GAY MEN AND OTHER MSM

COMMUNITY HEALTH PROFILE 2023

A BOLDER HEALTHIER BIRMINGHAM

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Abbreviations

AIDS	Acquired immunodeficiency syndrome
Bi	Bisexual
COPD	Chronic obstructive pulmonary disease
COVID-19	Coronavirus 2019
CVD	Cardiovascular disease
GB men	Gay and bisexual men
GHB	Gamma-hydroxybutyrate
GBL	Gamma-butyrolactone
GLF	Gay Liberation Front
HCP	Health care professional
HIV	Human immunodeficiency virus
HPV	Human papillomavirus
IAPT	Improving Access to Psychological Therapies
IPED	Image and performance enhancing drug
LGB+	Lesbian, Gay, Bisexual and other sexual minorities
LGBTQ+	Lesbian, gay, bisexual, trans, queer and other sexual and gender minorities
MSK	Musculoskeletal
MSM	Men who have sex with men
MSME	Men who have sex with men exclusively
MSMW	Men who have sex with men and women
MSW	Men who have sex with women
NDTMS	National Drug Treatment Monitoring System
NHS	National Health Service
ONS	Office for National Statistics
OR	Odds ratio
PE	Physical education
PrEP	Pre-exposure prophylaxis
SDU	Sexualised drug use
STI	Sexually transmitted infection
UKHLS	UK Household Longitudinal Study
UKHSA	UK Health Security Agency
WEMWBS	Warwick Edinburgh Mental Well-being Scale

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.
- To empower communities, by providing them with a summary of health inequalities, which can be used to advocate for change across local systems to improve outcomes.

Executive Summary

The Gay and Other Men who have Sex with Men (MSM) Community Health Profile identifies and summarises the national and local evidence concerning the health, lifestyle behaviours and wider determinants of health that affect the gay and other MSM communities. Although the focus of this report was health inequalities among the gay and other MSM communities 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 childhood 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 gay and other MSM communities.

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 2019 (COVID-19) pandemic. This Community Health Profile aims to unpack some of these issues, with a focus on the gay and other MSM communities.

Much of the data for examining health outcomes in this profile has been taken from open-source research and health records. It is worth noting that the sample sizes, coverage, and quality for some studies are imperfect. The picture is complex not only between different community groups but also across different conditions. Understanding and knowledge is also limited by a lack of good quality data. This health profile aims to highlight the available health data and the current gaps in our knowledge and understanding.

Gay and Other MSM Communities in the UK

The term "gay men" refers to men who are primarily attracted, romantically and/or sexually, to other men.(1) It primarily refers to a sexual and socio-political identity but also includes sexual behaviours. The acronym MSM, which stands for men who have sex with men, primarily denotes sexual behaviour, and refers to men who do not identify as gay or bisexual but who have sex with other men.(2)

According to the 2021 census, 459,540 men identified as gay in England and Wales, comprising 0.95% of the population.(3) In Birmingham, 9% (n=7,711) of males identified as 'gay or lesbian'; data labelling in the census did not disaggregate between gay and lesbian identities. 'Gay or lesbian' males account for 29% of the LGB+ community in Birmingham. Nationally, GP Patient Survey data from 2023 indicates that 72% of gay men in England identified as White compared with 74% of heterosexual men.(4) In England and Wales in 2021, 28% of gay men were aged 25 to 34 years old compared with 16% of heterosexual men.(3)

Gay and other MSM face discrimination, homophobia and inequalities across their lifespan which impact their health. There is a paucity of data for MSM in particular, and evidence for gay men

and boys is often aggregated with outcomes for bisexual men, and sometimes with outcomes for the wider LGBTQ+ community.

The key health inequalities identified within this gay and other MSM Community Health Profile are:

Getting the Best Start in Life

- Half of LGBT boys (51%) in the UK had reported deliberately harming themselves, according to the 2017 Stonewall School report.(5)
- At age 16, gay and bisexual boys were 12.5 times more likely to engage in binge eating compared with their heterosexual peers (Avon Longitudinal Study).(6)
- A higher percentage of LGBT boys (57%) reported being bullied in school than LGBT girls (35%). However, 41% of LGBT boys did not report the bullying they experienced to anyone (Stonewall 2017 School Report).(5)

Mental Wellness and Balance

- In a 2016 study, 21% of gay men and MSM reported being depressed, 17% were anxious, 7% had self-harmed and 3% had attempted suicide within the last 12 months.(7)
- More gay men (30%) engaged in hazardous drinking compared with heterosexual men (18%) and bisexual men (24%) (2014 to 2016 England Smoking Toolkit Series).(8)
- Data from the Crime Survey for England and Wales between 2011 and 2014 reported that drug use amongst gay and bisexual men (33%) was around three times higher than amongst heterosexual men (11%).(9)
- Gay and bisexual men (15%) in England 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).(9)
- More gay men (21%) are current smokers than heterosexual men (16%). (Annual Population Survey, 2019).(10)
- In 2018, a higher percentage of gay men (8%) experienced some form of domestic abuse compared with heterosexual men (4%), although the majority of abuse remains unreported (Crime Survey for England).(11)
- According to a 2018 Stonewall report, 19% of gay men experienced a hate crime/incident based on their sexual orientation in the preceding 12 months.(12)

Active at Every Age and Ability

- Fewer gay men (6%) participated in team sports than heterosexual men (17%), bisexual men (16%) and lesbians (17%). (Active Lives Survey).(13)
- In the 2015 Out on the Fields study, 70% of gay men agreed that homophobia is more common in team sporting environments than in general society.(14)
- According to the Active Lives Survey, 26% of gay men reported having the opportunity to be physically active compared with 45% of heterosexual men.(13)

Living, Working and Learning Well

- According to 2017 research from the London School of Economics, gay men were 5% less likely to be in paid employment than heterosexual men.(15)
- In the 2018 National LGBT Survey, 17% of gay men experienced homophobic incidents in the workplace.(16)
- The 2011 to 2012 UK Household Longitudinal Study (UKHLS) reports that gay men were more likely to be in receipt of income support (4.7%), housing benefit (11%) and council tax benefit (12%) compared with heterosexual men.(17)
- Gay men in the Cancer Patient Survey were more likely to report having cancer than heterosexual men, particularly in relation to infection-related cancers (OR 1.45, 95% CI 1.24 to 1.69).(18)
- Although gay or bisexual men represented 1% of all men in the Cancer Patient Experience Survey, age adjusted analysis showed that they made up 35% of men with Kaposi's sarcoma.(18)
- A higher percentage of gay and bisexual men aged 16 to 49 (20%) report having a physical disability compared with heterosexual men (13%) in the 2011 to 2018 Health Survey for England.(19)
- A higher percentage of gay and bisexual men (14%) report having 'mental, behavioural, and neurodevelopmental disorders' compared with heterosexual men (5%) in the 2011 to 2018 Health Survey for England.(19)

Protect and Detect

- Gay men are at high risk from sexually transmitted infections (STIs). For new STI diagnosis in England (2021), the rate for gay, bisexual, and other MSM was 7,014.4 per 100,000 (291.9 per 100,000 for men who have sex with women (MSW)).(20)
- In 2013, 26% of MSM in the UK had never been tested for STIs.(21)
- Pre-exposure prophylaxis (PrEP) is the use of medication to prevent the acquisition and transmission of STIs. In London in 2019, of gay men with PrEP-need, 68% (431/632) did not report current use.(22)

Closing the Gaps

- Community based surveys and qualitative research have all suggested that intersectionality between gay sexual identity and other minority identities, whether ethnic,(5, 12, 23, 24, 25, 26, 27) older age,(19, 25, 28, 29, 30, 31) or disabled,(5, 12, 24, 25, 28, 32, 33), 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 (13) and healthy eating (34) the evidence suggests gay men have more positive behaviours than their heterosexual counterparts, and we

should recognise the importance of the strong and vibrant LGBTQ+ community that some gay men are active participants of.

Methodology

An exploratory search was undertaken by the authors using a range of databases, such as National Data Sources, NOMIS (Office for National Statistics), and PubMed, to identify information on Gay men and other MSM communities 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 Office for National Statistics (ONS) for the 2021 census; data from the 2011 census has only been used as a comparison and/or where 2021 data were not available. Any conclusions based on historical data or information should be considered with caution.

2021 census data does not typically disaggregate gay and lesbian sexual orientations, therefore any conclusions drawn from census categories should be interpreted with caution.

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

Data has been extracted where relevant gay men and MSM community-level information was available.

National voluntary and community sector reports:

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

- Stonewall
- National LGBT Foundation
- Age UK
- MIND
- McMillian Cancer Research
- 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 in 2018 was undertaken with 5,375 LGBT people across England, Scotland, and Wales, and was published across several reports, including Health, Home and Communities and Hate Crime and Discrimination. The 2017 Stonewall Schools report was undertaken with 1,100 lesbian, gay and bi pupils in Britain's schools. The National LGBT Survey was undertaken in 2018 by the Government Equalities Office and included 108,100 LGBTQ+ people.

b. Academic Database Search

In addition, searches on SCOPUS and PubMed were performed. All searches contained the keywords "gay men" and "men who have sex with men", or "MSM" as well as words that were specific to the specific topic theme. Examples of this are included in this Search Strategy (Appendix 1). 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 is identified from the reference list and citations of the initial search or published article were 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).

e. Caveats and Limitations

This profile focuses on communities of gay and other MSM.

The profile will report findings based on how the sample was measured within the referenced study. At times gay men and bisexual men will have been grouped together within studies, while at times gay men and bisexual men will have been included as separate sample groups. More specific information on bisexual men is available in the Bisexual Community Health Profile.

There is a lack of data on the community of gay men, and in particularly for MSM, for whom the literature predominantly focuses on sexual health.

The profile has reproduced statistics from existing reports or presented analysis of raw data. It should be borne in mind that this analysis, e.g., for the GP Patients Survey or Health Survey for England Data (published by NHS Digital) has 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.

Where literature on specific topic areas has not been available, the profile has drawn upon the wider lesbian, gay, and bisexual + community.

A chapter on 'Green and Sustainable' was not included in this report as there was no data specifically relating to the communities of interest on this topic. Other profiles have overlayed information on air pollution and green space into areas that communities have the highest populations in the 2021 census. However, as the 2021 census does not currently have available data for where gay men reside in Birmingham, this has not been achievable within this profile.

