behaviour possible or prompt it. This can be related to physical opportunity or social opportunity.
- **Motivation** is defined as all those brain processes that energize and direct behaviour, not just goals and conscious decision-making. It includes habitual processes, emotional responding, as well as analytical decision-making.

## COM-B Model



# Overarching behavioural diagnosis

Table 6 below shows the behavioural diagnosis developed with the survey findings. We found that the behavioural diagnosis mirrored the findings in the rapid evidence review, which shows consistency of general findings within the literature.

**Table 6: Behavioural Diagnosis**

Capability		Opportunity		Motivation	
Barriers	Facilitators	Barriers	Facilitators	Barriers	Facilitators
Low awareness of PrEP and what it's for (All groups, except MSM and trans/non-binary)	High awareness of PrEP and what it's for (MSM and trans/non-binary)	<p>Concern about long wait for appointments</p> <p>Getting to a service</p> <p>Stigma from service providers and in social groups</p> <p>PrEP isn't talked about socially (All groups, except MSM)</p> <p>Acceptability in culture (Minority ethnic)</p>	<p>Accessing advice and PrEP from the sexual health service</p> <p>Support from other support organisations such as LOTUS, MESMAC and Locala</p> <p>Social group talk about PrEP and think it's a positive choice (Trans/non-binary &amp; MSM)</p>	<p>Effectiveness of PrEP</p> <p>Medication side effects of PrEP</p> <p>Medication interactions (All groups, except MSM)</p> <p>Remembering to take a tablet and people seeing the medication (stigma)</p> <p>Concerns about being misgendered, physical exams and discrimination (Trans/non-binary)</p>	Higher perception of risk is linked with increased knowledge about PrEP and increased PrEP use.

# Behavioural diagnosis summary

The behavioural diagnosis identifies barriers to accessing PrEP across each domain within the COM-B Model as well as some facilitators. Many of the barriers are applicable across all groups, however, some are applicable only to specific groups.

**Capability: low levels of awareness of PrEP**, only 41% of participants reporting that they know what PrEP is and what it's for. MSM and non-binary and trans people were the exceptions to this.

**Recommendation 1:** Increase awareness of PrEP and what it's for in sex workers, women at risk of HIV and minority groups at risk of HIV.

**Opportunity:** Two overarching themes.

1. **Physical Opportunity** - perceived barriers relating to **accessing sexual health services**; particularly concerns about long wait times. Facilitator - participants reported being willing to access sexual health services for sexual health and PrEP.
2. **Social Opportunity** - participants concerned about **being judged and where there is no social norm for accessing PrEP**; except for MSM and non-binary and trans people.

**Recommendation 2:** Increase awareness of sexual health service access and what to expect when accessing them for PrEP. Increase confidence in accessing services and the experience of using the service for PrEP access.

**Recommendation 3:** Increase visibility of at-risk groups in communications and marketing to begin normalising the use of PrEP in social groups

**Motivation:** The **perception of risk** of HIV across the board was low and those who take PrEP or know about PrEP and what it's for had the highest risk perceptions. We also found **barriers linked to the medication**, which include effectiveness of PrEP for preventing HIV, concerns about side effects and medication interactions as well as remembering to take PrEP every day. Trans and non-binary people had specific concerns about how they would be treated relating to their gender. This issue should be explored with sexual health services to understand if there is a training need.

**Recommendation 4:** Increase awareness of PrEP use and lived experiences of people taking PrEP (including trans and non-binary people) to help overcome concerns, increase normalisation of PrEP use and reduce stigma

We used the Behaviour Change Wheel (Michie, Van Stralen and West, 2011), shown below, to identify Policy functions and Intervention types that match up to the behavioural diagnosis findings.

**Intervention types**

- **Education:**
  - increasing knowledge about PrEP, what it's for, it's effectiveness and what to expect if it is taken
  - addressing concerns about service access and what happens when accessing services to discuss PrEP
  
- **Modelling:** creating positive social norms on finding out about and accessing PrEP to overcome stigma - as part of communications and marketing
  
- **Enablement:** improving service availability to remove opportunity barriers

**Policy Functions**

- **Communications and marketing** for people at risk of HIV
- **Service Provision** for people at risk of HIV

Behaviour Change Wheel (Michie, Van Stralen and West, 2011)

**The Behaviour Change Wheel (2011)**

- Policy categories
- Intervention functions
- Sources of behaviour

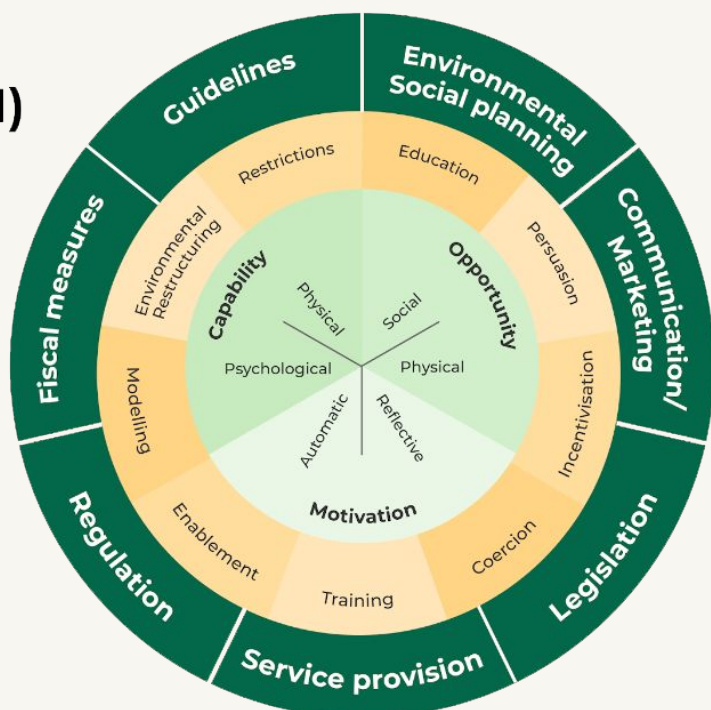


Diagram adapted from Michie *et al*, *Implementation Science*, 2011

# References

# References

- Arnold-Forster, D., Horne, R., Nutland, W. Wyal, S. Rayment, M. Rae, C. Desai, M. Clarke, A. Sullivan, A. McCormack, S. and Gafos, M. (2022) Perceptions and Practicalities Influencing Pre-exposure Prophylaxis Adherence Among Men Who Have Sex with Men in England. *AIDS and Behavior*, vol 26, 2768–2782.
- Cane, J., O'Connor, D, Michie, S. (2012) Validation of the theoretical domains framework for use in behaviour change and implementation research. *Implementation Science*, 7:37.
- DHSC (2021) Towards Zero: the HIV Action Plan for England - 2022 to 2025.
- Grenfell, P. Rafael, S. Calliste, J. and Nutland, W. (2022) 'We go where we know': Reflections from Mobilizing for PrEP and Sexual Health (MobPrESH) – A peer-led PrEP education programme across England, for and by women and non-binary people. *Women's Health*, 18.
- Hanum, N. Cambiano, A. Sewell, J. Phillips, A. Rodger, A. Speakman, A. Nwokolo, N. Asboe, D. Gilson, R. Clarke, A. Miltz, A. Collins, S. and Lampe, F. (2020) Use of HIV pre-exposure prophylaxis among men who have sex with men in England: data from the AURAH2 prospective study. *The Lancet*, Vol 5, (9), E501-E511.
- Health Protection Scotland (Feb 2019) Implementation of HIV PrEP in Scotland: First Year Report.
- Hillis, A. Germain, J. Hibbert, M. Hope, V and Van Hout, M. (2021) "Belt and braces approach; added benefit and...extra reassurance": a multi-stakeholder examination of the challenges to effective provision of pre-exposure prophylaxis (PrEP) for HIV prevention among men who have sex with men (MSM) in Northern and Central England, *AIDS Care*, 33:6, 736-745
- Giuseppe, K. Kasoka, K. and Dunkley, Y. (2019) Investigating Preexposure Prophylaxis (PrEP) Uptake Among Black African Communities in East London and Hertfordshire: A Brief Report of a Mixed Methods Study, *International Journal of Sexual Health*, 31:3, 291-296
- Madhani and Finlay (2021) Using the COM-B model to characterize the barriers and facilitators of pre-exposure prophylaxis (PrEP) uptake in men who have sex with men. *British Journal of Health Psychology*, 27, 1330–1353.
- Michie, S. Van Stralen, M. and West, R. (2011) The behaviour change wheel: a new method for characterising and designing behaviour change interventions. *Implementation Science*. Apr 23;6:42.
- National AIDs Trust (Oct 2022) Not PrEPared. Barriers to accessing HIV prevention drugs in England.
- Nakasone, S. E. Young, I. Estcourt, C.S. Calliste, J. Flowers, P. Ridgway, J. and Shahmanesh, M. (2020) Risk perception, safer sex practices and PrEP enthusiasm: barriers and facilitators to oral HIV pre-exposure prophylaxis in Black African and Black Caribbean women in the UK. *Sexually Transmitted Infections*, 96:349-354.
- O'Halloran, C. Owen, G. Croxford, S., Sims, L. Gill O Noel, Nutland Will, and Delpech, V.. (2019) Current experiences of accessing and using HIV pre-exposure prophylaxis (PrEP) in the United Kingdom: a cross-sectional online survey, May to July 2019. *Euro Surveill*, 24(48).
- Pacífico de Carvalho, N. Mendicino, C. C. P. Cândido, R. C. F., Alecrim, D. J. D. and Menezes de Pádua, C. A. (2019) HIV pre-exposure prophylaxis (PrEP) awareness and acceptability among trans women: a review. *AIDS Care*, 31(10):1234-1240.

## References

PHE Knowledge & Library Services (KLS) Evidence Briefing (2019). What methods have been effective in promoting uptake of Preexposure prophylaxis (PrEP) among individuals at high risk of HIV, excluding men who have sex with men (MSM), in developed cities comparable to London.

UKHSA (March 2022) Routine commissioning of HIV preexposure prophylaxis (PrEP) in England Monitoring and evaluation framework.

Witzel, T. C. Nutland, W. and Bourne, A. (2019) What are the motivations and barriers to pre-exposure prophylaxis (PrEP) use among black men who have sex with men aged 18–45 in London? Results from a qualitative study. *Sexually Transmitted Infections*, 95:262-266.

# Appendices



# Appendices:

**Appendix 1:** Survey

**Appendix 2:** Survey recruitment methods

**Appendix 3:** Further local authority findings

**Appendix 4:** Further findings by priority group

# Appendix 1 - Survey



## Sexual Health Questionnaire

People living in Yorkshire - Take part in research on sexual health and sexual health services in your area and be in with a chance to win £100

Calling all people living in North Yorkshire, York, Hull, East Riding, Leeds, Barnsley, Bradford and Doncaster to complete a quick and anonymous questionnaire about sexual health to help improve sexual health services. If you complete the short 10 minute survey you can choose between entering a £100 prize draw or a donation on your behalf to a charity of your choice.

### **About the project**

We're from Magpie, a Yorkshire based organisation that engages with communities and listens to what they need ([www.wearemagpie.com](http://www.wearemagpie.com)). We are asking people to complete a questionnaire to help us understand how people think and feel about sexual health and sexual health services. We're carrying out this project on behalf of local authorities across Yorkshire who are responsible for sexual health services. The results will be used to improve the information that people get about sexual health services that are available to them and to make recommendations for how to improve these services.

### **What am I being asked to do?**

We would like you to complete an online questionnaire about sexual health. The questionnaire is anonymous, this means that we don't ask for your name on the questionnaire and nobody will find out what individual people say.

### **Will I get anything for taking part?**

You can choose to enter a £100 prize draw or ask that a donation is sent to a charity that you choose.

### **What if I have some questions?**

If there's anything you're not sure about, or if you have any questions, you can ask Dr Grainne Dickerson who is working on this research project. You can contact Grainne by email ([grainne@wearemagpie.com](mailto:grainne@wearemagpie.com)).

### **\* 1. If you're happy to take part, please tick the boxes below:**

- I understand what the research is for
- I understand that I am being asked to complete an online questionnaire
- I understand that it is my choice to take part
- I know that the results will be used in presentations and reports, but that they will be completely anonymous
- I know that I can ask questions about the research
- I live in North Yorkshire, York, Hull, East Riding, Leeds, Barnsley, Bradford and Doncaster

# Appendix 1 - Survey



## Sexual Health Questionnaire

People living in Yorkshire - Take part in research on sexual health and sexual health services in your area and be in with a chance to win £100

2. In what part of Yorkshire do you live?

- North Yorkshire
- Hull
- East Riding
- Leeds
- Barnsley
- Bradford
- Doncaster
- York
- None of the above

# Appendix 1 - Survey



**Sexual Health Questionnaire**  
**People living in Yorkshire - Take part in research on sexual health and sexual health services in your area and be in with a chance to win £100**

In this survey we'll ask you questions about sexual health. There are no right or wrong answers, just be as honest as you can.

This section asks you about sexual health services.

