BISEXUAL COMMUNITY HEALTH PROFILE 2023

A BOLDER HEALTHIER BIRMINGHAM

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Abbreviations

Bi	Bisexual
CI	Confidence interval
CMD	Common mental health disorder
COPD	Chronic obstructive pulmonary disease
COVID-19	Coronavirus disease 2019
CVD	Cardiovascular disease
GB men	Gay and bisexual men
GP	General practice
HCP	Healthcare professional
HCV	Hepatitis C virus
HPV	Human papillomavirus
IAPT	Improving Access to Psychological Therapies
IMD	Index of Multiple Deprivation
IPED	Image and performance enhancing drug
LGBTQ+	Lesbian, gay, bisexual, trans, queer and other sexual and gender minorities
LGB+	Lesbian, gay, bisexual and other sexual minorities
MSM	Men who have sex with men
MSW	Men who have sex with women
MSOA	Middle Super Output Area
NDTMS	National Drug Treatment Monitoring System
NHS	National Health Service
NICE	National Institute for Health and Care Excellence
NIHR	National Institute for Health and Care Research
ONS	Office for National Statistics
OR	Odds ratio
PrEP	Pre-exposure prophylaxis
RR	Risk ratio
SDU	Sexualised drug use
SHS	Sexual health services
UKHLS	UK Household Longitudinal Survey
UKHSA	UK Health Security Agency
WSM	Women who have sex with men
WSW	Women who have sex with women

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Community Evidence Summaries

As part of the Public Health Division's work to improve the understanding of the diverse communities of Birmingham, we are developing a series of evidence summaries to improve awareness of these communities and their needs.

There are common objectives for each of the evidence summaries, which are:

- To identify and summarise the physical health, mental health, lifestyle behaviour, and wider determinants of health-related issues affecting the specific community nationally and locally.
- To identify and summarise gaps in knowledge regarding the physical health, mental health, lifestyle, behavioural and wider determinants of health-related issues that may be affecting the specific community both nationally and locally.
- To collate and present this information under the ten key priority areas identified in the Health and Wellbeing Strategy for Birmingham 2022 to 2030.
- To engage with the local communities on the evidence found and any gaps.
- To promote the use of these summaries for Local Authority and wider system use for community and service development.

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Executive Summary

The Bisexual Community Health Profile identifies and summarises the national and local evidence concerning the health, lifestyle behaviours and wider determinants of health that affect the bisexual community. Although the focus of this report was health inequalities among the bisexual community in Birmingham, the limited available information on health inequalities has resulted in data being used from the UK and internationally where available.

This report covers health topics throughout the life course from maternity to ageing and dying well and includes chronic health conditions such as diabetes and cardiovascular disease. The report also covers protect and detect topics such as screening and vaccinations, as well as other themes such as knowledge and understanding of health issues affecting the bisexual community.

There has been evidence of health inequalities between different community groups across the UK for some time, some of which have been exacerbated by the Coronavirus pandemic. This Community Health Profile aims to unpack some of these issues, with a focus on the bisexual community.

Much of the data for examining health outcomes in this profile has been taken from open-source research and health records. Understanding and knowledge is limited by a lack of good quality data. The evidence base has notable limitations due to factors such as data completeness, small sample sizes and the methodology employed, and this profile describes the nature of the limitations.

The picture is complex not only between different community groups but also across different conditions. This health profile aims to highlight the available health data and the current gaps in our knowledge and understanding.

Defining the bisexual community

'Bisexual' or 'bi' are umbrella terms used to describe a romantic and or sexual orientation towards more than one gender.(1) According to the 2021 census, 624,000 people in England and Wales (1.28%) identified as bisexual.(2) This is similar to the percentage of people who identified as bisexual (1.27%) in Birmingham (n=11,258).(3) In Birmingham, 69% of bisexual people were women (n=7,820) and 31% of bisexual people were men (n=3,438). Overall, 45% of bisexual people are aged 16 to 24 years old compared with 18% of heterosexual people and 22% of lesbian and gay people. There is a lack of data on the wider determinants, experiences, and outcomes of bisexual people's health in Birmingham, therefore, the evidence available at national level is often reported.

Bisexual young people and adults face discrimination, biphobia and inequalities across their lifespan which impact their health, although some positive outcomes are also reported. There is a paucity of evidence on bisexual people in some areas of research and data. Data on bisexual men is often grouped together with that of gay men and data for bisexual women is often grouped together with that of lesbians; some data is only available in relation to the wider lesbian, gay, bisexual, trans, queer and other sexual and gender minority (LGBTQ+) community.

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The key health inequalities identified within this Bisexual Community Health Profile are:

Getting the Best Start in Life

- The UK Youth Chances study showed that bisexual young people (aged 16 to 25) in 2012 and 2013 were at an increased likelihood of lifetime suicide attempts (OR 1.70), suicidal ideation (OR 1.67) and future suicide risk (OR 2.09) compared with lesbian and gay youth.(4)
- In a UK study of young people aged 14 to 16 who were born between 1991 and 1992, 21% of bisexual or gay boys and 26% of bisexual or lesbian girls demonstrated binge eating behaviours (3% and 14% heterosexual boys and girls respectively).(5)

Mental Wellness and Balance

- In the 2023 GP Patient Survey for England, 40% of bisexual people (n=5,922) reported a mental health condition, compared with 12% of heterosexual people (n=70,210) and 27% of gay or lesbian people (n=4,323).(6)
- In a 2018 Stonewall report, more bisexual women (28%) reported self-harming in the preceding year compared with bisexual men (18%), lesbians (14%) and gay men (7%).(7)
- Analysis of a survey from the Smoking and Alcohol Toolkit Series (2014 to 2016) reported that a higher percentage of bisexual men and women (both 24%) engaged in hazardous alcohol use compared to heterosexual men (18%) and women (8%).(8)
- A higher percentage of bisexual people (37%) reported using illicit drugs in the previous year compared with heterosexual people (11%) and lesbian and gay people (25%) (Adult Psychiatric Morbidity Survey (2007 and 2014)).(9)
- A higher percentage of bisexual men (28%) and women (30%) reported smoking compared to heterosexual men (20%) and women (17%). Smoking was also higher than among gay men (22%) and lesbian women (18%). (Smoking Toolkit Study, 2013 to 2019).(10)
- The 2018 Crime Survey for England showed that more bisexual women experienced domestic abuse (25%) compared with heterosexual (7%) and lesbian (10%) women. This was also higher than among bisexual men (6%), heterosexual men (4%) and gay men (8%).(11)

Healthy and Affordable Food

- The Active Peoples Survey (2014) found that less bisexual people (45%) in England ate five or more portions of fruits per day compared with lesbian and gay people (57%) and heterosexual people (52%).(12)

Active at Every Age and Ability

- The 2020 to 2021 Active Lives Survey reported that bisexual men had the lowest physical activity rates (59%) of all gender identity and sexual orientation combinations (e.g., 69% bisexual women).(13)

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Living, Working and Learning Well

- In 2021, 42% of bisexuals in Birmingham were economically active (excluding full-time students) and in employment (62% gay or lesbian, 48% heterosexual).(3)
- Overall, 10% of bisexual people were behind with some of their household bills compared with 5% of heterosexual people and 5% of gay and lesbian people (2011 to 2012 UKHLS).(14)
- In the GP Patients Survey (2023), 68% of bisexual people reported having long-term health conditions, disabilities or illnesses compared with 56% of heterosexual people and 60% of lesbian and gay people.(6)
- Seven percent of bisexual people in England in 2023 reported having an autism spectrum condition in the GP Patient Survey compared with 1% of heterosexual people.(6)
- When accessing healthcare, 21% of bisexual women and 15% of bisexual men experienced a lack of understanding from healthcare staff in 2018.(7)

Protect and Detect

- Among people accessing specialist SHSs in England in 2021, 65% (n=70,076) of MSM were identified as having PrEP need. This compares to 1% (n=3,009) of bisexual and heterosexual women.(15)
- Bisexual men are at high risk from sexually transmitted infections (STIs). For new STI diagnosis in England in 2021, the rate for bisexual, gay and other MSM was 7,014.4 per 100,000 whilst for men who have sex with women it was 291.9 per 100,000.(16)

Ageing and Dying Well

- Data from the 2023 GP Patient Survey revealed that 24% of bisexual people (n=3,815) had experienced feelings of isolation or loneliness in the last 12 months. This was higher than among heterosexual (8%, n=50,829) and lesbian or gay (17%, n=2,828) people.(6)

Contributing to a Green and Sustainable Future

- Approximately 17% of the bisexual community live in the 15 most polluted MSOAs in Birmingham, according to data from 2020, compared with 11% of the heterosexual population.(17)

Closing the Gaps

- Community based surveys and qualitative research have all suggested that intersectionality between bisexual sexual identity and other minority identities, whether gender (7, 10, 11, 18-21), ethnicity (22-26), older age (24-28), or disabled (22, 24, 25), are associated with poorer health outcomes.

Many of these reported health inequalities have been persistent and consistent across reports for a number of years, despite legislative reform, and reflect the wider landscape of societal and environmental factors that influence health.

It is important to acknowledge that there are also positives in the report and that in some areas such as physical activity (19) of bisexual women and educational outcomes (3) the evidence suggests that bisexuals have more positive behaviours than their heterosexual counterparts.

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Methodology

An exploratory search was undertaken by the authors using a range of databases such as National Data Sources, NOMIS (Office for National Statistics (ONS)), and PubMed to identify information on the bisexual community for this profile. Keyword search terms and subject headings relevant to the themes were identified. All references used within this profile are outlined in the References section.

As an initial exploratory search, the following avenues were examined:

a. National data sources

NOMIS data:

Data has been extracted by sexual orientation from the 2011 and 2021 census rounds.(2) It should be noted that the most recent available national data is from the 2021 census round, any conclusions based on historical data and information should be considered with caution. The relevant sexual orientation category in the 2021 census which has been included in analysis within this report is the 'bisexual' population.

National Public Health (Public Health Profiles) and other government data sources (ons.gov.uk, gov.uk and NHS Digital):

Data has been extracted where bisexual community-level information was available.

National voluntary and community sector reports:

These have been identified through Google Scholar and national websites, specifically where relevant bisexual community-level data was available, such as:

- Stonewall
- National LGBT Foundation
- Age UK
- MIND
- McMillian Cancer Research
- National Health Service (NHS) Digital
- The Joseph Rowntree Foundation

Major LGBT Surveys and Literature Reviews

Several large UK based LGBTQ+ surveys and reports were utilised throughout the report. The Stonewall LGBT in Britain survey (2018) was undertaken with 5,375 LGBT people across England, Scotland and Wales, and was published across several reports, including Health (7), Home and Communities (29) and Work (30). The 2017 Stonewall School report was undertaken with 1,100 lesbian, gay and bi pupils in Britain's schools.(31) The National LGBT Survey was undertaken by the Government Equalities Office in 2018 and included 108,100 LGBTQ+ people, 26% of which identified as bisexual.(22)

b. Academic Database Search

In addition, searches on SCOPUS and PubMed were performed. All searches contained the keyword "Bisexual" and "Bisexuality" as well as words that were specific to the specific topic theme. Examples of

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this are included in this Search Strategy (Appendix 1: Search Strategy). For PubMed, MESH terms and Title/Abstract categories were searched. For SCOPUS, the Title/Abstract/Keyword categories were searched.

c. Grey Literature

Where information sources had not been identified through a or b, further searching through Google and Google Scholar using topic specific search terms were carried out. Resources that were relevant to the UK were included, i.e., data and information stemming from local or national-level reports and/or surveys.

d. Data consolidation and analysis

Findings from international and national systematic reviews and large-scale epidemiological and qualitative research studies were also considered for inclusion. International research findings were included if they were deemed to be relevant to the national population.

In addition, some "snowballing" - a technique where additional relevant research are identified from the reference list and citations of the initial search or published article was also applied. Additional papers were identified from reference lists using this approach, where these additional resources enhanced the knowledge base. Generally, searches were limited to literature from 2000.

Results retrieved from the initial searches were reviewed by the authors using a 'concept table' to frame the theme and identify keywords for searches. The articles utilised in this document were then analysed, identified, and cross referenced with other themes throughout the profile. All resources utilised have also been reviewed against the inclusion and exclusion criteria (Appendix 2: Exclusion and Inclusion Criteria).

e. Caveats and Limitations

This profile focuses on the bisexual community.

The profile will report findings based on how the sample was measured within the referenced study. At times bisexual men have been grouped together with gay men and bisexual women have been grouped together with lesbian women. More specific information on gay men and lesbian women is available in the Gay Men and Men who have Sex with Men (MSM) Community Health Profile and the Lesbian Community Health Profile.

The lack of data on the bisexual community sometimes necessitated summarising relevant themes from the wider literature. Where literature on specific topic areas has not been available, the profile has drawn upon the wider lesbian, gay and bisexual + community or has drawn on literature from relevant international contexts relating to bisexual people.

The profile has reproduced statistics from existing reports or through analysis of raw data. It should be borne in mind that this analysis, e.g., for the General Practice (GP) Patients Survey or Health Survey for England Data (published by NHS Digital) have not been adjusted, e.g., in relation to age and other socio-demographic variables, and therefore does not consider other known variables which affect outcomes. This is particularly pertinent for bisexual community, which has a younger age profile and has a large female population.

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f. Statistics

This report draws on evidence from a variety of research studies with different methodologies and results. Data throughout this report have been presented to two significant figures where possible; proportions may not add up to 100% due to rounding.

Below, is a brief overview of some key statistical terms to aid in interpretation of the findings.

Odds ratio (OR): Indicates the likelihood of an outcome or event occurring in one group compared with another. An OR of greater than one means there is an increased likelihood compared with the reference group; an OR of less than one means there is a decreased likelihood.

Risk ratio or relative risk (RR): Indicates the probability of an outcome in an exposed group to the probability of an outcome in an unexposed group. A RR of greater than one means the exposure increases the risk of at outcome.

Confidence interval (CI): Indicates the level of uncertainty around an estimate (e.g., a percentage or an OR) taken from a sample of a population. 95% CIs are calculated so that if samples were repeated taken from the same population, 95% of the time the true value would lie between the upper and lower bound of the CI. If the CIs surrounding two estimates overlap, there is no statistically significant difference between these estimates.

In this report, "n" is used to represent the numerator of a percentage (e.g., the number of people with the event of interest) and "N" is used to represent the denominator (e.g., the population from which the numerator was drawn).

A p value, or probability value, measures the probability that an observed difference could have occurred by random chance. The smaller the p value, the less likely the finding was due to chance. Often a p value threshold is set at 5%, so only p values of less than 0.05 indicate statistical significance.

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1. Introduction

1.1 Overview

1.1.1 Identity Definition

'Bisexual' or 'bi' are umbrella terms used to describe a romantic and or sexual orientation towards more than one gender.(1) Bisexuality is a term which may be used by people from a variety of gender identities.

Sexual orientation includes sexual identity and sexual behaviours, and there may be overlap between these facets.(32) Whereas sexual identity refers to a socio-political identity, a subjective view about oneself and who they are, rather than what they do, sexual behaviour refers to sexual experiences. Furthermore, sexual orientation may be fluid, and change over time, or be sensitive to situation and context.

The term 'bisexuality' to describe sexual and/or romantic attraction was first developed in the 1910's, previously the term had been used to describe sexed or gendered characteristics. The current understanding of bisexuality as an orientation became widely accepted in the UK around the late 1970's.(33) In modern manifestations, the term commonly appears as the 'B' in the acronym LGBT (Lesbian, Gay, Bisexual, Transgender). This acronym has been widely used since the 1990s, after its adaptation from LGB (Lesbian, Gay and Bisexual) and continues to evolve to represent the diversity of identities amongst the LGBTQ+ community.

Although bisexuality definitions have moved away from referring to attraction to 'both' genders, some people may see bisexuality as limiting due to perceived dichotomous connotations.(34) Therefore, bi people may self-define using a multitude of sexual orientations or terms based on their feelings, behaviours and perceptions, for example, pansexual, queer, fluid, polysexual. Bi people may describe themselves using one or more of these variety of terms.(35)

1.1.2 Development of the Bisexual Community

Historically there has been a lack of societal acknowledgement of bisexual people, so that bisexuality has typically been rendered invisible, excluded and erased as a socio-political identity in the media, in cultural spaces and in research and policy, which arguably continues to the current day.(1, 36-38) However, unlike for lesbian and gay people, there has been a paucity of spaces, groups and resources specific to bisexual people.

Pride parades and LGB organisations played a significant role in the fight for LGB rights, celebration and visibility. The first Pride marches took place in New York in 1970 and in the UK in 1972.(39) They have since taken place annually in cities around the world, typically during the month of June. The rainbow flag, which is an emblem of the LGB community was designed in 1978 in the USA and is used at Pride parades around the world.

In the UK, no formal bisexual groups existed during the 1970s.(40) During the 1980s, bisexual people were seldom acknowledged as part lesbian and gay cultural and socio-political movements and several bisexual groups began to be founded. However, bisexual

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people continued to face unique barriers of stigmatisation, discrimination, and exclusion.(39, 41)

London is well known for the development LGBTQ+ community and for fostering a large queer community.(42) Birmingham has also been central to the development of the LGBTQ+ community in the UK and is home to a large LGBTQ+ community and cultural scene.(43, 44) The Gay Community Centre closed two years after it had opened due to a lack of funding. The Birmingham Pride Community Trust was established in 2002. This was followed by the Birmingham LGBT Centre in 2013, which hosts a range of groups and activities. The city also houses Birmingham's Gay Village, another important facet of Birmingham's LGBTQ+ community.

The bisexual community has not traditionally had a large presence in social and commercial settings in the UK (i.e., bars, clubs), unlike lesbian and gay communities.(1) Instead, the bisexual community exists through a variety of grass-root organisations, media or events (e.g., biCon and local BiFests), meetups (e.g., BiPhoria, The Bisexual Underground, Bi-Pride UK) and through online bisexual platforms (e.g., bi.org, Bi+ Research). Bisexual Day is celebrated on September 23rd. Groups such as Brum Bi Group (a peer support group), which was founded in 2007, exist to specifically support bisexual people, which caters to the wider LGBTQ+ community but has sub-groups for bisexual people.

1.1.2.1 Biphobia

Biphobia refers to the dislike, discrimination, or hostility towards people who identify as bisexual and can include denial of someone's bisexual identity or refusing to accept it.(45) Although in recent years bisexual awareness and acceptance have progressed, the bisexual community still face challenges.(41) This includes invisibility, mislabelling as either homosexual or heterosexual, lack of awareness and acceptance of bisexuality as a legitimate sexual orientation, denying or not acknowledging bisexuality, homophobia/biphobia and heteronormative assumptions.(1, 37)

1.1.2.2 Public Perception

Surveys on public attitudes in Britain towards LGBTQ+ people report that whilst the public have become more accepting towards same-sex relations, stigma towards the LGBTQ+ community has reduced but not completely gone. For example, in 1987, 74% of people surveyed by the British Social Attitudes Survey thought that same sex relations were 'always' or 'mostly' wrong compared with 17% in 2017.(46) Internationally, attitudes towards LGB+ identities vary significantly. Evidence from international surveys indicates that in countries with a higher GDP (gross domestic product) there is more support for same sex relations (e.g., 94% in Sweden) whilst in low-income countries there is less support (e.g., 7% of respondents in Nigeria showed similar support).(47) Legislation in different countries also varies significantly.

Additionally, the general public in Britain is also less likely to have connections with bi people than lesbian or gay people. According to the 2022 Stonewall 'Rainbow Britain' report, which describes data from interviews of 6,513 people aged 16 to 75, 22% of the public had a friend or family member who is out as bi, compared with 39% of people who said they had a lesbian or gay friend or family

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member.(48) Some potential explanations for these differences include that bi people are less likely to be 'out' in key spaces, and aspects of biphobia by not acknowledging bi people's identities.(48)

Bisexual people have been described as a minority within a minority.(32, 34) They face a 'double discrimination', being marginalised and facing discrimination from both the heterosexual community and lesbian and gay communities.(36) Negative stereotypes may depict bisexual people as being confused and promiscuous and uncertain.(49) Fewer bisexual people are 'out' about their sexual orientation than lesbian and gay people across a variety of contexts, including to their family, in the workplace and in healthcare.(22)

1.1.3 Global Laws on Sexual Orientation

Countries around the world vary significantly in terms of their LGBTQ+ laws. In a significant minority of countries, same-sex relationships are illegal and punishment ranges from fines to life imprisonment to the death penalty.(50) For example, many Arab league countries (e.g., Algeria, Comoros, Egypt, Morocco, Qatar and Saudi Arabia) outlaw same-sex relations, as well as counties such Asia and Africa such as Bangladesh, Pakistan, Sri Lanka, Tanzania, and Zimbabwe. Many countries in Africa also criminalise same-sex relations or have no protections in place.(51) The majority of countries in the Global North and South America have different degrees of legislation which protect against discrimination based on sexual orientation.

Same-sex relations also have a history of criminalisation (52) and medicalisation (53) (i.e., conceptualised as a medical problem with medical solutions). When the American Psychological Association published the first Diagnostic and Statistical Manual of Mental Disorders (DSM) in 1952 homosexuality was classified as a mental disorder and was not removed from the DSM until 1973.(54) During the late 1970s and early 1980s, the HIV and AIDS epidemic also had a disproportionate, devastating and lasting impact on communities of gay and bisexual men.(55)

1.1.4 UK Legislation

In the UK, bisexual people have been subject to the same legislation as gay men and lesbian women; specific legislation relating to bisexuality does not exist. Homosexual acts were outlawed in the UK in 1533 (as acts of 'sodomy') and were punishable by death.(52) The criminalisation of homosexuality primarily applied to men rather than women. It was not until 1967 that homosexuality in the UK became legalised (for men aged 21 and over).