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.

An odds ratio (OR) indicates the likelihood of an outcome or event occurring in one group compared to 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.

A 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.

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.

In this report, "n" is used to represent the numerator of a percentage (e.g., the number of people with the event of interest).

1. Introduction

1.1 Overview

1.1.1 Identity Definition

Sexual orientation is not a singular construction; there are differences between sexual identity and sexual behaviours, as well as overlap between them.(35) Whereas sexual identity refers to a subjective view about oneself and who one is, rather than what one does, 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 "gay men" refers to men who are primarily attracted, romantically and/or sexually, to other men.(1) It primarily refers to a sexual and socio-political identity but also includes sexual behaviours. Men who are attracted to men might also identify with a range of other terms other than 'gay', e.g., queer (rejection of specific labels), pansexual (attraction not limited by gender) or bisexual (attracted to more than one gender).

The acronym MSM, which stands for men who have sex with men, primarily denotes sexual behaviour, and refers to men who do not identify as gay or bisexual but who have sex with other men.(2) Another distinction within the category MSM include men who have sex with men exclusively (MSME) and men who have sex with men and women (MSMW).(36)

1.1.2 History and Culture

Throughout history gay and other MSM have faced wide-ranging stigmatisation, discrimination, and criminalisation.(37, 38)

The term 'gay' first emerged as an 'underground term' in the early 1900s.(39) Gay identity (both as a personal and political category) was not fully developed until the mid-20th century. Historically, the term 'gay' has been used as an umbrella term that included people who were sexual minorities. The term 'gay' as it is currently used became popular with the emergence of the LGB (lesbian, gay and bisexual) acronym which was coined during the 1990s.

The term 'MSM' was first introduced by epidemiologists and public health workers in the late 1980s and early 1990s as a surveillance tool to improve the identification of HIV transmission and monitor the spread of the disease amongst men who did not identify as gay or bisexual but who had sex with other men.(2, 40) The term was developed as a way of avoiding the stigmatisation associated with the term 'gay' and capturing sexual behaviour.(41, 42)

Same-sex relations also have a history of criminalisation and medicalisation (i.e., conceptualised as a medical problem with medical solutions).(43, 44) 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.(45)

The gay liberation movement began in the USA in the 1950s, alongside other civil rights movements.(43) The Stonewall Riots in New York were a central part of this rebellion and inspired the

emergence of the Gay Liberation Front in the UK in 1970. Pride parades and LGB organisations played a significant role in the fight for LGB rights, celebration, and visibility. The first Pride marches in the UK took place in 1972.(46) They have since taken place annually in the UK and 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.

During the late 1970s and early 1980s, the human immunodeficiency virus (HIV) and acquired immunodeficiency syndrome (AIDS) epidemic had a disproportionate, disseminating, and lasting impact on the gay men community.(47) In the USA, by 1995, one gay man in nine had been diagnosed with AIDS, one in fifteen had died, and 10% of the 1,600,000 men aged 25 to 44 who identified as gay had died. In the UK, it is estimated that 10,000 gay and bisexual men died from AIDS between 1983 and 2008.(48) Those diagnosed with HIV faced high levels of uncertainty, stigma and severely ill health. As awareness and understanding of HIV/AIDS improved, prevention efforts began to focus on safer sex practices, such as condom use and regular testing.

Furthermore, the development of antiretroviral medications to prevent HIV transmission and manage the disease changed HIV from being a fatal disease to being a chronic manageable condition.(49) In 2010, the Equality Act defined HIV as a recognised disability, giving legal protection to people living with HIV from discrimination,(50) and evidence indicates that whilst gay men and MSM continue to face difficulties (e.g. internalised stigma and shame), enacted discrimination has reduced.(49, 51)

The social culture of gay men is diverse and can vary depending on factors such as geography, socioeconomic status, ethnicity, and individual interests. London is well known for the development of gay culture and for fostering a large gay community.(52) Birmingham has been central to the development of the gay community in the UK and is home to a large LGBTQ+ community and cultural scene.(53, 54) In the 1970s numerous gay groups were developed within the city, and in 1971, the Birmingham Gay Liberation Front (GLF) was established.(54) The Birmingham GLF was one of UK's most active GLF groups following the London branch. Following the decriminalisation of homosexuality, gay bars and clubs increasingly became central to the gay culture in Birmingham.

The Gay Community Centre in Birmingham, which opened in 1976, was the first gay community centre to be established in Britain and led to the opening of other gay centres in cities such as London and Manchester.(54) The main purpose of the community centre was to promote the benefit and welfare of gay men and lesbians in the city and to build a supportive environment. 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 gay community.

Although societal acceptance of LGB people and the rights and visibility of LGB people have increased substantially over the last 50 years, homophobia and homophobic discrimination remain high.(55) Homophobia is a term used to describe 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.(12, 55, 56) Evidence indicates that a high proportion of gay men continue to face and fear homophobia and hate crimes, e.g., a 2018 survey by Stonewall found that 64% of LGBTQ+ people have experienced anti-LGBTQ+ violence and abuse.(12)

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 LGB+ 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.(57) Internationally, attitudes towards LGB+ vary considerably. 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).(58) Legislation regarding sexual orientation in different countries also varies substantially.

1.1.3 Global Laws on Sexual Orientation

Countries around the world vary greatly in terms of their LGBTQ+ laws. In some countries, same-sex relationships are illegal and punishment ranges from fines to life imprisonment to the death penalty.(59) For example, many Arab league countries (e.g., Algeria, Comoros, Egypt, Morocco, Qatar, and Saudi Arabia) outlaw same-sex relations, as well as countries in 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.(60) The majority of countries in the Global North and South America have different degrees of legislation which protect against discrimination based on sexual orientation.

1.1.4 UK Legislation

Homosexual acts were outlawed in the UK in 1533 (as acts of 'sodomy') and were punishable by death.(43) 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).

The history of discriminatory and rights-based legislation in relation to gay men in the UK 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.
- 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).
- 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.

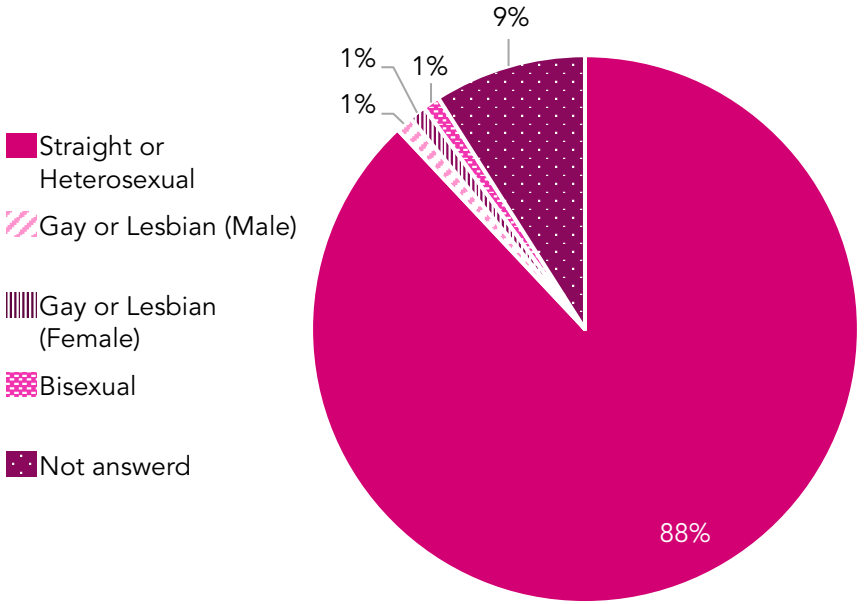
1.2 Demographics

1.2.1 Population Size

The 2021 census did not provide a category for gay men to self-identify. The closest sexual orientation category for gay men was 'gay or lesbian'. However, an estimated population size can be calculated by investigating data on sexual orientation by sex. According to the 2021 census, there were 459,538 men who identified as gay in England and Wales, comprising 0.95% of the population.(3) This was similar to data observed in Birmingham, where 0.9% (n=7,711) males identified as 'gay or lesbian' (

Figure 1)[a]. 'Gay or lesbian' males account for 29% of the LGB+ community in Birmingham.

Figure 1: Sexual orientation by sex: Birmingham, 2021



[a] See **Appendix 5.1.** Figure 1: Percentage of people by sexual orientation: Birmingham, 2021 for full data table

Note: percentages have been rounded up, counts for bisexual, heterosexual and 'not answered' categories have aggregated male and female responses

Source: ONS (3)

1.2.2 Ethnicity

Data from the national GP Patients Survey in 2023 provides information on the ethnic group of gay men in England (

Table *1*).(4) The largest ethnic group among gay men was White British (72%, n=8,461), this is lower than for heterosexual men (74%), but higher than bisexual men (65%, n=3,199).

The GP Patient Survey also showed that ethnic group varied slightly with age group. For example, the White British group was largest among gay men aged 75 to 84 (93%, n=149) and smallest among gay men aged 35 to 44 (64%, n=1,820). Additionally, the any other White Background was also highest among gay men aged 35 to 44 (19%, n=537).

Table 1: Ethnicity of gay men: England, 2023

Ethnic Group	Count	Percentage (%)
English, Welsh, Scottish, Northern Irish or British	8,461	72
Irish	182	2
Any other White Background	1,645	14
White and Black Caribbean	115	1
White and Asian	100	1
Any other Mixed or Multiple ethnic background	162	1
Indian	144	1
Pakistani	67	1
Chinese	200	2
Any other Asian background	187	2
Caribbean	73	1
African	108	1
Any other ethnic group	177	2

Note: any ethnic group which makes up less than 1% of the gay population has not been included in the above table.

Source: NHS England (4)

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'.