**3. Select the services you would be willing to use to get help with your sexual health:**

- |                                                                        |                                                              |
|------------------------------------------------------------------------|--------------------------------------------------------------|
| <input type="checkbox"/> Sexual Health Service closest to where I live | <input type="checkbox"/> Sexual health charity               |
| <input type="checkbox"/> Sexual Health Service in another area         | <input type="checkbox"/> Sexual health group or organisation |
| <input type="checkbox"/> GP Practice                                   | <input type="checkbox"/> Sexual health on-line forum         |
| <input type="checkbox"/> Pharmacy                                      | <input type="checkbox"/> Local support group                 |
| <input type="checkbox"/> On-Line pharmacy                              |                                                              |
| <input type="checkbox"/> Other (please specify)                        |                                                              |
| <input type="text"/>                                                   |                                                              |
| <input type="checkbox"/> None of the above                             |                                                              |

# Appendix 1 - Survey

4. If you wanted to book an appointment with a sexual health service what **would** or **would not** concern you?

(Select one answer for each option)

	This <b>would</b> concern me	This <b>would not</b> concern me	I'm not sure
Getting an appointment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A long wait for an appointment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Going to a sexual health service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Being able to get to a sexual health service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Talking about my sex life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Being embarrassed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Being asked lots of questions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other people knowing that I made the appointment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify)

# Appendix 1 - Survey



**Sexual Health Questionnaire**  
 People living in Yorkshire - Take part in research on sexual health and sexual health services in your area and be in with a chance to win £100

In this section we'll ask about sexually transmitted infections and HIV.

Sexually Transmitted Infections are infections that can be transmitted from one person to another through sexual contact.

HIV is a Sexually Transmitted Infection and it's a virus that is usually transmitted through sexual intercourse.

5. What, if anything, worries you about your sexual health?

6. What does safe sex mean to you?

Select all the answers that you agree with.

- Using condoms
- Using other forms of contraception
- Limiting my number of sexual partners
- Using PrEP (pre-exposure prophylaxis)
- Getting tested for sexually transmitted infections regularly
- Getting tested for sexually transmitted infections when I think I'm at risk
- Getting tested for HIV regularly
- Getting tested for HIV when I think I'm at risk
- Other (please specify)

- None of the above

7. Please say to what extent you agree or disagree with this statement:

"In the last four weeks I have felt there was a chance that I have been at risk of sexually transmitted infections"

- Strongly disagree
  - Disagree
  - Neither agree nor disagree
  - Agree
  - Strongly agree
- Other (please specify)

- I'd prefer not to say

## Appendix 1 - Survey

8. Please say to what extent you agree or disagree with this statement:

"In the last four weeks I have felt there was a chance that I have been at risk of HIV"

Strongly disagree     Disagree     Neither agree nor disagree     Agree     Strongly agree

Other (please specify)

I'd prefer not to say

# Appendix 1 - Survey



Sexual Health Questionnaire  
 People living in Yorkshire - Take part in research on sexual health and sexual health services in your area and be in with a chance to win £100

The next questions are about a medication called pre-exposure prophylaxis, which is known as PrEP. We are asking about this because it can be beneficial for the sexual health of some people and we would like to understand what people know and think about this option.

9. Select the statement that applies to you:

- I've heard of PrEP but I'm not sure what it's for
- I've heard of PrEP and I know what it's for
- I've never heard of PrEP
- Other (please specify)

10. What is PrEP?

Select your answer from the options below:

- It's a medication to prevent acquiring a HIV infection that is taken before sex
- It's a medication you take 24 hours before and after possible exposure to HIV
- It's a medication to take after possible exposure to HIV
- It's a medication to treat HIV
- It's a medication to take for life to prevent acquiring HIV
- It's a medication to take for a period of time in your life when you are at risk of contracting HIV
- Other (please specify)



# Appendix 1 - Survey

11. If you wanted to get advice about PrEP, who would you talk to?

Select your answers from the options below:

- Sexual health clinic local to me
- Sexual health clinic in another area
- GP practice
- Pharmacy
- Sexual health group or organisation
- Local support group
- A sexual health on-line forum
- A friend or family member
- Other (please specify)

- None of the above

12. If you wanted to start taking PrEP, where would you go to get it?

Select your answer from the options below:

- GP Practice
- Sexual Health Service
- Pharmacy
- Paid for on-line without prescription
- Other (please specify)

- None of the above

# Appendix 1 - Survey

13. If you were to start taking PrEP what **would** or **would not** concern you?

	This <b>would</b> concern me	This <b>would not</b> concern me	I'm not sure
Potential side effects	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How it would affect other prescribed medication I'm on	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Whether it would work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Having to take a tablet every day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Remembering to take a tablet every day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Storing the tablets	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other people seeing my tablets	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
What people would think about my sex life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People thinking I have HIV	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Being acceptable in my culture	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify)

14. Do people in your social group ever talk about PrEP?

- Yes
- No
- Do you have any comments about this?

15. Does anyone in your social group take PrEP?

- Yes
- No
- I'm not sure
- Do you you any comments about this?

# Appendix 1 - Survey

16. Do people in your social group think using PrEP (pre-exposure prophylaxis) is a positive choice to make?

(if you have several social groups, think of the group you would be most likely to talk about sexual health with)

Yes    No    I'm not sure

Do you have any comments about this?

17. Please select the statement that applies to you:

(select one answer)

- I take PrEP now
- I've taken PrEP in the past
- I've never taken PrEP
- I'd prefer not to say

18. If you have previously accessed PrEP, what factors helped you to do so?

19. If you have tried PrEP, what would have made your experience of accessing PrEP medication better?

# Appendix 1 - Survey



## Sexual Health Questionnaire

People living in Yorkshire - Take part in research on sexual health and sexual health services in your area and be in with a chance to win £100

This is the last part of this questionnaire and it asks some questions about you. Your answers to these questions will help us to understand the differences between people in what they need from sexual health services. You can not be identified with the information you share.

20. What is your gender?

21. What is your age?

22. Do you live in a rural, suburban, or urban area?

- Rural (village, hamlet, isolated dwelling)
- Suburban (a residential area outside the city or town centre)
- Urban (city, town)
- I'm not sure

23. Please choose one option that best describes your ethnic group or background

- |                                                                  |                                                                           |
|------------------------------------------------------------------|---------------------------------------------------------------------------|
| <input type="radio"/> White and Black Caribbean                  | <input type="radio"/> White English/Welsh/Scottish/Northern Irish/British |
| <input type="radio"/> White and Black African                    | <input type="radio"/> White Irish                                         |
| <input type="radio"/> White and Asian                            | <input type="radio"/> White Gypsy or Irish Traveller                      |
| <input type="radio"/> Any other mixed/multiple ethnic background | <input type="radio"/> Any other White background                          |
| <input type="radio"/> Indian                                     | <input type="radio"/> African                                             |
| <input type="radio"/> Pakistani                                  | <input type="radio"/> Caribbean                                           |
| <input type="radio"/> Bangladeshi                                | <input type="radio"/> Any other Black/African/Caribbean background        |
| <input type="radio"/> Chinese                                    | <input type="radio"/> Arab                                                |
| <input type="radio"/> Any other Asian background                 | <input type="radio"/> Any other ethnic background not listed here         |

# Appendix 1 - Survey

24. What is your sexual orientation?

- Asexual
- Bisexual
- Gay
- Heterosexual or straight
- Lesbian
- Pansexual
- Queer
- None of the above, please specify

- I'd rather not say

The final two questions are to help us understand the views of people who may have specific needs of sexual health services. Please remember this questionnaire is anonymous which means it can't be traced back to you. The next and final questions are optional.

25. If any of these categories applies to you, select the option that applies.

**(this question is optional)**

- I am a man, who sometimes has sex with other men
- I work as a sex worker
- None of the above

26. Have you moved to the United Kingdom from another country?

- Yes
- No

# Appendix 1 - Survey



## Sexual Health Questionnaire

People living in Yorkshire - Take part in research on sexual health and sexual health services in your area and be in with a chance to win £100

27. How long have you lived in the UK for?

- Less than 12 months
- 1-2 years
- 2-3 years
- 4-5 years
- 5 years or more

# Appendix 1 - Survey

**Sexual Health Questionnaire**  
**People living in Yorkshire - Take part in research on sexual health and sexual health services in your area and be in with a chance to win £100**

**Prize draw or donation of your choice**

If you would like to take part in a £100 prize draw link, copy and paste or type the separate link below to your browser on your smartphone, tablet, laptop or computer to submit your details. This will not link you to this survey and will be held separately until the prize draw is complete and then deleted.

Prize draw link:  
<https://forms.gle/eVkYnYj75GXiKeB56>

Alternatively you can fill in the form provided to you and hand it back in to be returned to us.

If you would prefer to donate to a charity of your choice instead of entering the prize draw, you do not need to complete the prize draw link and can instead complete the next question, which asks for your choice of charity.

28. If you would like us to enter a charity of your choice into the prize draw, please write the name of your chosen charity below.

**Thank you very much for completing this questionnaire**

The aim of this research is to understand how people in North Yorkshire, York, Hull, East Riding, Leeds, Barnsley, Bradford and Doncaster feel about sexual health and sexual health services. The findings from this research will be used to guide how information about sexual health services is provided in the future. The ultimate aim is to help people protect the sexual health of people living in these areas of Yorkshire.

**Support for your sexual health**

If you would like support with your sexual health you can contact the sexual health services below:

**Barnsley** - Spectrum Sexual Health Clinics: Phone number: 0800 0556442; website: <https://spectrumhealth.org.uk/>

**Doncaster** - Sexual Health Services 4 Doncaster: Phone number 01302 272165 OR 0800 246 5390; website: <https://sexualhealthservices4doncaster.co.uk/>

**Leeds** - Leeds Sexual Health: Website <https://www.leedssexualhealth.com/>

**Bradford** - Locala Sexual Health Clinic: Phone number 030 3330 9500; website: <https://www.locala.org.uk/services/sexual-health>

**North Yorkshire** - YorSexualHealth: Phone number: 01904 721111; website: <https://www.yorsexualhealth.org.uk/>

**York** - YorSexualHealth: Phone number: 01904 721111; website: <https://www.yorsexualhealth.org.uk/>

**Hull** - Conifer: Phone: (01482) 247111; Website: <https://conifersexhealth.co.uk/>

## Appendix 2: Survey recruitment methods

### Recruitment strategy summary:

Magpie used a tried and tested multi-channel approach to recruitment, including, reaching out to participants via established links with communities, existing client-held networks, relevant facebook community groups and targeted app advertising. Magpie also recruited using the online participant recruitment platform Prolific Academic and via Survey Monkey.

We drew on our initial behavioural diagnosis to develop a robust and targeted survey for dissemination across the identified groups. Given the persistent stigma around HIV, we recommended using a survey/questionnaire approach in this stage.

A survey approach was more accessible for the target groups compared to focus groups as it ensured and maximised full anonymity and privacy. The results from the survey enabled us to complete a final behavioural diagnosis.

### Organic promotion:

All 16 stakeholders who took part in the focus groups received:

- Email text for survey promotion including all survey links for the targeted groups and an information sheet to forward to participants.

The table on the next page shows the full breakdown of channels used for recruitment across the 8 Local Authorities and 5 target groups.

The numbers in brackets refer to the number of places approached (if this was more than 1).