A history of discriminatory and rights-based legislation in relation to the LGBTQ+ community is outlined below.

- Buggery Act 1533, which criminalised homosexual acts between men.
- Section 28 of the Local Government Act, 1988, which banned local authorities from 'promoting homosexuality' in schools.
- Sexual Offences Act 1967, which decriminalised homosexuality between men.
- Equal Age of Consent 1997, which reduced the age of consent for homosexual acts from 18 to 16 (in line with the heterosexual age of consent).

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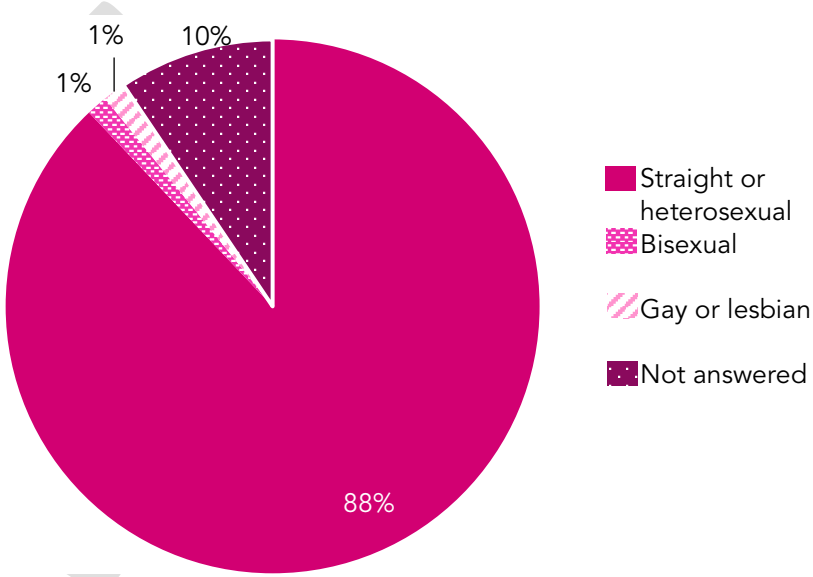
- EU Employment Equality Framework Directive 2000 (extended to include sexual orientation in the UK in 2003) outlawing discrimination in the workplace.
- Adoption and Children Act 2002, making it illegal to discriminate against same-sex couples who wish to adopt.
- Civil Partnership Act 2004, allowing opposite sex couples the same legal status, rights and responsibilities as those given to opposite sex couples through marriage.
- Equality Act 2010, a consolidation of previous anti-discrimination law into one act, making discrimination or unfair treatment on the basis of sexual orientation illegal, and placing additional duties on public sector organisations.
- Hate Crimes criminalised under the Crime and Disorder Act 1998 and section 66 of the Sentencing Act 2020, defined as any criminal offence which is perceived by the victim or any other person, to be motivated by hostility or prejudice, based on a person's sexual orientation or perceived sexual orientation.

1.2 Demographics

1.2.1 Population Size

According to the 2021 census, 624,000 people in England and Wales (1.28%) identified as bisexual.(2) This is similar to the proportion of people who identified as bisexual (1.27%) in Birmingham (n=11,258) (**Figure 1**) [a].(3)

Figure 1: Sexual orientation: Birmingham, 2021



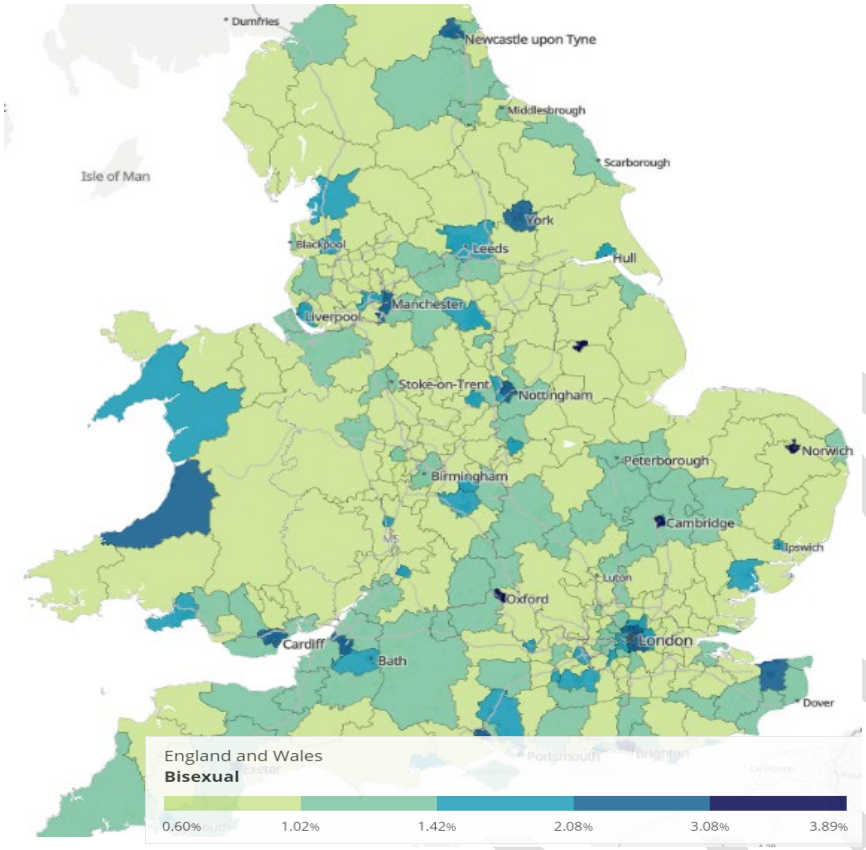
Source: ONS (3)

1.2.1.1 National Population

In terms of geographical distribution, evidence from the 2021 census indicates that London had the highest proportion of bisexual people (1.52%), followed by the Southwest region (1.43%).(3) The West Midlands has the lowest proportion of bisexual people (1.06%). Across England and Wales, the percentage of the population identifying as bisexual ranged from 0.60% to 3.89% (**Figure 2**).(56)

[a] See **Appendix 5.1** for full data table

Figure 2: Map of bisexual population distribution: England and Wales, 2021



Source: ONS (56)

1.2.1.2 Birmingham Population

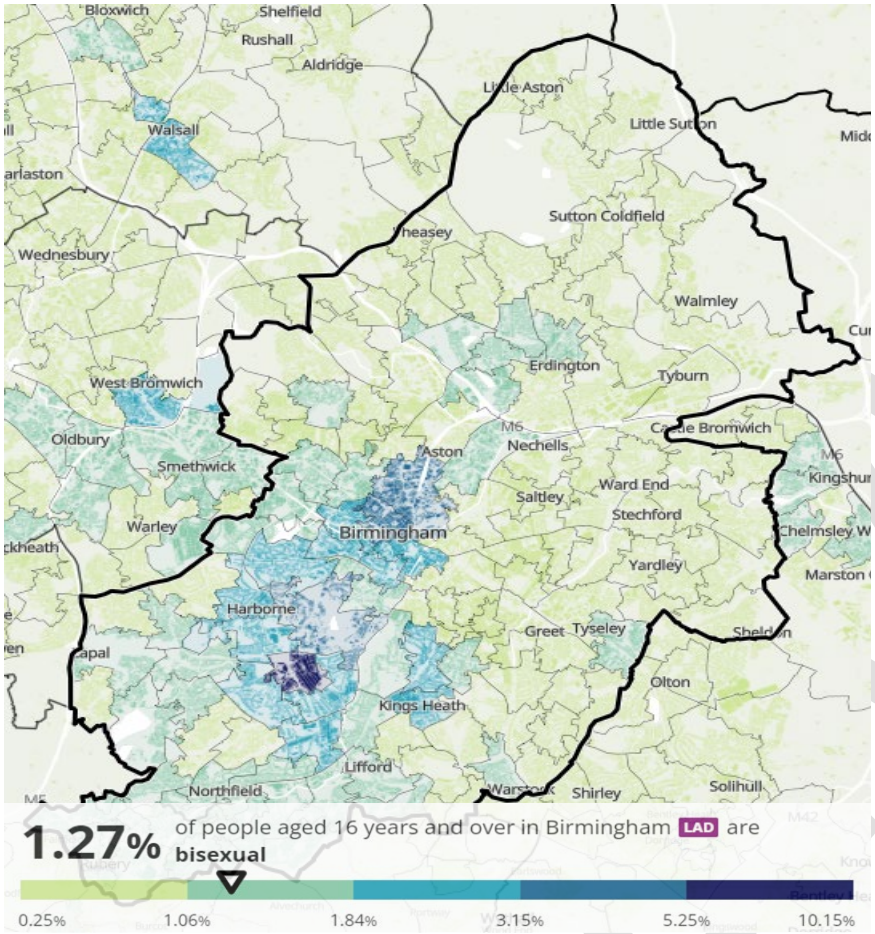
Across Birmingham Middle Super Output Areas (MSOAs), the distribution of bisexual people was between 0.3% to 7.1% in 2021.(57) The largest community of bisexual people (n=1,087) lived in Selly Oak, comprising 7.1% of the local population, followed by Edgbaston South and University (5.2% of the population, n=475) and North Central and Dartmouth Circus (3.4% of the population, n=466) (**Table 1**, **Figure 3**).(3)

Table 1: Distribution of bisexual community by MSOA: Birmingham, 2021

MSOA name	Bisexual people (count)	Bisexual people (%)
Selly Oak	1087	7.1
Edgbaston South and University	475	5.2
North Central and Dartmouth Circus	466	3.4
Attwood Green and Park Central	223	2.9
Ladywood - Summer Hill	206	3
Central	197	3.4
Stirchley North and Selly Park	195	3
Moseley Village	181	2.5
Kings Heath	164	2.6
Digbeth	161	3

Source: NOMIS (57)

Figure 3: Map of bisexual population: Birmingham, 2021

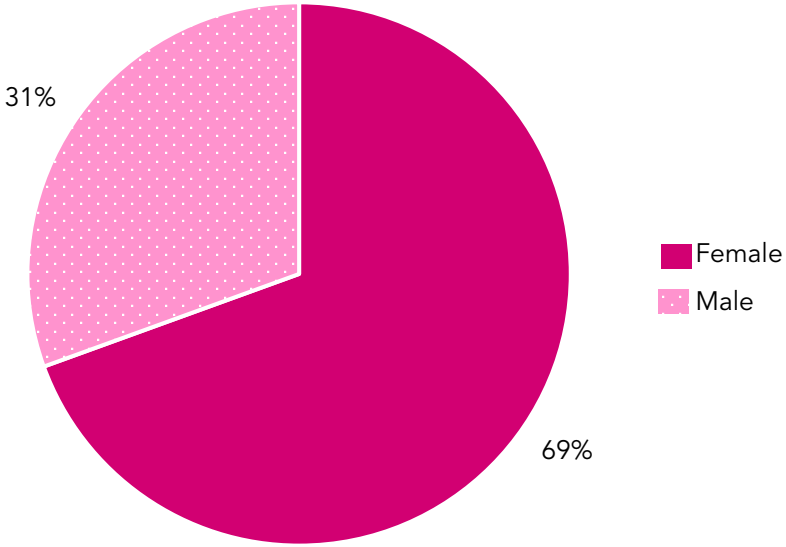


Source: ONS (56)

1.2.2 Sex and Gender Profile

The majority of people who identify as bisexual in 2021 were women. In Birmingham, 69% of bisexual people were women (n=7,820) and 31% of bisexual people were men (n=3,438) (**Figure 4**)[b].(58)

Figure 4: Sex among bisexual people: Birmingham, 2021



Source: ONS (3)

More research is needed to clarify whether there was a difference in distribution of bisexuals by sex or if there was an under reporting of

[b] See **Appendix 5.2** for full data table

bisexual identities amongst men within the UK due to barriers to 'coming out'.

Overall, bisexual women comprised 1.75% of the population of women in England and Wales in 2021 whilst bisexual men comprised 0.78% of the total population of men.(58)

The 2021 census has not yet published data on sexual orientation by gender identity. Evidence from the 2022 GP Patients Survey indicates that a higher percentage of bisexual people (7%) than lesbian and gay (3%) and heterosexual (<1%) people state that their gender identity does not match their sex registered at birth.(59)

1.2.3 Ethnicity

Data from large LGBT surveys (e.g., National LGBT Survey) and cross-sectional surveys (e.g., the GP Patient Survey and the Annual Population Survey) indicate that the vast majority of bisexual people come from a White ethnic background (between 80% to 91%).(22, 59, 60) Data from the Annual Population Survey from 2020 suggests that 5% of bisexual people were from a 'Mixed or Multiple ethnic groups' background, 1% were from a 'Black African, Caribbean, British' background, 0.9% were from a 'South Asian' background and 0.5% were from 'any other ethnic group'.(60)

Data on ethnic group by sexual orientation is also available in the 2021 census. A higher proportion of bisexual people in Birmingham identified as White British (61%, n=6,865) than those identifying as heterosexual or straight (47%) (**Table 2**).(3)

Table 2: Ethnic group by sexual orientation: Birmingham, 2021

Ethnic group	Bisexual (%)	Gay or lesbian (%)	Heterosexual or straight (%)
Asian, Asian British or Asian Welsh	14	6	29
Black, Black British, Black Welsh, Caribbean or African	7	3	10
Mixed or Multiple ethnic groups	7	6	3
White British	61	75	47
White Irish	2	2	2
White Gypsy or Irish Traveller, Roma or Other White	8	7	4
Other ethnic group	2	1	4
All ethnic groups	**100**	**100**	**100**

Source: ONS (3)

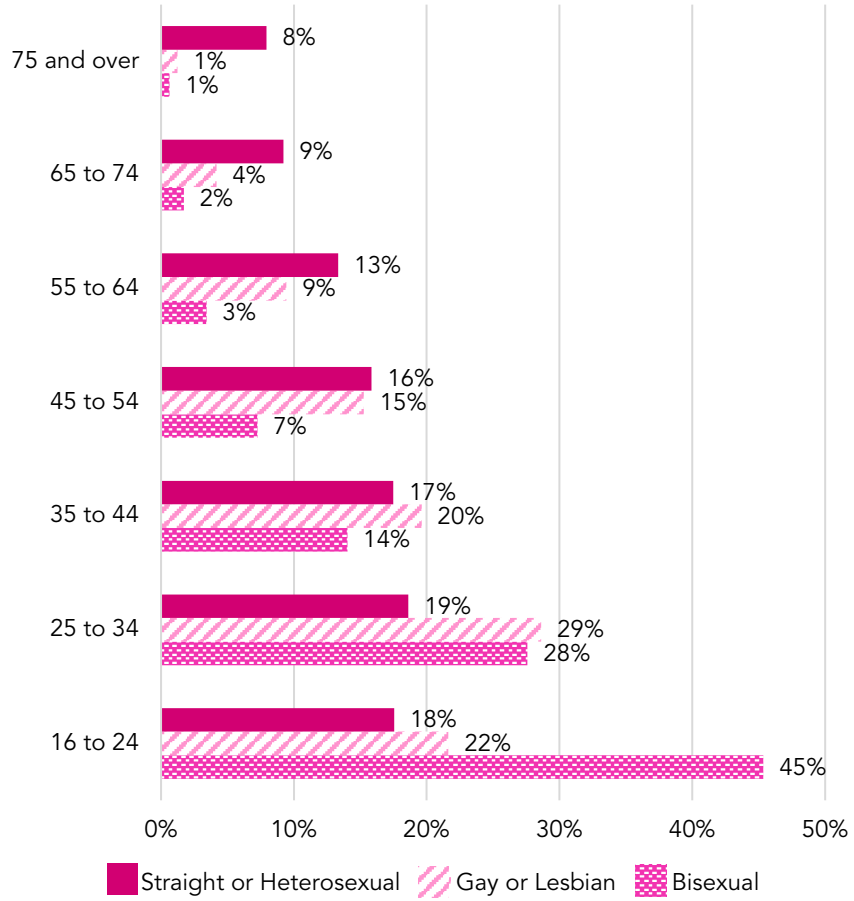
More research is needed to clarify whether there is a difference in distribution of sexual orientation amongst different ethnicities or if there is an under reporting of LGBT+ identities amongst specific groups within the UK due to barriers to 'coming out'.

1.2.4 Age Profile

People who identify as bisexual had a younger age profile in 2021 than heterosexual and lesbian and gay people (**Figure 5**)[c]; 45% of bisexual people were aged 16 to 24 years old, compared with 22% of lesbian and gay people and 18% of heterosexual people.(58) Conversely, 6% of the bisexual population were aged 55 and over compared with 30% of the heterosexual population and 14% of the gay and lesbian population.

Although bisexual people made up 1.3% of the population in 2021, they comprised 4% of people aged 16 to 24 years old in England and Wales and 2.4% of people aged 25 to 34 years old.(58)

Figure 5: Age breakdown by sexual orientation: Birmingham, 2021



Source: ONS (3)

[c] See **Appendix 5.3** for full data table

1.2.5 Religion

Evidence from the 2022 GP Patient Survey (62%) and National LGBT Survey (69%) suggest that the majority of bisexual people have a religious affiliation.(22, 59) However, this is conflicting with data from the 2021 census. Of the bisexual community in Birmingham in 2021, 60% (n=6,748) identified as having no religion; higher than among heterosexual or straight population in Birmingham (25%) (**Table 3**).(3)

Table 3: Religion by sexual orientation: Birmingham, 2021

Religion	Bisexual (%)	Gay or lesbian (%)	Heterosexual or straight (%)
No religion	60	60	25
Christian	21	31	39
Buddhist	1	1	<1
Hindu	1	1	2
Jewish	1	1	<1
Muslim	9	2	27
Sikh	2	1	3
Other religion	3	2	1
No religion	2	2	3

Source: ONS (3)

More research is needed to clarify whether there is a difference in distribution of sexual orientation amongst different religious groups or if there is an under reporting of LGBT+ identities amongst specific religions within the UK due to barriers to 'coming out'.

2. Community Profile

2.1 Getting the Best Start in Life

Key Findings

- There is a lack of data on the fertility, vaccination and screening rates of bisexual people.
- 1 in 6 (17%) of adoptions in England in 2020 were to same-sex couples (n=570 adoptions). This is compared with 1 in 22 adoptions in 2012.
- In a UK study of young people aged 14 to 16 who were born between 1991 and 1992, 21% of bisexual or gay boys and 26% of bisexual or lesbian girls reported binge eating behaviours (3% and 14% heterosexual boys and girls respectively).
- The UK Youth Chances study showed that bisexual young people (aged 16 to 25) between 2012 and 2013 were at an increased likelihood of lifetime suicide attempts (OR 1.70), suicidal ideation (OR 1.67) and future suicide risk (OR 2.09) compared with lesbian and gay youth.
- LGBTQ+ young people in Britain face high rates of bullying. Fewer bisexual students (35%) in 2017 reported being bullied at school for their sexual orientation than lesbian and gay students (53%).
- In the 2017 Stonewall report, 8% of LGBT students reported having been excluded from school.
- Reasons for entry into the care system for LGBTQ+ youth in the UK include being made homeless, family violence, family rejection, neglect, and loss.

2.1.1 Fertility

There is limited research on bisexual people's fertility and reproduction.

A systematic review and meta-analysis of the literature from 2000 to 2015 on pregnancy rates amongst women by sexual orientation found that the odds pregnancy ratio of ever being pregnant was over two-fold lower among bisexual women compared with heterosexual women.(61) The review covered 28 studies, including four from the UK. However, studies indicate that bisexual young women have higher rates of pregnancy than their heterosexual counterparts.(61-63)

There is a lack of inclusion of bisexual people in LGBTQ+ parenting studies, leading to their invisibility in this field of research.(64) Analysis of the UK Household Survey (2011 to 2012) shows that a similar percentage of bisexual people (61%) as heterosexual people (60%) lived in a household with children, and more than lesbian and gay people (19%).(14) Bisexual men were twice as likely to be lone parents compared with heterosexual men.

For bisexual men and women in same-sex relationships, fertility treatment, alongside adoption, is a common route to parenthood. However, bisexual people in same-sex relationships, like their lesbian and gay peers, have unequal access to NHS funded treatment compared with their heterosexual counterparts based National Institute for Health and Care Excellence (NICE) guidelines.(65) Unlike women in a heterosexual couple, bisexual women wishing to undergo fertility treatment with a same-sex partner are required to privately pay for 3 to 12 cycles of self-funded fertility treatment with intra-uterine insemination (IUI) before being considered for NHS funded fertility treatment.(66) The NHS does not fund surrogacy, and so bisexual men in same-sex relationships, who are required to use a surrogate and egg donor, are required to pay between £12,000 to £20,000 for surrogate expenses.(67) The UK Government's 2022 Women's Health Strategy (68) pledged to remove additional financial barriers to accessing IVF for female same-sex couples in England; however female-same sex couples in Birmingham are still required to self-fund at least six cycles of IUI before being eligible for NHS treatment.(69, 70)

2.1.2 Maternal Health

There is a lack of data on bisexual people's maternal health in the UK, with research instead being focused on lesbian women.(71, 72) Studies looking at postnatal depression in Canada and the USA reported that lesbian and bisexual women had higher levels of perinatal depression than heterosexual women.(73, 74)

2.1.3 Infant Mortality, Stillbirths and Live Births

There is a lack of data on perinatal outcomes for bisexual women and men in the UK.(75) Analysis of the National Survey of Family Growth (2006 to 2015) in the USA reported that bisexual and lesbian women were more likely to experience a miscarriage (OR 1.77, 95% CI 1.34 to 2.35), more likely to have a pregnancy ending in still birth (OR 2.85, 95% CI 1.40 to 5.83), more likely to have infants with a low birth-rate (OR 2.64, 95% CI 1.38 to 5.07) and more likely to have a preterm baby (OR 1.84, CI 1.11 to 3.04) than heterosexual women.(76)

2.1.4 Childhood Vaccinations

There is a lack of data on childhood vaccination uptake among bisexual young people. Vaccination programmes for children do not collect data on sexual orientation (of parents or children). However, from September 2023, the UK Health Security Agency (UKHSA) announced that the Human papillomavirus (HPV) vaccine programme would change from two to only one dose schedule for eligible adolescents and gay and bisexual young men less than 25 years old.(77)

2.1.5 Screening Programmes

There is a lack of data on screening programmes for bisexual young people as screening programmes do not collect data on sexual orientation (of parents or children).