1.2.1 Religion

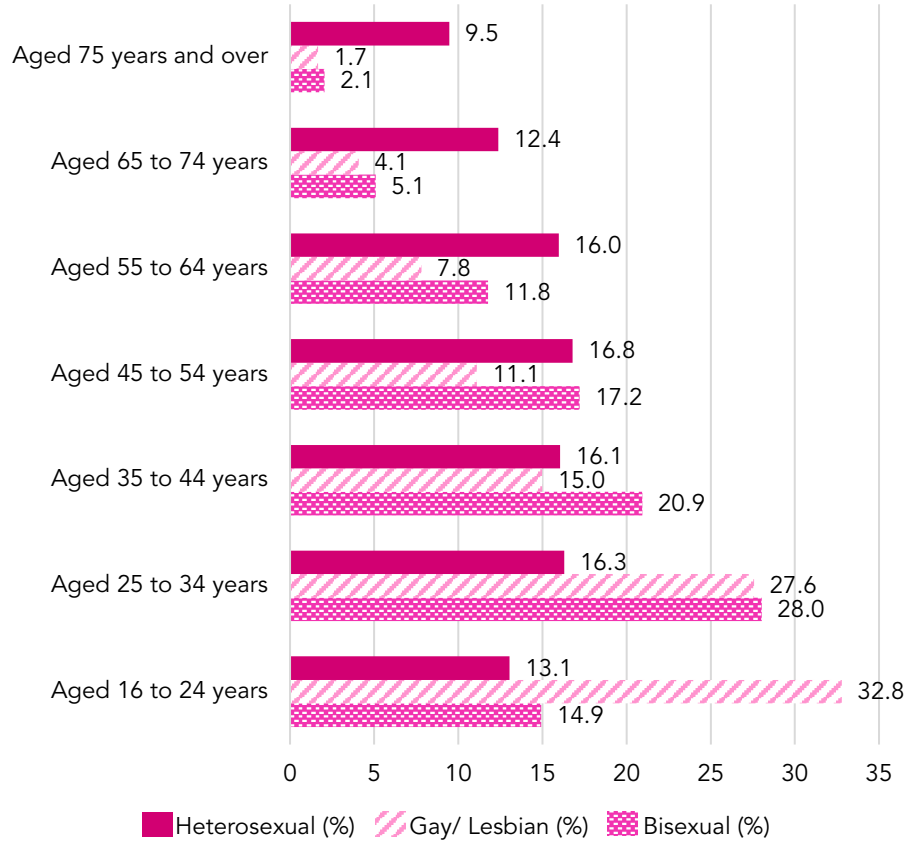
Findings from the GP Patients Survey indicated that a higher percentage of men who identify as gay (63%) did not have a religious affiliation compared with heterosexual men (39%) and bisexual men (55%).(4) Around 27% of gay men described themselves as Christian in comparison to 25% for bisexual men and 46% of heterosexual men.

1.2.2 Age Profile

In England and Wales, almost half of gay men (49%) were aged 25 to 44 years old compared with 32% of heterosexual men in the 2021 census (**Figure 2**)[b].(3) Around 19% of the gay men were aged 55 and over compared with 38% of the heterosexual men. An age breakdown for men based on sexual orientation in Birmingham was not yet available when this report was published.

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

Figure 2: Age breakdown for men by sexual orientation: England and Wales, 2021



Source: ONS (3)

2. Community Profile

2.1 Getting the Best Start in Life

Key Findings

- Analysis of data from the Avon Longitudinal Study of Parents and Children born between 1991 and 1992 found that 10% of gay and bisexual boys were obese compared with 5% of heterosexual boys (aged 14).
- Half of LGBT boys (51%) in the UK had reported deliberately harming themselves, according to the 2017 Stonewall School report.
- At age 16, gay and bisexual boys were 12.5 times more likely to engage in binge eating compared with their heterosexual peers (Avon Longitudinal Study).
- A higher percentage of LGBT boys (57%) reported being bullied in school than LGBT girls (35%). However, 41% of LGBT boys did not report the bullying they experienced to anyone (Stonewall 2017 School Report).

2.1.1 Fertility

The limited research on gay men's fertility and reproduction has typically focused on men who become parents through adoption and fostering, gay men who have children from previous heterosexual relationships and gay men who co-parent with lesbian

women.(61) There is a lack of data on men who use surrogacy and egg donation as a route to parenthood in the UK.

Since 2000, gay men have increasingly used egg donation and surrogacy as a route to parenthood, although there remains a lack of research on this area of gay men's fertility. In a survey of over 200 people in the UK who intended to conceive through surrogacy, 20% of respondents were men in a same-sex relationship.(62) Unlike some heterosexual couples, gay couples are not eligible for fertility treatment with NHS funding. Commercial surrogacy is illegal in the UK, but surrogates may receive expenses which can range from £12,000 to £20,000.(63) In the USA, where surrogates can be paid, 'compensation' can range from $30,000 to $60,000.

The availability of surrogates in the USA compared with the UK leads many intending parents to go abroad, particularly gay men.(62) In 2010, gay men achieving parenthood through surrogacy could both be named on the child's birth certificate for the first time.(64) In the UK, legislation denotes the woman who gives birth to a child as the legal mother of that child (regardless of whether her own eggs were used) and so gay fathers and other intending parents must obtain legal parenthood through a parental order.(65)

2.1.2 Maternal Health

There is a lack of data on the maternal health of surrogates used by gay men or on the maternal health of women who may co-parent with gay men. However, risks to surrogate women have been raised.(66, 67) For example, international evidence indicates that surrogate women may be at higher risk of multiple births and obstetrical complications such as gestational diabetes, hypertension and caesarean section compared with non-surrogate mothers.(68, 69)

2.1.3 Infant Mortality, Stillbirths and Live Births

There is a lack of data on the statistics and neo-natal health of babies born to gay men through surrogacy arrangements. International evidence indicates that babies born to surrogate women may be at higher risk of being pre-term and lower birth weight.(68, 69)

2.1.4 Childhood Vaccinations

There is a lack of data on childhood vaccination uptake of gay 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 gay and bisexual adolescents aged 25 and under should receive one dose of the human papillomavirus (HPV) vaccine instead of three to be fully vaccinated.(70)

2.1.5 Screening Programmes

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

2.1.6 Childhood Obesity

There is a lack of data on obesity rates for gay adolescents. Analysis of the Millennium Cohort Study in 2019, which included 629 sexual minority young people who were born in 2000 to 2002, reported that 33% of LGBTQ+ adolescents were overweight or obese

compared with 26% of heterosexual adolescents and LGBTQ+ adolescents were less likely to be physically active.(71) Analysis of data from the Avon Longitudinal Study of Parents and Children reported that 10% of gay and bisexual boys were obese compared with 5% of heterosexual boys.(6) On the other hand, the study reported that 8% of gay and bisexual boys were overweight compared with 13% of their heterosexual peers. Both aforementioned studies focused on young people at the age of 14.

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

Evidence indicates that young LGBTQ+ people have a high degree of mental health problems compared with their heterosexual peers. The Stonewall School Report presents 2017 data from a survey of 3,713 young people aged 11 to 19. According to the report, half of LGBT boys (51%) had deliberately harmed themselves compared with 71% of LGBT girls;(5) 71% of LGBT boys had thought about taking their own life compared with an estimated 25% of young people in general. Just over a fifth (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. The survey also found that 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 for young people aged 17 in the UK (2018 to 2019) 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 5.8% of heterosexuals.(72) Another mixed methods study (2014 to 2016) with 789 LGBTQ+ young people aged 13 to 25-years-old (mean age of 18.6 years) found that homophobia, being unable to talk, other life crisis and management of gender identity across multiple domains were key predictors of suicidal risk in younger LGBTQ+ people.(32) Furthermore, young LGBTQ+ people who were disabled (OR 2.23, $p<0.001$), affected by abuse (OR 2.14, $p<0.001$), 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 a higher percentage of LGBTQ+ young people may have an eating disorder compared with their heterosexual peers.(73, 74) For example, a UK study of 5,048 young people born between 1991 and 1992 at ages 14 and 16 reported that 21% of gay or bisexual boys (age 16 years) binge ate in comparison to 3% of their heterosexual peers.(6) At age 16, gay and bisexual boys were 12.5 times more likely than heterosexual boys to report engaging in past-year binge eating.

Studies which have explored mental health and well-being outcomes for children raised in adoptive gay father families report little differences with heterosexual couples.(75) Where differences were identified, these showed that children from gay father families displayed more positive functioning and gay fathers exhibited lower

levels of depression, higher levels of warmth and interaction and higher levels of well-being than heterosexual parents.

2.1.9 Child Poverty

There is a lack of data on childhood poverty by sexual orientation in the UK. Reports from LGBTQ+ organisations indicate that LGBTQ+ young people are over-represented within the youth homeless population.(76)

2.1.10 Children in Care

There is a lack of data on the number of LGBTQ+ children in care, although some data relates to LGBTQ+ young people more generally. According to a systematic review (77) and large UK study,(78) reasons for entry into the care system for LGBTQ+ youth in the UK include being made homeless, family violence, family rejection, neglect, and loss, which they are more at risk of than heterosexual young people.

A large study of LGBTQ+ youth in care included a survey of local authorities, in-depth interviews with young people in care, and qualitative interviews and focus groups with foster carers and social workers.(78) 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. The report found that 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 and recording of sexual identity within the care system 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).(79) This is compared with 1 in 22 adoptions in 2012.

A survey of 366 LGBT adoptive parents in 2014 found that 63% of respondents did not expect to be discriminated against in the adoption process.(80) Another study looking at parenting outcomes of adoptive children placed in same-sex and heterosexual relationships reported that regardless of sexual orientation, adoptive parents are likely to encounter similar challenges in terms of risk factors for child behavioural problems and did not differ on how they mitigated these.(81)

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".(82)

No figures are available for the proportion of gay youth who have come into contact with youth justice in the UK, although reports suggest that family rejection, homelessness, school exclusion, substance abuse and limited support networks, some of which are

more likely to be experienced by LGBTQ+ youth, are associated with young people who engage in criminal behaviour.(83)

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.(84) 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.(85)

Reports suggest that young LGBTQ+ people in the UK are more likely to be victims of crime, in particular hate crime, than their heterosexual peers, which may be exacerbated in prison.(84)

2.1.12 School Readiness

There is a lack of data for this section as school readiness measurements do not collect data on sexual orientation (of parents or children).