	<b>Ethnicity groups disproportionately affected by HIV (e.g. Black African &amp; Caribbean)</b>	<b>Newly migrant population</b>	<b>Sex Workers</b>	<b>Women, including trans women and non-binary</b>	<b>Men who have sex with men but may not identify as gay or bisexual</b>
<b>All</b>	Local charities, faith groups, community centres and food banks	The Refugee Council, Migrant Help UK, local food banks and community centres	National Ugly Mugs Beyond the streets Galop Escort services (x2), SARCs (sexual assault referral centres), Universities	SOPHIA project Swingers clubs and meetups (x3) LGBTQ+ Facebook groups and pages (x3) Galop Leeds Domestic Violence Service (LDVS)	Apps (Recon and Gaydar) Swingers clubs and meetups (x3) LGBTQ+ Facebook groups and pages (x3)
<b>Leeds</b>	MESMAC Food bank Leeds Grand Mosque Shantona Womens Centre Al-Rahmah Faith Centre	Food bank	The Joanna Project BASIS Leeds Beckett University Leeds University Women's Lives Leeds	Women's Wellness Centres (x3) Women's charities LGBTQ+ Facebook groups and pages (x4) SARC Hazlehurst Centre Leeds Domestic Violence Service (LDVS)	MESMAC Saunas (x4) LGBTQ+ Facebook groups and pages (x4) West Yorkshire Survivors
<b>Bradford</b>	Locala Bradford African Community Meridian Centre Food bank Bradford African Community Girlington Community Centre Bradford Gurdwara	BEVAN healthcare Food bank	BEVAN healthcare BRIDGE (The Lotus Project) Locala	Womens' local charities MESMAC LGBTQ+ Facebook groups and pages (x2) Milaan community centre	Sauna (x1) Locala LGBTQ+ Facebook groups and pages (x2) LGBT+ youth (Bradford)
<b>York</b>	Food bank York Muslim Association York Mosque	Food bank	Independent Domestic Abuse Services (IDAS), YorSexualHealth, University of York	LGBTQ+ Facebook groups and pages (x3) Women's Wellness Centre (Changing Lives) LGBT York Forum	LGBTQ+ Facebook groups and pages (x3) LGBT York Forum, YorSexualHealth
<b>North Yorkshire</b>	Focus on Scarborough, Selby and W. Yorkshire fringes YorSexualHealth Two Ridings Community Foundation Food bank	YorSexualHealth Food bank	Criminal Justice system, Independent Domestic Abuse Services (IDAS), Emergency Housing	Two Ridings Community Foundation	YorSexualHealth
<b>Barnsley</b>	Spectrum Sexual Health Refugee Council ELSH (Education Learning Support Hub) Food bank Barnsley Mosque Community Centre	Refugee Council ELSH (Education Learning Support Hub) Food bank	Sex Parlours (contact via Spectrum Sexual Health	LGBTQ+ Facebook groups and pages (x1) Spectrum Sexual Health Women's Centre	Via apps Sauna (x1) LGBTQ+ Facebook groups and pages (x1) Spectrum Sexual Health
<b>Doncaster</b>	Doncaster Council Food bank Doncaster Ethnic Minority Regeneration Partnership	Doncaster Council Food bank	The Amber Project Changing Lives Northern Bells Escort Agency	LGBTQ+ Facebook groups and pages (x2) Women's Centre Sexual Health Services 4 Doncaster	LGBTQ+ Facebook groups and pages (x2)
<b>Hull</b>	MESMAC Afro Caribbean Centre Two Ridings Community Foundation Food bank Hull Mosque & Islamic Centre	Food bank	MESMAC	LGBTQ+ Facebook groups and pages (x4) LGBT Forum TPSG Hull Two Ridings Community Foundation Together Women Preston Road Women's Centre (Conifer) Cornerhouse	Sauna (x2) MESMAC LGBTQ+ Facebook groups and pages (x4) LGBT Forum TPSG Hull
<b>East Riding</b>	Two Ridings Community Foundation Food bank	Food bank	Probation (criminal justice system)	LGBTQ+ Facebook groups and pages (x4) Two Ridings Community Foundation	LGBTQ+ Facebook groups and pages (x4)

# Appendix 2: Survey recruitment methods

## App promotion:

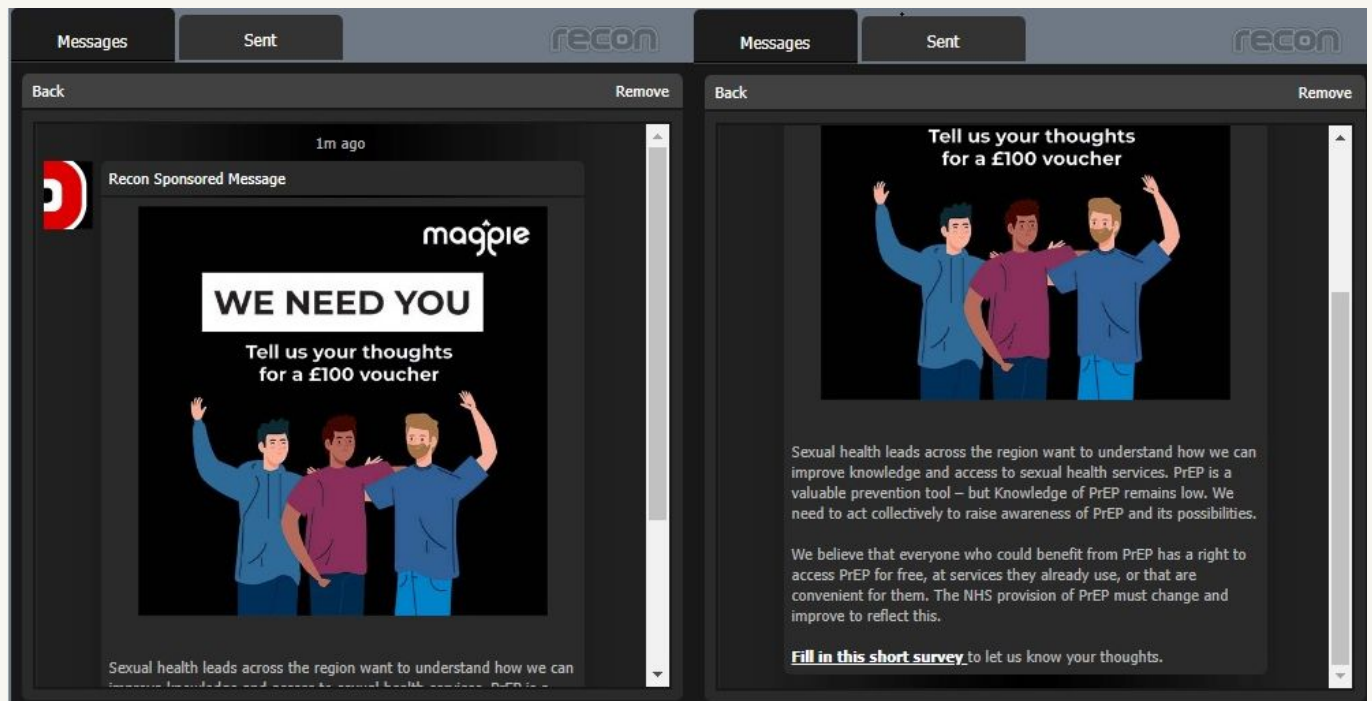
Magpie used paid for advertisements on 2 Apps, Recon and Gaydar, to target men who have sex with men but may not identify as gay or bisexual. Below are images of the ads as well as their results.

### RECON

Budget: £120  
 Magpie – Inbox Message Stats – 22/12/2022 – 29/12/2022  
 Platforms: Web/Android X - iOS/Android G  
 Location: North East - North West  
 Reach: 7,263  
 Views: 3,566  
 View Rate: 49%  
 Clicks: 268  
 Click Through Rate: 7.51%

### RECON

Budget: £120  
 Magpie – Sponsored Alert Stats – 22/12/2022 – 29/12/2022  
 Platforms: Web/Android X - iOS/Android G  
 Location: North East - North West  
 Reach: 7,263  
 Views: 5,169  
 View Rate: 71%  
 Clicks: 81  
 Click Through Rate: 1.56%



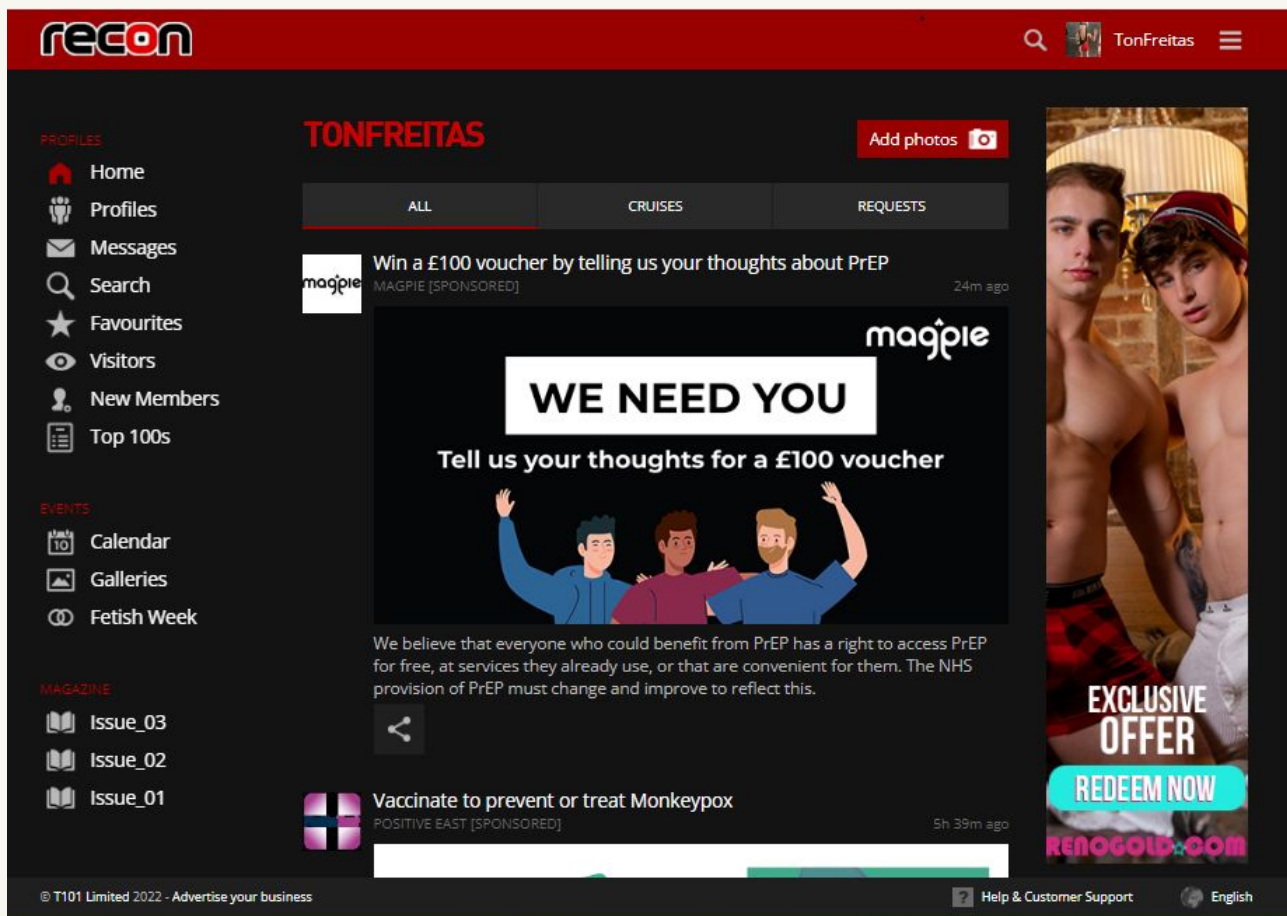
# Appendix 2: Survey recruitment methods

## App promotion:

Magpie used paid for advertisements on 2 Apps, Recon and Gaydar, to target Men who have sex with men but may not identify as gay or bisexual. Below are images of the ads as well as their results.

## Gaydar

Budget: £200  
20 link clicks



# Appendix 3: Further local authority findings

## Sample overview

### East Riding (n = 7)

- MSM: 4
- Gender: 1 trans woman and 5 men. 1 not specified.
- Sex worker: none
- Ethnicity: 6 White. 1 not specified.
- Recent migrants: none

### Barnsley (n = 23)

- MSM: 5
- Gender: 7 women, 1 trans man, 13 men, 2 not specified.
- Sex worker: 1
- Ethnicity: 17 White. 5 minority ethnic. 1 not specified.
- Recent migrants: 1

### York (n = 17)

- MSM: 7
- Gender: 6 women. 1 trans woman. 8 men. 2 not specified.
- Sex worker: none
- Ethnicity: 10 White. 6 minority ethnic. 1 not specified.
- Recent migrants: 2

### Hull (n = 17)

- MSM: 7
- Gender: 7 women. 2 trans men. 1 non-binary person. 6 men. 1 not specified.
- Sex worker: none
- Ethnicity: 10 White. 6 minority ethnic. 1 not specified.
- Recent migrants: 1

### North Yorkshire (n = 27)

- MSM: 17
- Gender: 5 women. 1 non-binary person. 2 trans men. 17 men. 2 not specified.
- Sex worker: none
- Ethnicity: 17 White. 8 minority ethnic. 2 not specified.
- Recent migrants: 1

### Leeds (n = 81)

- MSM: 21
- Gender: 34 women. 4 trans women, 7 non-binary people. 5 trans men. 21 men. 10 not specified.
- Sex worker: 3
- Ethnicity: 34 White. 41 minority ethnic. 6 not specified.
- Recent migrants: 5

### Doncaster (n = 12)

- MSM: 3
- Gender: 3 women. 1 non-binary person. 5 men. 3 not specified.
- Sex worker: none
- Ethnicity: 5 White. 4 ethnic minority. 3 not specified.
- Recent migrants: none