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2.1.6 Childhood Obesity

There is a lack of evidence on levels of obesity among bisexual young people.(75)

Analysis of the UK Millennium Cohort Study (N=9,885), a nationally representative sample of adolescents born in 2000 to 2002, reported that 33% of LGBTQ+ adolescents were overweight or obese compared with 26% of heterosexual adolescents and that at age 14 a lower percentage of LGBTQ+ adolescents were physically active compared with heterosexual adolescents.(78)

2.1.7 Dental Decay in Children

Data on childhood dental decay is not reported on by sexual orientation (of parent or child) in the UK.

2.1.8 Children's Mental Health and Wellbeing

Analysis of the 3,275 LGB young adults (aged 16 to 25) in the UK from the 2014 Youth Chances project found that bisexual young people had higher odds of lifetime suicide attempts (OR 1.70, 95% CI 1.37-2.10), suicidal ideation (OR 1.67, 95% CI 1.42-1.95) and future suicide risk (OR 2.09, 95% CI 1.65-2.66) compared with lesbian and gay youth.(4)

Evidence indicates that young LGBTQ+ people have a high degree of mental health problems compared with their heterosexual peers. The 2017 Stonewall School Report was a survey of 3,713 young people aged 11 to 19 in Britain's schools.(31) According to the report, half of LGBT boys (51%) had deliberately harmed themselves compared with 71% of LGBT girls. 71% of LGBT boys had thought about taking their own life compared with 73% of LGBT girls. These figures were compared with an estimated 25% of young people in general in the report. The report also found that 22% of LGB students had attempted to take their own life compared with an estimated 5% to 13% of 16 to 24-year-olds in the general population. Furthermore, a higher percentage of disabled LGBT students (48%), LGBT students on free school meals (40%) and LGBT students who had been bullied (37%) had attempted to take their own life compared with their LGBT peers.

Analysis of the Millennium Cohort Study (79), which followed the lives of 19,517 children born between 2000 and 2002 in the UK, found that over half (56%) of LGB+ 17-year-olds reported self-harming in the previous 12 months compared with a fifth (21%) of their heterosexual peers and that 22% of LGB+ 17-year-olds reported having attempted suicide, compared with 6% of heterosexuals. Wider evidence with LGBTQ+ adults indicates that bisexual adults have higher rates of mental health problems compared with their lesbian and gay counterparts, as well as their heterosexual counterparts (***see section 2.2.1***).(9, 80)

Another mixed methods study from 2014 to 2016 with LGBTQ+ (n=29 interviews, n=789 online questionnaire) young people aged 13 to 25 in England (mean age of 18.6 years) reported that homophobia, sexual and gender norms, being unable to talk to others, life crisis and management of gender identity across multiple domains were predictors of suicidal risk in younger LGBTQ+ people.(81) Furthermore, young LGBTQ+ people who were disabled (OR 2.23, p<0.001), were affected by abuse (OR 2.14,

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p<0.001), had self-harmed (OR 7.45, p<0.001) or who were affected by not talking about their emotions (OR 2.43, p=0.044) were more likely to have planned or attempted suicide.

Evidence also indicates that LGBTQ+ young people are at increased risk of eating disorders than their heterosexual peers.(18, 82) For example, a longitudinal UK study of 5,048 young people born between 1991 and 1992 at ages 14 and 16 reported that at age 16, 21% of gay or bisexual boys and 26% of bisexual and lesbian girls binge ate compared with 3% of heterosexual boys and 14% of heterosexual girls.(5) Whereas more bisexual and gay boys reported greater body dissatisfaction than their heterosexual peers at age 14, for bisexual and lesbian girls there was little difference on this indicator compared with heterosexual girls.

2.1.9 Child Poverty

There is a lack of data on childhood poverty by sexual orientation in the UK. Evidence indicates that a higher proportion of LGBTQ+ young people in the UK experience homelessness compared with their heterosexual peers.(83) Evidence indicates that more bisexual men and women experience deprivation and material disadvantage than heterosexual people (*see section 2.5.3*).

2.1.10 Children in Care

There is a lack of data on the number of bisexual children in care, although some data relates to LGBTQ+ young people more generally. According to a systemic review and large study, reasons for entry into the care system for LGBTQ+ youth in the UK include being made homeless, family violence, family rejection, neglect, and loss.(84, 85)

The large study of LGBTQ+ youth in the care system in England which took place between 2014 and 2016 included a mapping survey of 152 local authorities (78% response rate), in-depth interviews with 46 young people in care, and qualitative interviews and focus groups with 26 foster carers and social workers.(85) Of the young people interviewed, 11 identified as bisexual. The study reported that a primary concern for LGBTQ+ youth in care was placement breakdown or rejection due to their sexual orientation, leading to some young people concealing their sexual identity from carers. The need for carers to be able to provide nurturing relationships for LGBTQ+ youth's resilience development was also highlighted. Social workers lacked relevant knowledge of LGBTQ+ youth's lives when helping these young people, e.g., being aware of their specific needs, finding it difficult to talk about sexuality and having heteronormative assumptions. The survey of local authorities in England found that only 5% had a specific policy relating to LGBTQ+ youths, 38% had a policy which included this group, and recording of sexual identity was rare.

Since the Adoption and Children Act 2002 (which came into force in 2005), it has been legal for same-sex couples to adopt. According to recent figures from the Department of Education, 1 in 6 (17%) of adoptions in England in 2020 were to same-sex couples (n=570 adoptions).(86) This is compared with 1 in 22 adoptions in 2012. Figures are not available for individuals and couples who identify as bisexual.

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A survey of 366 LGBT adoptive parents in 2014 reported that 63% of respondents did not expect to be discriminated against in the adoption process.(87) Another study of looking at parenting outcomes of adoptive children placed in same-sex and heterosexual relationships reported that regardless of sexual orientation, adoptive parents were likely to encounter similar challenges in terms of risk factors for child behavioural problems and there was no difference in how they mitigated these.(88)

2.1.11 Youth Justice

There is limited research on the experiences of LGBTQ+ people who have been involved with the youth justice system, in which they have been described as a "hidden population".(89) No figures are available for the proportion of LGBTQ+ youth who come into contact with youth justice in the UK, although evidence indicates that family rejection, homelessness, school exclusion, substance abuse and limited support networks, some of which LGBTQ+ youth are more prone to experiencing, are associated with young people who engage in criminal behaviour.(90)

A literature review based on the US context indicates that LGTBQ+ youths are over-represented in the juvenile justice system, comprising 13% to 15% of those in the system compared with 5% to 7% of young people in the country.(91) In the UK, there is indication that adult gay men are not overrepresented in prisons although this may also be due to fear of disclosure about one's sexual orientation.(92) For example, a report by the HM Chief Inspector for Prisons for England and Wales acknowledged that Young Offenders Institutions continued to be hostile environments for gay and bisexual boys.(93)

2.1.12 School Readiness

Sexual orientation is not recorded for young children when measuring school readiness.

2.1.13 Experience of School

Evidence from successive Stonewall reports with pupils indicate that the proportion of LGBT students who are bullied has declined over time but remains high.(31, 94) The data described in the paragraphs below is from the 2017 Stonewall School Report;(31) where reported, a breakdown for bisexual students specifically is given, otherwise the data relates to LGBTQ+ students more generally.

Fewer bisexual students (35%) in Britain reported being bullied at school for their sexual orientation compared with lesbian and gay students (53%). More than a third (36%) of students 'frequently' or 'often' hear negative comments about bi people (biphobic language), for example that bi people are 'greedy' or 'just going through a phase'. More LGBT boys (57%) reported being bullied than LGBT girls (35%). Furthermore, more LGBT disabled students were bullied than non-disabled LGBT students (60% vs. 43% respectively) as was the case for LGBT students on free school meals compared with those who were not on free school meals (57% vs. 44% respectively).

In terms of forms of bullying, 42% of LGBT students reported facing verbal abuse in school and 7% experienced physical bullying, e.g.,

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being hit, kicked, or having objects thrown at them. A greater percentage of LGBT boys (12%) compared with girls (4%) were bullied with physical abuse. However, 41% of LGBT boys did not report the bullying they faced to anyone; the main reasons for this were because they found it hard to talk to someone, were embarrassed, feared being 'outed' as LGBT or they did not think there would be any consequence to reporting it.

Bullying of LGBT students took place in a range of school grounds, including corridors (30%), lessons (28%), changing rooms (19%), sports lessons (14%) and school toilets (10%). Students also reported that teachers (29%), other school staff (11%) and other students (43%) seldom intervened when they were present during bullying. Around a fifth (19%) of LGBT students reported that they did not feel safe in their school.

Online bullying was also reported to be a significant problem for many LGBT respondents to the Stonewall survey. Although nearly all (96%) of LGBT students reported that the internet helped them understand more about their sexual orientation and/or gender identity, 96% of LGBT students saw homophobic/biphobic and transphobic abuse online and 40% had personally been the target of such abuse.

Regionally, the West Midlands (51%) and the East Midlands (51%) had the highest rates of LGBT bullying compared with other regions, e.g., Northwest (44%), Northeast (46%), South East (46%) and Greater London (40%).

2.1.14 School Exclusions

According to the 2017 Stonewall School Report, 8% of LGBT students reported having been excluded from school.(31) Around 12% of LGBT students who had been bullied due to being LGBT had been excluded, rising to 15% for minority ethnic LGBT students. Around half (47%) of LGBT boys and LGBT girls (53%) reported having skipped school; 40% of LGBT students who were bullied skipped school due to this bullying.

2.1.15 Educational Attainment

Statistics on educational attainment at GCSE level are not available by sexual orientation.

2.1.16 'Coming Out'

'Coming out' refers to LGBT people's self-disclosure of their sexual orientation. Evidence from the 2018 National LGBT Survey, which included 8,972 young people aged 16 to 17, indicates that context is a significant predicator of the extent to which LGBTQ+ people 'come out' to those around them.(22) The survey found that 80% of LGBTQ+ people aged 16 to 17 were 'out' to all or some of their friends, 40% were 'out' to their family and only 6% were 'out' to their neighbours. Over three-quarters (78%) of 16 to 17-year-old LGBTQ+ people had avoided 'coming out' to others for fear of a negative reaction. Studies with adults show that fewer bisexual people disclose their sexual identity compared with lesbian and gay people.(46)

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Statistical analysis of the Youth Chances Survey which included 3,275 LGB people aged 16 to 25 found 'coming out' before the age of 16 was associated higher rates of suicide risk.(4) This was theorised as being likely due to longer exposure to stigma, harassment, and family abuse.

2.1.17 Conclusion

There is a lack of research in Birmingham and nationally on the fertility, parenting, and reproductive outcomes of bisexual people, particularly for bisexual men. Whereas bisexual women have lower rates of ever being pregnant than heterosexual women, bisexual young women have higher rates of pregnancy than their heterosexual peers. International evidence indicates that bisexual women are more likely to experience perinatal depression than heterosexual women and to have poorer perinatal outcomes. There is also a lack of research specifically on the needs, outcomes, and experiences of bisexual young people. Sexual orientation is not recorded for young children on measures such as childhood screening and vaccination rates, school readiness or school exclusions. Evidence indicates that bisexual young people, as part of a wider LGBTQ+ cohort, have higher rates of poor mental health and increased rates of eating disorders and self-harm compared with heterosexual people, experience high rates of bullying in school and are at higher risk of homelessness, family violence, family rejection, neglect, and loss.

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2.2 Mental Wellness and Balance

Key Findings

- In the 2023 GP Patient Survey for England, 40% of bisexual people (n=5,922) reported a mental health condition, compared with 12% of heterosexual people (n=70,210) and 27% of gay or lesbian people (n=4,323).
- In a 2018 Stonewall report, more bisexual women (28%) report self-harming in the preceding year compared with bisexual men (18%), lesbians (14%) and gay men (7%).
- Among bisexuals discharged from IAPT services in England from 2013 to 2015, 65% of men (n=234) and 64% of women (n=643) failed to attain reliable recovery (52% and 51% heterosexual men and women respectively).
- Analysis of a survey from the Smoking and Alcohol Toolkit Series (2014 to 2016) reported that a higher percentage of bisexual men and women (both 24%) engaged in hazardous alcohol use compared to heterosexual men (18%) and women (8%).
- A higher percentage of bisexual people (37%) used illicit drugs in the previous year compared with heterosexual people (11%) and lesbian and gay people (25%) (Adult Psychiatric Morbidity Survey (2007 and 2014)).
- A higher percentage of bisexual men (28%) and women (30%) smoke compared to heterosexual men (20%) and women (17%). Smoking was also higher than among gay men (22%) and lesbian women (18%). (Smoking Toolkit Study, 2013 to 2019).
- The 2018 Crime Survey for England revealed that more bisexual men (6%) experienced domestic abuse than heterosexual men (4%), but less bisexual men experienced domestic abuse than gay men (8%).
- The 2018 Crime Survey for England also showed that more bisexual women experienced domestic abuse (25%) compared with heterosexual (7%) and lesbian (10%) women.
- In a 2018 Stonewall report, a higher percentage of bisexual women (27%) and bisexual men (18%) experienced discrimination from their LGBTQ+ community than lesbian women (9%) and gay men (4%).

2.2.1 Mental Health

Mental health is an increasingly important and common health concern across the country. According to Mind UK, 1 in 4 people will experience a mental health problem of some kind each year in England.(95) The amount of people with common mental health problems went up by 20% between 1993 to 2014, and the percentage of people reporting severe mental health symptoms in any given week rose from 7% in 1993, to over 9% in 2014.

According to analyses of large cross-sectional surveys in England, LGB people report poorer mental health than heterosexual people across a range of mental health conditions, although some studies do not disaggregate findings for bisexual people, instead grouping them with other sexual minorities.(96, 97)

UK based evidence reported by NHS Digital from the 2011 to 2018 Health Survey for England (n=456 bisexual participants) shows that gay and bisexual men scored lower on the WEMWBS (Warwick Edinburgh Mental Well-being) scale (mean score 50.2) than heterosexual men (51.5) but higher than for lesbian and gay women (47.3) (higher scores suggest better mental health).(26) As age increased, WEMWBS scores decreased for bisexual and gay men (i.e., older bisexual and gay men had poorer mental health), whilst for heterosexual adults and bisexual and lesbian women scores were similar or decreased.

Studies which do disaggregate bisexual from gay and lesbian people indicate that bisexual people experience poorer mental health than their heterosexual and lesbian and gay peers.(98, 99) Analysis of the Adult Psychiatric Morbidity Survey (in 2007 and 2014) (N=15,500, approx. 1.1% bisexual) revealed that a higher percentage of bisexual people (40%, adjusted OR 2.86, 95% CI 1.83 to 4.46) in England reported a common mental health disorder (CMD): comprises of a range of anxiety and depression conditions) compared with heterosexual people (16%) and lesbian and gay people (24%).(9) Adjusted analysis found that whilst bullying and discrimination partly explained the elevated rate of CMD in gay and lesbian people this was not the case for bisexual people.

The 2023 GP Patient Survey also corroborated findings that bisexual people experience poorer mental health. The survey asked whether patients had a 'mental health condition'. A large proportion of bisexual respondents listed a mental health condition (40%, n=5,922) compared with heterosexual (12%, n=70,210) and gay or lesbian (27%, n=4,323) patients.(6)

Meta analysis of 12 UK population health surveys found that a third of bisexual people (34%) reported a CMD compared with a quarter of lesbian and gay people (26%) and 16% of heterosexual people.(80) A greater percentage of bisexual people reported anxiety or depression (39%) and lower well-being scores (37%) than heterosexual people (23% and 26%, respectively) and lesbian and gay people (29% and 30%, respectively). Another meta-analysis of 24 studies found that bisexual people had up to six times the odds of engaging in non-suicidal self-harm compared with other sexualities.(99)

LGBTQ+ surveys also report high levels of CMD amongst bisexual people. A 2018 Stonewall survey, which surveyed more than 5,000 LGBT individuals from England, Scotland and Wales, reported that 59% of bisexual people experienced depression in the preceding 12 months compared with 46% amongst gay and lesbian people.(100) Half (50%) of bisexual people had felt like life wasn't worth living compared with 35% of gay and lesbian people. Nearly three-quarters (72%) of bisexual women experienced anxiety in the previous year compared with 56% of bisexual men, 60% of lesbians and 53% of gay men.(7) The survey also found that a higher proportion of bisexual people (26%) reported self-harm compared with gay and lesbian people to (11%). More bisexual women (28%)

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reported self-harming in the preceding year than bisexual men (18%), lesbians (14%) and gay men (7%).(7)

The reasons for poorer mental health in the LGBTQ+ community have been well documented, e.g., due to homophobia and biphobia (and their internalisation), minority stress, rejection from friends and family, substance abuse, body image, barriers to accessing healthcare and discrimination.(101-103) In addition, researchers argue that bisexual people, bisexual women, are at higher risk of mental health problems due to facing 'double discrimination,' i.e., being discriminated by both the heterosexual and homosexual community, the invisibility, erasure and denial of bisexuality, biphobia, not being 'out' and having an unsupportive partner.(34-36, 104)

Surveys with bisexual adults and adolescents indicate that they have a higher prevalence of eating disorders and unhealthy eating practices, such as binge eating, purging, dietary weight restraint, than heterosexual people.(18) A large survey by Stonewall with over 5,000 people in 2018 found that 13% of bisexual, lesbian and trans women and 9% of bisexual, gay and trans men reported having an eating disorder in the preceding 12 months.(7) A greater percentage of minority ethnic LGBT respondents (22%) experienced an eating disorder compared with White LGBT respondents (11%).

An earlier Stonewall survey of gay and bisexual men's sexual health also found that 15% of bisexual men had problems with their weight or eating in the last year compared with 4% of men in the general population.(105) Similarly, according to the Stonewall Women's Health Survey in 2007 more bisexual women (31%) reported having an eating disorder than lesbian women (19%)(36) and heterosexual women (5%).(104)

A review of studies in this field reported that risk factors for bisexual people having eating disorders include mental health problems, experiences of stigma and discrimination, not being 'out', internalised biphobia, idealised standards of beauty and attractiveness, poor mental health, and high levels of body dissatisfaction.(18)

2.2.1.1 Access to mental health services

The 2018 National LGBT Survey reported that a greater percentage of bisexual people (29%) in the UK than gay and lesbian people (18%) had accessed mental health services over the preceding year;(22) 10% of bisexual people had unsuccessfully tried to access mental health services compared with 5% of gay and lesbian people. A greater percentage of bisexual women (33%) accessed these services compared with bisexual men (20%). However, bisexual men (47%) reported similar levels of difficult accessing services as gay men (47%), whereas more bisexual women (54%) reported difficulty in accessing services than lesbian women (45%).

Similar to other LGTQ+ surveys, the National LGBT survey also reported that the most common difficulties that bisexual people faced in accessing mental services included waiting too long (75%), feeling worried, anxious or embarrassed (41%), having an unsupportive GP (25%) and not being able to go at a convenient time (21%) (**Table 4**). A greater percentage of bisexual people (23%) reported having a negative experience of using mental health

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services compared with gay and lesbian people (18%), and a greater percentage of bisexual women (24%) reported this than bisexual men (19%).

Table 4: Reasons for difficulty accessing mental health services, UK, 2018

Reason for difficulty accessing mental health services	Bisexual (%)	All respondents (%)
I had to wait too long to access the services	75	72
I was worried, anxious or embarrassed about going	41	37
My GP was not supportive	25	22
I wasn't able to go at a convenient time	21	20
I did not know where to go	17	17
My GP did not know where to refer me	14	13
The services were not close enough to me	14	13
Other	10	10

Source: Government Equalities Office (22)

In 2018 to 2019, there were 1.6 million referrals to talking therapy through the Improving Access to Psychological Therapies (IAPT) programme in England, around 3% of whom identified as bisexual and 3% as gay and lesbian.(106) A slightly smaller percentage of those identifying as bisexual (64%) reported improvement after participating in talking therapies compared with heterosexual (68%) and gay and lesbian (67%) people.

A 'reliable recovery' is one where an individual has been moved from being a clinical case at the start of treatment to not being a clinical case by the end of mental health treatment, having seen an improvement in their condition. Analysis of IAPT services found that bisexual were at higher risk of not attaining reliable recovery for depression/anxiety (adjusted OR 1.40, 95% CI 1.14 to 1.72) compared with heterosexual people.(107) Within the study, 65% (n=234) of bisexual men and 64% (n=643) of bisexual women failed to attain reliable recovery from depression/anxiety following contact with IAPT services (**Table 5**).