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.(5, 86) The data below is presented from the 2017 Stonewall School Report;(5) a breakdown specifically for gay boys is not reported and so data will be reported as presented in the report, i.e., for LGBT students more generally or for LGBT boys. Half (53%) of gay and lesbian students reported being bullied due to their sexual orientation. A higher percentage of LGBT boys (57%) reported being bullied than LGBT girls (35%). Furthermore, more LGBT disabled students reported being 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., being hit, kicked, or having objects thrown at them. LGBT boys (12%) experienced bullying with physical abuse at higher rates than girls (4%). 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 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., North West (44%), North East (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.(5) 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 reported having skipped school, compared with 53% of LGBT girls and 60% of non-binary pupils; 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 indicates that context is a predicator of the extent to which LGBTQ+ people come out to those around them.(16) 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% of 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.

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 suicide risk.(87) This was theorised as being likely due to longer exposure to stigma, harassment, and family abuse.

2.1.17 Conclusion

There is limited data on both gay men as parents, and gay adolescents. Poor mental health among gay adolescents is consistent throughout data, including links to being bullied, experiences of eating disorders and self-harm. Additionally, young gay people are at high risk of family rejection and homelessness, compounding the experiences of poor mental health. Due to experiences of bullying and discrimination, young gay men are also likely to avoid 'coming out' to others, including family and neighbours, for fear of a negative reaction, however the majority of LGBTQ+ youth are able to come out to some/all of their friends.

2.2 Mental Wellness and Balance

Key Findings

- In a 2016 study, 21% of gay men and MSM reported being depressed, 17% were anxious, 7% had self-harmed and 3% had attempted suicide within the last 12 months.
- Gay men in in 2003 study were at greater risk of scoring above the threshold score of the Clinical Interview Schedule than heterosexual men (RR 1.24, 95% CI 1.07 to 1.43).
- More gay men (30%) engaged in hazardous drinking compared with heterosexual men (18%) and bisexual men (24%) (2014 to 2016 England Smoking Toolkit Series).
- Data from the Crime Survey for England and Wales between 2011 and 2014 reported that drug use amongst gay and bisexual men (33%) was around three times higher than amongst heterosexual men (11%).
- Gay and bisexual men (15%) in England 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).
- In Birmingham (2021 to 2022), of those starting treatment for alcohol, 3% were gay men and 1% were bisexual men.
- More gay men (21%) are current smokers than heterosexual men (16%). (Annual Population Survey, 2019).
- In 2018, a higher percentage of gay men (8%) experienced some form of domestic abuse compared with heterosexual men (4%), although the majority of abuse remains unreported (Crime Survey for England).
- According to a 2018 Stonewall report, 19% of gay men experienced a hate crime/incident based on their sexual orientation in the preceding 12 months.

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.(88) 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.

Analysis of large nationally representative surveys in England show that LGB people report poorer mental health than heterosexual people across a range of mental health conditions, although these studies do not disaggregate findings for gay men and MSM, instead grouping them with sexual minorities or lesbians.(89, 90, 91, 92)

Research indicates that gay and other MSM experience poorer mental health than heterosexual men. A 2016 large community-based survey of MSM (N=5,799) living in England, Scotland and Wales found that 21% were depressed, 17% were anxious, 7% had self-harmed within the last 12 months and 3% had attempted

suicide.(7) The study contained 4,701 men who were exclusively attracted to other men. Evidence reported by NHS Digital shows that gay and bisexual men score lower on the Warwick Edinburgh Mental Well-being scale (WEMWBS) (mean score 50.2) than heterosexual men (mean score of 51.5) but higher than lesbian and gay women (47.3);(19) in the WEMWBS scale higher scores suggest better mental health.

In the Stonewall 2018 LGBT in Britain Health Report, a higher percentage of gay men experienced anxiety (54%), and a higher percentage of GBT men experienced depression (46%) compared with men in the general population (13%).(24, 93) Fewer gay men (7%) reported deliberate self-harm compared with bisexual men (18%) or feeling like life was not worth living (32% vs. 43%, respectively).

Another large cross-sectional survey of 2,430 people (n=656 gay men) in England and Wales between 2000 and 2002 found that gay men reported poorer mental health across a range of measures;(94) 44% (n=277) of gay men scored above the standard threshold for common mental health disorders compared with 35% (n=178) of heterosexual men. Gay men in this study were at greater risk of scoring above the threshold score of the Clinical Interview Schedule than heterosexual men (RR 1.24, 95% CI 1.07 to 1.43). More than a quarter of gay men and almost a third of lesbians reported that they had ever harmed themselves deliberately, compared with one in seven heterosexual participants. Furthermore, 65% of gay men who reported having harmed themselves cited their sexual orientation as wholly or partly the motive.

Studies with gay men and other MSM report that poorer mental health is associated with younger age (18 to 24 years), lower income, being from a minority ethnic background, being disabled, being single, being born abroad, sexual attraction to both men and women, substance abuse, not being out and homophobic discrimination and bullying at school, and internalised homophobia.(7, 23, 91, 95, 96, 97)

Surveys with gay and bisexual men indicate that gay and bisexual men have a high prevalence of eating disorders and unhealthy eating practices e.g., binge eating, purging, dietary weight restraint.(73) A 2018 study by Stonewall found that 9% of GBT men reported having an eating disorder in the preceding 12 months compared with 13% of LBT women.(24) Minority ethnic LGBT respondents (22%) reported more often experiences with an eating disorder compared with White LGBT respondents (11%). It is estimated that over 700,000 people in the UK have an eating disorder, 90% of whom are women.(98)

Research indicates that body dissatisfaction, risk of unhealthy eating behaviour and managing being underweight are associated with one another.(99) The importance and appeal placed on attaining an ideal body image and a high level of body dissatisfaction, which within the gay community may translate to seeking both a lean and muscular body, has been posited as an important reason for the high prevalence of eating disorders in gay men and for the gay men being underweight.(73)

2.2.1.1 Access to services

In 2018 and 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 gay and lesbian and 3% as bisexual.(100) Those identifying as gay and lesbian (67%) showed similar improvement following participation in talking therapies compared with people who identify as heterosexual (68%). Further analysis of IAPT services found that gay men and heterosexual men did not differ on treatment outcomes whereas bisexual men were at highest risk of not attaining reliable recovery for depression and/or anxiety, and functioning.(101)

A cross-sectional survey conducted in England and Wales published in 2003, found that gay men were more likely than heterosexual men to have consulted a mental health professional (OR 2.9, 95% CI 2.2 to 3.7).(94)

The 2018 National LGBT Survey revealed that less gay men (20%) accessed or tried to access mental health services in the preceding year compared with all other LGBTQ+ respondents (32%).(16) Gay men (47%) reported similar levels of difficulty in accessing mental health services as all LGBTQ+ respondents (49%).

Similar to other LBTQ+ respondents, the most common difficulties that gay men faced in accessing mental health services were having to wait too long (70%), feeling worried, anxious or embarrassed (31%), not knowing where to go (19%), not being able to go at a convenient time (19%) and having an unsupportive GP (18%) (

Table 2)[c]. Gay men most commonly reported a positive experience of using mental health services (62%) compared with all respondents (57%).

Table 2: Most common difficulties experienced by gay men in accessing mental health services: UK, 2018

Barrier to access	Respondents (%)
I had to wait too long to access the services	70
I was worried, anxious, or embarrassed about going	31
My GP was not supportive	18
I wasn't able to go at a convenient time	19
I did not know where to go	19
My GP did not know where to refer me	12
The services were not close enough to me	12
Other	10

Source: Government Equalities Office (16)

2.2.2 Alcohol

Evidence indicates that more gay men consume alcohol and engage in hazardous drinking than heterosexual men.(8, 16) The UK Chief Medical Officer states that adults should not drink more than 14 units

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

of alcohol per week, but that there is no definitive safe limit to alcohol intake levels as this affects the health of individuals in a wide range of ways.(102)

Between 2011 and 2018, data from the Health Survey for England indicates that nationally 92% of gay and bisexual men consumed alcohol in the last 12 months compared with 87% of heterosexual men and that they consumed a higher number of units a week, i.e., 17.1 vs. 15.3 mean units a week, respectively.(19) A study by Stonewall found that 20% of gay and bisexual men reported drinking alcohol everyday over the last year compared with 12% of men in the general population.(24, 102) Analysis of a national representative survey from the England Smoking Toolkit series (2014 to 2016) found that gay men (30%) had a higher tendency to engage in hazardous drinking (a score of 8+ on the Alcohol Use Disorders Identification Test) compared with heterosexual men (18%).(8)

Data reported by NHS Digital from the Health Survey for England in 2020 also indicates that older gay men (aged 50+) appeared to be at higher risk of daily and higher alcohol consumption than younger gay men.(19) Around 12% of gay and bisexual men aged 50 and over were classed as high-risk drinkers (more than 50 units per week) compared with 7% of gay and bisexual men aged 16 to 49.

In relation to ethnicity, NHS Digital reports a smaller gap in alcohol abstinence amongst LGB respondents than heterosexual respondents in England. A lower percentage LGB ethnic minority adults abstained from alcohol consumption compared with heterosexual ethnic minority adults whilst a similar percentage of LGB White adults abstained from alcohol as heterosexual White adults. As highlighted by the Institute for Alcohol Studies, research on alcohol harm amongst gay men and MSM has tended to focus on the relationship between sexual health and alcohol rather than on alcohol related health conditions.(103)

The reasons for higher rates of alcohol consumption amongst gay men and MSM are complex. National level evidence indicates that their increased alcohol consumption may be influenced by minority stress and be a coping mechanism for discrimination and stigma and the normalisation of alcohol on the gay scene.(19, 25, 103) There is also indication that alcohol use is associated with HIV diagnosis and chemsex (see below).(104)

In terms of treatment, local evidence from the National Drug Treatment Monitoring System (NDTMS) shows that of those starting treatment for alcohol in Birmingham in 2021 and 2022, 3% were gay men (n=20), 1% were bisexual men (n=5) and 92% were heterosexual men (n=570); this is similar to the national picture.(105)

2.2.3 Drug Use

Evidence indicates that gay and other MSM engage in higher levels of drug use than heterosexual men and lesbian or bisexual women. Data from the Crime Survey for England and Wales between 2011 and 2014 shows that drug use amongst gay and bisexual men (33%) was around three times higher than amongst heterosexual men (11%) and higher than for lesbian and bisexual women (23%).(9) Cannabis was the most commonly used illicit drug amongst all respondents, although usage amongst gay and bisexual men (20%) was more than double that for heterosexual men (9%). A higher percentage of gay and bisexual men (15%) used amyl nitrate (poppers) than heterosexual men (1%) as well as Class A drugs, such

as ecstasy, heroin, and cocaine (12% vs 4% respectively). Other large surveys report a similarly high level of drug use by gay and bisexual men.(103)