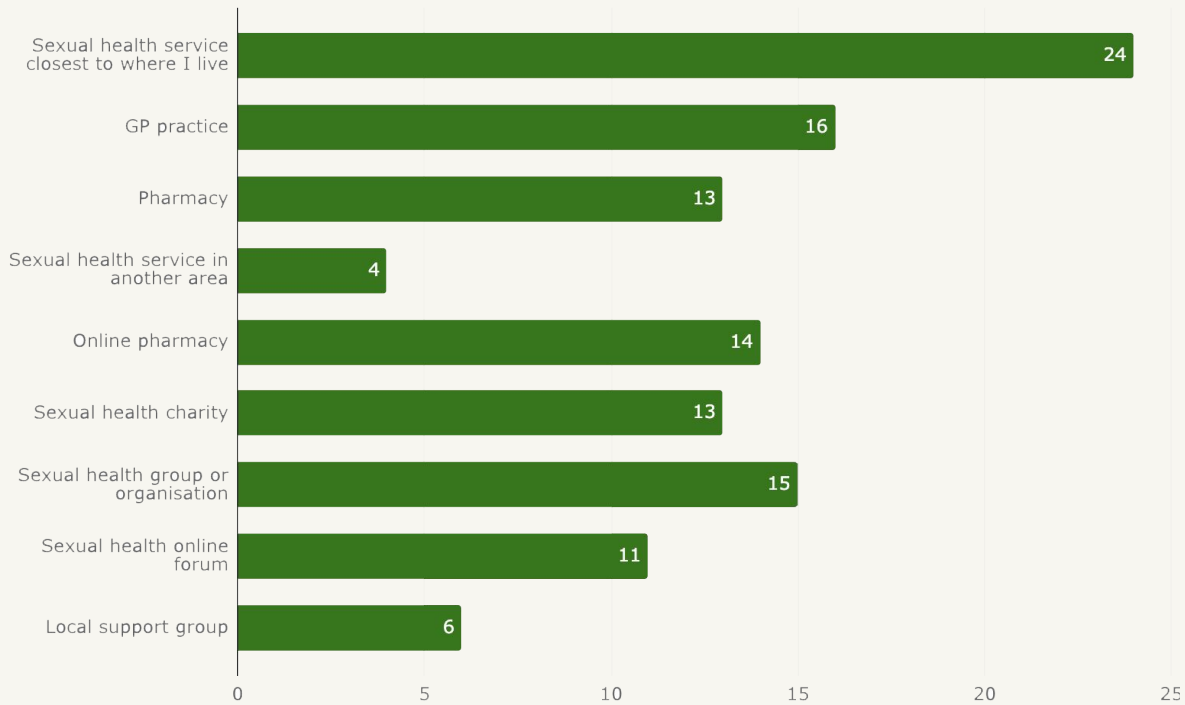
### Bradford (n = 61)

- MSM: 8
- Gender: 40 women. 3 trans women. 1 non-binary person. 13 men. 4 not specified.
- Sex worker: 17
- Ethnicity: 26 White. 30 minority ethnic. 5 not specified.
- Recent migrants: 3

# Appendix 3: Further local authority findings

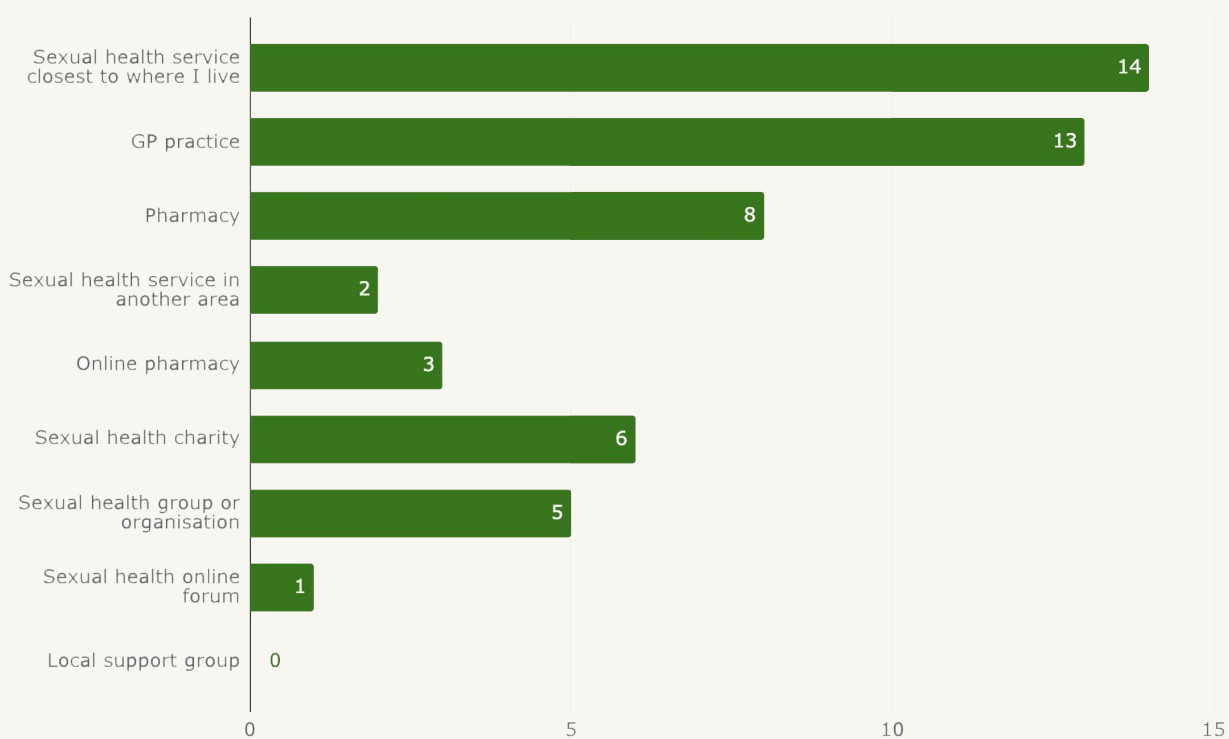
## 1. North Yorkshire

Select the services you would be willing to use to get help with your sexual health:



## 2. Hull

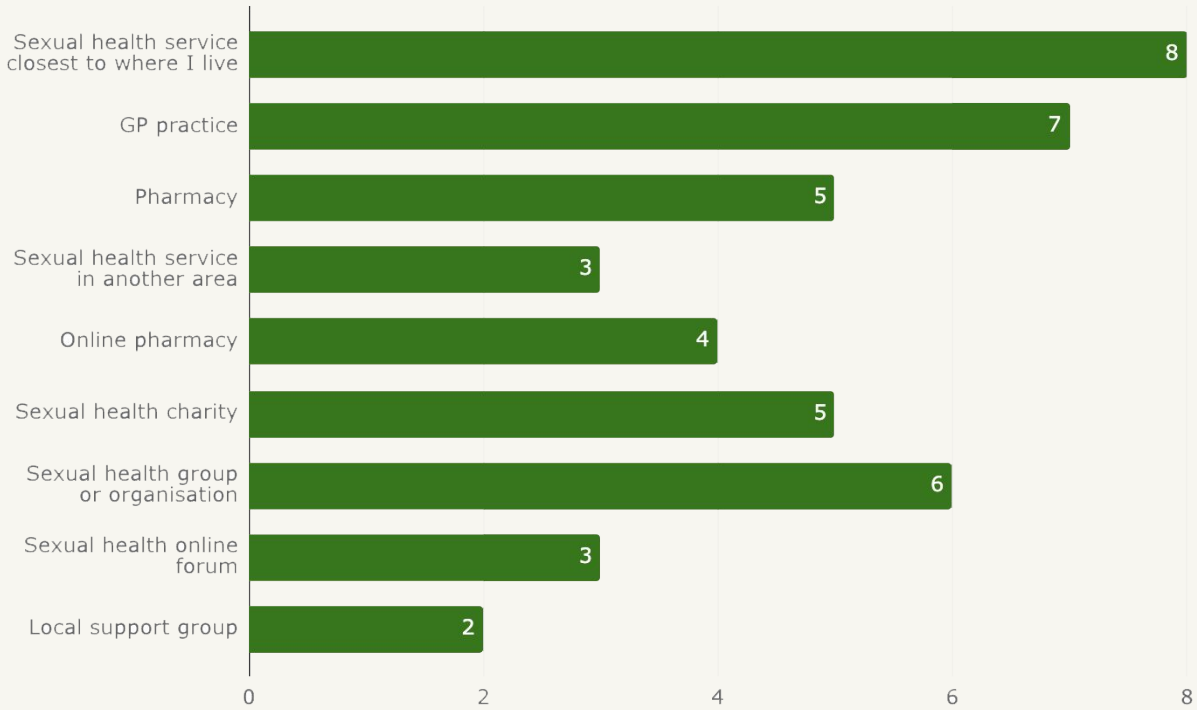
Select the services you would be willing to use to get help with your sexual health:



# Appendix 3: Further local authority findings

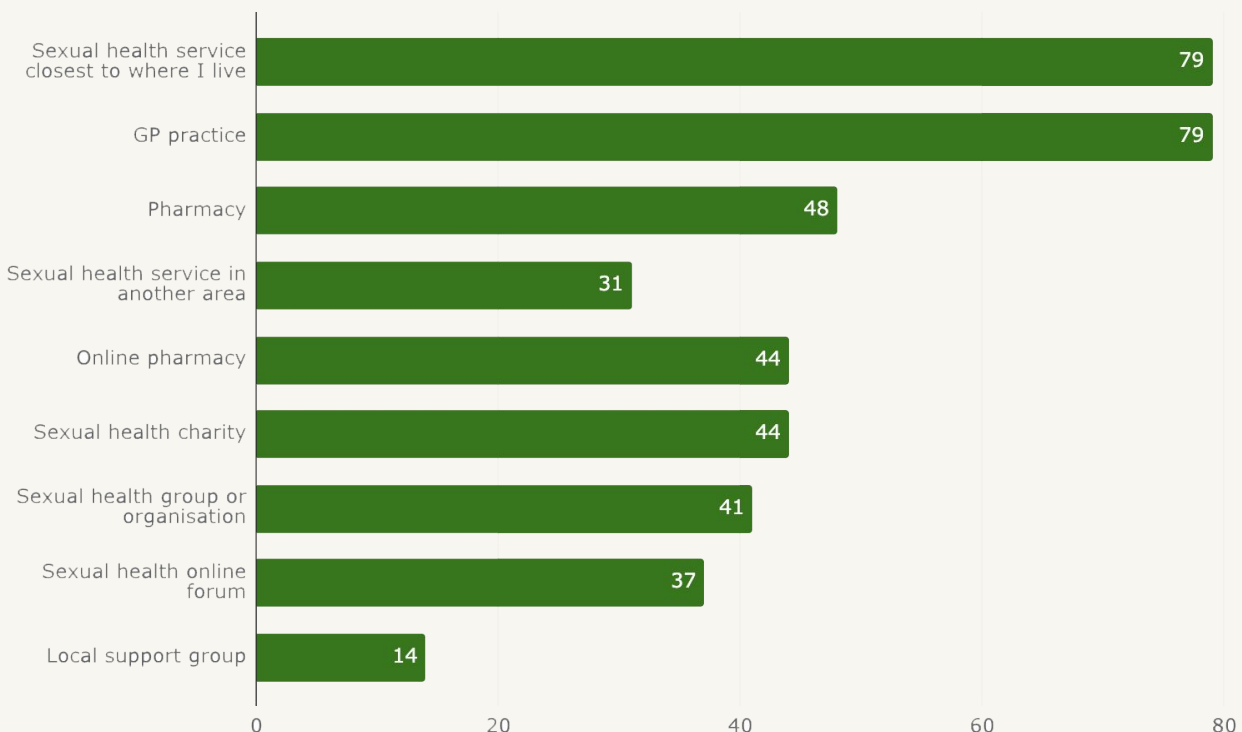
## 3. East Riding

Select the services you would be willing to use to get help with your sexual health:



## 4. Leeds

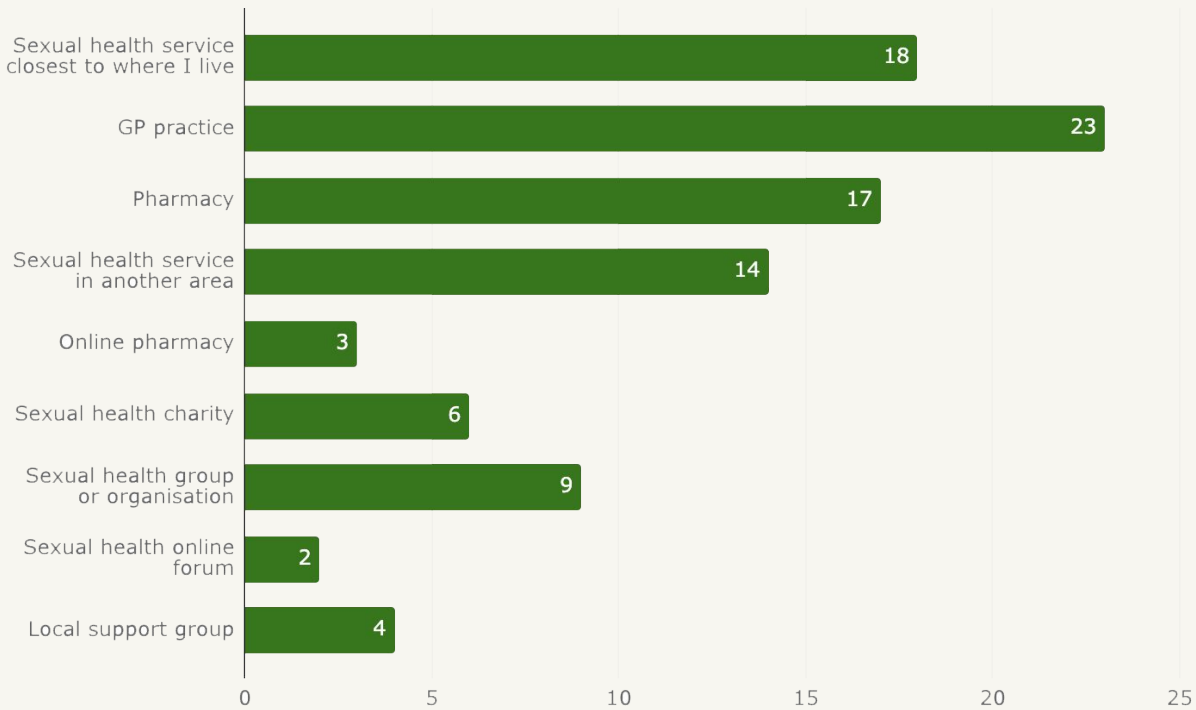
Select the services you would be willing to use to get help with your sexual health:



# Appendix 3: Further local authority findings

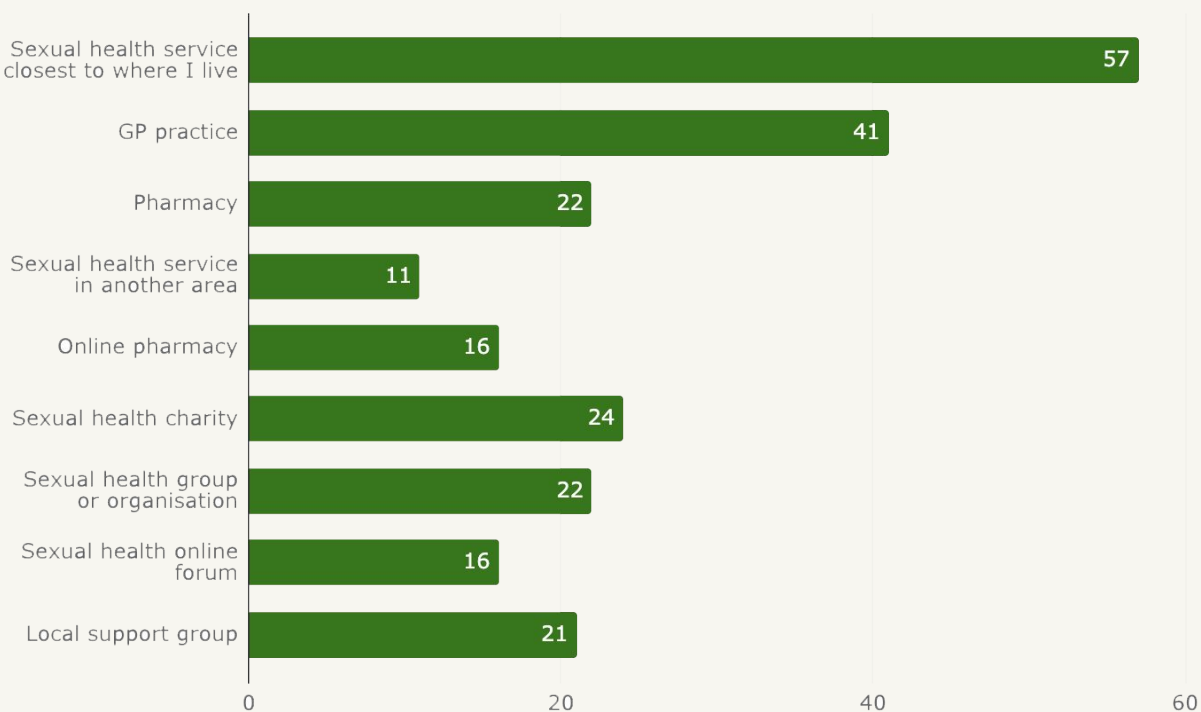
## 5. Barnsley

Select the services you would be willing to use to get help with your sexual health:



## 6. Bradford

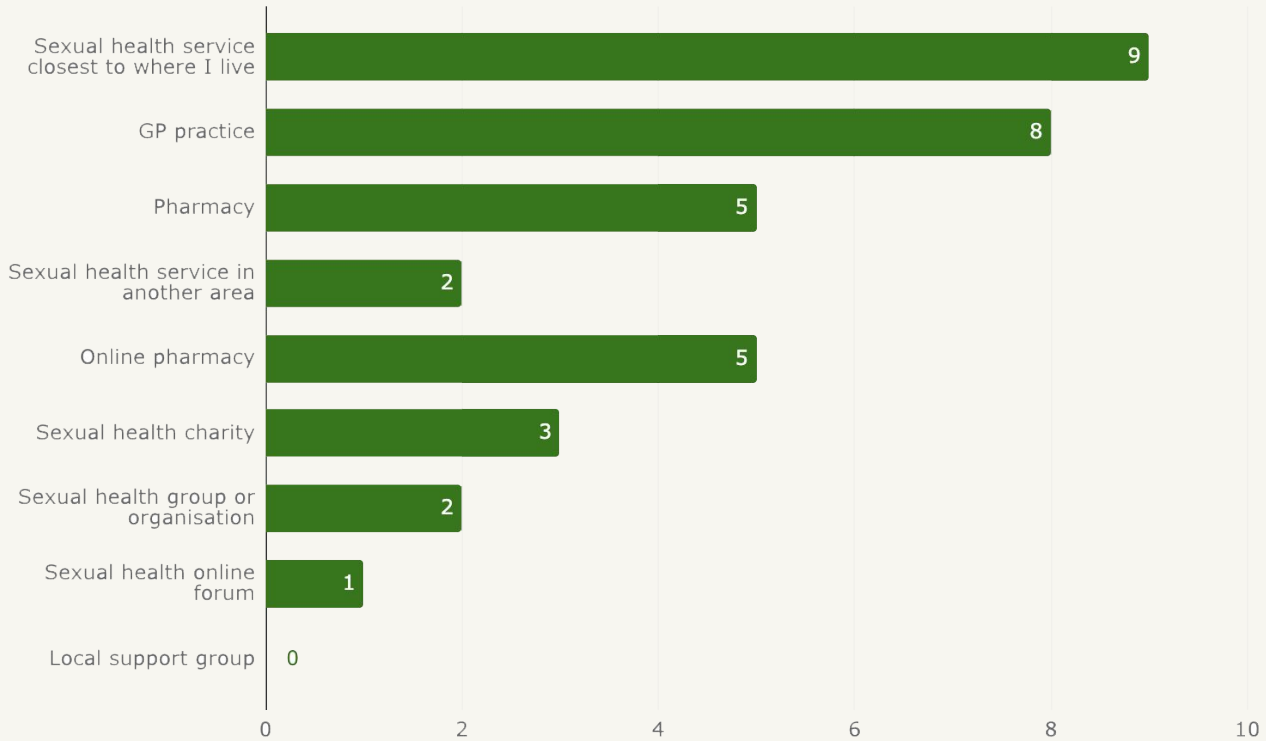
Select the services you would be willing to use to get help with your sexual health:



# Appendix 3: Further local authority findings

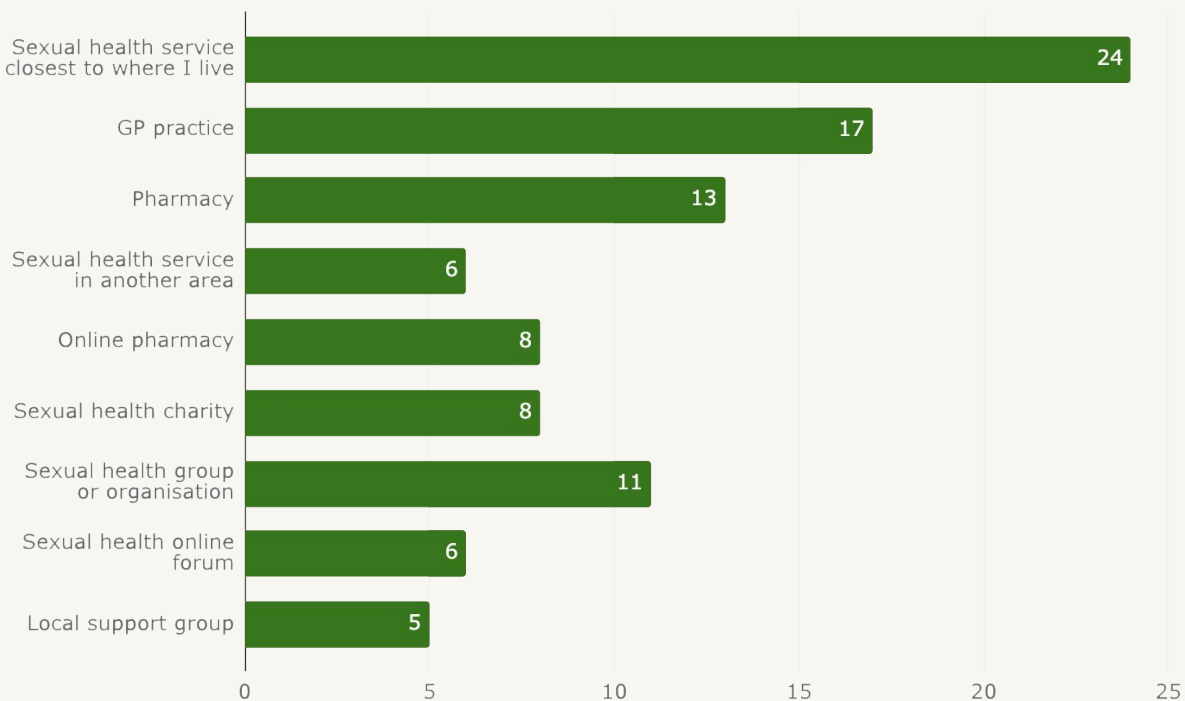
## 7. Doncaster

Select the services you would be willing to use to get help with your sexual health:



## 8. York

Select the services you would be willing to use to get help with your sexual health:





## Appendix 3: Further local authority findings

If you wanted to book an appointment with a sexual health service what would or would not concern you?

1. North Yorkshire	This would concern me
Getting an appointment	18 (56%)
A long wait for an appointment	24 (75%)
Going to a sexual health service	12 (38%)
Being able to get to a sexual health service	16 (50%)
Talking about my sex life	13 (41%)
Being embarrassed	19 (59%)
Being asked lots of questions	9 (28%)
Other people knowing that I made the appointment	15 (47%)

2. Hull	This would concern me
Getting an appointment	11 (52%)
A long wait for an appointment	19 (91%)
Going to a sexual health service	5 (24%)
Being able to get to a sexual health service	8 (38%)
Talking about my sex life	7 (33%)
Being embarrassed	5 (24%)
Being asked lots of questions	3 (14%)
Other people knowing that I made the appointment	12 (57%)

## Appendix 3: Further local authority findings

If you wanted to book an appointment with a sexual health service what would or would not concern you?

### 3. East Riding

#### This would concern me

Getting an appointment	4 (40%)
A long wait for an appointment	9 (90%)
Going to a sexual health service	5 (50%)
Being able to get to a sexual health service	4 (40%)
Talking about my sex life	4 (40%)
Being embarrassed	5 (50%)
Being asked lots of questions	4 (40%)
Other people knowing that I made the appointment	6 (60%)

### 4. Leeds

#### This would concern me

Getting an appointment	46 (46%)
A long wait for an appointment	86 (85%)
Going to a sexual health service	30 (30%)
Being able to get to a sexual health service	35 (35%)
Talking about my sex life	35 (35%)
Being embarrassed	44 (44%)
Being asked lots of questions	37 (37%)
Other people knowing that I made the appointment	59 (59%)

## Appendix 3: Further local authority findings

If you wanted to book an appointment with a sexual health service what would or would not concern you?