Table 5: Failure to reliably improve and reliably recover from depression/anxiety by sexual orientation: England, 2013 to 2015

Sexual orientation and sex	Failure to reliably improve (%)	Failure to reliably recover (%)
Bisexual men	44	65
Bisexual women	43	64
Gay men	38	53
Lesbian women	39	60
Heterosexual men	39	52
Heterosexual women	36	51

Source: Rimes *et al.* (107)

2.2.2 Alcohol

According to the guidelines published by the UK government, although there is no definitive safe limit to alcohol intake levels, as

this affects the health of individuals in a wide range of ways, adults should not drink more than 14 units of alcohol per week.(108)

Between 2011 and 2018, data from the Health Survey for England shows that a greater percentage of bisexual and lesbian women (37%) have consumed above the daily recommendations of alcohol compared with heterosexual women (28%), as was the case for bisexual and gay men (42%) compared with heterosexual men (37%).(26) Other surveys of bisexual and gay men and bisexual and lesbian women also report these findings.(7, 109, 110)

Analysis of the Adult Psychiatric Morbidity Survey (2007 and 2014) found that a higher percentage of bisexual people (31%) misused alcohol compared with heterosexual people (23%), but this was lower than gay and lesbian people (37%).(9) However, after adjusting for discrimination, the analysis found that bisexual people remained at elevated risk of alcohol misuse compared with gay and lesbian people.

Analysis of another representative survey from the Smoking and Alcohol Toolkit Series (2014 to 2016) (N=44,040, bisexual n=316) reported that a higher percentage of bisexual men (24%) compared with heterosexual men (18%) engaged in hazardous alcohol use (a score of 8+ on the Alcohol Use Disorders Identification Test which screens for unhealthy alcohol consumption).(8, 111) A higher percentage of bisexual women (24%) also engaged in hazardous alcohol use compared with heterosexual women (8%).

With regards to differences within the bisexual community, data from the Health Survey for England (2011 to 2018) shows that 12% of bisexual and gay men aged 50+ were classed as high-risk drinkers compared with 7% of bisexual and gay men aged 16 to 49.(26) However, the same percentage of older bisexual and lesbian women (6%) as younger bisexual and lesbian women (6%) were classed as high-risk drinkers. Although a higher percentage of ethnic minoritsed LGB adults had never drunk alcohol (55%) compared with White LGB adults (33%), the gap between these groups was smaller than for heterosexuals: heterosexual ethnic minority adults 71%, heterosexual White adults 35%.

Evidence from the National Drug Treatment Monitoring System (NDTMS) in 2021 to 2022 indicates that 2% of people who started treatment for alcohol in Birmingham identified as bisexual (4% of women and 1% of men in treatment).(112) This may suggest that the requirement for alcohol treatment is more pronounced in bisexual women than bisexual men in Birmingham. However, this may also be a result of an under-reporting of sexual orientation in alcohol services or bi men being less likely to self-identify.

2.2.3 Drug Use

According to a nationally representative analysis of the Adult Psychiatric Morbidity Survey (2007 and 2014), a higher percentage of bisexual people (37%) used illicit drugs in the previous year than heterosexual people (11%) and lesbian and gay people (25%).(9) Data from the Crime Survey for England and Wales between 2011 and 2014 shows drug use amongst bisexual and gay men (33%) was higher than amongst heterosexual men (11%) and higher amongst bisexual and lesbian women (23%) than amongst heterosexual women (5%).(113, 114)

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The Crime Survey for England and Wales (2013 to 2014) reported that cannabis was the most used illicit drug amongst all respondents, although usage amongst gay and bisexual men (20%) was higher than for heterosexual men (9%) and higher amongst bisexual and lesbian women (18%) than heterosexual women (4%).(113) The Survey also found that bisexual and gay men (15%) were 25 times more likely to use amyl nitrate (poppers) than heterosexual men (1%) and more likely to use Class A drugs, such as ecstasy, heroin, and cocaine (12% vs. 4% respectively). Bisexual and lesbian women (7%) were over three times more likely than heterosexual women (2%) to use Class A drugs.

Analysis of the Global Drug Survey from 2013 found that, globally, more bisexual people used illicit substances and engage in sexualised drug use than heterosexual people.(115) Whilst bisexual men and gay men reported broadly similar use of illicit substances, more bisexual women used illicit substances than lesbian women and heterosexual women. This finding is echoed by a literature review of the international evidence, which reported that bisexual and lesbian women have a greater risk of substance dependence (3.5 times greater) compared with their heterosexual peers.(116)

Analysis of a UK cross-sectional survey with 6,399 women in the UK between 1999 and 2001 also found higher rates of injected drug use in women who have sex with men (WSM) and women (4.4%) compared with women who only have sex with men (0.5%) and women who have sex with women (WSW) (0.0%).(117)

Data from the UK LGBT Sex and Lifestyles Survey in 2018 showed that around 3% of MSM had recently taken image and performance enhancing drugs (IPEDs) compared with 4% of WSW (these groups encompassed bisexual people).(118) The use of IPEDs among MSM was positively associated with psychoactive drug use, Viagra use, higher body dissatisfaction, and lower sexual satisfaction whilst for WSW it was positively associated with being aged 45 and over, a recent STI diagnosis, recent sexual contact without consent and higher body dissatisfaction.

Sexualised drugs use (SDU) has been highlighted as a concern for bisexual people compared with their heterosexual peers. Chemsex, the use of drugs (i.e. Methamphetamine, Mephedrone) as part of one's sexual activity,(119) in particular is one of the main issue that has been raised as a particular concern for bisexual and gay men, and has also been shown to be a prominent concern for bisexual women compared with lesbian women.(118, 120, 121) Factors positively associated with higher rates of SDU/chemsex amongst MSM include having a HIV and STI diagnosis, risky sexual behaviours (e.g., condomless sex), non-consensual sex and poorer mental health/life satisfaction.(122-124) For WSW, factors positively associated with SDU use include being bisexual, having multiple female sexual partners, and lower educational qualifications.(118)

Evidence from the NDTMS in 2021 to 2022 indicates that of those starting drug treatment for opiates in Birmingham, 1% were bisexual (n=20), 2% were gay and lesbian (n=25) and 91% were heterosexual (n=1,275).(112) Unlike in the heterosexual population, where more men (64%) than women (36%) were in treatment, more bisexual women (4%) were in treatment than bisexual men (1%). This may suggest that in Birmingham, opiate usage is more common for bisexual women than bisexual men. However, this may also be a

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result of an under-reporting of sexual orientation in drug services or bi men being less likely to self-identify.

2.2.4 Smoking

Evidence from the ONS in 2019 indicates that in England a higher percentage of bisexual people (20%) smoked than heterosexual people (15%).(125) Similar findings were reported by a meta-analysis of health surveys and the 2022 GP Patient Survey.(59, 80)

Other large representative surveys report that more bisexual men and women smoke than heterosexual, gay and lesbian people.(8, 125) Analysis of The Smoking Toolkit Study (STS) between 2013 and 2019 found that, in England, a higher percentage of bisexual men (28%) smoked than gay men (22%) and heterosexual men (20%), although they reported smoking fewer cigarettes a day compared with heterosexual men.(10) A higher percentage of bisexual women (30%) also smoked than lesbian (18%) and heterosexual (17%) women. The higher prevalence of smoking among for bisexual women has been reported by other surveys.(10, 26, 117)

After adjusting for sociodemographic factors (i.e., social grade, age, disability, qualification, region, internet access), research indicates that differences in smoking between bisexual men, gay men and heterosexual are no longer statistically significant whereas differences between bisexual women and heterosexual women remain.(8, 126, 127)

Evidence indicates that bisexual people utilised smoking cessation services at a similar rate to gay and lesbian and heterosexual people, although fewer bisexual women used these services than heterosexual women. Analysis of a nationally representative survey between 2013 and 2019 found that a higher percentage of bisexual men (9%) and bisexual women (9%) used E-cigarettes (electronic device) than gay men (7%), heterosexual men (6%), lesbians (5%) and heterosexual women (5%).(10) The study also reported that motivation to stop smoking and quit attempts did not differ by sexual orientation.

In 2021, 16% of the total population in Birmingham smoked compared with 13% of the population in England.(125)

2.2.5 Domestic Violence

Domestic abuse is defined in the UK by the Domestic Abuse Act 2021.(128) The definition of domestic abuse is behaviour of a person ("A") towards another person ("B") if: (a) A and B are each aged 16 or over and are "personally connected" to each other, and (b) the behaviour is abusive. Behaviour is "abusive" if it consists of any of the following:

- Physical or sexual abuse
- Violent or threatening behaviour
- Controlling or coercive behaviour
- Economic abuse (acquiring, using, or maintaining money or other property, or obtaining goods or services)
- Psychological, emotional, or other abuse

Evidence from the 2018 Crime Survey for England and Wales shows that more bisexual men (6%) experienced domestic abuse than heterosexual men (4%) but less bisexual men experienced domestic

abuse than gay men (8%).(11) More bisexual women experienced all types of domestic abuse, e.g. domestic abuse (25%), non-sexual partner abuse (14%), and domestic sexual assault (3.4%), compared with heterosexual women (7%, 5%, 0.4%, respectively) and lesbian women (10%, 8%, 0%, respectively).

National evidence suggests that most bisexual people (and people of other sexual orientations) who experience domestic abuse do not report it or seek support from organisations.(22, 129) For example, according to surveys commissioned by Stonewall, 81% of bisexual and lesbian women (in 2008) and 78% of bisexual and gay men (in 2011) who had experienced domestic violence did not report this to the police.(25)

Evidence from the 2018 National LGBT Survey (2018) indicates that more bisexual men and women (34%) reported a negative incident, such as verbal harassment, disclosure of sexuality to others without permission and coercive or controlling behaviour, from someone that they were living with in the preceding 12 months than gay and lesbian respondents (22%).(22) More bisexual women (36%) reported this than bisexual men (28%). The most common perpetrators of domestic abuse against LGBTQ+ victims were a parent or guardian (38%), followed by housemates or cohabitants (16%), siblings (14%), ex-partners (11%), other older family members (11%) and partners (8%).

More bisexual people also report experiencing sexual violence than lesbian and gay people;(100) a Stonewall survey found that 13% of bisexual people experienced unwanted sexual contact compared with 7% of gay and lesbian people. Furthermore, 41% of bisexual respondents felt that their sexual orientation was a motivating factor in their experience of unwanted sexual contact.

In relation to domestic abuse from a partner, a large survey from Stonewall in 2018 found that 13% of bisexual women, 12% of bisexual men and 16% of bi non-binary people experienced partner abuse in the preceding 12 months compared with 10% of lesbian women and 7% of gay men.(29, 100) Other large surveys of LGB people also report that more bisexual people experienced physical, emotional, and sexually abusive behaviours from their same-sex partner compared with lesbian and gay and heterosexual people.(130, 131)

Evidence indicates that more bisexual women experience domestic abuse than heterosexual women and lesbian women, particularly by male perpetrators, and that bisexual women experience domestic abuse for longer periods of time than heterosexual women.(11, 24, 132, 133) Evidence also indicates that more minoritised ethnic, disabled and younger (16 to 25 years old) bisexual people experience domestic abuse than White, non-disabled and older bisexual people.(29, 132)

A higher percentage of bisexual men and women who partake in substance misuse, have poorer mental health, and experience homophobia/biphobia experience domestic abuse compared with bisexual people who did not share these experiences.(131-137) Research also indicates that domestic abuse may not be recognised as such by large numbers of those in same sex relationships, particularly by bisexual and gay men.(130, 135)

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Bisexual people may avoid mainstream domestic abuse services because they are not inclusive, difficult to access, and lack understanding about the specific needs of LGBTQ+ people.(122) For example, bisexual women who experience abuse from a male partner may experience bias from non-LGBTQ+ mainstream domestic abuse services, although a higher percentage of bisexual women (22%) who access services experienced positive impact on their safety and well-being than heterosexual women (11%).(24, 132)

Researchers (nationally and internationally) suggest that the higher level of domestic abuse faced by bisexual women is due to a dehumanisation, objectification, hyper-sexualisation and a fetishization of bisexual women.(131, 133) A lack of knowledge about support organisations and not having another home to go to also impede LGBTQ+ peoples' ability to leave abusive relationships, as do other financial constraints, particularly for bisexual women.(22, 122, 132) These barriers were amplified by the coronavirus disease 2019 (COVID-19) pandemic.(138) A recent mapping of LGBT+ domestic abuse support services in England and Wales reported a lack of service provision for LGBTQ+ communities, particularly outside of London.(139) However, Birmingham LGBT has delivered specialist LGBT+ domestic abuse services in Birmingham since 2014 and now has specialist LGBT Domestic abuse services that cover the West Midlands. There are also services in Devon, Brighton, and Manchester

2.2.6 Hate Crimes and Discrimination

Figures reported by the Home Office show that in 2021 to 2022, 26,152 people in England and Wales reported hate crimes due to sexual orientation or perceived sexual orientation.(140) However, a breakdown for bisexual people is not available. Between 2020 to 2021 and 2021 to 2022, sexual orientation hate crimes increased by 41%, the largest annual increase since 2011 to 2012 (when time series data began to be published). The West Midlands was ranked the fourth highest police force area for the highest offences of hate crime by sexual orientation (rate of 60 per 100,000).(141)

Evidence illustrates that hate crimes are severely underreported. Stonewall reports that a lower percentage of bisexual men (16%) and bisexual women (14%) experienced a hate crime or incident based on their (perceived) sexual orientation in 2018 than gay men (19%) and lesbian women (21%), which may relate to bisexual people feeling less able to be 'out' than their lesbian and gay peers.(29) For example, 30% of bisexual men and 8% of bisexual women reported not disclosing their sexual orientation with any of their friends compared with 2% of gay men and 1% of lesbians.

The high level of homophobic discrimination experienced and expected by gay and bisexual men in different areas of their lives has been extensively documented and is evident throughout different sections of this report, e.g., in the workplace, in education, in healthcare. Furthermore, more than one in four bisexual women (27%) and one in five bisexual men (18%) reported experiencing discrimination from within their local LGBTQ+ community due to their sexual orientation compared with 9% of lesbians and 4% of gay men.(29)

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2.2.7 Conclusion

More bisexual people, particularly bisexual women, report poorer mental health than heterosexual people and gay and lesbian people and report lower rates of reliable recovery for mental health problems. More bisexual people, especially bisexual women, smoke, engage in hazardous drinking to use illicit drugs than their heterosexual and gay and lesbian peers. A higher percentage of bisexual people also report experiencing domestic and partner abuse, and discrimination from both the heterosexual community and from their wider LGBTQ+ community compared heterosexual people. Although less bisexual people experience hate crimes compared with lesbian and gay people, fewer bisexual people disclosed their sexual identity than lesbian and gay people as shown in *section 2.5.9*.

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2.3 Healthy and Affordable Food

Key Findings

- The Active Peoples Survey (2014) found that less bisexual people (45%) in England ate five or more portions of fruits per day compared with lesbian and gay people (57%) and heterosexual people (52%).
- A meta-analysis of 12 UK surveys revealed that 60% of bisexual men were overweight or obese compared with 68% of heterosexual men and 52% of gay men.
- The meta-analysis also found that 54% of bisexual women were overweight or obese compared with 57% of heterosexual women and 60% of lesbian women.
- In a 2016 study of LGBTQ+ people in Brighton, 54% (n=20) experienced barriers to healthy eating, including easy access to unhealthy fast food, cost of healthy foods, and health conditions that hindered access to healthy foods.

2.3.1 Diet and Nutrition

A healthy diet has a key function in preventing non-communicable diseases; healthy diet means eating a wide variety of foods in the right proportions and consuming the right amount of food and drink to achieve and maintain a healthy body weight.(142)

There is limited evidence on the diet and nutritional patterns of bisexual people. National surveys on food, diet and nutrition do not currently collect data or report results by sexual orientation. In England in 2014, The Active People's Survey reported that a lower percentage of bisexual people (45%) ate five or more portions of fruits per day than lesbian and gay people (57%) and heterosexual people (52%).(12)

Studies indicate that more bisexual people, across gender and age, diet and engage in disordered eating than their heterosexual peers.(5, 18) Some evidence suggests that fewer bisexual women engaged in healthy eating, e.g., skipped meals and fasted compared with heterosexual women.(18) *Section 2.2.1* presents evidence relating to eating disorders amongst bisexual people.

Anecdotal evidence also suggests links between those who identify as vegan or vegetarian and LGBTQ+ communities.(143) For example, a recent survey with UK vegan Facebook groups reported that two-thirds (66%) of all respondents (n=925) were LGBT+.(144)

2.3.2 Obesity

On the whole, evidence indicates that fewer bisexual adults and adolescents are overweight or obese than heterosexual, gay and lesbian people.(5, 142, 145) A minority of studies suggest that bisexual adults and adolescents are at great risk for having a higher BMI than their heterosexual peers or that there are no discernible differences.(18, 146)

A meta-analysis of 12 UK health surveys reported that a lower percentage of bisexual men (60%) were overweight or obese

compared with heterosexual men (68%) but a higher percentage of bisexual men were overweight or obese compared with gay men (52%).(147) Less bisexual women (54%) were also overweight or obese compared with heterosexual women (57%) and lesbian women (60%). The review also reported that a higher percentage of bisexual men (2.1%) were underweight compared with heterosexual men (1.2%), as was the case for bisexual women (3%) compared with heterosexual women (2.1%). Furthermore, evidence from The Health Survey for England (2011 to 2018) found that, like people of other sexual orientations, bisexual people's risk of being overweight increases with age.(26)

2.3.3 Food Insecurity

There is a lack of evidence regarding food insecurity specifically in relation to bisexual people. A small 2016 survey of LGBTQ+ people in Brighton (N=63, n=6 bisexual respondents) found that a quarter of respondents (24%, n=9) reported that food poverty has been an issue for them, a fifth of respondents (19%, n=7) had reduced their meal sizes because they were unable to afford enough food and 27% of respondents ate less healthily because they could not afford healthier food options.(148) Half of respondents (54%, n=20) experienced barriers to healthy eating, including easy access to unhealthy fast food, the cost to access healthy foods, and health conditions which hindered their ability to access healthy foods.

Analysis of the population in Bristol showed that around 9% of LGB people experienced moderate to severe food insecurity compared with 5% of the local population.(149) As highlighted in ***section 2.5***, evidence also indicates that more bisexual people are in poverty than heterosexual people and therefore may be more likely to experience food insecurity.(14)

2.3.4 Conclusion

There is a lack of disaggregated research with bisexual people on the topics of diet and nutrition. Fewer bisexual people are overweight or obese compared with heterosexual people. However, evidence indicates that food insecurity may be an issue amongst the LGBTQ+ community, and for bisexual people in particular. This poses a barrier to healthy eating.

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2.4 Active at Every Age and Ability

Key Findings

- From 2020 to 2021, bisexual people (66%) reported higher levels of physical activity than heterosexual people (62%). (Active Lives Survey)
- The 2020 to 2021 Active Lives Survey reported that bisexual men had the lowest physical activity rates (59%), whereas bisexual women had the joint highest physical activity rates (69%).
- The 2015 Out on the Fields study reports that 69% of bisexual men and 51% of bisexual women agreed that homophobia is more common in team sports than in general society; similar to findings from gay men (73%) and lesbian women (49%).
- 95% of bisexual men and 89% of bisexual women had not disclosed their sexual orientation to their teammates, according to the Out on the Fields 2015 study.
- LGBTQ+ sports clubs and the visibility of bisexual role models in sports were found to be a facilitator to participation.

Several reviews of studies and literature on LGBTQ+ people's experiences of engaging in sports highlight the range of studies in this area.(150-152) However, there is a paucity of research specifically on bisexual peoples' participation in physical activity and sport. In 2008, a literature review commissioned by the major sporting bodies in the UK reported that, of the 711 items of literature reviewed, only 1 focused on bisexuality, concluding that "bisexuality is invisible in all themes" of sports literature in the UK.(153)

The 2015 Out on the Fields study is the largest international study of LGB people into homophobia in sports and was undertaken across the UK, Australia, Canada, Ireland, New Zealand and the USA.(23) The survey included almost 1,800 LGBT+ participants from the UK and a total of 709 bisexual participants but did not disaggregate data for bisexual people in the UK. Therefore, evidence for the overall sample of bisexual participants will be reported.

2.4.1 Physical Activity

UK Chief Medical Officer's physical activity guidelines suggest that adults should complete a minimum of 150 minutes of physical activity per week at moderate intensity or 75 minutes of physical activity per week at vigorous intensity.(154) Moderate activity is anything that raises the heart rate, such as brisk walking or cycling. Vigorous activity is high intensity exercise, such as running.

The Active Lives Survey by Sports England measures activity levels across England.(13) In 2020 to 2021, around 173,000 people were

survey nationally. 66% of bisexual people reported being physically active (150+ minutes a week) compared with 62% of heterosexual people and 68% of lesbian and gay people. This is compared with 55% of the general population in the West Midlands.

The Active Lives Survey reported disparities in the physical activity rates of bisexual men and bisexual women.(13) Whereas bisexual men have the lowest physical activity rates of the whole population, bisexual women have amongst the highest rates. A higher percentage of bisexual women (69%) reported being physically active than heterosexual women (60%), although bisexual women reported being as active as lesbian women (69%). Less bisexual men (59%) reported being physically active than heterosexual men (64%) and gay men (67%) (**Table 6**).