Nationally representative 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 women who have sex with women, and that use of IPED among MSM was associated with psychoactive drug use, Viagra use, higher body dissatisfaction, and lower sexual satisfaction.(106)

Sexualised drugs use (SDU), in particular participation in chemsex, has been highlighted as a sexual health concern for the population of gay men and MSM.(107) Chemsex is a form of SDU among MSM where men engage in sex for long periods of time with multiple sexual partners using multiple drugs such as GHB/GBL, crystal methamphetamine, mephedrone and ketamine.(108) Varied definitions of sexualised drug use and chemsex makes comparison between studies difficult. A large community-based study published in 2019 with 1,648 MSM reported that 41% of MSM reported sexualised drug use and that 6% of the total sample engaged in chemsex.(109) Another large study with 3,933 MSM found that 10% of respondents reported chemsex in the past year.(110)

A 2018 literature review reported a range of estimates for MSM engaging in chemsex, such as 17% of MSM attending sexual health clinics, 31% of HIV-positive MSM inpatients and 41% of MSM attending sexual health clinics for HIV post-exposure prophylaxis.(111) Factors associated with higher rates of SDU and chemsex include having an HIV and/or STI diagnosis, risky sexual behaviours (e.g. condomless sex), non-consensual sex, poorer mental health, poorer life satisfaction, discrimination, identifying as bisexual and being younger.(9, 104)

Local evidence from the NDTMS in 2021 and 2022 shows that of those starting treatment for opiates in Birmingham, 1% were gay men (n=10) and 1% were bisexual men (n=10);(105) this is similar to the national picture. Unlike in the heterosexual population where the majority of those in treatment were men, more lesbian and bisexual women (4%) were in treatment than gay and bisexual men (1%).

2.2.4 Smoking

Existing data indicates mixed results with regards to smoking prevalence amongst gay and bisexual men compared with heterosexual men.

Evidence from the Annual Population Survey in 2019 indicates that nationally a higher percentage of gay men (21%) were current smokers than heterosexual men (16%).(10) Similar findings are reported by other large nationally representative and community-based surveys.(4, 8, 19, 112) Evidence published by Public Health England shows that 25% of gay men, 26% of bisexual men, and 21% of other men who have sex with men smoke compared with 20% of heterosexual men.(112) However, after adjusting for a range of sociodemographic factors (i.e., social grade, age, disability, qualification, region, internet access), analysis indicates that differences between heterosexual, gay and bisexual men are not statistically significant.(113, 114)

Analysis of The Smoking Toolkit Study (STS) between 2013 and 2019 in England found that whilst smoking prevalence was similar

between gay men (22%) and heterosexual men (20%) it remained higher in bisexual men (28%);(115) however, bisexual men were also reported to smoke fewer cigarettes a day compared with heterosexual men. Gay men (7%) and bisexual men (9%) reported slightly higher levels of e-cigarette (electronic device) use than heterosexual men (6%). The study also reported that motivation to stop smoking and attempts to quit did not differ by sexual orientation.

Being younger, White, single, from a lower socio-economic background, lacking post-16 qualifications, reporting a disability, and living in Northern England have been found to be independently associated with current tobacco use.(8) In 2021, 20% of all men in Birmingham compared with 15% of all men in England were current smokers.(10)

2.2.5 Domestic Violence

Domestic abuse is defined in the UK by the Domestic Abuse Act 2021.(116) 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

Public Health England's Action Plan for gay and bisexual men and MSM (2015 to 2016) highlighted domestic abuse as a major social determinant of the health inequalities affecting this group of men.(112)

Evidence indicates that gay and bisexual men are at higher risk of domestic abuse and partner abuse compared with heterosexual men. In 2018, evidence from the Crime Survey for England and Wales shows that 8% of gay men and 6% of bisexual men reported domestic abuse compared with 4% of heterosexual men.(11) This was also the case for non-sexual partner abuse, which affected 5% of gay men, 5% of bisexual men and 2% of heterosexual men.

However, evidence suggests that most gay and bisexual men who experience domestic abuse do not report it or seek support from organisations.(25, 117) For example, 78% of gay and bisexual men who responded to a 2012 Stonewall survey did not report domestic abuse to the police.(118) The same survey reported that 49% of gay and bisexual men experienced domestic abuse from a partner or family member since the age of 16, and over half of these men experienced some form of physical violence.

In the 2018 National LGBT Survey, 20% of gay men reported experiencing a negative incident from someone that they were living with in the preceding 12 months.(16) The most common negative incidents reported by gay and bisexual men (and most respondents) included verbal harassment, disclosure of sexuality to others without permission and coercive or controlling behaviour. 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%).

In terms of partner abuse specifically, a large survey from Stonewall in 2018 indicates that 7% of gay men had experienced partner abuse in the preceding 12 months.(119) Other community-based studies have reported higher rates of lifetime partner abuse for gay men and MSM (e.g., over 30%).(120, 121) For example, a study between 2012 and 2014 with 544 MSM enrolled in the PROUD trial across 13 sexual health clinics in England found that 45% of men reported ever being a victim of partner abuse, 16% in the last year, and 20% reported ever perpetrating partner abuse, 8% in the last year.(122)

Research indicates that gay and bisexual men may not access mainstream domestic abuse services because they are not inclusive, difficult to access and lack understanding about the specific needs of LGBTQ+ people.(123) Research with gay and bisexual men also indicates that domestic abuse may not be recognised as such.(118, 119)

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.(25, 117) These barriers were amplified by the COVID-19 pandemic.(124) 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.(125) However, Birmingham LGBT has delivered specialist independent domestic violence advisers since 2014.

2.2.6 Hate Crimes and Discrimination

Figures reported by the Home Office show that in 2021 and 2022, 26,152 people in England and Wales reported hate crimes due to sexual orientation/perceived sexual orientation.(126) Figures for gay men specifically are not available. Between 2020 and 2021 to 2021 and 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 ranked the fourth highest police force area for the highest offences of hate crime by sexual orientation (rate of 60 per 100,000).(127)

Evidence illustrates that officially reported hate crimes are severely under-reported. A large UK Stonewall survey in 2018 found that 19% of gay men experienced a hate crime or incident based on their sexual orientation in the preceding 12 months.(12) LGBTQ+ people aged 16 to 24 (33%), minority ethnic (34%), disabled (27%) and who had a religious affiliation (30%) experienced more hate crimes than LGBTQ+ people who did not share these characteristics. Examples of hate crimes or incidents reported by LGBTQ+ respondents included being insulted, intimidated, or harassed, unwanted sexual contact, being threatened with violence, being physically assaulted, and damage to property. The survey also found that 81% of LGBT people who experienced a hate crime did not report it to the police.

The 2018 National LGBT Survey reported that 41% of gay men and 31% of bisexual men experienced a negative incident from someone they were not living with in the preceding 12 months because of their (perceived) sexual orientation.(16) Over half of these men experienced verbal harassment or insults. However, over 90% of

respondents did not report the most serious incident that they had experienced.

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 this is evident throughout different sections of this report, e.g. in the workplace, in education, in healthcare.(12, 16, 128) Furthermore, evidence indicates that minority ethnic men and disabled men face additional prejudice from within the LGBTQ+ community as well as outside of it.(12)

2.2.7 Conclusion

Consistent with data from early adolescents, gay men and other MSM also report high rates of mental health problems, compared to heterosexual men. Consequently, gay men also experience higher rates of suicide and eating disorders than heterosexual men. Gay men are also at increased risk of partaking in risky behaviours such as hazardous drinking, illicit drug use and chemsex compared with heterosexual men. Some of these behaviours may be linked to poor mental health. Gay men are also subject to high rates of discrimination and hate crimes. More gay men experienced domestic abuse compared with heterosexual men, although most abuse and discrimination remains underreported.

2.3 Healthy and Affordable Food

Key Findings

- In 2016, 54% of LGBTQ+ people in Brighton 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.
- The Active People's Survey 2014 reported that 58% of gay men ate '5-a-day' compared to 47% of heterosexual men.
- According to the Health Survey for England (2011 to 2018) 52% of gay men were overweight or obese in comparison to 68% of heterosexual men.
- There is mixed evidence about the extent to which gay and bisexual men are underweight compared with heterosexual men.

2.3.1 Diet and Nutrition

There is limited evidence on the diet and nutritional patterns of gay and other MSM. National surveys on food, diet and nutrition do not collect data or report results by sexual orientation. The Active People's Survey in 2014 reported that 58% of gay men in England ate five or more portions of fruits per day compared with 47% of heterosexual men.(34) This is similar to a 2013 report from the Scottish government where gay men were the most likely to had eaten five or more portions of fruit and veg in the previous day (28%) than the national average (22%).(129) Surveys with gay and bisexual men indicate that gay and bisexual men and adolescents are more likely to diet than their heterosexual peers.(6, 73, 99) *Sections 2.1.8* also reveals the increased prevalence of eating disorders amongst gay adolescents and adults.

2.3.2 Obesity

Evidence suggests that less gay and bisexual men are overweight or obese compared with heterosexual men.(21, 129)

The Health Survey for England (2011 to 2018) reports that around half of gay and bisexual men (49%) were overweight or obese compared with a third of heterosexual men (67%).(19) The mean BMI for gay and bisexual men was 26 kg/m^2 whereas the mean BMI for heterosexual men was 27.4 kg/m^2. BMI is a measure that uses weight (kg) divided by squared height (m^2) to estimate an individual's weight status. A BMI of 25kg/m^2 or higher is considered overweight. Similarly, a meta-analysis of 12 UK health surveys reported that a lower percentage of gay men (52%) and bisexual men (60%) were overweight or obese compared with heterosexual men (68%).(130)

It is important to note that, as with people from other sexual orientations, gay men's rate of obesity and risk of being overweight increases with age.(27) For example, data from the Health Survey for England (2011 to 2018) shows that 18% of gay and bisexual men aged 16 to 49 were classified as obese compared with 31% of gay and bisexual men aged 50+.(19)

Evidence is mixed about the extent to which gay and bisexual men may be more underweight than heterosexual men. The Health Survey for England suggests no differences between gay and

bisexual men and heterosexual men in relation to being underweight (19) whilst other studies indicate that more gay and bisexual men and boys are underweight than their heterosexual peers.(6, 21) For example, a review of existing surveys found that 3.4% of gay men and 2.9% of bisexual men were underweight compared with 1.2% of heterosexual men.(130) This difference has been theorized to be due to the unique pressure gay men experience to fit a particular ideal of the male body.(131, 132) *Section 2.2.1* presents evidence relating to eating disorders amongst gay men.

