

Poor sexual health more common in UK women than men

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Poor sexual health in the UK is more common in women and affects them in more diverse ways than men, according to a UK study published in the open access journal *BMC Public Health*. Out of 12,132 men and women included in the study, 17% of men and 47.5% of women reported poor sexual health. Several important at-risk groups may be in danger of being overlooked by current sexual health intervention efforts, so more tailored approaches may be needed, the authors conclude.

To get a better idea of how [sexual health](#) varies within the UK population, a team of researchers at the University of Glasgow, UK investigated patterns of sexual [health](#) markers, such as sexually transmitted infections (STIs) or sexual function problems, in 12,132 sexually active men and women, aged 16-74 from England, Scotland and Wales, who were interviewed between 2010 and 2012. The data came from the National Survey of Sexual Attitudes and Lifestyles. The authors also examined associations of sexual health with socio-demographic, health and lifestyle characteristics, as well as with satisfaction or distress with a person's [sex life](#).

Alison Parkes, who led the study at the MRC/CSO Social and Public Health Sciences Unit said: "'Sexual health' is an umbrella term that covers several different health risks, such as STIs, unplanned pregnancy, sexual function problems and sexual coercion. A greater understanding of how these risks are patterned across the population is needed to improve the targeting and delivery of sexual health programmes."

Based on markers of sexual health that were most common in different groups of people, the authors identified sexual health classes, four of which were common to both men and women; Good Sexual Health (83% of men, 52% of women), Wary Risk-takers (4% of men, 2% of women), Unwary Risk-takers (4% of men, 7% of women), and Sexual Function Problems (9% of men, 7% of women). Two additional sexual health classes were identified in women only; a Low Sexual Interest class which included 29% of women and a Highly Vulnerable class, reporting a range of adverse experiences across all markers of sexual health, which included 2% of women.

Highly Vulnerable women were more likely to report an abortion than all other female sexual health classes except unwary risk takers, and most likely to report STIs. They were also the most likely to report sexual coercion. Risk of sexual coercion was found to be low in all male sexual health classes. Among men, only those in the Sexual Function Problem class were more likely to perceive low satisfaction / high distress with their sex lives than those in Good Sexual Health. By contrast, all female poor sexual health classes were more likely to perceive low satisfaction / high distress.

Alison Parkes said: "We identified several groups who are not well served by current sexual health intervention efforts: men and women disregarding STI risks, women with a low interest in sex feeling distressed or dissatisfied with their sex lives, and [women](#) with multiple sexual health problems. These groups had distinctive socio-demographic profiles, and may benefit from new tailored programs.

However, we also noticed that poor sexual health groups had certain characteristics in common. They were generally more likely to have started having sex before the age of 16; and to experience depression, alcohol or drug use. Knowledge of these comorbidities may inform interventions designed to improve sexual health across different

vulnerable populations."

The authors caution that the observational nature of the study does not allow for assumptions about cause and effect. Causal mechanisms underlying associations such as between substance use and sexual health are likely to be complex and bidirectional.

Alison Parkes said: "At a time when financial pressures are being felt by sexual health services across Britain, it may be advisable to prioritise interventions with the most widespread benefits. Our study identified widely-shared characteristics of different groups at risk of poor sexual health. Targeting these lifestyle and health factors could mitigate a broad spectrum of sexual health problems."

More information: Latent class analysis of sexual health markers among men and women participating in a British probability sample survey, *BMC Public Health* (2020). [DOI: 10.1186/s12889-019-7959-7](https://doi.org/10.1186/s12889-019-7959-7)

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