Table 6: Levels of activity, by sexuality and sex: England, 2020 to 2021

Sexual Orientation	Inactive (less than 30 minutes a week)	Fairly Active (30 to 149 minutes per week)	Active (150+ minutes a week)
Heterosexual male	26%	10%	64%
Gay male	22%	11%	67%
Bisexual male	**29%**	**12%**	**59%**
Heterosexual female	28%	13%	60%
Lesbian female	19%	12%	69%
Bisexual female	**18%**	**14%**	**69%**
Whole population	27%	12%	61%

Source: Sport England (13)

LGBTQ+ specific surveys report lower rates of active physical participation rates amongst the bisexual community.(19, 110, 155)

A survey by the National LGB&T Partnership in 2016, undertaken with around 925 LGBT people, found that bisexual people (17%) reported similar rates of physical activity to gay men (18%) and lesbian women (16%).(19) The survey reported that 55% of bisexual and gay men were not active enough to maintain good health compared with 33% of men in the general population whilst 56% of

bisexual and lesbian women were not active enough to maintain good health, compared with 45% of women in the general population.

Bisexual people's participation is likely to decline with age.(13, 153, 156) Evidence also indicates that gay and bisexual men from minority ethnic backgrounds are less physically active than gay White men. Gay and bisexual men from Asian (75%), Black (68%) and Mixed/Other (66%) ethnic backgrounds reported undertaking a lower level of exercise compared with White men (62%).(19) This difference was independent of education and income.

There is a scarcity of data on young bisexual people's physical activity rates. Research indicates that LGBTQ+ young people have lower participation rates than heterosexual young people.(157) In 2017 a UK Parliamentary Inquiry emphasised its "serious concerns over the effects of low participation among LGB youth on their mental and physical health and well-being".(158) It highlighted the need for quantitative research examining the extent to which LGB youth experience homophobic behaviour in team sports and the impact of that behaviour.

Evidence from the Active Lives Survey indicates that a higher percentage of bisexual adults participated in sports activities and fitness activities than heterosexual, gay and lesbian adults, including team sports, cycling, swimming, and racquet sports, and being a member of a sports club (**Table 7**).(13)

Table 7: Sporting and fitness activities, by broad sexual orientation, England, 2020 to 2021

Sport activities	Bisexual (%)	Heterosexual (%)	Gay or lesbian (%)
All sporting activities	62	50	54
All fitness activities	48	36	40
Team sports	14	11	9
Racket sports	17	9	8
Cycling	41	27	33
Swimming	26	16	19

Source: Sport England (13)

However, a breakdown by sex in some activities reveals a more complex picture.(13) For example, whilst a similar percentage of bisexual men (16%) played team sports as heterosexual men (17%), more bisexual men played team sports than gay men (6%). On the other hand, more bisexual women (14%) played team sports than heterosexual women (5%), but less bisexual women played team sports than lesbian women (17%). In 2012, a study of 845 LGBT students by the National Union of Students reported that less bisexual participated in activities such as football, swimming, running and the gym, than their gay and lesbian counterparts.(159)

In terms of attendance at live spectating sports events, the Active Lives Survey indicates fewer bisexual women (8%) attend live sporting events compared with lesbian women (19%) and heterosexual women (11%) and that a similar percentage of bisexual

men (11%) attend living sporting events as gay men (10%) although a lower percentage of bisexual men attended events than heterosexual men (30%).(13)

2.4.2 Mobility

Mobility can be impacted by various musculoskeletal conditions that affect the joints, bones, muscles, and spine. Those with musculoskeletal conditions may experience pain, joint stiffness and limited mobility when participating in physical activity.

According to data from the Health Survey for England (2011 to 2018), less bisexual and gay men (11%) had musculoskeletal problems than heterosexual men (14%), e.g., arthritis, rheumatism, back problems or a slipped disc, and less bisexual and lesbian women (16%) had these ailments than heterosexual women (18%).(26) In the 2023 GP Patient Survey, 11% of bisexual people reported arthritis or an ongoing problem with their back or joints compared with 19% of heterosexual people (although this analysis is not age-adjusted).(6)

2.4.3 Barriers and Facilitators to Physical Activity

There is a lack of data specifically on the facilitators and barriers to bisexual people's participation in physical activity and sports. Below, the factors relating to the LGBTQ+ community's involvement in physical activity is outlined. Where available, literature specifically relating to the bisexual community will be reported on.

Barriers to Participation

- **Homophobic Sporting Culture**

There is a paucity of research on bisexual peoples' specific experiences of biphobia and homophobia in sporting environments. Research has consistently shown there to be a high level of homophobia in sporting environments and that LGBTQ+ people regularly experience homophobia, discrimination, and exclusion in sports.(157, 160, 161) Evidence suggests that bisexual people experience similarly high levels of homophobia in sporting environments as lesbian and gay people.(153)

Evidence from the 2015 Out on the Fields study indicates that over half of bisexual men (69%) and bisexual women (51%) agree that homophobia is more common in team sports than in general society;(23) similar to the percentage of gay men (73%) and lesbian women (49%). A higher percentage of bisexual men (51%) than bisexual women (36%) thought that LGB people are not accepted in sport and had witnessed or experienced homophobia in a sporting environment (82% vs. 74% respectively).

Homophobia has been highlighted as a particular problem within single sex men's sports; single sex women's sports, on the other hand, were regarded as having more 'out' role models and as being accepting of homosexuality and diversity.(153, 162) A Stonewall survey in 2013 reported that 63% of gay and bisexual men and 38% of lesbian and bisexual women expected to encounter homophobia in team sports.(105)

- **Experience of homophobia and biphobia in school**

There is a lack of data which focuses explicitly on the experiences of bisexual young people. Studies with LGBTQ+ youth show that experience of homophobic bullying in schools, particularly during PE

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classes, is a cited as a significant barrier to LGBTQ+ young people's participation in sports and one which continues to be a barrier for LGBTQ+ adults.(153, 156, 158, 163-165) In the 2015 Out on the Fields study 30% of LGB people in the UK agree that youth sports are a 'supportive and safe' place for LGB young people. Internationally, this was the case for 22% of bisexual men and 32% of bisexual women.(23)

A Stonewall survey of LGBT youth in 2017 reported that 14% of respondents had been bullied during school sports lessons and 19% had been bullied in PE changing rooms.(31) This was an improvement from Stonewalls previous school survey in 2012, when 23% of LGBT students reported being bullied during sports lessons at school.(94) In the USA, public health researchers have declared the participation of gay and bisexual boys in physical activity and the discrimination they face as a "critical public health concern".(150)

- **Disclosure of Sexual Orientation**

A strong indicator of how accepting sport is to the LGBTQ+ community is the number of LGBTQ+ participants who feel comfortable to be openly 'out' about their sexuality and/or gender identity to their teammates.(163)

Studies indicate that the majority of bisexual people are not 'out' to their teammates when playing sports.(23, 166) For example, the 2015 Out on the Fields survey reported that for those under the age of 22, 95% of bisexual men and 89% of bisexual women were not open to some or all of their teammates about their sexuality.(23) This is compared with 86% of gay men and 67% of lesbian women. For those over the age of 22, 80% of bisexual men and 61% of bisexual women refrained from coming out to some or all of their adult sport team members in comparison to 49% of gay men and 39% of lesbians. A higher percentage of younger bisexual women (44%) than younger bisexual men (14%) thought they would be the target of bullying if they 'came out', whilst older bisexual men (23%) felt this to be more the case than older bisexual women (3%).

Studies with LGBTQ+ people illustrate that the inability to be 'out' in sports not only discourages LGBTQ+ participation but also has a negative impact on LGBT+ people's mental health.(156, 158, 167)

- **Heteronormative Culture of Sports**

The gender stereotypes associated with certain types of sports also seem to limit the range of participation for some bisexual and gay men. For example, "for some gay and bisexual men… the gender labelling [of sports] meant that they had little alternative but to play football, rugby or other 'male' sports".(161) The culture of sports was also seen as being a macho, male dominated, and stereotypical 'male' and 'female' sports.(155, 159)

Facilitators to Participation

- **LGBTQ+ Clubs**

LGBTQ+ sports clubs can be a key way of providing access to members of the LGBTQ+ community and are welcomed as a facilitator to engaging in sport by LGBTQ+ people.(155, 158) In addition to LGBTQ+ sports groups increasing the visibility of the LGBTQ+ community they create safe and welcoming spaces for LGBTQ+ people to engage in.

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The Pride Sports LGBT Sports Clubs Map provides a list of some of the diverse LGBT-specific provision, including for team sports and individual activities, which describes Birmingham as having 'thriving LGBT sports clubs.(168)

A number of LGBTQ+ friendly sports clubs have been set-up in Birmingham, with sports including swimming, rugby, football, cricket, running, and rambling. Information on all sports clubs can be found in Appendix 4 below. Pride House Birmingham also works across the UK to play sports and physical activity more inclusive of LGBTQ+ people.(169)

- **Role Models and Campaigns**

Although there has been little research specifically on the views of bisexual people, the visibility of out bisexual people also appears to be a key enabler for the bisexual community's participation in sports.(23) The visibility and celebration of LGBTQ+ role models is also a facilitator to LGBTQ+ people's participation in sport.(155, 158, 159) Campaigns such as Stonewall's Rainbow Laces in football have also increased awareness and visibility of LGBTQ+ participation.(167)

2.4.4 Conclusion

There is a lack of UK research on bisexual adults and youths' participation in physical activity and sports. Much of the research focuses on wider LGBTQ+ literature.

More bisexual women physically active than bisexual men; bisexual men have the lowest physical activity rates in comparison to heterosexual and gay populations. Mixed evidence on different sports participation paints a complex picture of sports participation for bisexual men and women.

Factors that play a role in lowering physical activity participation rates include, but is not limited to age, ethnicity, LGBTQ+ safe athletic environments, heteronormative culture of sports, homophobia, and biphobia. Increasing awareness of LGBTQ+ sporting clubs as well as bisexual role models have a potential to increase physical activity rates amongst bisexual people.

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2.5 Living, Working and Learning Well

Key Findings

- According to the 2021 census, 38% of bisexuals in Birmingham held a level 4 or higher qualification (30% heterosexual, 46% lesbian or gay).
- 35% of bisexuals in Birmingham were full-time students (economically active or inactive), compared with 16% of the gay or lesbian population and 12% of the heterosexual or straight population (2021 census).
- In 2021, 42% of bisexuals in Birmingham were economically active (excluding full-time students) and in employment (62% gay or lesbian, 48% heterosexual).
- 10% of bisexual people were behind with some of their household bills compared with 5% of heterosexual people and 5% of gay and lesbian people (2011 to 2012 UKHLS).
- In the GP Patients Survey (2023), 68% of bisexual people reported having long-term health conditions, disabilities or illnesses compared with 56% of heterosexual people and 60% of lesbian and gay people.
- 7% of bisexual people in England reported having an autism spectrum condition compared with 1% of heterosexual people (GP Patient Survey 2023)
- When accessing healthcare, 21% of bisexual women and 15% of bisexual men experienced a lack of understanding from healthcare staff (Stonewall, 2018).

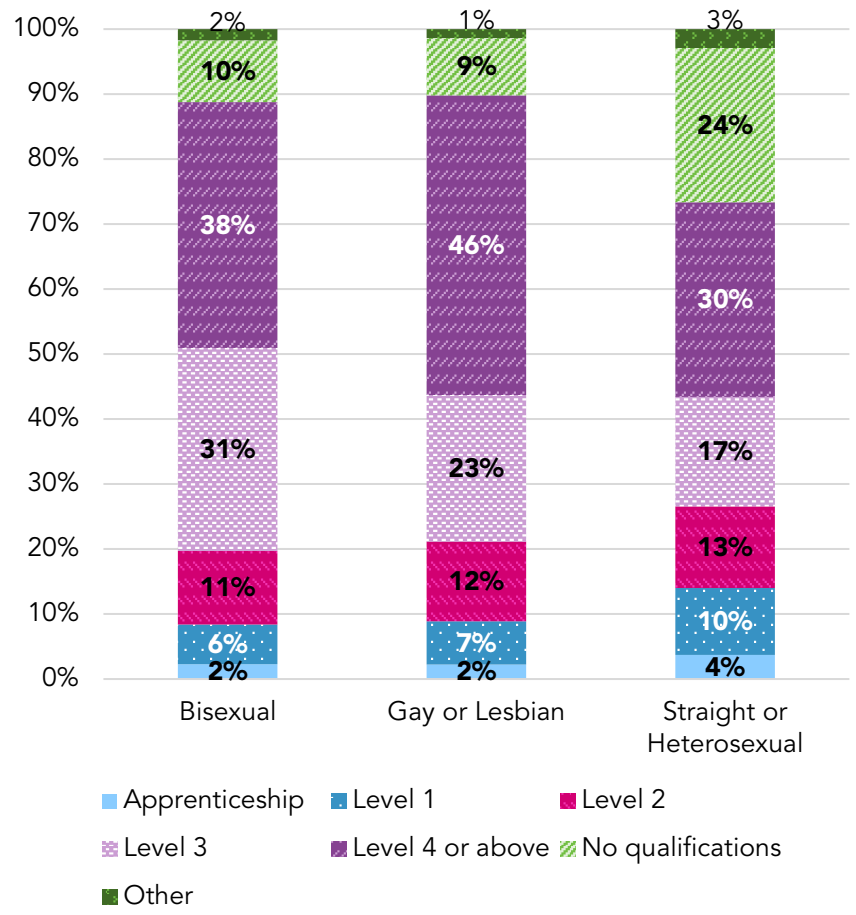
2.5.1 Education, Qualification, Skills and Training

2.5.1.1 Highest Level of Qualification

The 2021 census reported on the highest level of qualification held by sexual orientation. People who identified as bisexual had high levels of obtained qualifications. Around 38% (n=4,258) of bisexual people in Birmingham had obtained a higher-level qualification (level 4 or above).(3) This equates to a university degree, higher level BTEC or equivalent. This figure is higher than the proportion of heterosexual or straight population with a higher-level qualification (30%) but lower than the proportion of the lesbian or gay population (46%) (**Figure 6**)[d].

[d] See **Appendix 5.4** for full data table

Figure 6: Highest level of qualification by sexual orientation: Birmingham, 2021



Source: ONS (3)

Other evidence also indicates that bisexual people have similar or higher levels of educational attainment than heterosexual people. A review of 12 national surveys between 2008 and 2013 found that 27% of bisexual people had attained a university degree compared with 26% of heterosexual people and 39% of lesbian and gay people.(80) Analysis from the 2011 to 2012 UK Household Longitudinal Survey (UKHLS) found that a lower percentage of bisexual people than heterosexual people had no qualifications (8% vs. 12%), but that a higher percentage of bisexual people compared with heterosexual people had obtained A-Levels (28% vs. 21%) and a university degree (25% vs. 23%).(170) The UKHLS included 40,689 respondents, 407 of which identified as bisexual. In the Birmingham Out and About Survey (2011), of the 636 LGBT people who responded to the survey, 71% of bisexual respondents had a university degree compared with 67% of lesbian respondents and 61% of gay respondents.(171)

According to data from the Higher Education Statistics Agency (2019 to 2020) bisexual people comprised 3% of all students undertaking a university degree.(172) Furthermore, more bisexual students (32%) reported having a disability more frequently than heterosexual students (14%). This finding is echoed by a survey from UCAS, which also reported that more LGB students reported having poor mental health compared with heterosexual students (13% vs. 3% respectively).(173)

2.5.1.2 Experiences of Discrimination in Education

There is vast evidence to illustrate that bisexual people face high levels of homophobic bullying, discrimination, and exclusion in education.(31, 94) However, more recent reports suggest that this is improving.(173) Research undertaken with staff and students at the

University of Birmingham during 2014 to 2016 found that more LGBTQ+ students reported discontinuing their studies and having poor experiences (such as discrimination and abuse) than cis gender and heterosexual students.(174) Researchers produced a best practice guide with case studies to increase LGBTQ+ inclusivity within education.

2.5.2 Employment and Economic Activity

2.5.2.1 Employment and Economic Activity

The 2021 census provides insight into economic activity by sexual orientation. A population, aged 16 and over, is defined as economically active if they are in employment or are unemployed and looking for work or available to start work within the next two weeks. Economic activity was low among the bisexual population; 42% (n=4,738) were economically active (excluding full-time students) and in employment, compared with 62% (n=7,394) of the gay or lesbian population and 48% of the heterosexual or straight population.(3) However, there was a large percentage of bisexuals who were economically inactive as full-time students (23%, n=2,643) compared with gay or lesbian (10%, n=1,174) and heterosexual or straight (9%) populations (**Table 8**).

Over a third of bisexuals (35%) were full-time students (economically active or inactive), compared with 16% of the gay or lesbian population and 12% of the heterosexual or straight population.

Table 8: Economic activity by sexual orientation: Birmingham, 2021

Economic activity status	Bisexual (%)	Gay or lesbian (%)	Heterosexual or straight (%)
Economically active (excluding full-time students: In employment	42	62	48
Economically active (excluding full-time students): Unemployed	6	5	5
Economically active and a full-time student: In employment	8	4	2
Economically active and a full-time student: Unemployed	4	2	1
Economically inactive (excluding full-time students)	17	18	34
Economically inactive and a full-time student	23	10	9

Source: ONS (3)

Similar reports corroborate these findings. Evidence from the 2011 to 2012 UKHLS indicates that less bisexual people (50%) were in paid

employment compared with heterosexual people (57%) and gay and lesbian people (68%).(170) Modelling by the London School of Economics in 2017 also suggests that bisexual men are around 12% less likely to be in full-time employment compared with heterosexual men whilst bisexual women are 5% less likely than heterosexual women.(175) Data from the 2018 National LGBT Survey also shows that less bisexual people (75%) were in paid employment than gay and lesbian people (88%).(22) In Birmingham in 2011, bisexual people (16%) had similar employment rates as lesbian women (16%) but higher rates than gay men (10%).(171)

According to the 2018 National LGBT Survey, 59% of bisexual people had an annual income of less than £20,000 compared with 39% of gay men (22) whilst in Birmingham in 2011, 30% of bisexual people reported earning less than £15,000 a year compared with 22% of gay men and 25% of lesbians.(171)

2.5.2.2 Occupation

The 2021 census provided a breakdown of occupation by sexual orientation in Birmingham. The bisexual population had a higher percentage of its population working in 'sales and customer service occupations' (12%, n=667) and elementary occupations (13%, n=725) compared with other sexual orientations (**Table 9**).(3) The most common occupation for bisexuals in Birmingham was 'professional occupations' (26%, n=1,439).

Table 9: Occupation by sexual orientation: Birmingham, 2021

Occupation	Bisexual (%)	Gay or lesbian (%)	Heterosexual or straight (%)
Managers, directors and senior officials	7	13	9
Professional occupations	26	30	21
Associate professional and technical occupations	16	16	11
Administrative and secretarial occupations	9	8	9
Skilled trades occupations	4	4	8
Caring, leisure and other service occupations	10	9	10
Sales and customer service occupations	12	9	8
Process, plant and machine operatives	4	3	9
Elementary occupations	13	8	13

Source: ONS (3)

2.5.2.3 Workplace Biphobia and Homophobia

Evidence indicates that bisexual people face discrimination at all stages of work, including economic activity, recruitment, promotion, income and in the workplace.(20, 30, 176)

In the 2018 National LGBT Survey, 17% of bisexual people reported experiencing homophobic incidents in the workplace.(22) According to a Stonewall survey, 38% of bisexual people aren't 'out' to anyone at work about their sexual orientation compared with 18% of all LGB people.(176) Furthermore, 49% of bisexual men (49%) and 34% of bisexual women were 'out'; this is compared with 7% of gay men and 4% of lesbians.

2.5.3 Deprivation

Analysis from the 2011 to 2012 UKHLS reports that a similar percentage of bisexual people (16%) were in poverty (measured as equivalent household income <60% of the median) as heterosexual people (13%) and gay and lesbian people (14%).(14) However, more bisexuals were behind in paying council tax, likely to be behind with some or all of their household bills and to be in receipt of income support compared with heterosexual people. For example, 10% of bisexual people were behind with some of their household bills compared with 5% of heterosexual people and 5% of gay and lesbian people.

An approximation of the levels of deprivations experienced by bisexuals in Birmingham can be obtained by analysing the deprivation by MSOA. The Index of Multiple Deprivation (IMD) is the official measure of relative deprivation in England and is calculated using outputs from the indices of deprivation domains. There are seven distinct domains of deprivation, including income, employment, crime, barriers to housing and services and living environment. An IMD decile output of 1 demonstrates a neighbourhood which is in the 10% most deprived in the country.(17)

Data from 2019 IMD showed that there was variation in the experiences of deprivation based on MSOA within the bisexual population, as seen in **Table 10**.

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Table 10: Deprivation among the bisexual population by MSOA: Birmingham, 2019

MSOA	Total population (N)	Bisexual population	% Bisexual	IMD Rank	IMD Decile
Selly Oak	15,229	1,087	7.1	3,622	6
Edgbaston South and University	9,189	475	5.2	4,180	7
North Central and Dartmouth Circus	13,698	466	3.4	816	2
Attwood Green and Park Central	7,735	223	2.9	778	2
Ladywood – Summer Hill	6,928	206	3.0	1,308	2
Edgbaston North	8,502	200	2.4	2,195	4
Central	5,846	197	3.4	2,751	5
Stirchley North and Selly Park	6,546	195	3.0	1,828	3
Moseley Village	7,253	181	2.5	892	2
Five Ways North	7,107	173	2.4	506	1

Source: Ministry of Housing, Communities and Local Government (17)

Note: IMD Rank is comprised of all MSOAs in England, with 1 being the most deprived neighbourhood nationally.