### 5. Barnsley

#### This would concern me

Getting an appointment	9 (32%)
A long wait for an appointment	23 (82%)
Going to a sexual health service	6 (21%)
Being able to get to a sexual health service	8 (29%)
Talking about my sex life	7 (25%)
Being embarrassed	9 (32%)
Being asked lots of questions	9 (32%)
Other people knowing that I made the appointment	16 (57%)

### 6. Bradford

#### This would concern me

Getting an appointment	24 (36%)
A long wait for an appointment	55 (82%)
Going to a sexual health service	25 (37%)
Being able to get to a sexual health service	31 (46%)
Talking about my sex life	23 (34%)
Being embarrassed	36 (54%)
Being asked lots of questions	29 (43%)
Other people knowing that I made the appointment	40 (60%)

## Appendix 3: Further local authority findings

**If you wanted to book an appointment with a sexual health service what would or would not concern you?**

### 7. Doncaster

#### This would concern me

Getting an appointment	6 (40%)
A long wait for an appointment	9 (60%)
Going to a sexual health service	5 (33%)
Being able to get to a sexual health service	1 (7%)
Talking about my sex life	4 (27%)
Being embarrassed	6 (40%)
Being asked lots of questions	4 (27%)
Other people knowing that I made the appointment	8 (53%)

### 8. York

#### This would concern me

Getting an appointment	10 (39%)
A long wait for an appointment	18 (69%)
Going to a sexual health service	6 (23%)
Being able to get to a sexual health service	5 (19%)
Talking about my sex life	7 (27%)
Being embarrassed	11 (42%)
Being asked lots of questions	9 (35%)
Other people knowing that I made the appointment	10 (39%)

## Appendix 3: Further local authority findings

### PrEP awareness by local authority

	Heard of PrEP and know what it is for	Heard of PrEP but not sure what it is for	Never heard of PrEP	Missing
<b>North Yorkshire</b>	18 (56%)	7 (22%)	5 (16%)	2 (6%)
<b>Hull</b>	9 (43%)	4 (19%)	7 (33%)	1 (5%)
<b>East Riding</b>	6 (60%)		3 (30%)	1 (10%)
<b>Leeds</b>	49 (49%)	14 (14%)	33 (33%)	5 (5%)
<b>Barnsley</b>	15 (54%)	3 (11%)	9 (32%)	1 (4%)
<b>Bradford</b>	20 (30%)	10 (15%)	34 (51%)	3 (5%)
<b>Doncaster</b>	5 (33%)	4 (27%)	4 (27%)	2 (13%)
<b>York</b>	9 (35%)	5 (19%)	11 (42%)	1 (4%)

# Appendix 3: Further local authority findings

## Worries about sexual health

<p>Women</p>	<p>The main worry that participants spoke about was STIs, particularly undiagnosed and untreated or untreatable STIs.</p> <p>Participants also mentioned the following worries: Pregnancy, fertility, <b>HIV</b>, contraception, <b>cultural norms and taboos, accessing appointments (incl speed and “not knowing who to go to”),</b> embarrassment, thrush, hormonal changes and menstrual health, spotting, <b>lack of knowledge and information around sexual health</b>, symptoms (pain, odours), smear tests, HPV, needing invasive treatment, chronic UTIs, <b>condom push-back from partners</b>, condom breaking, and <b>sexual partners not getting tested or lying about getting tested.</b></p>
<p>Non-binary/trans</p>	<p>The main worries that participants spoke about were STIs (contracting and spreading) as well as <b>experiencing transphobia and discrimination by clinicians and sexual partners.</b></p> <p>Participants also mentioned the following worries: HIV, contraception, erectile dysfunction, not being offered testing at checkups, <b>judgement and lack of knowledge from clinicians as well as a lack of available information for participants’ specific needs</b>, access to contraception, testing, and prep (incl challenges in access due to disabilities), and <b>partners being unsafe.</b></p>
<p>Sex workers</p>	<p>Participants mentioned the following worries: STIs, fertility, <b>HIV</b>, HPV, <b>condom push-back from partners, lack of available information</b>, condom breaking, and <b>stigma re talking about sexual health.</b></p>
<p>Minority ethnic groups</p>	<p>The main worry that participants spoke about was STIs, particularly undiagnosed and untreated STIs.</p> <p>Participants also mentioned the following worries: Pregnancy, fertility, <b>HIV</b>, norms, <b>judgements, and taboos, accessing appointments (incl speed and “not knowing who to go to”),</b> embarrassment, thrush, spotting, hormonal changes and menstrual health, <b>lack of knowledge and information around sexual health</b>, symptoms (pain, odours), smear tests, HPV, erectile dysfunction, needing invasive treatment, <b>sexual partners not getting tested or lying about getting tested</b>, contraception (incl side effects), not using protection, contracting but also spreading STIs, not getting checked regularly enough, and <b>lack of access to proper medical advice, information, and treatment.</b></p>
<p>Migrants</p>	<p>The main worry that participants spoke about was STIs, particularly undiagnosed and untreated and untreatable STIs.</p> <p>Participants also mentioned the following worries:</p> <p>Fertility, pregnancy, menstrual health, not enough people getting tested, <b>partners lying about getting tested</b>, contraception, <b>accessing appointments (incl speed)</b>, chronic UTIs, spotting, <b>judgements from family/friends, lack of knowledge (incl understanding symptoms)</b>, erectile dysfunction, and not use protection.</p>
<p>MSM</p>	<p>Participants mentioned the following worries:</p> <p>STIs (catching and spreading), <b>HIV</b>, access to testing (incl home testing), <b>access to PrEP appointments regularly</b>, access to speedy treatment, antibiotic resistant gonorrhoea, <b>dishonest sexual partners, unsure how to access PrEP</b> or PEP, erectile dysfunction, <b>not being provided proper medical advice, information and treatment</b>, and not having a sexual health clinic nearby.</p> <ul style="list-style-type: none"> <li>○ <i>“As my closest service is 15 miles away and I work a demanding shift pattern getting an appointment after a scare or for a routine visit can take some time to organise.”</i></li> <li>○ <i>“I really struggle to get regular PreP appointments with my sexual health clinic.”</i></li> </ul>

# Appendix 3: Further local authority findings

## Men who have sex with men

### Variations in awareness of PrEP amongst men who have sex with men, by LA:

**“I have heard of PrEP and know what it is for” (numbers below demonstrate levels of agreement)**

- Doncaster: 100% (*n* = 3 out of 3)
- Leeds: 95% (*n* = 20 out of 21)
- York: 86% (*n* = 6 out of 7)
- Barnsley: 80% (*n* = 4 out of 5)
- North Yorkshire: 77% (*n* = 13 out of 17)
- East Riding: 75% (*n* = 3 out of 4)
- Hull: 71% (*n* = 5 out of 7)
- Bradford: 56% (*n* = 5 out of 9)

### Variations in what safe sex means to men who have sex with men, by LA:

**“What does safe sex mean to you?” (numbers below demonstrate proportion and number of participants who selected PrEP when answering this question)**

- Doncaster: 100% (*n* = 3 out of 3)
- York: 100% (*n* = 7 out of 7)
- Barnsley: 100% (*n* = 5 out of 5)
- Leeds: 76% (*n* = 16 out of 21)
- North Yorkshire: 71% (*n* = 12 out of 17)
- Hull: 57% (*n* = 4 out of 7)
- East Riding: 50% (*n* = 2 out of 4)
- Bradford: 33% (*n* = 3 out of 9)

### Variations in which services men who have sex with men would be willing to use to get help with their sexual health, by LA:

Below we report the most popular two, by LA

- |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <li>• Doncaster:             <ul style="list-style-type: none"> <li>◦ Local sexual health service 100% (3 out of 3)</li> <li>◦ GP practice 100% (3 out of 3)</li> </ul> </li> <li>• Leeds:             <ul style="list-style-type: none"> <li>◦ Local sexual health service 86% (18 out of 21)</li> <li>◦ Sexual health charity 71% (15 out of 21)</li> </ul> </li> <li>• York:             <ul style="list-style-type: none"> <li>◦ Local sexual health service 100% (7 out of 7)</li> <li>◦ Sexual health group or organisation 71% (5 out of 7)</li> </ul> </li> <li>• North Yorkshire:             <ul style="list-style-type: none"> <li>◦ Local sexual health service 77% (13 out of 17)</li> <li>◦ Sexual health group or organisation, &amp; sexual health charity, both 53% (9 out of 17)</li> </ul> </li> </ul> | <ul style="list-style-type: none"> <li>• East Riding:             <ul style="list-style-type: none"> <li>◦ Local sexual health service 100% (4 out of 4)</li> <li>◦ GP practice, pharmacy, online pharmacy, &amp; sexual health group or organisation, all 75% (3 out of 4)</li> </ul> </li> <li>• Hull:             <ul style="list-style-type: none"> <li>◦ Local sexual health service, sexual health charity, &amp; GP practice, all 57% (4 out of 7)</li> </ul> </li> <li>• Bradford:             <ul style="list-style-type: none"> <li>◦ Local sexual health service 100% (9 out of 9)</li> <li>◦ Sexual health charity &amp; local support group, both 56% (5 out of 9)</li> </ul> </li> <li>• Barnsley:             <ul style="list-style-type: none"> <li>◦ Local sexual health service 60% (3 out of 5)</li> <li>◦ GP practice 60% (3 out of 5)</li> </ul> </li> </ul> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

# Appendix 3: Further local authority findings

## Women

### Variations in awareness of PrEP amongst women, by LA:

**“I have heard of PrEP and know what it is for.” (numbers below demonstrate levels of agreement)**

- Barnsley: 29% (*n* = 2 out of 7)
- Hull: 29% (*n* = 2 out of 7)
- Leeds: 27% (*n* = 9 out of 34)
- Bradford: 18% (*n* = 7 out of 40)
- York: 17% (*n* = 1 out of 6)
- Doncaster: 0% (*n* = 0 out of 3)
- North Yorkshire: 0% (*n* = 0 out of 5)
- East Riding: no women in sample

### Variations in what safe sex means to women, by LA:

**“What does safe sex mean to you?” (numbers below demonstrate proportion and number of participants who selected PrEP when answering this question)**

- Doncaster: 33% (*n* = 1 out of 3)
- Hull: 29% (*n* = 2 out of 7)
- Barnsley: 29% (*n* = 2 out of 7)
- North Yorkshire: 20% (*n* = 1 out of 5)
- York: 17% (*n* = 1 out of 6)
- Leeds: 15% (*n* = 5 out of 34)
- Bradford: 13% (*n* = 5 out of 40)
- East Riding: no women in sample

### Variations in which services women would be willing to use to get help with their sexual health, by LA:

Below we report the most popular two, by LA

- Doncaster:
  - Local sexual health service 100% (3 out of 3)
  - GP practice, pharmacy, & online pharmacy, all 67% (2 out of 3)
- Leeds:
  - GP practice 85% (29 out of 34)
  - Local sexual health service 71% (24 out of 34)
- York:
  - Local sexual health service, GP practice, & pharmacy, all 83% (5 out of 6)
- North Yorkshire:
  - Pharmacy 100% (5 out of 5)
  - Local sexual health service, GP practice, and online pharmacy, all 80% (4 out of 5)
- Hull:
  - Local sexual health service 71% (5 out of 7)
  - GP practice 71% (5 out of 7)
- Bradford:
  - Local sexual health service 80% (32 out of 40)
  - GP practice 63% (25 out of 40)
- Barnsley:
  - GP practice 86% (6 out of 7)
  - Local sexual health service, pharmacy, & sexual health group or organisation, all 43% (3 out of 7)



# Appendix 3: Further local authority findings

## Minority ethnic groups

### Variations in awareness of PrEP amongst minority ethnic groups, by LA:

**“I have heard of PrEP and know what it is for.” (numbers below demonstrate levels of agreement)**

- Hull: 50% (*n* = 3 out of 6)
- Barnsley: 40% (*n* = 2 out of 5)
- Leeds: 34% (*n* = 14 out of 41)
- Bradford: 27% (*n* = 8 out of 30)
- North Yorkshire: 25% (*n* = 2 out of 8)
- York: 17% (*n* = 1 out of 6)
- Doncaster: 0% (*n* = 0 out of 4)
- East Riding: no minority ethnic groups in sample

### Variations in what safe sex means to minority ethnic groups, by LA:

**“What does safe sex mean to you?” (numbers below demonstrate proportion and number of participants who selected PrEP when answering this question)**

- Doncaster: 50% (*n* = 2 out of 4)
- Barnsley: 40% (*n* = 2 out of 5)
- Hull: 33% (*n* = 2 out of 6)
- York: 33% (*n* = 2 out of 6)
- North Yorkshire: 25% (*n* = 2 out of 8)
- Leeds: 17% (*n* = 7 out of 41)
- Bradford: 7% (*n* = 2 out of 30)
- East Riding: no minority ethnic groups in sample

### Variations in which services minority ethnic groups would be willing to use to get help with their sexual health, by LA:

Below we report the most popular two, by LA

- |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <li>• Doncaster:             <ul style="list-style-type: none"> <li>◦ Local sexual health service 100% (4 out of 4)</li> <li>◦ GP practice &amp; pharmacy, both 75% (3 out of 4)</li> </ul> </li> <li>• Leeds:             <ul style="list-style-type: none"> <li>◦ GP practice 83% (34 out of 41)</li> <li>◦ Local sexual health service 73% (30 out of 41)</li> </ul> </li> <li>• York:             <ul style="list-style-type: none"> <li>◦ Pharmacy 100% (6 out of 6)</li> <li>◦ Local sexual health service &amp; GP practice, both 83% (5 out of 6)</li> </ul> </li> </ul> | <ul style="list-style-type: none"> <li>• North Yorkshire:             <ul style="list-style-type: none"> <li>◦ Pharmacy &amp; local sexual health service, both 63% (5 out of 8)</li> </ul> </li> <li>• Hull:             <ul style="list-style-type: none"> <li>◦ Local sexual health service, GP practice, &amp; pharmacy, all 50% (3 out of 6)</li> </ul> </li> <li>• Bradford:             <ul style="list-style-type: none"> <li>◦ Local sexual health service 77% (23 out of 30)</li> <li>◦ GP practice 72% (22 out of 30)</li> </ul> </li> <li>• Barnsley:             <ul style="list-style-type: none"> <li>◦ GP practice 100% (5 out of 5)</li> <li>◦ Local sexual health service, pharmacy, &amp; sexual health group or organisation, all 60% (3 out of 5)</li> </ul> </li> </ul> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

## Appendix 3: Further local authority findings

**Sample sizes are not sufficiently large to allow us to investigate differences in the experiences of the following groups by local authority:**

- Trans and non-binary people
- Recent migrants
- Sex workers

# Appendix 4: Further findings by priority group

## Women (n=145)

- Service preferences: When asked ‘Select the services you would be willing to use to get help with your sexual health’ Most participants are willing to access support via local sexual health services (72%) or their GP practice (81%). Approximately half indicated that they would also be happy to access support via pharmacies (48%).
- What does safe sex mean to them? (% indicates proportion of participant agreement)
  - Using condoms (90%), using other forms of contraception (62%), limiting number of sexual partners (66%), getting tested regularly for STIs (50%), getting tested for STIs when at risk (51%), getting tested for HIV when at risk (46%), getting tested for HIV regularly (32%), using prep (14%)
- Current perceived risk: Participants were asked: “In the last four weeks I have felt there was a chance that I have been at risk of STIs”. This was asked separately for HIV risk.
  - STI: 90% of participants disagree/strongly disagreed that there was a chance that they were at risk
  - HIV: 94% of participants disagree/strongly disagreed that there was a chance that they were at risk
- Worries: when asked “What if anything worries you about your sexual health”?
  - The main worry that participants spoke about was STIs, particularly undiagnosed and untreated or untreatable STIs.
  - Participants also mentioned the following worries: Pregnancy, fertility, HIV, contraception, cultural norms and taboos, accessing appointments (incl speed and “not knowing who to go to”), embarrassment, thrush, hormonal changes and menstrual health, spotting, lack of knowledge and information around sexual health, symptoms (pain, odours), smear tests, HPV, needing invasive treatment, chronic UTIs, condom push-back from partners, condom breaking, and sexual partners not getting tested or lying about getting tested.
- Barriers to accessing sexual health service: Participants were asked: “If you wanted to book an appointment with a sexual health service what would or would not concern you?”
 

