

Ethnic Minority inequalities in sexual health amongst gay, bisexual and other men who have sex with men

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Background

Sexual health inequalities are experienced disproportionately by both gay bisexual and other men who have sex with men (GBMSM) and those from some black and minority ethnic (BME) groups. National surveillance data on STIs confirm that black ethnic and mixed ethnic groups are overrepresented in STI diagnoses. Delayed access to care, socio-economic status, condomless sex and assortative mixing have all been hypothesized as contributory factors although the reasons for the observed disparities are not fully understood. Syndemic inequalities in the areas of substance use and mental health already more prevalent in GBMSM are also more prevalent in some BME groups and this may additionally compound inequalities in sexual health. Additionally stressors resulting from homophobia or racism may interact in BME GBMSM increasing sexual risk taking behavior. Despite widely published data on BME and GBMSM as separate groups, there are limited published UK data on the sexual health of GBMSM from BME backgrounds.

Aim

To describe ethnodemographic and behavioural characteristics of BME GBMSM attending an open access metropolitan sexual health clinic.

Methods

Retrospective case-notes review of all GBMSM attending the Courtyard Clinic at St George's University Hospital in South London 1/6/14 – 1/10/17. This was an open access integrated sexual health clinic offering walk-in and booked appointments with a HIV service co-located on site. Cases were identified through GUMCAD sexual orientation coding. Case notes were manually reviewed and clinical and ethno-demographic parameters were extracted onto a standardised proforma. GBMSM accessing the sexual health clinic over the entire reporting period constituted a single episode for the purposes of this analysis, regardless of the number of attendances.

Results

Of a total 2705 GBMSM, 651 (24.1%) identified their ethnicity at BME. Median age was higher in white than BME GBMSM (32.8 vs. 30.8 yrs; $p < 0.0001$). 17.6% were coded as bisexual. BME GBMSM were significantly more likely to be coded as bisexual than those of white ethnicity with the highest rates in men from black [OR=2.4 (1.7-3.2)] and Asian [OR 2.2 (1.6-3.0) ethnic groups] $p < 0.0001$ [Table 1]

GBMSM by ONS 2001 Ethnic Category (n)	% coded 'Bisexual'	OR [95% CI]	P
Bangladeshi (8)	50.0	5.2 [1.3-20.9]	0.02
Black African (72)	43.1	3.9 [2.4-6.5]	<0.0001
Pakistani (73)	37.0	3.1 [1.9-5.0]	<0.0001
Indian (53)	30.2	2.2 [1.2-4.1]	0.009
Black Caribbean (124)	24.2	1.7 [1.1-2.6]	0.02
White British (1458)	16.1	1.0	
Any other White background (511)	12.7	0.8 [0.6-1.0]	0.06

Table 1: Proportion of GBMSM coded as 'Bisexual' on GUMCAD by Ethnic Category

Drug use and chemsex were more common in black ethnic and mixed ethnic GBMSM (Table 2). STI diagnoses were more common in those of black ethnicity [OR=1.5 (1.1-2.0)], $p=0.008$, and HIV was significantly more frequently diagnosed in those of black ethnic [OR=2.5 (1.2-5.0)] $p=0.01$, and mixed ethnic [OR=3.2 (1.5-6.7)] $p=0.002$ groups (Fig 1).

Ethnicity	Recreational Drug Use (n=2030)			Chemsex Participation (n=2359)		
	%	OR [95%CI]	P-value	%	OR [95%CI]	P-value
Asian	29.7%	0.8 [0.5-1.1]	0.1	12.7%	0.7 [0.5-1.1]	0.09
Black	49.7%	1.8 [1.3-2.5]	0.0008	20.8%	1.3 [0.9-1.8]	0.0008
Mixed	51.4%	1.9 [1.3-2.8]	0.002	25.4%	1.6 [1.1-2.5]	0.002
Other	49.0%	1.7 [1.0-3.0]	0.05	27.8%	1.8 [1.0-3.4]	0.05
White	35.7%	1.0	--	17.3%	1.0	--

Table 2: Drug use and Chemsex disclosure by Ethnic Category



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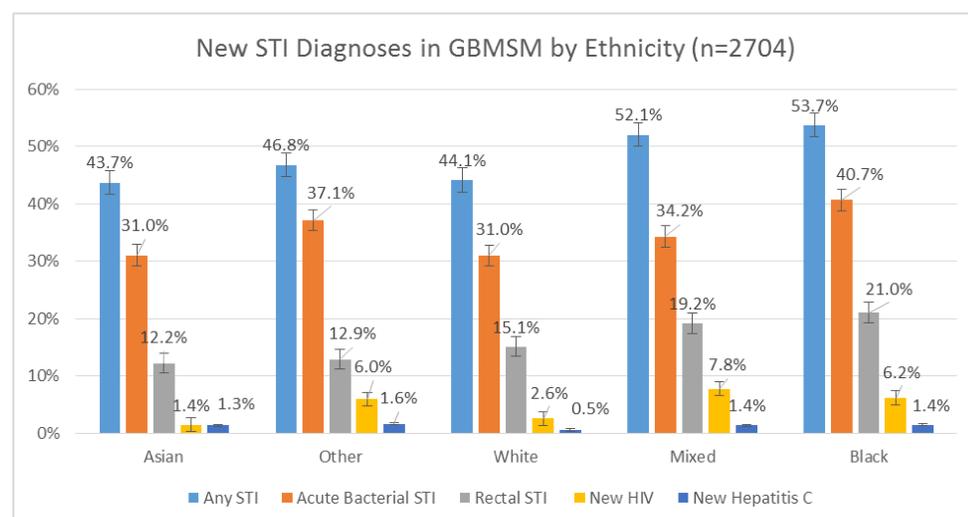


Fig 1: STI and HIV diagnoses in GBMSM by ethnicity

ONS 2001 Ethnic Category	n	%	PHE Aggregated Category	
White British	1458	53.9%	'White' 75.9%	White 75.9%
Any other White background	511	18.9%		
White Irish	84	3.1%	'Asian' 8.5%	
Pakistani	73	2.7%		
Any other Asian Background	63	2.3%		
Indian	53	2.0%		
Chinese	32	1.2%		
Bangladeshi	8	0.3%	'Black' 7.9%	BME 24.1%
Black Caribbean	124	4.6%		
Black African	72	2.7%		
Any other Black background	18	0.7%		
Any other Mixed background	51	1.9%	'Mixed' 5.4%	
White and Black Caribbean	46	1.7%		
White and Asian	35	1.3%		
White and Black African	14	0.5%		
Any other ethnic group	62	2.3%	'Other' 2.3%	
Not Stated	1	0.04%	Excluded	
Total	2705	100.0%		

Ethnicity groupings legend for Table 2 & Figure 1

Conclusions

BME GBMSM were significantly more likely to identify as bisexual compared to those of white ethnicity. New STI diagnoses were significantly more common in black ethnic GBMSM. Black and mixed ethnic GBMSM had an over 2-fold odds of a new HIV diagnosis compared to GBMSM of white ethnicity. Overall drug use and chemsex participation was also significantly more common in black ethnic and mixed ethnic GBMSM. Urgent research is necessary to better understand the sexual health determinants of BME GBMSM in the UK. Services should ensure that harm minimisation and prevention initiatives such as PrEP are reaching this population.

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