It is also important to note that while some MSOAs are more deprived than others, some people can live in the most deprived areas and not be deprived themselves, while some can experience deprivation despite living in the least deprived areas.(17)

2.5.4 Housing

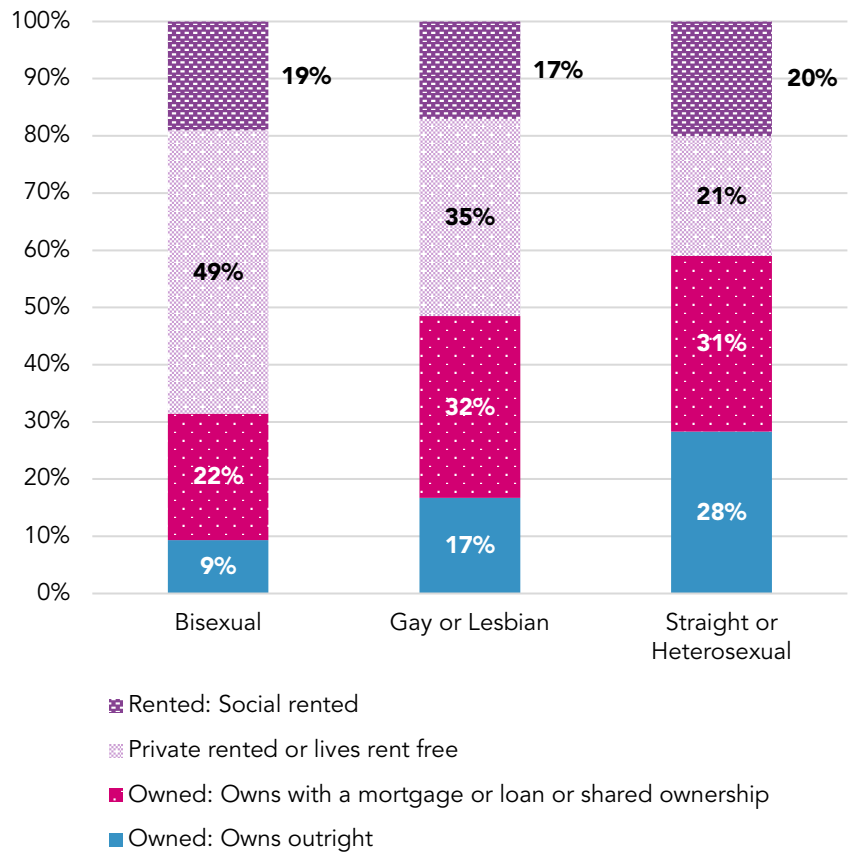
2.5.4.1 Tenure

Housing tenure refers to the ownership structure under which people live in their accommodation, and data by sexual orientation is available from the 2021 census. It is important to note that the below data from the census does not include bisexual residents in communal establishments, such as university halls of residence or care homes.

The 2021 census reported that there was a higher percentage of bisexual people living privately or living rent free (49%, n=5,011) than the gay or lesbian (35%, n=3,959) and heterosexual or straight (21%, n=158,913).(3) Additionally, the bisexual population had a much smaller proportion who owned their homes, either outright

(9%, n=943) or with a mortgage (22%, n=2,241) than other sexual orientations (**Figure 7**)[e].

Figure 7: Housing tenure by sexual orientation: Birmingham, 2021



Source: ONS (3)

[e] See **Appendix 5.5** for full data table

Analysis of the UKHLS indicates that fewer bisexual men own their home compared with heterosexual men whilst bisexual women are as likely to own their own home compared with heterosexual women.(14) This analysis also found that whilst bisexual men were slightly more likely to live alone than heterosexual men (RR 1.38) bisexual women were less likely to live alone than heterosexual women (RR 0.84). In Birmingham, the Out and About survey also found that less bisexual people (40%) owned their own home in 2011 compared with gay men (46%) and lesbian women (62%).(171)

2.5.4.2 Overcrowding

Information on overcrowding by sexual orientation is available from the 2021 census. Households are classified as overcrowded if there are more people in the household than the recommended number of bedrooms, according to ONS. According to the 2021 census, 11% of bisexuals lived in overcrowded houses in Birmingham (occupancy rating for bedrooms of -1 or -2).(3) This was lower among the gay or lesbian population (5%), but higher among the heterosexual or straight population (16%).

2.5.4.3 Housing Experiences

A large study with six housing associations in the UK also reported that almost half of LGBTQ+ people in social housing accommodation do not feel a sense of belonging to their local community and a third of respondents felt that their complaints about harassment were not appropriately addressed.(177)

Furthermore, a fifth (20%) of gay men reported changing their home to hide their sexual orientation (e.g., hiding books or DVDs) when visited by their landlord or a repairs person.

Data on statutory homelessness is not collected by sexual orientation, but research suggest that LGBTQ+ people face higher rates of homeless compared with heterosexual people,(30) and that LGBTQ+ youth are at particular risk of homelessness due to parental rejection and abuse within the family.(84)

A 2022 survey (N=254) by Generation Rent and the Albert Kennedy Trust reported that more LGBTQ+ renters than non-LGBTQ+ renters live in unsuitable housing (43% vs. 29%), stay with family/friends temporarily (39% vs. 33%), and struggle with repairs damp and mould (70% vs. 59%).(178)

Evidence on the domestic violence faced by bisexual men and women is discussed in ***section 2.2.5***.

2.5.5 Physical Health

Evidence indicates that bisexual people have poorer health than heterosexual people and lesbian and gay people.(179, 180)

Analysis from the UKHLS (2011 to 2012) reports that fewer bisexual people (44%) rated their health as 'good' compared with heterosexual people (53%) and gay and lesbian people (52%).(170) Bisexual people were twice as likely to report being in poorer health than heterosexual people (95% CI 1.45, 3.75).

Data reported from surveys reported on below, such as the GP Patient Survey and the Health Survey for England, have not been analysed for statistical significance unless specified.

2.5.5.1 Diabetes

Diabetes refers to the condition where blood glucose levels are too high and can be caused by the body not producing insulin (type 1) or producing insufficient or ineffective insulin (type 2).(181) Diabetes UK suggest that more than 4.9 million adults in the UK in 2021 were living with diabetes; 850,000 of whom were undiagnosed.(182) Type 2 diabetes contributes to around 90% of all cases of diabetes. In Birmingham (2017 and 2018) diabetes prevalence was around 8.6%, compared with 6.8% in the UK.(183)

Evidence from the 2023 GP Patient Survey shows that 5% (n=718) of bisexual people reported having diabetes compared with 8% (n=48,248) of heterosexual people.(6) A lower rate of doctor diagnosed diabetes among bisexual people was also indicated by evidence from the Health Survey for England.(26) Analysis of the 14 UK health surveys on the other hand, which controlled for age and sex and used logistic regression analysis, found that bisexual people, along with other sexual minorities, were at increased risk of type 2 diabetes compared with heterosexuals.(184)

2.5.5.2 Cardiovascular Disease (CVD)

Cardiovascular disease (CVD) is one of the leading causes of death nationally, causing 24% of all deaths within the general population in England and Wales in 2019. RCVD is the collective term for

diseases affecting the circulatory system, such as the heart, arteries, and blood vessels. Diabetes increases the risk of CVD almost two-fold.(185)

There is a lack of data on CVD rates amongst LGBTQ+ people, although a review of existing research suggests that LGBTQ+ people experience higher risk factors for CVD, such as smoking.(186) International evidence also suggests the LGBTQ+ people experience disparities across multiple CVD metrics.(187)

According to data from the Health Survey for England (2011 to 2018), bisexual people, along with lesbian and gay people, report similar levels of stroke and ischaemic heart disease (0% to 1%) compared with heterosexual people (2%).(26)

2.5.5.3 Chronic obstructive pulmonary disease (COPD)

Chronic obstructive pulmonary disease (COPD) refers to a range of conditions affecting the lungs including emphysema and chronic bronchitis; COPD accounts for approximately 30,000 deaths annually.(188)

According to data from the Health Survey for England (2011 to 2018), LGB people report similar levels of COPD to heterosexual people (around 1%).(26) Evidence from the 2023 GP Patients Survey also suggests that bisexual people (11%) report similar levels of breathing conditions, such as asthma and COPD, as heterosexual people (11%).(6)

2.5.5.4 Hypertension

Hypertension, also known as high or raised blood pressure, increases the risk of heart, brain, kidney, and other diseases. It is estimated that 46% of adults with hypertension are unaware of their condition.(189) Hypertension can be affected by diet, physical activity, smoking, alcohol consumption and weight.

Blood pressure readings are composed of two numbers, the systolic pressure (top number) and the diastolic pressure (bottom number). Hypertension is defined as a blood pressure more than or equal to 140/90 mmHg (or receiving antihypertensive drug treatment). Improving hypertension control, including among those at increased risk (more than 120 mmHg systolic blood pressure), is key to reducing deaths.(190)

The prevalence of hypertension increases with age for adults. According to data from the Health Survey for England (2011 to 2018), for those aged 16 and over, 19% of bisexual and gay men and 11% of bisexual and lesbian women had hypertension compared with 30% of heterosexual men and 26% of heterosexual women, although the report concluded that these differences were not statistically significant.(26) For those aged 50 and over, 48% of bisexual and gay men, and 46% of bisexual and lesbian women, had hypertension compared with 50% of heterosexual men and 48% of heterosexual women. Evidence from the 2023 GP Patients Survey also suggests that approximately 6% (n=907) of bisexual people (of all ages) had hypertension compared with 17% (n=104,166) of heterosexual people and 11% (n=1,785) of lesbian and gay people.(6)

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2.5.5.5 Cancer

Cancer is an illness when abnormal cells in the human body divide in an uncontrolled way with some cancers eventually spreading into other tissues across the body. There are more than 200 different types of cancer, and 1 in 2 people in the UK will get cancer in their lifetime.(191)

According to data from the Health Survey for England (2011 to 2018), for those aged 50 and over, bisexual and gay men (5%) and bisexual and lesbian women (2%) report similar levels of cancer (neoplasms) and benign growths compared with heterosexual men (4%) and heterosexual women (3%) of the same age.(26) The 2023 GP Patient Survey found that 1% (n=146) of bisexual people reported having cancer (diagnosis or treatment in the last five years) compared with 3% of heterosexual people and 2% (n=280) of lesbian and gay people.(6)

However, statistical analysis of the Cancer Patient Experience Survey over five years reported that LGB people were at higher risk of certain cancers, particularly in relation to infection-related (HIV and HPV) cancers.(192) Although lesbian or bisexual women represented 0.7% of all women respondents, they represented 2% of women with oropharyngeal cancer, 1% with Hodgkin lymphoma, and 0.7% of women with cervical cancer (age adjusted).

Similarly, although gay or bisexual men represented 1% of all male respondents, they made up 35% of men with Kaposi's sarcoma, 16% of men with anal cancer, 1% of men with Hodgkin lymphoma, 2% of men with thyroid cancers and 1% of men with testicular cancer. Bisexual and gay men were over-represented among men with Kaposi's sarcoma compared with heterosexual men (OR 48.2, 95% CI, 22.0 to 105.6), anal (OR 15.5, 95% CI, 11.0 to 21.9), and penile cancer (OR 1.8, 95% CI, 0.9 to 3.7).

A report by Public Health England also suggests that MSM are at increased risk of HPV40, pencil, oral, anal and throat cancers compared with heterosexual men.(193) Evidence reviewed by Public Health England suggests that bisexual and lesbian women may be at higher risk of mesothelioma, oropharyngeal cancer, stomach cancer and endometrial cancer, although prevalence of cancer in the last five years in lesbian and bisexual women when compared with heterosexual women found no difference overall. Furthermore, the report found lesbian women and women who have sex with women (WSW) had lower participation in gendered breast and cervical cancer screening.

A review of evidence in the West Midlands also suggests higher rates of breast cancer amongst bisexual and lesbian women, and found that whilst rates of breast cancer screening were high (93% of all eligible women) the rates of screening for cervical cancer were low (around 50% of lesbian and bisexual women compared with 80% of all women in England).(186) The review found that that 72% to 84% of gay and bisexual men checked themselves regularly for testicular self-examination compared with approximately 49% in the general male population. The results for breast self-examination suggested that 70% to 80% lesbians and bisexual women checked their breasts regularly.

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2.5.6 Physical Disability

The prevalence of limiting longstanding illness increases with age for all adults. Data from the Health Survey for England (2011 to 2018) suggests a higher percentage bisexual and gay men aged 16 to 49 (20%) had a limiting long-standing illness than heterosexual men of the same age range (13%), although this difference was less pronounced for men over the age of 50 (28% vs. 30% respectively).(26) A higher percentage of bisexual and lesbian women aged 16 to 49 (30%) also reported having a limiting long-standing illness compared with their heterosexual peers (16%), although this disparity evened out for women aged 50 and over (21% and 23% respectively).

In the 2023 GP Patients Survey, 68% (n=10,059) of bisexual people reported having long-term health conditions, disabilities or illnesses compared with 56% (n=353,040) of heterosexual people and 60% (n=9,810) of lesbian and gay people.(6) Analysis of the UKHLS (2011 to 2012) found that bisexual people were more likely to report having a long-term limiting illnesses (OR 2.17, 95% CI 1.40, 3.36) and more likely to report having one or more disabilities (OR 2.28, 95% CI 1.38, 3.76) compared with heterosexual people.(170) In the Birmingham Out and About Survey, 11% of bisexual people reported in 2011 living with a disability compared with 8% of gay men and 11% of lesbian women.(171)

Disability was self-reported on the 2021 census. People are considered disabled if they reported being limited "a little" or "a lot" in their day-to-day activities by a LTHC. Under the 2010 Equality Act, disability is classified as having a physical or mental impairment that has a 'substantial' and 'long-term' negative effect on the ability to do normal daily activities.(194)

Among the bisexual population in Birmingham, 67% (n=7,580) cited having no condition, 23% (n=2,633) were disabled and limited a little and 9% (n=1,045) were disabled and limited a lot.(3) The bisexual population had the highest proportion of people citing a disability when compared with the gay or lesbian (24%) population and the heterosexual or straight (20%) population (**Table 11**).

Table 11: Self-reported limiting disability by sexual orientation: Birmingham, 2021

Disability	Bisexual (%)	Gay or lesbian (%)	Heterosexual or straight (%)
Disabled: limited a lot	9	9	9
Disables: limited a little	23	15	11
Not disabled	67	76	80

Source: ONS (3)

2.5.7 Neurodivergence

Neurodiversity relates to natural variations in human neurocognitive functioning, and includes a range of neurodevelopmental conditions (e.g., attention deficit hyperactivity disorder, autism spectrum disorder, dyslexia, dyspraxia, dyscalculia and dysgraphia).

According to data from the Health Survey for England (2011 to 2018), bisexual and gay men (14%) and bisexual and lesbian women

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(20%) report higher rates of 'mental, behavioural and neurodevelopmental disorders' compared with heterosexual men (5%) and heterosexual women (7%).(26) Data from the 2023 GP Patients Survey also indicates that a higher percentage of bisexual people (9%, n=1,297) reported having autism or autism spectrum condition compared with heterosexual people (1%, n=7,665) and lesbian or gay (4%, n=693) people.(6)

2.5.8 Quality of Life

Bisexual people report having poorer quality of life and life satisfaction compared with heterosexual people and lesbian and gay people.(22, 195, 196) For example, the ONS stated that from 2013 to 2015 bisexual people reported lower scores than heterosexual sexual people across metrics of quality of life (i.e., life satisfaction, happiness, and perception that things they do in life are worthwhile); for life satisfaction, bisexual people report a score of -0.37 compared with heterosexual people (0).(197)

2.5.9 Access to Health and Social Care Services

According to the 2018 National LGBT Survey, 80% of bisexual people had accessed or tried to access public healthcare services in the preceding 12 months, similar to the proportion of all LGBTQ+ respondents (80%).(22) A higher percentage of bisexual women (83%) accessed services than bisexual men (71%).

A higher percentage of bisexual people (67%) than lesbian and gay people (36%) reported having discussed or disclosed their sexual orientation to healthcare staff. 18% of bisexual people did not wish to disclose their sexual orientation and 13% were concerned that disclosing their sexual orientation would elicit a negative reaction from staff.

Of the bisexual people who had discussed their sexual orientation with healthcare staff, 16% felt this had a positive effect, 9% felt it had a negative effect and 76% felt it had no effect; 26% of bisexual men and 11% of bisexual women (11%) reported that 'coming out' had a positive effect. When accessing healthcare, the majority of bisexual people did not report negative experiences due to their sexual orientation (89%), 5% of bisexual people felt that they received inappropriate questions or curiosity in relation to their sexual orientation, 4% felt their specific needs were not taken into account, 4% avoided treatment for fear of discrimination and 3% had experienced discrimination from healthcare staff.

According to a 2018 Stonewall Survey, 21% of bisexual women and 15% of bisexual men experienced a lack of understanding from healthcare staff, 23% of bisexual women and 17% of bisexual men felt inappropriate curiosity from healthcare staff and 11% of bisexual people had experienced unequal treatment from healthcare staff.(7) The percentage of disabled and minority ethnic LGBTQ+ people who had negative experiences of healthcare was higher than for non-disabled and White LGBTQ+ people. A higher percentage of bisexual men (40%) and bisexual women (29%) were not 'out' to anyone when seeking medical care compared with lesbian women (10%) and gay men (11%). According to a local survey in Birmingham from 2011, 21% of bisexual people were 'out' to their GP compared with 51% of lesbians and 44% of gay men.(171)

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In the 2022 GP Patients Survey, a similar percentage of bisexual people (70%) as heterosexual people (68%) had booked a GP appointment for themselves or someone else in the last six months, with similar levels of satisfaction in doing so (68% vs. 72% respectively).(59) Reviews of evidence indicate that LGBTQ+ people face discrimination when trying to access health and social care services.(198, 199)

2.5.10 Conclusion

Evidence indicates mixed results as to inequalities faced by bisexual people in education, employment, housing, deprivation, and health. However, bisexual people do face discrimination across these areas to varying degrees. Bisexual people have lower rates of employment and pay than heterosexual people. Whilst less bisexual men than heterosexual men own their own home and live alone, bisexual women are as likely as heterosexual women to own their own home and less bisexual women live alone compared with heterosexual women.

Whilst bisexual people tend to have a lower prevalence of some health conditions than heterosexual people, such as diabetes and hypertension, a higher percentage of bisexual people report having other health conditions, such as cancer, neurodevelopmental disorders, and physical disabilities. There is a need for adjusted analysis of healthcare statistics for bisexual people (e.g., from the GP patient survey and Health Survey for England), particularly given their younger age profile and sex distribution.

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2.6 Protect and Detect

Key Findings

- Most findings about bisexual men are included within the broader men who have sex with men (MSM) category. Most findings about bisexual women are included with lesbians and WSW.
- Bisexual men are at high risk from STIs. For new STI diagnosis in England in 2021, the rate for bisexual, gay and other MSM it was 7,014.4 per 100,000, whilst for men who have sex with women it was 291.9 per 100,000.
- HIV testing increased for bisexual, gay and other MSM in England from 119,081 in 2017 to 178,466 in 2021.
- HIV transmission in bisexual and gay men has fallen by 80% between 2011 (n=2,700) and 2019 (n=570).
- In 2018, 29% of bisexual people accessed sexual health services in the preceding year; this included 31% of bisexual women and 22% of bisexual men (National LGBT Survey).
- Among people accessing specialist SHSs in England in 2021, 65% (n=70,076) of MSM were identified as having PrEP need. This compares to 1% (n=3,009) of bisexual and heterosexual women.

2.6.1 Screening

There is very little data that relates solely to the screening and testing of bisexual men or bisexual women for infectious diseases. The evidence is usually reported as evidence for the whole LGBT+ community or, in relation to bisexual men, with gay men and MSM. Evidence in relation to bisexual women is typically included with the lesbian community WSW. There is a paucity of information about the screening of bisexual people in Birmingham.

The focus of screening and testing is the early detection of infections. The major STIs of concern for bisexual men are HIV, hepatitis A, hepatitis B, hepatitis C (HCV), gonorrhoea, non-specific urethritis, chlamydia, shigella, genital herpes, syphilis, genital warts caused by the HPV, pubic lice and scabies. The NHS lists the main STIs of concern for bisexual women are genital herpes, genital warts, syphilis, chlamydia, gonorrhoea and trichomoniasis.(200) NHS advice is that bisexual men and women should have sexual health check-ups at six monthly intervals at sexual health clinics.(200, 201)

In the Stonewall survey of 6,861 gay and bisexual men in the UK in 2013, 26% of gay and bisexual men had never been tested for STIs and 83% of gay and bisexual men who had never been tested did not think they were at risk;(109) 13% were scared to have a test and 9% said they were too busy.

In the National LGBT survey in 2018, 29% of bisexual people reported having accessed sexual health services in the preceding year; this was more the case for bisexual women (31%) than bisexual men (22%).(22) Around 2% of bisexual people had tried to access sexual health services but were unsuccessful. Three-quarters (74%)

of bisexual people found it easy or very easy to access sexual health services. The main barriers to accessing sexual health services for bisexual people were not being able to attend at a convenient time (50%), having to wait too long to access services (49%), and being worried or embarrassed about attending (32%). Two-thirds (67%) of the bisexual respondents who had accessed general healthcare services had not discussed their sexual orientation with healthcare staff mainly because they did not consider it relevant, compared with 36% of the gay and lesbian respondents.