The %s below indicate the proportion of group who are concerned about these factors:

  - A long wait for an appointment 87%
  - Being embarrassed 59%
  - Other people knowing that I had made an appointment 58%
  - Being asked lots of question 43%
  - Talking about my sex life 41%
  - Being able to get to a sexual health service 39%
  - Getting an appointment 38%
  - Going to a sexual health service 37%
- Awareness of PrEP:
  - 63% of participants had never heard of PrEP.
  - 19% had heard of PrEP but were not sure what it was for.
  - 19% had heard of PrEP and knew what it was for.
- PrEP use:
  - One participant currently takes PrEP.
  - Two have taken it in the past.
  - 136 have never taken PrEP.
  - Five preferred not to say.
- Where would participants go for advice? Most participants indicated that they would go to their local sexual health clinic (67%) or GP practice (64%). Some participants also indicated that they would go to online sexual health forums (31%), pharmacies (28%), and sexual health groups or organisations (20%) for advice. Lotus and Local A were also mentioned in the text-box option by a few participants.
- Where would participants go to access PrEP? Most participants indicated that if they wanted PrEP they would want to access it through a sexual health service (61%) or their GP practice (62%). Some also indicated their pharmacy (30%).

## Appendix 4: Further findings by priority group

### Women

- Barriers to taking PrEP: The biggest barriers for willingness to take PrEP were: (1) potential side effects, (2) concerns about the effectiveness of the medication, and (3) interaction with other prescribed medications (> 75% of participants listed each of these as concerns). Remembering to take a tablet and judgments and assumptions from others were also important barriers (> 40% of participants listed these as concerns).
- Facilitators: Of the participants who have used PrEP, the facilitator highlighted was “friends”.
- Improvements: Of the participants who have used PrEP, the improvements suggested were: providing more information and ensuring ease of access.
- Social norms: Participants were asked ‘Do people in your social group ever talk about PrEP?’ Most participants (95%) do not talk about PrEP in their social group and only 1% know of someone in their social group who takes PrEP.
- Participants were also asked ‘Do people in your social group think using PrEP (pre-exposure prophylaxis) is a positive choice to make?’ (if you have several social groups, think of the group you would be most likely to talk about sexual health with). Most participants do not know what their social group think about PrEP (71%). 15% of participants said that people in their social group think taking PrEP is a positive choice.

# Appendix 4: Further findings by priority group

## Non-binary and trans people

- **Service preferences:** When asked ‘*Select the services you would be willing to use to get help with your sexual health*’ Most participants are willing to access support via local sexual health services (81%) and their GP practice (73%). A significant proportion of participants are also willing to access support via sexual health charities (61%) and sexual health groups and organisations (53%).
- **What does safe sex mean to them?** (% indicates proportion of participant agreement)
  - Using condoms (81%), using other forms of contraception (68%), limiting number of sexual partners (32%), getting tested regularly for STIs (57%), getting tested for STIs when at risk (68%), getting tested for HIV when at risk (60%), getting tested for HIV regularly (43%), using prep (38%)
- **Current perceived risk:** Participants were asked: “*In the last four weeks I have felt there was a chance that I have been at risk of STIs*”. This was asked separately for HIV risk.
  - **STI:** 81% of participants disagree/strongly disagreed that there was a chance that they were at risk
  - **HIV:** 92% of participants disagree/strongly disagreed that there was a chance that they were at risk
- **Worries:** when asked “*What if anything worries you about your sexual health*”?
  - The main worries that participants spoke about were STIs (contracting and spreading) as well as experiencing transphobia and discrimination by clinicians and sexual partners.
  - Participants also mentioned the following worries: HIV, contraception, erectile dysfunction, not being offered testing at checkups, judgement and lack of knowledge from clinicians as well as a lack of available information for participants’ specific needs, access to contraception, testing, and prep (incl challenges in access due to disabilities), and partners being unsafe.
- **Barriers to accessing sexual health service:** Participants were asked: “If you wanted to book an appointment with a sexual health service what would or would not concern you?”
 

*The %s below indicate the proportion of group who are concerned about these factors:*

  - A long wait for an appointment 89%
  - Getting an appointment 54%
  - Being able to get to a sexual health service 54%
  - Being asked lots of question 43%
  - Other people knowing that I had made an appointment 41%
  - Being embarrassed 41%
  - Talking about my sex life 35%
  - Going to a sexual health service 35%
  - Other concerns shared in the free text box included concerns about being misgendered, fears re physical exams (smear test), and experiencing discrimination.
- **Awareness of PrEP:** Awareness of PrEP was high in this group.
  - Only 17% of participants had never heard of PrEP
  - 9% had heard of PrEP but were not sure what it was for
  - 74% had heard of PrEP and knew what it was for
- **PrEP use:**
  - Two participants currently take PrEP
  - One has taken it in the past
  - 32 have never taken PrEP
  - Two preferred not to say
- **Where would participants go for advice?** Many participants indicated that they would go to their local sexual health clinic (65%). This was followed by seeking advice from their GP (49%) and from sexual health groups or organisations (46%). Some participants also indicated that they would go to online sexual health forums (32%) or local support groups (24%) for advice.

## Appendix 4: Further findings by priority group

### Non-binary and trans people

- Where would participants go to access PrEP?  
Most participants indicated that if they wanted PrEP they would want to access it through a sexual health service (70%). Many also indicated their GP practice (51%). Only a small proportion indicated their pharmacy (22%). In the text-box option, one participant indicated they would only want to access PrEP through a LGBTQ+ friendly clinic.
- Barriers to taking PrEP: The main barrier for willingness to take PrEP was concern around potential side effects (83%). Other important barriers included concerns about the effectiveness of the medication (60%), interaction with other prescribed medications (63%), and remembering to take a tablet every day (49%). Judgments and assumptions from others were not a key barrier for this group (< 32% of participants listed this as a concern).
- Facilitators: Of the participants who have used PrEP, the three facilitators highlighted were being asked at sexual health clinics, being able to get it online, and support from MESMAC worker.
- Improvements: Of the participants who have used PrEP, the improvements suggested were: ensuring ease of access and ensuring medical staff are positive and supportive.
- Social norms:
  - Participants were asked ‘Do people in your social group ever talk about PrEP?’ Most participants (54%) do talk about PrEP in their social group.
  - 29% of participants know of someone in their social group who takes PrEP.
  - Participants were asked ‘Do people in your social group think using PrEP (pre-exposure prophylaxis) is a positive choice to make? (if you have several social groups, think of the group you would be most likely to talk about sexual health with)’. Most participants (74%) said that people in their social group think taking PrEP is a positive choice. The remainder (barr 1 person) were unsure of how their social group felt about PrEP.

# Appendix 4: Further findings by priority group

## Sex workers

- Service preferences: When asked ‘Select the services you would be willing to use to get help with your sexual health’ Local sexual health services were by far the most popular amongst this group (83%). Just under half of participants were also willing to use their GP practice (48%) for support with their sexual health.
- What does safe sex mean to them? (% indicates proportion of participant agreement)
  - Using condoms (96%), using other forms of contraception (52%), limiting number of sexual partners (52%), getting tested regularly for STIs (70%), getting tested for STIs when at risk (52%), getting tested for HIV when at risk (57%), getting tested for HIV regularly (74%), using prep (17%)
- Current perceived risk: Participants were asked: “In the last four weeks I have felt there was a chance that I have been at risk of STIs”. This was asked separately for HIV risk.
  - STI: 74% of participants disagree/strongly disagreed that there was a chance that they were at risk
  - HIV: 86% of participants disagree/strongly disagreed that there was a chance that they were at risk
- Worries: when asked “What if anything worries you about your sexual health”?
  - Participants mentioned the following worries: STIs, fertility, HIV, HPV, condom push-back from partners, lack of available information, condom breaking, and stigma re talking about sexual health.
- Awareness of PrEP:
  - 65% of participants had never heard of PrEP.
  - 17% had heard of PrEP but were not sure what it was for.
  - 17% had heard of PrEP and knew what it was for.
- PrEP use:
  - One participant currently takes PrEP.
  - Two have taken it in the past.
  - 19 have never taken PrEP.

Barriers to accessing sexual health service: Participants were asked: “If you wanted to book an appointment with a sexual health service what would or would not concern you?”

*The %s below indicate the proportion of group who are concerned about these factors:*

- A long wait for an appointment 81%
  - Being able to get to a sexual health service 50%
  - Other people knowing that I had made an appointment 47%
  - Being embarrassed 43%
  - Going to a sexual health service 35%
  - Talking about my sex life 32%
  - Being asked lots of question 26%
  - Getting an appointment 11%
- Where would participants go for advice? Many participants indicated that they would go to their local sexual health clinic (57%). Some indicated that they would go to their GP practice (35%). Lotus and Local A were also mentioned in the text-box option by a few participants. Overall, willingness to access sources of advice was lower in this group compared to the women and non-binary group.
  - Where would participants go to access PrEP? Many participants indicated that if they wanted PrEP they would want to access it through a sexual health service (57%). Only a small proportion of this group indicated that they would access PrEP through their GP practice (30%). Some also indicated their pharmacy (26%).

# Appendix 4: Further findings by priority group

## Sex workers

- **Barriers to taking PrEP:** The biggest barriers for willingness to take PrEP were: (1) potential side effects, (2) concerns about the effectiveness of the medication, and (3) interaction with other prescribed medications (> 63% of participants listed each of these as concerns). Remembering to take a tablet and judgments and assumptions from others were also barriers reported by some participants (> 42% of participants listed these as concerns).
- **Facilitators:** Of the participants who have used PrEP, the facilitator highlighted was sexual health.
- **Improvements:** Of the participants who have used PrEP, the improvements suggested was to prepare participants for what to expect:
  - *“Knowing to expect enough bags of medication and knowing that you are prescribed the medication also for side effects. I thought I could collect my medication and hold it in my hand. I was confused when I had enough bags to fill a trolley”*
- **Social norms:** Participants were asked ‘Do people in your social group ever talk about PrEP?’ Most participants (91%) do not talk about PrEP in their social group and only 9% know of someone in their social group who takes PrEP.
- Participants were asked ‘Do people in your social group think using PrEP (pre-exposure prophylaxis) is a positive choice to make? (if you have several social groups, think of the group you would be most likely to talk about sexual health with)’: Most participants do not know what their social group think about PrEP (74%). 17% of participants said that people in their social group think taking PrEP is a positive choice.



# Appendix 4: Further findings by priority group

## Minority ethnic groups

- Service preferences: When asked ‘Select the services you would be willing to use to get help with your sexual health’ Most participants are willing to access support via local sexual health services (74%) and their GP practice (76%). Half indicated that they would also be happy to access support via pharmacies (49%).
- What does safe sex mean to them? (% indicates proportion of participant agreement)
  - Using condoms (87%), using other forms of contraception (60%), limiting number of sexual partners (64%), getting tested regularly for STIs (56%), getting tested for STIs when at risk (56%), getting tested for HIV when at risk (49%), getting tested for HIV regularly (37%), using prep (18%)
- Current perceived risk: Participants were asked: “In the last four weeks I have felt there was a chance that I have been at risk of STIs”. This was asked separately for HIV risk.
  - STI: 78% of participants disagree/strongly disagreed that there was a chance that they were at risk
  - HIV: 81% of participants disagree/strongly disagreed that there was a chance that they were at risk.
- Worries: when asked “What if anything worries you about your sexual health”?
  - The main worry that participants spoke about was STIs, particularly undiagnosed and untreated STIs.
  - Participants also mentioned the following worries: Pregnancy, fertility, HIV, norms, judgements, and taboos, accessing appointments (incl speed and “not knowing who to go to”), embarrassment, thrush, spotting, hormonal changes and menstrual health, lack of knowledge and information around sexual health, symptoms (pain, odours), smear tests, HPV, erectile dysfunction, needing invasive treatment, sexual partners not getting tested or lying about getting tested, contraception (incl side effects), not using protection, contracting but also spreading STIs, not getting checked regularly enough, and lack of access to proper medical advice, information, and treatment.