2.3.3 Food Insecurity

There is a lack of studies on food insecurity for gay men and LGBTQ+ people in Birmingham and nationally.

A small survey of LGBTQ+ people in Brighton in 2016 (N=63, n=21 gay men) found that a quarter of respondents (24%) reported that food poverty has been an issue for them, a fifth of respondents (19%) 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.(133) Half of respondents (54%) 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 in 2022 and 2023 showed that 14% of LGB people experienced moderate to severe food insecurity compared with 8% of the local population.(134)

2.3.4 Conclusion

There is a lack of disaggregated research for gay and other MSM in relation to healthy and affordable food. Evidence demonstrates that fewer gay men are overweight or obese than their heterosexual counterparts. There is mixed data about gay men being more underweight compared with heterosexual men. National food surveys do not currently collect data by sexual orientation. Food insecurity is also an issue amongst the LGBTQ+ community. This poses a barrier to healthy eating.

2.4 Active at Every Age and Ability

Key Findings

- The Active Lives survey found that in 2020 to 2021, 67% of gay men report being physically active compared with 64% of heterosexual men.
- However, smaller, LGBTQ+ studies typically report lower levels of physical activity among gay men. For example, a survey by the National LGB&T Partnership in 2016 reported that 55% of gay men were categorised as not being active enough to maintain good health.
- Fewer gay men (6%) participated in team sports than heterosexual men (17%), bisexual men (16%) and lesbians (17%). (Active Lives Survey)
- Fewer gay men (10%) attended live sporting events than heterosexual men (30%). (Active Lives Survey)
- In The Out on the Fields (2015) study, 70% of gay men agreed that homophobia is more common in team sporting environments than in general society.
- 70% of LGB young people agreed that youth sports are not a supportive and safe place (Out on the Fields, 2015).
- 70% of gay young people (under 22) were not open about their sexuality to their teammates (Out on the Fields, 2015).
- According to the Active Lives Survey, 26% of gay men reported having the opportunity to be physically active compared with 45% of heterosexual men.

Regular physical activity provides a range of physical and mental health, and social benefits that can help to prevent and manage over 20 chronic conditions and diseases, including heart disease, type 2 diabetes, and depression.(135)

Several reviews of studies and literature on LGBTQ+ people's experiences of engaging in physical activity and sports, highlight the range of studies in this area.(136, 137, 138, 139) Below, the key evidence relating to gay men's participation in physical activity and sports will be reported.

2.4.1 Physical Activity

Government recommendations for physical activity state that individuals 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.(140) Moderate activity is anything that raises the heart rate, such as brisk walking or cycling. Vigorous activity is higher intensity exercise, such as running.

Evidence indicates a mixed picture regarding the participation of gay men in physical activity.

The Active Lives Survey, by Sports England, measures activity levels across England.(13) From 2017 and 2018, to 2020 and 2021, gay

men consistently engaged in higher levels of physical activity than heterosexual and bisexual men. In 2020 to 2021, 67% of gay men reported being physically active (150+ minutes a week) compared with 59% of bisexual men and 63% of heterosexual men. This is compared with around 61% of all men in the general population in England and 59% of all men in the West Midlands (**Table 3**).

Table 3: Levels of activity by sexuality and gender: 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 males	26%	10%	64%
Gay males	**22%**	**11%**	**67%**
Bisexual males	29%	12%	59%
Heterosexual females	28%	13%	60%
Lesbian females	19%	12%	69%
Bisexual females	18%	14%	69%
Whole population	27%	12%	61%

Source: Sport England (13)

LGBTQ+ specific surveys and smaller surveys report lower rates of active physical participation rates amongst gay men.(21, 141, 142, 143) A survey by the National LGB&T Partnership in 2016 reported that only 18% of gay men met the recommended guidelines for physical activity.(26) Furthermore, over half of gay men (55%) were categorised as not being active enough to maintain good health compared with a third of men in the general population (33%). Men from Asian (75%), Black (68%) and Mixed or Other (66%) ethnic backgrounds reported undertaking a lower level of exercise compared with White men (62%). This difference was independent of education and income.(27) There is a lack of data on the participation of disabled gay men.

Evidence indicates that less gay men participated in sports than heterosexual men, bisexual men, and lesbians. In the Active Lives Survey, 6% of gay men reported playing team sports in the last 12 months compared with 17% of heterosexual men, 16% of bisexual men and 17% of lesbians.(13)

A survey by the National Union of Students of LGBT university and college students in 2012 found that 25% of gay students played team sports compared with 40% of bisexual male students.(142) However, more gay students than bisexual male students used the gym (24% vs. 17%), went running (23% vs. 17%), played rugby (16% vs. 14%), swam (16% vs. 11%) and played football (16% vs. 13%).

Data also indicates that gay men's participation in physical activity and sport declines with age.(144, 145) The 2015 Out on the Fields study reported that 61% of gay adolescents in the UK under 22 years of age reported participating in team sports compared with 37% of gay men over 22 years of age.(14)

In terms of attendance at live spectating sports events, the Active Lives Survey indicates that 10% of gay men reported attending a live sporting event compared with 30% of heterosexual men, 11% of bisexual men and 19% of lesbian women.(13)

There is a paucity of data on the physical activity rates of gay boys and adolescents. However, research indicates that LGBTQ+ young people have lower participation rates than heterosexual young people.(146, 147)

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".(148) It highlighted the need for quantitative research examining the extent to which LGBTQ+ youth experience homophobic behaviour in team sports and the impact of that behaviour.

2.4.2 Mobility

Mobility can be impacted by various musculoskeletal (MSK) conditions that affect the joints, bones, muscles, and spine. Those with MSK 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), 11% of gay and bisexual men reported having musculoskeletal problems compared with 14% heterosexual men (14%), e.g., arthritis, rheumatism, back problems or a slipped disc.(19) In the 2023 GP Patient Survey, 9% of gay men reported arthritis or an ongoing problem with their back or joints compared with 16% of heterosexual men.(4) However, this data was not adjusted for respondents' socio-demographic background (e.g., age).

2.4.3 Barriers and Facilitators to Physical Activity

Barriers to Participation

Evidence indicates that gay men face multiple barriers to participation in sport. The key barriers to gay men's participation in sports and physical activities are outlined below.

- Homophobic Sporting Culture

Research has consistently shown there to be a high level of homophobia in sporting environments and evidence that gay men experience homophobia, discrimination and exclusion in sport, particularly in male dominated sports.(14, 136, 137, 138, 141, 145, 148, 149)

The 2015 Out on the Fields study reported that 70% of gay men in the UK agreed that homophobia is more common in team sporting environments than in general society.(14) Three-quarters of LGBT respondents from the UK (77%) had witnessed or experienced homophobia in a sporting environment, with gay men most likely to report this. Around half of UK LGBT respondents (49%) believed that, within sporting environments, homophobia is most likely to occur within spectator stands.

A Stonewall survey reported that 70% of LGBT football fans had heard homophobic abuse.(150) The normalisation of homophobia in football and other sports manifests through homophobic slurs, chants, visual displays, and gestures.(151) A study with LGBT youth

reported that homophobic language in sports was more related to cultural norms than homophobic attitudes held by individuals.(147)

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.(145, 148) A Stonewall survey in 2013 reported that 63% of gay and bisexual men expected to encounter homophobia in team sports compared with 38% of lesbian and bisexual women.(21)

The heteronormative culture of sports, which is interrelated with homophobia, has also been highlighted as a particular barrier to participation in sport by gay men.(136) This includes the culture of sports being seen as a macho, male dominated one and stereotypical 'male' and 'female' sports. 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".(149)

- Experience of homophobia in school

Experience of homophobic bullying in schools, particularly during physical education (PE) classes,(5, 152) is cited as a particular barrier to LGBTQ+ youth's participation in sport and one which continues to be a barrier for LGBTQ+ people into adulthood.(14, 86, 136, 137, 145, 149, 151, 153)

The majority of UK respondents (70%) to the 2015 Out on the Fields survey thought that youth sports are not a 'supportive and safe' place for LGB young people.(14) A Stonewall survey of LGBT youth in 2017 found that 14% of respondents had been bullied during school sports lessons and 19% had been bullied in PE changing rooms.(5) This was an improvement from Stonewalls previous school survey in 2012, when 23% of LGBT students reported being bullied during sports lessons at school.(86) The survey also found that more gay and bisexual boys were bullied in school sports than lesbian and bisexual girls.

- Openness about Sexuality

An 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 to their teammates.(136) Evidence indicates that the majority of gay men are not 'out' to their teammates when playing sports and that fewer younger gay men are 'out' than older gay men.(14, 147, 154)

The 2015 Out on the Fields survey reported that, in the UK, 70% of gay men under the age of 22 were not open about their sexuality to some or all their teammates compared with 43% of gay men over the age of 22.(14) This is compared with 73% of young lesbians and 39% of older lesbians.

Gay men may not feel comfortable 'coming out' for a range of reasons. These include concerns of bullying, of rejection by teammates, of discrimination from officials and internal stigma.(138, 142, 145, 147) Feeling unable to be out in sports discourages not only gay men's participation in sports but also has a negative impact on gay men's mental health.(14, 145, 154)

- Cultural Gay Body Ideals

Research indicates that for gay men, more than for heterosexual men, a motivating factor towards physical activity is the desire to be physically attractive.(99, 139, 143) The emphasis on attractiveness in gay men's culture, in particular the perceived importance of having a slender, muscular, lean body, puts significant social pressure on some gay men to attain this ideal. A drive towards muscularity in gay men is also associated with higher levels of body dissatisfaction and is a predictor of higher levels of eating disorders in gay men (*see section 2.2.1*).(155)

- Personal Barriers

The Active Lives Survey found that around a quarter of gay men (26%) reported having the opportunity to be physically active compared with 45% of heterosexual men, 39% of bisexual men and 42% of lesbians.(13) Less gay men (21%) reported finding physical activity enjoyable or satisfying compared with heterosexual men (34%) and bisexual men (24%).