There is UK evidence about screening for specific diseases, in particular for testing MSM, which includes bisexual men, for HIV. The UKHSA reports an increase in testing for HIV by bisexual and gay men.(15) In 2017, 119,081 tests were undertaken in England, and this increased to 178,466 in 2021. Almost the entire increase was attributed to the availability of internet services for HIV testing. In London in 2019 18,705 of 70,716 tests were undertaken via internet services and in 2021 the number had risen to 36,244 of 71,534.

Bisexual women are also at risk of acquiring HIV although there is less information on HIV testing rates and rates of infection. The UKHSA report there was also an increase in the use of internet testing services by bisexual and heterosexual women (data combined) but not to the same extent as for bisexual, gay and other MSM.

A review of the testing for HCV in England in sentinel sexual health services (SHSs), found that testing of MSM had increased in recent years (by 47% between 2015 and 2018), although falls were observed in 2020, likely due to COVID-19 restrictions.(202)

An analysis of the testing of MSM for Hepatitis B (HBV) examined 2,172 residual HIV-negative serology samples archived from a national HIV self-sampling service in 2016;(203) 1,497 (68.9%) were from MSM and 657 (30.2%) were from heterosexuals. Susceptibility to HBV infection was 66% among MSM and 77% among heterosexuals. Only 30% of MSM and 17% of heterosexuals had serological evidence of immunisation. The authors concluded that evidence of immunisation to HBV infection was low but susceptibility to infection, especially in the MSM community, was comparatively high. This suggested there was currently suboptimal delivery of HBV immunisation in sexual health services.

2.6.2 Vaccination Programmes

Children aged 12 and 13 are offered the HPV vaccine by the NHS to protect against many sexually transmitted infections. MSM are recommended the HPV vaccination due to their higher risk of genital warts and anal cancer. The vaccine was made available to the MSM community in 2018.(204)

For bisexual and lesbian women cervical screening is recommended as a way of detecting HPV which can lead to cancer if left untreated.(205) A systematic review of cervical screening in lesbian and bisexual women in the UK in 2009 found that prevalence rates of HPV range from 3% to 30%.(206) However, bisexual and lesbian women were up to 10 times less likely to have had a test in the past three years compared with heterosexual women.

Prior to the launch of the HPV vaccination programme for MSM, a qualitative study in Brighton in 2014 to 2015 explored the attitudes of MSM to HPV.(207) Thirty-three men took part in interviews or

focus groups (median age 25 years). Most respondents (n=25) did not know about HPV, anal cancer (n=31), or HPV vaccination (n=26). While genital warts and anal cancer were perceived as severe, men did not perceive themselves at risk of HPV. All MSM would accept the HPV vaccine if offered it by a health care professional. The challenges of accessing sexual health services or openly discussing same-sex experiences with health care professionals were perceived as barriers to accessing HPV vaccination.

In a subsequent online survey in 2015 with a larger UK sample, out of 1,508 MSM (median age=22, range: 14 to 63 years), only 19% knew about HPV.(208) Overall, 55% of MSM were willing to ask for the HPV vaccine and 89% would accept it if offered by a healthcare professional (HCP). Access to sexual health clinics, the disclosure of sexual orientation to a HCP, and HIV-positive status positively predicted HPV vaccine acceptability. Although nearly half of MSM would not actively pursue HPV vaccination, the vast majority would accept the vaccine if recommended by HCPs.

In 2022, the UKHSA report that the smallpox vaccine should be offered primarily to gay, bisexual and other MSM who are at highest risk of exposure to Mpox (previously known as Monkeypox).(209, 210)

2.6.3 Sexual Health

The majority of sexual health literature relates to bisexual men, who tend to be grouped with gay men and MSM. According to data from the UKHSA, in 2021 in England, the rate of chlamydia amongst gay, bisexual and other MSM was 1857.9 per 100,000 whilst for men who have sex with women (MSW) it was 79.7 per 100,000.(16) For gonorrhoea the rate amongst gay, bisexual and other MSM was 3,360.7 per 100,000 whilst for MSW it was too small to be reported; disparities were also reported for herpes (158.9 per 100,000 vs. 25.1 per 100,000, respectively), syphilis (651.6 per 100,000 vs. 4.1 per 100,000, respectively) and warts (222.6 per 100,000 vs. 61.3 per 100,000, respectively). For new STI diagnosis overall, the rate for gay, bisexual and other MSM was 7,014.4 per 100,000, whilst for MSW it was 291.9 per 100,000. This dataset does not include a category relating to bisexual women (instead they are aggregated with both WSW and WSM).

The rate of positive diagnosis for HIV in 2020 for bisexual and heterosexual women was 0.04% (185 of 441,017) compared with 0.32% for MSM (461 of 144,800). Newly acquired HIV infections among bisexual and gay men fell by 80% between 2011 (n=2,700) and 2019 (n=570).(211) In 2019, there were 1,700 new HIV diagnoses in gay and bisexual men compared with around 1,600 cases in heterosexual adults. In 2020, the incidence of new diagnosis of HIV in bisexual and gay men (45%) in the UK fell behind that of heterosexual men and women (49%) for the first time in a decade, although the impact of COVID-19 on testing and social contact may have impacted these figures.(212) Less gay and bisexual men (35%) received a late diagnosis compared with heterosexual men (52%). Two of the most important reasons being the increase in HIV testing in MSM and the increasing use of condoms.

For HCV, of those tested in sentinel SHSs (2015 to 2020), around 1% tested positive for HCV (1% in 2020).(202) In 2020, rates of HCV diagnoses in all SHSs were higher amongst people living with diagnosed HIV (112.8 per 100,000 among gay, bisexual and other

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MSM). This compared with 74.4 per 100,000 among all SHS attendees. The rates for those who were HIV negative or of unknown HIV status was much lower (24.1 per 100,000 among MSM, and 12.2 among all attendees).

In 2022 the UKHSA reported it had detected a rise in cases of extremely antibiotic-resistant *Shigella sonnei* infections, mainly in the MSM community.(213) There were 47 cases in the 4-month period between 1 September 2021 and 10 January 2022. This compares to 16 cases in a 17-month period the previous year (between 1 April 2020 and 31 August 2021). UKHSA also reported that the more recent cases showed that resistance to antibiotics was increasing.

A growing concern in protecting the sexual health of gay and bisexual men has been the use of drugs is association with sex, particularly what has become known as chemsex, a combination of mephedrone, gamma-hydroxybutyrate, gamma-butyrolactone, and crystallised methamphetamine.(214) These drugs can be used in combination to facilitate sexual sessions lasting several hours or days with multiple sexual partners.

Data from the Crime Survey for England and Wales for the three-year period from 2011 and 2012 to 2013 and 2014 that showed that reported drug use was around three times higher among gay and bisexual men than among heterosexual men.(113) The reported use of stimulants was around five times higher, with methamphetamine use around 15 times higher. The use of alkyl nitrites was around 19 times higher.

Based on the National Institute for Health and Care Research (NIHR) Health Protection Research Unit Blood Borne and Sexually Transmitted Infections (STIs) evidence (215) and the findings from the community engagement workshop, Public Health England published a review of system-wide implications for policy and practice to reduce STI prevalence among MSM.(193) Key priorities and areas for action include:

- Raising awareness among MSM about how STIs are prevented, transmitted, diagnosed and treated and how to improve sexual wellbeing. Individuals should understand the different groups of STIs, associated potential consequences and how to protect themselves and partners from STI transmission, including the difference between STI prevention and HIV PrEP (discussed below).
- Ensuring that services are equipped to provide non-judgemental, confidential, professional and empathetic approaches to sexual health care to create a safe and comfortable environment for gay, bisexual and other MSM to discuss their needs.
- Considering alternative and innovative ways of providing services and developing strategies to facilitate targeted, appropriate, accessible, culturally sensitive and inclusive access to sexual health services that meet the needs of gay, bisexual and other MSM.
- Encouraging ongoing collaboration with local partners and ensuring that community members are involved in the design

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and delivery of sexual health promotion and sexual health interventions.

An important form of medication by which people can protect themselves from HIV is pre-exposure prophylaxis (PrEP). Pre-exposure prophylaxis is the use of medications to prevent the spread of disease in people who have not yet been exposed to a disease-causing agent, usually a virus. The term typically refers to the use of antiviral drugs as a strategy for the prevention of HIV.

The roll-out of routine PrEP commissioning in England began in the autumn of 2020 when sexual health services became responsible for the delivery of PrEP to those at risk of acquiring HIV. The UKHSA reported that, in 2021, 7% (n=87,828, N=1,180,923) of people who were HIV negative and accessing specialist SHSs in England were defined as having PrEP need.(15) This proportion represents people who were at higher HIV risk.

Among people with need, the proportion who had their need identified was 81% (56,793 out of 70,076) in MSM, 49% (1,542 out of 3,119) in heterosexual men and 33% (994 out of 3,009) in heterosexual and bisexual women. Among people with PrEP need, 80% (69,507 out of 87,828) had their need identified during a clinical consultation, and 70% (61,092 out of 87,828) initiated or continued PrEP. Among people accessing specialist SHSs, the proportion of MSM who were defined as having PrEP need was 65% (70,076 out of 108,605). This compares to 1% (3,119 out of 229,926) in heterosexual men. 1% (3,009 out of 624,856) of heterosexual and bisexual women were defined as having a PrEP need.

The proportion of MSM who initiated or continued PrEP was 71.6% (50,152 out of 70,076). It was 23% (700 out of 3,119) for heterosexual and bisexual women, and 34% (1,068 out of 3,119) for heterosexual men.

2.6.4 COVID-19

The main research on the impact of COVID-19 on the gay community living in Birmingham was in the Impact of COVID-19 on LGBT Communities Report (N=146) produced by Birmingham LGBT[f].(216) The main finding from the report was that people's main concerns were health, isolation, and their financial future. The report also found large percentages noted an increase in unhealthy behaviours such as an unhealthier diet, lower rates of physical activity, and a minority reporting an increased use of recreational drugs, alcohol, and tobacco use. *It is important to note that this study did not differentiate between lesbian, gay, bisexual, and trans communities. As 53% of the sample identified as gay, it may be that the changes were more pronounced in gay populations, rather than bisexual populations.*

There is very little data about the impact of the COVID-19 epidemic on the bisexual community because the majority of reports do not categorise the impact of COVID-19 by sexuality. In a systematic review of the impact of COVID-19 on the LGBT+ community in the

[f] Please ask Birmingham City Council Public Health Division for access of this report.

UK, the authors found 11 grey literature reports of low quality.(217) Four of these studies found evidence that mental health and well-being, health behaviours, safety, social connectedness, and access to routine healthcare all showed poorer outcomes for the LGBTQ+ community than heterosexual people.

Another study used information from Understanding Society: The UKHLS to examine COVID-19 symptoms and positive tests by sexual orientation.(218, 219) Data were collected in seven waves between 2020 and 2021. Sexual orientation was collected in UKHLS waves three and nine. MSM (31%) has similar rates of testing as heterosexual men (28%).

Other studies have focused on the impact of COVID-19 on mental health but again the samples are the whole LGBT+ community with no results that were specific for bisexual people. In a web-based survey of 398 LGBTQ+ people in the UK in 2021, 69% of respondents reported symptoms of depression.(138) Men reported higher levels of depression than women.

In a study that did focus on the impact of COVID-19 on the MSM community, in Scotland in 2021, 506 gay and bisexual men responded to an internet survey and 20 took part in a qualitative interview programme.(220) Compared with pre-COVID-19, gay and bisexual men reported increases in anxiety and depression: Almost half of the survey respondents (44%) said lockdown had had a negative impact on their mental health. Loneliness was a key problem for survey respondents, even for those who did not live alone, since every day, planned, spontaneous and serendipitous interactions with friends, family, colleagues, acquaintances, and strangers that 'normal life' provided were suddenly removed during lockdown. Evidence from the qualitative interviews suggested some men reduced their drinking due to lack of socialisation opportunities, while others increased alcohol consumption as a coping mechanism. Recreational drug use reduced during lockdown, although qualitative evidence suggested this was due to fewer socialisation opportunities and would likely rebound post-COVID-19 restrictions. Sex with casual partners reduced, due to compliance with regulations regarding inter-residence visits and social distancing.

A study in the UK and Ireland in 2020 examined how MSM who experienced mental health problems during COVID-19 sought help.(221) Overall, 1,368 gay and bisexual men responded to an online survey and 18 took part in qualitative interviews. 520 of the survey respondents (38%) reported that they had received a mental health diagnosis from a doctor prior to COVID-19 and, in the survey, 583 (45%) reported poor mental health during the first COVID-19 lockdown. Just under one-third of those reporting poor mental health (183, 31%) had used online mental health resources to seek help during COVID-19, the majority of whom had had a previous diagnosis for mental ill health. Similarly, it was this group who sought help from organisations that existed specifically to help the gay and bisexual men communities.

2.6.5 Other Infectious Diseases

The literature on gay men and infectious diseases is dominated by the STIs considered in other sections of this report and there is a paucity of data on other diseases.

Mpox is an infectious disease which can be passed on through physical contact and through contaminated materials. The recent

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outbreak of Mpox in the UK disproportionately affected gay, bisexual, and other MSM. Of the 3,698 cases of monkey pox reported as of October 2022, the majority of cases were in gay men, bisexual men and MSM.(209) According to one study across 16 countries in 2022, 98% of persons infected were gay and bisexual men.(222)

2.6.6 Oral Health

There is no data that relates to the oral health of bisexual people in the UK but advice to the dentistry profession about the treatment of the LGBT+ community suggests that the community may have a poor history of oral health due to characteristic behavioural patterns that can lead to oral health problems, e.g. smoking, drug taking, eating disorders and HIV diagnosis, and a reluctance to seek help from the dentistry profession fearing discrimination.(223, 224)

2.6.7 Conclusion

There is no data that is directly related to the Protect and Detect indicators outlined above for bisexual people in Birmingham, although existing data from UK surveys may be applicable to this population. In most studies the evidence for bisexual people is part of a broader LGBT+ category. For bisexual men, evidence is aggregated with gay men and MSM. For bisexual women, for whom there is a particular paucity of data, evidence is aggregated with lesbians, WSW and WSM.

The evidence shows that MSM are at risk from a wide variety of sexually transmitted infections. There is evidence of a lack of knowledge of many STIs in the MSM community, low take-up of the HPV vaccine and of the medication PrEP. There is very little information about how COVID-19 impacted the MSM community although there is some evidence that it increased the level of mental ill health.

Bisexual women are also at risk from STIs, and they are advised to have cervical smears to diagnose possible HPV infection. There is relatively little information about other forms of screening or of vaccination programmes for bisexual women that is not included in information about the lesbian community.

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2.7 Ageing Well and Dying Well

Key Findings

- According to the 2021 census, bisexual people in Birmingham have a young age profile; 6% aged 55 and over compared to 14% gay or lesbian and 30% heterosexual population.
- Evidence of delays in treatment seeking behaviour due to past negative experience with medical care can impact healthy life expectancy.
- In a 2018 study of 14 LGBTQ+ people in Brighton and Hove, 64% faced barriers to access adequate dementia information and support due to their sexual orientation.
- 20% of LGBTQ+ people in the 2018 Brighton study experienced homo-, bi- or trans- phobia from care home staff. Also, 29% reported that a heterosexual/cisgender identity was assumed.
- Data from the 2023 GP Patient Survey revealed that 24% of bisexual people (n=3,815) had experienced feelings of isolation or loneliness in the last 12 months. This was higher than among heterosexual (8%, n=50,829) and lesbian or gay (17%, n=2,828) people.
- In a 2011 Stonewall report of 1,036 LGB people aged over 55 in Britain, 76% were not confident they would be treated with dignity and respect in a care home setting.

According to the 2021 census, bisexual people have a younger age profile than heterosexual and lesbian and gay people; 6% of the bisexual population in Birmingham were aged 55 and over compared with 30% of the heterosexual population and 14% of the gay and lesbian population.(58)

There is a paucity of data on the experiences and outcomes of older bisexual people in Birmingham and nationally. Evidence indicates that older LGBTQ+ people experience poorer health and access to healthcare than their heterosexual peers and that the marginalisation and inequalities faced by LGBTQ+ people earlier in life result in cumulative, multiple disadvantages in later life.(225-227) A study with older bisexual people in the US in 2010 (n=174 participants with a mean age of 66.7 years) reported:

"… our findings support the idea that the accumulation of disadvantage results in persistent health inequities for bisexuals in older age. The historical context of invisibility and rejection of bisexuality may limit access to resources across the life course, resulting by older age in more limited accumulation of wealth and health that supports optimal aging".(27)

Bisexual older people remain a neglected cohort whose needs and interests in later life have not received the same level of attention as older lesbians and gay men.(28) There is limited evidence on bisexuality and ageing in the UK.(228, 229) This is particularly the case for minority ethnic and disabled bisexual people. Researchers have thus highlighted the urgent need to diversify UK-based research on bisexual individuals which is mostly qualitative and of small sample populations.(230)

2.7.1 Life Expectancy and Healthy Life Expectancy

There is a lack of evidence on bisexual individuals' life expectancy and healthy life expectancy in the UK.

The ONS does not report on life expectancy or healthy life expectancy by sexual orientation/sexual preference and there is a scarcity of robust research on these indicators for bisexual people in the UK.(231) Self-rated health is a strong predictor of future mortality and is used to determine healthy life expectancy as well as disability-free life expectancy in the UK.(225) Based on a meta-analysis of 24 surveys, one study reported that LGB people were 1.2 times more likely to rate their health as poor than heterosexual people.

Research highlights that older bisexual people, as well as other sexual minorities, face a unique set of challenges to accessing adequate healthcare which can have a direct impact on their quality of life, and thus, their life expectancy and healthy life expectancy.(227) For example, delay in treatment seeking behaviour because of negative past or anticipated experiences from healthcare staff can potentially hinder adequate quality of life, and thus, healthy life expectancy.

2.7.2 Dementia

There are no statistics for the prevalence of dementia amongst bisexual people in the UK. It has been estimated that around 68,000 to 70,000 LGBT people are living with dementia in the UK.(232, 233) Wider evidence from the general population suggests that there are 944,000 people living with dementia in the UK and that a higher percentage of women (65%) have dementia than men (45%).(21)

There is growing literature on the needs and experiences of LGBTQ+ people with dementia. However, studies in the UK do not typically report specifically on bisexual people's experiences of dementia. Several literature reviews and studies on LGBTQ+ communities allude to the challenges that bisexual people living with dementia face.(232, 234-236)

Research with LGBTQ+ communities suggest that bisexual people fear that memory loss, one of the symptoms associated with dementia, would cause them to forget their sexual identity or who they had or had not come 'out' to, resulting in further strains on their mental health.(237) This includes accidentally 'coming out' to family members from whom they had previously chosen to hide their sexual identity, particularly for men who had been in a heterosexual relationship, or forgetting the importance of their sexual identity to their sense of self and close relationships.(235)

Studies show that LGBTQ+ people regard dementia support groups and systems in the UK as heteronormative and cis-oriented and that bisexual people may feel they have to hide their sexual identity to care givers and healthcare practitioners for fear of stigma, bi-phobia and discrimination.(235, 236, 238) In this respect, bisexual people with dementia may experience a 'double stigma', of being bisexual and having dementia.(239) A study with 12 bisexual people aged 50+ in the UK reported that that 'coming out' for older bisexual people holds particular challenges, whereby they are assumed to be gay and lesbian or heterosexual based on momentary encounters.(228)

A 2018 study of 14 LGBTQ+ people in Brighton, Hove and wider Sussex reported that 64% of participants faced barriers in accessing

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adequate dementia information and support due to their gender or sexual orientation, including having experienced homo-, bi- or trans-phobia from staff (20%).(234) Three-quarters of participants (77%) reported that their sexual orientation was not monitored and 29% of respondents said that their heterosexual/cisgender identity was assumed.

There is also a growing literature on LGBT carers. A recent literature review of LGBT caregivers of LGBT people living with dementia, which included 13 studies in the UK, reported that LGBT caregivers face distinct issues and barriers compared with their heterosexual counterparts.(232) For example, LGBT carers in the studies reviewed were concerned about the loss of their shared identity as an LGBT couple due to their partner's cognitive decline. Furthermore, they were reluctant to seek help, hesitant to disclose their sexual identity because they had anticipated and/or had experienced discrimination with healthcare services. It is also important to note that LGBT carers had less access to kinship networks - instead relying more on friends and community networks.

To support Birmingham residents living with dementia, the Birmingham, and Solihull Integrated Care System have launched a Dementia Strategy for 2023 to 2028.(240) The Strategy aims to enable all people with dementia and those who care for them, to have the best possible health and social care support through their dementia journey.

This will be achieved through four key priorities:

1. Information which focuses on prevention of dementia, early intervention, and support.
2. Access to a timely diagnosis with support before and after.
3. Supporting people with dementia, their loved ones, carers, and communities to prevent crisis.
4. Improving the quality of personalised care and support planning for people with dementia, including planning for the end of life.