Barriers to accessing sexual health service: Participants were asked: “If you wanted to book an appointment with a sexual health service what would or would not concern you?”

*The %s below indicate the proportion of group who are concerned about these factors:*

- A long wait for an appointment 87%
- Other people knowing that I had made an appointment 60%
- Being embarrassed 58%
- Getting an appointment 47%
- Talking about my sex life 47%
- Being asked lots of question 46%
- Being able to get to a sexual health service 42%
- Going to a sexual health service 37%
- Awareness of PrEP:
  - 53% of participants had never heard of PrEP.
  - 17% had heard of PrEP but were not sure what it was for.
  - 30% had heard of PrEP and knew what it was for.
- PrEP use:
  - Five participants currently take PrEP.
  - Three have taken it in the past.
  - 135 have never taken PrEP.
  - Five preferred not to say.
- Where would participants go for advice? Most participants indicated that they would go to their local sexual health clinic (69%) or GP practice (64%). Some participants also indicated that they would go to online sexual health forums (34%), pharmacies (28%), and sexual health groups or organisations (28%) for advice. Lotus, MESMAC, Locala and internet searches were also mentioned in the text-box option by a few participants.
- Where would participants go to access PrEP? Most participants indicated that if they wanted PrEP they would want to access it through a sexual health service (66%) or their GP practice (60%). Some also indicated their pharmacy (35%).

# Appendix 4: Further findings by priority group

## Minority ethnic groups

- **Barriers to taking PrEP:** The biggest barriers for willingness to take PrEP were: (1) potential side effects, (2) concerns about the effectiveness of the medication, and (3) interaction with other prescribed medications (> 76% of participants listed each of these as concerns).  
  
This was followed closely by concerns that people would think they have HIV (62%) and being acceptable in their culture (55%). Remembering to take a tablet and further judgments from others regarding their sex life were also important barriers (> 42% of participants listed these as concerns).
- **Facilitators:** Of the participants who have used PrEP, the facilitators highlighted were “friends”, “easy access”, “recent HIV infection rates”, “taking charge of my sexual health”, “HIV positive partner”, and “the workers at MESMAC were very knowledgeable and helped me get a appointment to see a nurse who prescribed PrEP”.
- **Improvements:** Of the participants who have used PrEP, the improvements suggested were:
  - “Being able to get repeat prescriptions easier from a local pharmacy”
  - Health services advice
  - If MESMAC has a nurse who could provide the script for PrEP
  - More information
- **Social norms:** Participants were asked ‘Do people in your social group ever talk about PrEP?’ Most participants (88%) do not talk about PrEP in their social group. 7% know of someone in their social group who takes PrEP.
- Participants were asked ‘Do people in your social group think using PrEP (pre-exposure prophylaxis) is a positive choice to make? (if you have several social groups, think of the group you would be most likely to talk about sexual health with)’. 60% of participants do not know what their social group think about PrEP. 24% of participants said that people in their social group think taking PrEP is a positive choice.

# Appendix 4: Further findings by priority group

## Migrants

- Service preferences: When asked 'Select the services you would be willing to use to get help with your sexual health' GP practices were by far the most popular option amongst this group (84%). 73% of participants were also willing to use local sexual health services. 52% were willing to use their pharmacy.
- What does safe sex mean to them? (% indicates proportion of participant agreement)
  - Using condoms (95%), using other forms of contraception (63%), limiting number of sexual partners (64%), getting tested regularly for STIs (50%), getting tested for STIs when at risk (52%), getting tested for HIV when at risk (45%), getting tested for HIV regularly (34%), using prep (14%).
  - In the free text box one participant additionally listed being on treatment for HIV.
- Current perceived risk: Participants were asked: "In the last four weeks I have felt there was a chance that I have been at risk of STIs". This was asked separately for HIV risk.
  - STI: 84% of participants disagree/strongly disagreed that there was a chance that they were at risk
  - HIV: 88% of participants disagree/strongly disagreed that there was a chance that they were at risk
- Worries: when asked "What if anything worries you about your sexual health"?
  - The main worry that participants spoke about was STIs, particularly undiagnosed and untreated and untreatable STIs.
  - Participants also mentioned the following worries:  
Fertility, pregnancy, menstrual health, not enough people getting tested, partners lying about getting tested, contraception, accessing appointments (incl speed), chronic UTIs, spotting, judgements from family/friends, lack of knowledge (incl understanding symptoms), erectile dysfunction, and not use protection.

Barriers to accessing sexual health service: Participants were asked: "If you wanted to book an appointment with a sexual health service what would or would not concern you?"

*The %s below indicate the proportion of group who are concerned about these factors:*

- A long wait for an appointment 87%
- Being embarrassed 64%
- Other people knowing that I had made an appointment 60%
- Talking about my sex life 52%
- Getting an appointment 50%
- Being able to get to a sexual health service 46%
- Going to a sexual health service 41%
- Being asked lots of question 36%
- Awareness of PrEP:
  - 52% of participants had never heard of PrEP.
  - 21% had heard of PrEP but were not sure what it was for.
  - 27% had heard of PrEP and knew what it was for.
- PrEP use:
  - Two participants currently take PrEP.
  - One participant has taken PrEP in the past.
  - 51 have never taken PrEP.
  - Two preferred not to say.
- Where would participants go for advice? Most participants indicated that they would go to their GP practice (73%) or their local sexual health clinic (73%). Some participants also indicated that they would go to a pharmacy (38%), an online sexual health forum (32%), or a sexual health group or organisation (27%) for advice. MESMAC was also mentioned in the text-box option by one participant.
- Where would participants go to access PrEP? Most participants indicated that if they wanted PrEP they would want to access it through their GP practice (71%) or a sexual health service (66%). Just under half also indicated their pharmacy (41%).

## Appendix 4: Further findings by priority group

### Migrants

- **Barriers to taking PrEP:** The biggest barriers for willingness to take PrEP were: (1) potential side effects, (2) concerns about the effectiveness of the medication, and (3) interaction with other prescribed medications (> 71% of participants listed each of these as concerns). This was followed closely by concerns that people would think they have HIV (64%) and being acceptable in their culture (51%). Remembering to take a tablet and further judgments from others regarding their sex life were also important barriers (> 41% of participants listed these as concerns).
- **Facilitators:** Of the participants who have used PrEP, the facilitator highlighted was support from MESMAC, friends, and having used it before (familiarity).
- **Improvements:** Of the participants who have used PrEP, the improvements suggested were: (1) MESMAC having an in-house nurse who can prescribe, (2) being able to store it in one place (highlighted as a difficulty due to homelessness), and (3) having more information.
- **Social norms:** Participants were asked 'Do people in your social group ever talk about PrEP?' Most participants (86%) do not talk about PrEP in their social group and only 2 participants know of someone in their social group who takes PrEP.
- Participants were asked 'Do people in your social group think using PrEP (pre-exposure prophylaxis) is a positive choice to make? (if you have several social groups, think of the group you would be most likely to talk about sexual health with)' Most participants do not know what their social group think about PrEP (64%). However, the remainder of participants (27%), barr 5 people, said that people in their social group think taking PrEP is a positive choice.

# Appendix 4: Further findings by priority group

## Men who have sex with men

- **Service preferences:** When asked 'Select the services you would be willing to use to get help with your sexual health' Local sexual health clinics were by far the most popular option amongst this group (85%). Around half indicated that they would be willing to access support via a sexual health charity (55%), a sexual health group or organisation (49%), and their GP practice (46%).
- **What does safe sex mean to them?** (% indicates proportion of participant agreement)
  - Using condoms (85%), using other forms of contraception (37%), limiting number of sexual partners (39%), getting tested regularly for STIs (76%), getting tested for STIs when at risk (60%), getting tested for HIV when at risk (47%), getting tested for HIV regularly (66%), **using prep (68%)**
- **Current perceived risk:** Participants were asked: "In the last four weeks I have felt there was a chance that I have been at risk of STIs". This was asked separately for HIV risk.
  - **STI:** 61% of participants disagree/strongly disagreed that there was a chance that they were at risk
  - **HIV:** 74% of participants disagree/strongly disagreed that there was a chance that they were at risk.
- **Worries:** when asked "What if anything worries you about your sexual health"?
- Participants mentioned the following worries: STIs (catching and spreading), HIV, access to testing (incl home testing), access to PrEP appointments regularly, access to speedy treatment, antibiotic resistant gonorrhoea, dishonest sexual partners, unsure how to access PrEP or PEP, erectile dysfunction, not being provided proper medical advice, information and treatment, and not having a sexual health clinic nearby.
  - "As my closest service is 15 miles away and I work a demanding shift pattern getting an appointment after a scare or for a routine visit can take some time to organise"
  - "I really struggle to get regular PreP appointments with my sexual health clinic"

**Barriers to accessing sexual health service:** Participants were asked: "If you wanted to book an appointment with a sexual health service what would or would not concern you?"

*The %s below indicate the proportion of group who are concerned about these factors:*

- A long wait for an appointment 85%
- Other people knowing that I had made an appointment 53%
- Getting an appointment 44%
- Being able to get to a sexual health service 33%
- Being embarrassed 28%
- Being asked lots of question 21%
- Going to a sexual health service 19%
- Talking about my sex life 18%
- Other concerns shared in the free text box included concerns about staff using surnames to call patients in and experiencing discrimination. Friendliness of staff was mentioned by this target group as well as most other target groups.
- **Awareness of PrEP:**
  - 3% of participants had never heard of PrEP.
  - 15% had heard of PrEP but were not sure what it was for.
  - 82% had heard of PrEP and knew what it was for.
- **PrEP use:**
  - 23 participants currently take PrEP.
  - 4 have taken it in the past.
  - 50 have never taken PrEP.
  - 2 preferred not to say.
- **Where would participants go for advice?** Most participants indicated that they would go to their local sexual health clinic (79%).  
Only 27% of participants indicated they would go to their GP practice for advice.  
Many participants indicated that they would go to online sexual health forums (41%) and sexual health groups or organisations (52%) for advice. MESMAC was also mentioned in the text-box option by two participants.
- **Where would participants go to access PrEP?** Most participants indicated that if they wanted PrEP they would want to access it through a sexual health service (77%). Other options were not very popular amongst this group (<21%). A few participants also mentioned MESMAC.

## Appendix 4: Further findings by priority group

### Men who have sex with men

- **Barriers to taking PrEP:** Concerns around PrEP were generally significantly lower in this group compared to the other target groups. The biggest barriers for willingness to take PrEP were: (1) potential side effects (68%), (2) concerns about the effectiveness of the medication (57%), and (3) interaction with other prescribed medications (54%). People thinking they have HIV (37%) and remembering to take tablets everyday (30%) were also a concerns for some participants.
- **Facilitators:** Of the participants who have used PrEP, the facilitators highlighted were:
  - Free testing service at local gay sauna
  - Can access from same service already using for testing
  - Availability of sexual health clinics and PrEP at clinics
  - Availability through NHS
  - Availability through trial
  - Being at risk for HIV
  - Being informed
  - Availability online
  - MESMAC advice
  - PrEP effectiveness
- **Improvements:** Of the participants who have used PrEP, the improvements suggested were:
  - Ensuring easier access to sexual health service and PrEP
  - Being able to access via GP practice
  - Being able to access PrEP discreetly
  - Free online access to PrEP
  - “Easier access to PrEP appointments at my local sexual health clinic e.g. shorter waiting times for phone calls or the ability to access online booking.”
  - “Gay male nurses, it’s all old ladies where I go, who have to ask me the same billion questions about gay sex while they stare at their PC screens never looking at me.”
- **Social norms:** Participants were asked ‘Do people in your social group ever talk about PrEP?’ Around half of participants (51%) do talk about PrEP in their social group. 53% know of someone in their social group who takes PrEP.
- Participants were also asked ‘Do people in your social group think using PrEP (pre-exposure prophylaxis) is a positive choice to make?(if you have several social groups, think of the group you would be most likely to talk about sexual health with)’. 67% of participants said that people in their social group think taking PrEP is a positive choice. 8% not a positive choice. 24% were not sure how their social group felt about PrEP.

## For further information:

Emma Wragg  
Campaign Consultant  
[Emma@wearemagpie.com](mailto:Emma@wearemagpie.com)

Dr Grainne Dickerson  
Director of Behavioural Insights  
[Grainne@wearemagpie.com](mailto:Grainne@wearemagpie.com)

Magpie  
June 2023