- Facilities

A lack of adequate, private, and welcoming physical activity and sports facilities has also been raised as a barrier to participation for LGBTQ+ people.(142) A study by the Amateur Swimming Association Equality Audit (2015) found that gay men were concerned about lack of pool space and ageing facilities.(137)

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.(136, 137, 142, 145, 149, 154) LGBTQ+ sports groups have not only increased the visibility of the LGBTQ+ community, but they have also created safe and welcoming spaces for LGBTQ+ people to engage in. 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.(156)

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: Birmingham and National Gay Men and Men who have Sex with Men Organisation Contact Details. Pride House Birmingham also works across the UK to play sports and physical activity more inclusive of LGBTQ+ people.(157)

- Role Models and Campaigns

The visibility and celebration of gay role models have facilitated gay men's participation in sports.(26, 137, 142, 149, 153) Campaigns such as Stonewall's Rainbow Laces in football have also increased awareness and visibility of LGBTQ+ participation.(158)

2.4.4 Conclusion

There is mixed evidence in regard to gay men's physical activity rates. Although gay men have been found to have a higher physical activity rate than people with other sexual orientations, other studies suggest that some gay men are not active enough to maintain good

health. Factors such as homophobia within schools, team sports and at sporting events; age; ethnic background; gay body ideals; and a lack of a safe, supportive exercise environments and facilities can be barriers to gay men's physical activity participation rates. On the other hand, increased awareness and visibility of LGBTQ+ sports clubs, as well as gay role models have the potential to facilitate participation in sports.

2.5 Living, Working and Learning Well

Key Findings

- Nationally, a higher percentage of gay students (23%) report having a disability compared with the general student population (15%) (Higher Education Statistics Agency, 2019).
- According to 2017 research from the London School of Economics, gay men were 5% less likely to be in paid employment than heterosexual men.
- In the 2018 National LGBT survey), 17% of gay men experienced homophobic incidents in the workplace.
- The 2011 to 2012 UKHLS found that gay men were more likely to be in receipt of income support (4.7%), housing benefit (11%) and council tax benefit (12%) compared with heterosexual men.
- Gay men in the Cancer Patient Survey were more likely to report having cancer than heterosexual men, particularly in relation to infection-related cancers (OR 1.45, 95% CI 1.24 to 1.69).
- Although gay or bisexual men represented 1% of all men in the Cancer Patient Experience Survey, age adjusted analysis showed that they made up 35% of men with Kaposi's sarcoma.
- A higher percentage of gay and bisexual men aged 16 to 49 (20%) reported having a physical disability compared with heterosexual men (13%) in the 2011 to 2018 Health Survey for England.
- A higher percentage of gay and bisexual men (14%) reported having 'mental, behavioural, and neurodevelopmental disorders' compared with heterosexual men (5%) in the 2011 to 2018 Health Survey for England.
- According to a 2018 Stonewall Survey 19% of gay men had experienced a lack of understanding from healthcare staff and 9% of had experienced unequal treatment from healthcare staff.
- In the 2018 National LGBT Survey, 65% of gay men had discussed their sexual orientation with healthcare staff compared with 54% of all LGBTQ+ respondents.

2.5.1 Education, Qualification, Skills, and Training

According to data from the higher education statistics agency (2019 to 2020), gay men comprised 1.1% of all students undertaking a university degree.(159) More gay students (23%) reported having a disability than the general student population (15%). This finding is echoed by data from UCAS, which also shows that more LGBTQ+ students come from disadvantaged backgrounds.(160)

There is a lack of reliable data on the educational attainment of gay men and MSM. Large surveys typically aggregate outcomes for gay men and lesbians. In the 2011 Birmingham Out and About Survey,

of the 636 LGBT respondents to the study, 61% of gay men had a university degree compared with 67% of lesbians and 71% of bisexuals.(161)

Wide ranging evidence suggests that gay men face high levels of homophobic bullying, discrimination and exclusion at all levels of education.(5, 162) However, more recent reports suggest that this is improving in higher education.(160)

Research undertaken with staff and students at the University of Birmingham during 2014 to 2016 found that more LGBTQ+ students than their cisgender and heterosexual counterparts discontinued their studies and reported poorer experiences (such as discrimination and abuse) of being in university.(163) The report acts as a best practice guide with case studies to increase LGBTQ+ inclusivity within education.

There is a lack of evidence in relation to the skills, training, and other qualifications of gay and other MSM.

2.5.2 Employment and Economic Activity

Existing evidence indicates mixed results with regards to the employment rates of gay men.

According to the 2018 National LGBT Survey, a higher percentage of gay men aged 16 to 64 (89%) were in paid employment over the preceding 12 months compared with all LGBTQ+ respondents aged 16 to 64 (80%).(16) Evidence from the 2023 GP Patient Survey also indicates that a higher percentage of gay men (68%) were in full-time employment than heterosexual men (55%), that they were as likely to be unemployed (5% vs. 4%, respectively) and a lower percentage were retired (6% vs. 21%, respectively).(4) A review of evidence in 2016 also suggested that there was 'weak' evidence of inequality in employment outcomes by sexual orientation.(164) In Birmingham in 2011, 10% of gay men were unemployed compared with 16% of bisexual people and lesbians.(161) However, these studies did not include statistical analysis or adjusted analysis according to socio-demographic background.

Modelling by the London School of Economics in 2017 on the other hand suggests that gay men are 5% less likely to be in paid employment than heterosexual men, whilst partnered gay men are 7% even less likely to be in employment than partnered heterosexual men.(15)

Evidence indicates that gay men face discrimination at all stages of work, including recruitment, promotion, income and in the workplace.(119, 165) For example, gay men in the UK are reported to earn around 5% less and to be 5% less likely to receive a job interview compared with their heterosexual peers.(166, 167) According to the 2018 National LGBT Survey, 39% of gay men had an annual income of less than £20,000 whilst in Birmingham in 2011, 22% of gay men reported earning less than £15,000 a year.(16, 161) In the 2018 National LGBT Survey, 17% of gay men reported experiencing homophobic incidents in the workplace.(16) A Stonewall Survey in 2018 also found that 7% of gay men were not out to anyone at work compared with around half of bisexual men (49%).(168)

2.5.3 Deprivation

Analysis from the 2011 to 2012 UKHLS found that gay men (13%) experienced similar rates of poverty (measured as equivalent household income <60% of the median) as heterosexual men (12%).(17) However, gay men were statistically significantly ($p<0.05$) more likely to be in receipt of income support (4.7%), housing benefit (11%) and council tax benefit (12%) compared with heterosexual men (2.2%, 6.7%, 8.1% respectively). Note that in this study significance tests are for absolute differences.

2.5.4 Housing

There is a lack of data on the specific housing experiences, needs and circumstances of gay men and MSM.

Analysis of the 2011 to 2012 UKHLS shows that less gay and bisexual men owned their own home compared with heterosexual men.(17) This analysis also found that 33% of gay men lived alone compared with 10% of heterosexual men (10%). In Birmingham, 46% of gay men owned their own home in 2011 compared with 62% of lesbian women.(161)

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

A survey by Generation Rent and the Albert Kennedy Trust in 2022 found that more LGBTQ+ renters than non-LGBTQ+ renters lived in unsuitable housing (43% vs. 29%), had to stay with family or friends temporarily (39% vs. 33%), and struggled with repairs damp and mould (70% vs. 59%);(170) 7% of LGBTQ+ respondents reported facing discrimination when searching for a home from landlords or letting agents.

Data on statutory homelessness is not collected by sexual orientation, but researchers suggest that LGBTQ+ people face higher rates of homelessness compared with heterosexual people, and that LGBTQ+ youth are at particular risk of homelessness due to parental rejection and abuse within the family.(76, 119)

Evidence on the domestic violence faced by gay men is discussed in *section 2.2.5*.

2.5.5 Physical Health

Several literature and evidence reviews suggest that gay men and MSM have poorer health than heterosexual men.(27, 131, 171)

Primary analysis from large population-based health surveys, e.g., the Health Survey for England and the GP Patients Survey, indicate more parity and mixed results with regards to individual health conditions (see below).(4, 19) However, these surveys do not include adjusted analysis (e.g., for socio-demographic variables) or statistical analysis. According to data from the Health Survey for England (2011 to 2018), gay and bisexual men reported similar levels of "very good or good" health (78%) as heterosexual men.(19)

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).(172) 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.(173) 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.(174)

According to data from the Health Survey for England (2011 to 2018), gay and bisexual men (5%) report similar rates of self-reported doctor-diagnosed diabetes than heterosexual men (7%).(19) The 2013 Stonewall Gay and Bisexual Men's Health Survey also found that fewer gay men reported having type 2 diabetes compared with heterosexual men, which is consistent with a population which is less likely to be overweight or obese (***see section 2.3.2***).(21) For example, 16% of gay and bisexual men aged 75+ had type 2 diabetes compared with 20% of men in the general population.

Analysis of the 14 UK health surveys on the other hand, which controlled for age and sex and used logistic regression analysis, reported that gay men, along with other sexual minorities, are at increased risk of type 2 diabetes.(175)

2.5.5.2 Cardiovascular Disease (CVD)

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.(176) CVD is the collective term for diseases affecting the circulatory system, such as the heart, arteries, and blood vessels.

There is a lack of data on CVD rates amongst LGBTQ+ people, although a review of existing research that LGBTQ+ people experience higher risk factors for CVD.(177) International evidence also suggests the LGBTQ+ people experience disparities across multiple CVD metrics.(178) According to data from the Health Survey for England (2011 to 2018), gay and bisexual men (1%) report similar levels of stroke and ischaemic heart disease compared with heterosexual men (2%).(19)

2.5.5.3 Chronic Obstructive Pulmonary Disease (COPD)

COPD refers to a range of conditions affecting the lungs including emphysema and chronic bronchitis; COPD accounts for approximately 30,000 deaths annually.(179)

According to data from the Health Survey for England (2011 to 2018), gay and bisexual men (2%) report similar levels of COPD as heterosexual men (1%).(19) Evidence from the 2023 GP Patients Survey also suggests that gay men (11%) have similar levels of breathing conditions, such as asthma and COPD, as heterosexual men (10%).(4)

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.(180) 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.(181)

The prevalence of hypertension increases with age for all adults. According to data from the Health Survey for England (2011 to 2018), 19% of gay and bisexual men over the age of 16 had hypertension compared with 30% of heterosexual men, although the report found that these differences were not statistically significant.(19) In terms of age, 10% of gay and bisexual men aged 16 to 49 had hypertension compared with 14% of heterosexual men, whilst around half of gay and bisexual men aged 50 and over (48%) and heterosexual men (50%) had hypertension. Evidence from the 2023 GP Patients Survey showed that 13% of gay men had high blood pressure compared with 19% of heterosexual men.(4)

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.(182) There are more than 200 different types of cancer, and 1 in 2 people in the UK will get cancer in their lifetime.