2.7.3 Frailty

The NHS defines frailty as "the group of older people who are at highest risk of adverse outcomes such as falls, disability, admission to hospital, or the need for long term care".(241) The 2023 GP Patient Survey collected data on falls needing medical attention which may be used as one predictor of frailty. When asked 'in the last 12 months have you experienced two or more falls that have needed medical attention', responses from bisexual participants (3%, n=459) were similar to that of heterosexual (2%, n=15,680) and lesbian or gay (3%, n=423) patients.(6)

2.7.4 Loneliness and Isolation

Loneliness and isolation are concern for older bisexual people, particularly in relation to the invisibility of their sexuality and possible prejudice from both heterosexual and lesbian and gay communities.(231)

Evidence reported by the ONS indicates that bisexual people are 2.3 times more likely to experience chronic loneliness compared with heterosexual people.(242) Another ONS analysis which used data from the Understanding Society dataset (2019 to 2021) reported that bisexual people were 2.5 times more likely to be lonely

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than heterosexual people, whilst gay and lesbian people were 1.4 times more likely to be lonely than heterosexual people.(243)

The 2023 GP Patient Survey asked participants 'In the last 12 months have you experienced feeling isolated from others'. Although this dataset did not disaggregate by age, it was identified that a higher proportion of bisexual people experienced isolation (24%, n=3,815) than heterosexual (8%, n=50,829) and lesbian or gay (17%, n=2,828) people.(6)

Evidence indicates that bisexual people are at particular risk of loneliness and social isolation. Published evidence shows that:

- Experiences of criminalisation, homophobia/biphobia and discrimination from when bisexual people were younger impeded their ability to 'come out' when they were younger, and later in life.(244, 245)
- Bisexual people may experience biphobia from the gay and lesbian community and the heterosexual community rendering them in a 'double closet' (hiding their sexual orientation from both communities).(228, 245, 246) The invisibility and denial of bisexual identity can also contribute to bisexual people's loneliness and isolation.(245)
- More bisexual people experience mental health problems,(98, 99) engage in substance abuse,(113) and have limited social networks (230) compared with lesbian and gay people and heterosexual people.
- 41% of LGBTQ+ people aged 55+ lived alone compared with 25% of heterosexual peers and are less likely to be in regular contact with their family of origin.(247-251)
- There are few social support groups and spaces for bisexual people, particularly in rural areas.(228, 233, 245)

2.7.5 Care Homes and Domiciliary Care

In England, there are approximately 14,525 care homes and nursing homes and approximately 360,792 care home residents, from March 2021 to February 2022.(252) The sexual orientation of residents is not recorded and so it is unknown how many bisexual people make up the care home population.

Whilst LGBTQ+ people report similar concerns to heterosexual people in accessing care homes,(226) research indicates that particular factors also shape bisexual people's perceptions and engagement with care homes.(198) The majority LGBTQ+ people have experienced and/or anticipate mistreatment and/or homophobia in care home settings.(226) In a 2011 Stonewall report of 1,036 LGB people aged over 55 in Britain, almost half (47%) reported that they would not feel comfortable disclosing their sexual identity to care home staff and three quarters (76%) were not confident they would be treated with dignity and respect in a care home setting.(226)

Research indicates that care home provision is regarded as heteronormative, cisgendered and bi-phobic by bisexual people (and other sexual minorities) and that staff are inadequately trained and lack the communication tools to discuss sexual identities with

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residents.(227, 253) Studies with care home staff suggest that, despite often having good intentions, staff typically had low levels of awareness around the needs of LGBTQ+ residents.(254, 255) A study with health and social care practitioners reported that over half (57%) did not consider sexual orientation to be relevant to a person's health needs.(256) LGBTQ+ people's perceptions of care can lead to them being less likely to plan care transitions and avoid contact with services despite the need.(226) There is a need to have welcome, inclusive, environments in which bisexual people comfortable, and safe to be open about their sexual identity.(245)

Common concerns about care homes included fear of being 'forced back into the closet' and having to hide their sexual identity, not having needs specific to their sexual orientation understood or met, having to hide personal objects which might indicate their sexual identity, as well as hiding same sex relationships.(234, 235, 247, 253, 254) For older LGBTQ+ people with dementia a loss of sexual inhibition may lead to a bisexual person expressing romantic attraction to another person in the presence of other dementia patients, who may not know that that they are LGBTQ+.(257) Bisexual people may also be wrongly classified as lesbian or gay by care home staff.(37)

2.7.6 End-of-life and Palliative Care

Palliative care, encompassing end-of-life care, is an approach that aims to provide optimal quality of life to people with life-limiting incurable diseases and their families. It is estimated that of the 572,000 people who die annually across the UK, around 34,000 are lesbian, gay or bisexual.(246)

Only a minority of studies have explored palliative care for LGBTQ+ people, and researchers have highlighted the lack of evidence in this area as impeding future evidence-based policy.(198) This is particularly the case for the bisexual community. Several reports document the inequalities that LGBTQ+ people face when accessing palliative and end of life care.(258-262) However, specific evidence for bisexual people is not reported. As highlighted by one researcher in the field, bisexual people's perspectives are notably absent in studies of palliative care and end of life care.(254)

In addition to the issues outlined in Care Home provision (above), common issues in relation to end of life care and the LGBTQ+ community are highlighted below:

- The priority and decision-making authority given to 'next of kin', i.e., biological family members, in hospitals and care homes. This was particularly pertinent for bisexual people who were estranged from the family of origin and were unable to list their family of choice.(247, 259)
- The partners of bisexual people may face additional barriers beyond the universal pain experienced after losing a partner. This includes experiencing a disenfranchisement of grief, where their loss trivialised by care providers and wider social networks/family or whose relationship may have been hidden.(263-265)
- Three-quarters (74%) of LGBTQ+ people in a survey from the University of Nottingham did not feel confident that mainstream health and social care services provide appropriate end of life care for LGBTQ+ people.(259)

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- Delays in accessing palliative care services for fear of discrimination can lead to poorer health and well-being outcomes for bisexual people and people who care for them.(198, 245)

2.7.7 Conclusion

Nationally, sexual identity is not typically recorded by health and social care services and so the proportion of bisexual people who are diagnosed with ageing conditions or who access services is not known. Much of the research with bisexual people is reported as part of the wider older LGBTQ+ literature. Evidence for bisexual people is seldom disaggregated from the evidence for the LGBTQ+ community more generally and so further research is needed to have a comprehensive understanding of specific needs and experiences of bisexual people.

Research in LGBTQ+ communities, and limited evidence with the bisexual community, indicates that in addition to the disadvantages and inequalities faced by the LGBTQ+ community, bisexual people face particular risk for factors associated with ageing and face particular barriers to accessing care.

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2.8 Contributing to a Green and Sustainable Future

Key Findings

- Approximately 17% of the bisexual community live in the 15 most polluted MSOAs in Birmingham, according to data from 2020, compared with 11% of the heterosexual population.

2.8.1 Access to Green Spaces

There is no data on the access the green space by the bisexual population in Birmingham.

2.8.2 Air Pollution

Air pollution is a major public health risk. A review by the World Health Organization concluded that ambient (outdoor) air pollution can reduce life expectancy and cause premature deaths. In 2019, it was estimated that 37% of premature deaths caused by air pollution globally were due to increased incidence of ischaemic heart disease and stroke, 18% from COPD, 23% from acute lower respiratory infections and 11% from respiratory tract cancers.(266) The effects of air pollution disproportionately affect vulnerable communities such as children, pregnant people, older adults and those with pre-existing conditions.(267)

It is estimated that in Birmingham 900 deaths annually are linked to air pollution. Additionally, the Office for Health Improvement and Disparities public health data estimated that in 2021, 6.2% of mortalities in Birmingham were attributable to particulate air pollution.(268) This is compared with 5.5% across England.

Data from the 2019 IMD estimated the concentration of four main air pollutants: nitrogen oxide, benzene, sulphur dioxide and particulate matter across Birmingham. The overall pollution levels were calculated and given an associated score. A higher score indicates a higher level of air pollution; across England scores range from 0.32 to 1.90.(17) **Table 12** maps the 15 most polluted MSOAs in Birmingham and the corresponding bisexual population.

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Table 12: Average air pollution by MSOA: Birmingham, 2020

MSOA	Pollution score	Bisexual population (count)
Central	1.55	197
North Central and Dartmouth Circus	1.52	466
Nechells	1.51	56
Digbeth	1.49	161
Aston Park	1.48	45
Brookvale	1.47	84
Five Ways North	1.46	173
Ladywood – Summer Hill	1.45	206
Middlemore	1.45	67
Washwood Heath	1.45	31
Lozells East	1.42	45
Hockley and Jewellery Quarter	1.41	111
Attwood Green and Park Central	1.41	223
Saltley West	1.41	53
Perry Beeches East	1.41	43

Source: Ministry of Housing, Communities and Local Government (17)

From this dataset it can be estimated that 17% of the bisexual community in Birmingham live in the 15 most polluted MSOAs in Birmingham. This is in comparison to 11% of the heterosexual population.

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3. Closing the Gaps

There is currently limited understanding of the intersectional experiences of bisexual people outside of small qualitative research studies and community surveys, this is in part due to lack of data with many reports grouping the wider LGBTQ+ population and similarly grouping other dimensions of identity such as ethnicity into 'ethnic minority' or 'BAME'.

There is some data to suggest that the bisexual population has a younger age profile.(58) This is likely to reflect the cohort effect of increasing social awareness of non-heterosexual identities and increased safety to disclose and self-identify without fear of criminalisation and pathologisation. Similarly, the impact of discrimination both in other countries and in migrant communities in the UK may explain the higher proportion of the community who identify as ethnically White than the general population.(3) To effectively tackle inequalities bisexual people experience it is important to decrease stigma and discrimination associated with 'coming out' and avoiding heteronormative assumptions to accurately map bisexual people's experiences with health and wellbeing and how their health interacts with other aspects of their identity e.g., age, disability, ethnicity and faith.

Community based surveys and qualitative research have all suggested that intersectionality between bisexual sexual identity and other minority identities, whether gender (7, 10, 11, 18-21), ethnicity (22-26), older age (24-28), or disabled (22, 24, 25), are associated with poorer health outcomes and it is important that this is explicitly considered in responding to this profile.

4. Conclusion

The Community Health Profile clearly demonstrates a significant breadth of health inequalities affecting bisexual people.

At the heart of many of these inequalities are the impacts of discrimination and marginalisation which impact on health behaviours, access to services and health outcomes. Sadly, much of the evidence demonstrates persistent and consistent inequalities, despite legislative reform, and reflect the wider landscape of societal and environmental factors that influence health. The evidence also suggests that these inequalities are compounded by intersectionality e.g., minoritised ethnic bisexuals have worse outcomes than White British bisexuals.

It is important to acknowledge that there are also positives in the report and that in some areas such as physical activity (13) of bisexual women and educational outcomes (3) the evidence suggests that bisexuals have more positive behaviours than their heterosexual counterparts, and we should recognise the importance of a strong and vibrant LGBTQ+ community that some bisexuals are active participants of. However, these assets are overshadowed by the negative inequalities especially in relation to mental health, suicide and self-harm.(6, 9, 80, 99, 100)

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The Community Health Profile provides an evidence summary for communities and partners to start to co-produce solutions and address these long-standing inequalities to create better environments and services to support bisexuals to live healthier, longer and happier lives.

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5. Appendices

Appendix 1: Search Strategy

Topic Area	General Search Terms	Specific Search Terms
Getting the Best Start in Life	"bisexual*" **AND** "young*" or "youth" or "child*" or "babies" or "infant*" or "adolescents" or "parent*" or "father*"	"bisexual*" **AND** "maternity care" or "obesity" or "measles" or "obesity" or "health check" or "maternal" or "maternity" or live birth*" or "preterm" or "breastfeeding" or "bullying" or "fostering" or "care" or "social care" or "adoption" or "in care" or "child poverty" or "education*" or "school*" or "education*" or "school readiness" or "school exclusion*" or "dental" or "birth" or "fertility" or "surrogacy" or "vaccin* or "immunisation"
Mental Wellness and Balance	"bisexual*" **AND** or "mental*" or "wellbeing" or "wellness"	"bisexual*" **AND** "mental illness" or "depression" or "suicide" or "anxiety" or "eating disorder" or "bipolar" OR "stress" OR "psychosis" OR "schizophrenia" or "bulimia" or "anorexia" or "eating disorders" or "alcohol*" or "drinking" or "abstention" or "substance misuse" or "substance abuse" or "addiction" or "tobacco" or "cannabis" or "cigarette" or "drugs*" or "illegal" or "smoking" or "hate crime" or "violence" or "chemsex" or "treatment" or "domestic abuse" or "domestic violence" or "partner abuse" or "partner violence" or "hate crime" or "discrimination" or "homophob*"
Healthy and Affordable Food	"bisexual*" **AND** "food" or "diet" or "nutrition" or "meat" or "vegetarian" or "nutrition" or "vegan"	"bisexual*" **AND** "obesity" or "overweight" or "BMI" or "weight" or "waist-height ratio" or "food insecurity" or "food poverty" or "eating" or "cholesterol" or "calories"

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Active at Every Age and Ability	"bisexual*" **AND** "physical activity" or "activity" or "exercise" or "inactivity"	"bisexual*" **AND** "exercise" or "walking" or "running" or "sports" or "mobility" or "activity rates" or "musculoskeletal"
Living, Working and Learning Well	"bisexual*" **AND** "working" or "education" or "qualification" or "training" or "skill" or "housing" or "economic" or "employment" or "health" or "illness" or "disability" or "health" or "depriv*" or "poverty"	"bisexual*" **AND** "apprenticeships" or "level 1,2,3,4 qualification" or "degree" or "salary" or "wage*" or "profession" or "occupation" or "income" or "owner*" or "rent*" or "accommodation" or "homeless" or "SES" or "poor" or "wellbeing" or "unhealthy" or "neurodivergence" or "ADHD" or "autism" or "ASD" or "diabetes" or "diabetic" or "cardiovascular disease" or "CVD" or "Chronic Obstructive Pulmonary Disease" or "COPD" or "Hypertension" or "cancer" or "quality of life" or "access"
Protect and Detect	"bisexual*" **AND** "protect" or "detect" or "screening" or "vaccin*" or "immunisation" or "sexual health" or "infectious disease" or "communicable diseases" or "oral health"	"bisexual*" **AND** "STI" or "sexually transmitted infection" or "gonorrhoea" or "genital" or "syphilis" or "sex education" or "transmission" or "genitourinary medicine" or "HIV" or "AIDS" or "Hepatitis" or "Tuberculosis" or "TB" or "COVID-19" or "coronavirus" or "SARS-CoV-2" or "lockdown" or "bowel" or "HPV" or "Human Papilloma Virus" or "dental" or "teeth" or "detection" or "diagnosis"
Ageing Well and Dying Well	"bisexual*" **AND** "ageing" or "aging" or "older" or "dying" or "dementia" or "end of life" or "palliative" or "frailty" or "lonel*" or "isolat*" or "care"	"bisexual*" **AND** "social networks" or "Alzheimer's" or "death" or "advance care planning" or "falls" or "life expectancy" or "mortality" or "residential" or "chronic" or "life expectancy" or "mortality" or "morbidity" or "domiciliary"

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Appendix 2: Exclusion and Inclusion Criteria

Inclusion Criteria	Exclusion Criteria
Peer reviewed and high-quality grey literature, academic or scientific literature, whether a journal, article, literature review, report or document relating to the specified health and wider determinants issues amongst bisexual people in the UK. Publications exclusive to people from the bisexual community and LGBTQ+ publications where data on bisexual people and gay or lesbian people have been reported together (i.e., bisexual and gay men or bisexual and lesbian women). Qualitative studies with more than 10 bisexual participants. English Language Literature based on the UK context. Publications from 2000 to 2023 Where data on specific topics was not available for bisexual people, publications reporting on the wider LGBTQ+ community and international bisexual community were included	International literature unless a lack of data on particular topics in the UK necessitated inclusion of relevant international data. Literature which did not disaggregate evidence for gay men and MSM, unless a paucity of data necessitated their inclusion. Studies focusing solely on lesbian women, gay men, trans/non-binary people, and other sexual minorities. Qualitative studies with less than 10 bisexual participants Literature not in English Literature prior to 2000

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Appendix 3: Glossary and Definitions

Bisexual: A person emotionally, romantically or sexually attracted to more than one sex, gender or gender identity though not necessarily simultaneously, in the same way or to the same degree. Sometimes used interchangeably with pansexual.

Coming Out: To disclose one's sexual identity to others. Can also refer to an internal process of coming to terms with one's sexual identity.

Gay men: Men who are primarily attracted, romantically and/or sexually, to other men. Includes a sexual and socio-political identity as well as sexual behaviour.

Homophobia: A range of negative attitudes and behaviours towards individuals who identify or are perceived to identify as LGB+, including verbal harassment, discrimination, hate crimes and physical violence.

Heteronormative: Processes through which social institutions and policies reinforce the notion that heterosexuality is the 'normal' or default mode of sexual orientation.

Lesbian: Women who are primarily attracted, romantically and/or sexually, to other men. Includes a sexual and socio-political identity as well as sexual behaviour.

LGB+ (Lesbian, gay and bisexual,+): Typically used as an acronym for "lesbian, gay, bisexual, transgender and queer" with a "+" sign to recognize the limitless sexual orientations. Refers primarily to people identifying as sexual minorities.

LGBTQ+ (Lesbian, gay, bisexual, trans +): Typically used as an acronym for "lesbian, gay, bisexual, transgender and queer" with a "+" sign to recognize the limitless sexual orientations and gender identities.

Men who have sex with men (MSM): Men who have sex with other men, used to refer to primarily to sexual behaviour, regardless of sexual orientation.

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Appendix 4: Birmingham and National Bisexual and LGBTQ+ Organisation Contact Details

Organisation Name	Target Audience	Contact Information
Birmingham Public Health Communities Team	All Birmingham based communities	CommunitiesTeam@birmingham.gov.uk *Sign-up to our mailing list to get all the latest updates on community health profiles and engagement opportunities*
Birmingham LGBT	Birmingham's LGBTQ+ communities	https://blgbt.org/
Brum Bi Group	Birmingham's bisexual community	https://www.facebook.com/brumbigroup/
Bi Con UK	Residential event for bisexual community	general@bicon.org.uk
London's Bisexuals	London based meet up groups for Bisexual people	https://www.meetup.com/london-bisexuals/
Gay Outdoor Club	Activities for LGBTQ+ people in the West Midlands	https://www.goc.org.uk/groups/western-midlands/
Stonewall	National LGBTQ+ communities	https://www.stonewall.org.uk/
LGBT Foundation	National LGBTQ+ communities	https://lgbt.foundation/
Black Out	National Organisation for gay, bi and trans men of African descent	https://blkoutuk.com/
Naz Project	Sexual health and well-being for minority ethnic communities in London	https://www.naz.org.uk/
Mind LGBTQ	National mental health for LGBTQ+ community	https://mindout.org.uk/
Switchboard LGBT+ Helpline	National support and advice for LGBTQ+ community	https://switchboard.lgbt/
Birmingham Blaze FC	A LGBT+ Sunday league football team in Birmingham	https://twitter.com/blazefc

Birmingham Unicorns CC	An LGBTQ+ friendly cricket team in south Birmingham	https://www.bhamunicorns.co.uk/
Birmingham Bulls RFC	An inclusive rugby team in the heart of Gay Village	https://birminghambullsrfc.com/
Birmingham Swifts LGBT Runners	A free LGBT+ running group	https://birminghamswifts.co.uk/
Midlands Out Badminton	A social badminton team catering primarily to the LGBT community in Birmingham	https://www.midlandsoutbadminton.com/
Moseley Shoals	Birmingham's Social LGBTQ+ Swimming Club	https://moseleyshoals.org.uk/wp/
Rainbow Rambles	A walking group for the LGBTQ+ community in and around the West Midlands area.	https://www.facebook.com/rainbowrambles/?locale=en_GB

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Appendix 5: Raw Data Tables

Appendix 5.1. Figure 1: Sexual orientation: Birmingham, 2021

Sexual orientation	Local Birmingham population (%)
Heterosexual	88
Gay or Lesbian	1
Bisexual	1
Not answered	10

Source: ONS (2)

Appendix 5.2. Figure 4: Breakdown of bisexual people by sex: Birmingham, 2021

Sex	Bisexual (%)
Men	31
Women	69

Source: ONS (3)

Appendix 5.3. Figure 5: Age breakdown by sexual orientation: Birmingham, 2021

Age group	Bisexual (%)	Gay or lesbian (%)	Heterosexual or straight (%)
Age 16 to 24	45	22	18
Age 25 to 34	28	29	19
Age 35 to 44	14	20	17
Age 45 to 54	7	15	16
Age 55 to 64	3	9	13
Age 65 to 74	2	4	9
Age 75 and over	1	1	8

Source: ONS (3)

Appendix 5.4. Figure 6: Highest level of qualification by sexual orientation: Birmingham, 2021

Qualification level	Bisexual (%)	Gay or lesbian (%)	Heterosexual or straight (%)
No qualification	10	9	24
Level 1	6	7	10
Level 2	11	12	13
Apprenticeship	2	2	4
Level 3	31	23	17
Level 4 or above	38	46	30
Other	2	1	3

Source: ONS (3)

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Appendix 5.5. Figure 7: Tenure by sexual orientation: Birmingham, 2021

Tenure	Bisexual (%)	Gay or lesbian (%)	Heterosexual or straight (%)
Owned: owns outright	9	17	28
Owned: owns with a mortgage or loan or shared ownership	22	32	31
Rented: social rented	19	17	20
Private rented or lives rent free	49	35	21

Source: ONS (3)

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