According to data from the Health Survey for England (2011 to 2018), gay and bisexual men aged 50 and over (5%) report similar levels of cancer (neoplasms) and benign growths compared with their heterosexual peers (4%).(19) The 2023 GP Practice Survey found that 2% of gay men and 2% of bisexual men reported having cancer (diagnosis or treatment in the last five years) compared with 4% of heterosexual men.(4) However, statistical analysis of the GP Patient Survey and the Cancer Patient Experience Survey over five years reported that gay men (OR 1.45, 95% CI 1.24 to 1.69) were more likely than heterosexual men to report cancer, particularly in relation to infection-related cancers (e.g., HIV and HPV).(18)

Although gay or bisexual men represented 1% of all men in the Cancer Patient Experience Survey, age adjusted analysis showed that they made up 35% of men with Kaposi's sarcoma (a rare type of cancer caused by a virus.(18) It can affect the skin and internal organs. It's mainly seen in people with a poorly controlled or severe HIV infection), 16% of men with anal cancer, 1% of men with Hodgkin's lymphoma, 1% of men with testicular cancer, 2% of men with thyroid cancer.

A report by Public Health England also suggests that MSM are at increased risk of HPV40 (in genital mucosal tissues), penile, oral, anal and throat cancers compared with heterosexual men.(183)

A review of evidence in the West Midlands reported 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.(177)

2.5.6 Physical Disability

The prevalence of limiting long-standing illness increases with age for all adults. Evidence from the Health Survey for England (2011 to 2018) suggests that a higher percentage of gay and bisexual men aged 16 to 49 (20%) reported having a limiting long-standing illness compared with 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).(19)

In the 2023 GP Patients Survey, gay men (59%) reported similar levels of having long-term health conditions, disabilities, or illnesses as heterosexual men (57%).(4) In the 2011 Birmingham Out and About Survey, 8% of gay men and 11% of bisexual men reported living with a disability.(161)

2.5.7 Neurodivergence

Neurodiversity relates to natural variations in human neurocognitive functioning, and includes a range of neurodevelopmental conditions (e.g., ADHD, Autism Spectrum Disorder, Dyslexia, Dyspraxia, Dyscalculia and Dysgraphia).

According to data from the Health Survey for England (2011 to 2018), gay and bisexual men (14%) report higher rates of 'mental, behavioural, and neurodevelopmental disorders' compared with heterosexual men (5%).(19)

According to the 2023 GP Patients Survey, 3% of gay men reported having autism or an autism spectrum condition compared with 2% of heterosexual men. For bisexual men, this figure was 8%.(4)

2.5.8 Quality of Life

Gay men report poorer quality of life and life satisfaction compared with heterosexual men, although the individual scores for gay men are not typically reported separately from lesbian women or reported in absolute terms.(16, 94, 184, 185) In the 2018 National LGBT Survey, gay men (64%) reported higher rates of feeling comfortable as an LGBTQ+ person in the UK compared with other sexual and gender minorities (56%).(16)

2.5.9 Access to Health and Social Care Services

According to the 2018 National LGBT Survey, 79% of gay men had accessed or tried to access public healthcare services in the preceding 12 months compared with 80% of all LGBTQ+ respondents.(16) Around 65% of gay men had discussed their sexual orientation with healthcare staff 'all, most or some' of the time compared with 54% of all LGBTQ+ respondents. The main reason for gay men not discussing their sexual orientation with healthcare staff was because they did not feel it was relevant (86%). Around a tenth of gay men were concerned that disclosing their sexual orientation would elicit a negative reaction from staff (11%) or did not wish to disclose their sexual orientation (10%). Of the gay men who had discussed their sexual orientation with healthcare staff, 21% felt this had a positive effect, 6% felt it had a negative effect and 73% felt it had no effect.

When accessing healthcare, the majority of gay men (88%) did not report negative experiences (as outlined in the survey) due to their sexual orientation, 5% of gay men felt that they received inappropriate questions or curiosity in relation to their sexual

orientation, 4% of gay men 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, 19% of gay men experienced a lack of understanding from healthcare staff, 17% of gay and bisexual men received inappropriate curiosity from healthcare staff and 9% of gay men had experienced unequal treatment from healthcare staff.(24) 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 (separate figures are not provided for gay men). A tenth (10%) of gay men were not out to anyone when seeking general medical care; this figure was 40% for bisexual men.

In the 2023 GP Patients Survey, gay men (62%) were less likely as heterosexual men (67%) to report receiving enough support from local services and organisations to manage their existing conditions over the last 12 months.(4) Over half of gay men (68%) had booked a GP appointment for themselves or someone else in the last six months, 65% of whom were satisfied with the appointment they were offered, compared with 72% of heterosexual men. According to a 2011 local survey in Birmingham, 44% of gay men reported being out to their GP.(161) Reviews of evidence indicate that gay men face discrimination when trying to access health and social care services.(186, 187)

2.5.10 Conclusion

Evidence indicates mixed results in relation to the inequalities faced by gay men in education, employment, housing, deprivation, and health, although the presence of discrimination against gay men across all of these areas has been reported. Although evidence suggests that gay men have higher rates of employment and education compared with heterosexual men, they are less likely to live in secure accommodation and more likely to face deprivation. Furthermore, whilst gay men tend to have a lower prevalence of some health conditions, such as diabetes and hypertension, than heterosexual men, they had a higher prevalence of other health conditions, such as cancer, neurodevelopmental disorders, and physical disabilities. There is a need for adjusted analysis of healthcare statistics for gay men (e.g., from the GP patient survey). There is a paucity of data on MSM, for whom research typically focuses on sexual health (***see chapter 2.6.3***).

2.6 Protect and Detect

Key Findings

- Gay men are at high risk from sexually transmitted infections (STIs). For new STI diagnosis in England, the rate for gay, bisexual, and other MSM in 2021 was 7,014.4 per 100,000 (291.9 per 100,000 for men who have sex with women (MSW)).
- In 2013, 26% of MSM in the UK had never been tested for STIs.
- In England in 2019, 157,707 MSM were tested for HIV. This is an increase from 72,710 in 2012, equivalent to a rise of 150% in seven years, partly attributed to the provision of online testing services.
- Annual HIV incidence in gay men in the UK was estimated to be 0.12% in 2021, representing around an 80% decrease in infections since 2012.
- The practice of chemsex, taking drugs in association with sexual activity, increases the risk of poor sexual health in the MSM and gay male community.
- Pre-exposure prophylaxis (PrEP) is the use of medication to prevent the spread of sexually transmitted disease. In London in 2019, of gay men with PrEP-need, 68% (431/632) did not report current use.
- There is a widespread lack of knowledge about STIs although a national LGBT+ survey in 2018 found that a higher percentage of gay men (38%) accessed sexual health services than all LGBTQ+ respondents (27%).
- There was little difference in the percentage of gay men (31%) and heterosexual men (31%) who had been tested for COVID-19 in 2020 and 2021.

2.6.1 Screening

NHS Advice is that MSM should have sexual health check-ups at three monthly intervals if having sex without condoms and with someone new.(188)

There is no data on the screening for STIs of gay men in Birmingham. 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 said 'I don't think I'm at risk';(21) 13% were 'scared' to have a test and 9% said they were 'too busy'.

There is UK evidence about screening for specific diseases, in particular for HIV. In 2022, the UKSHA reported an increase in testing for HIV by gay and bisexual men.(189) 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. Between 2020 and 2021 the number of internet tests rose from 423,287 to 560,130 (32% rise).

Cross-sectional surveys to explore HIV testing frequency among the MSM population in the UK were completed by a sample of 2,409 members of the MSM community in Edinburgh, Glasgow, and London in 2011 and in a Scotland-wide online survey in 2012 to 2013.(190) Overall, 21% of respondents reported at least four HIV tests and 33% reported two or three tests in the last two years. It was estimated that 55% tested annually. There is no separate reporting of the MSM data into gay men and bisexual men. It is estimated that 72,710 gay men in the UK took at least one HIV test in 2012. In England alone, 157,707 people took at least one test in 2019, leading to an estimate of about 182,500 in the whole UK (a rise of 150%).

In 2016, residual HIV-negative serology samples archived from a national HIV self-sampling service were tested for hepatitis B (N=2,172). Over two-thirds were from MSM (n=1,497, 69%) and 30% (n=657) were from heterosexuals.(191) 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 a suboptimal delivery of HBV immunisation in sexual health services.

According to the 2018 National LGBT Survey, more gay men (38%) accessed sexual health services than all LGBTQ+ respondents (27%).(16) Three-quarters (76%) of gay men found it 'easy or very easy' to access sexual health services. The main barriers to accessing sexual health services for gay men were not being able to attend at a convenient time (58%), having to wait too long to access services (56%), and being worried or embarrassed about attending (30%).

2.6.2 Vaccination Programmes

In 2018, MSM were recommended to get vaccinated for HPV vaccination to prevent the spread of genital warts and HPV associated cancers.(192) Prior to the launch of the HPV vaccination programme a qualitative study in Brighton in 2014 to 2015 explored the attitudes of MSM to HPV.(193) 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 said that they would accept the HPV vaccine if offered it by a health care professional (HCP). 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 on-line survey in 2015 with a larger sample, out of 1,508 MSM (median age=22, range: 14 to 63 years), only 19% knew about HPV.(194) Overall, 55% of MSM were willing to ask for the HPV vaccine and 89% would accept it if offered by a 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.

A systematic literature review to investigate the acceptability of HPV vaccination among MSM found 15 international studies of relevance.(195) The acceptability of the vaccine among the 15 studies (n=8,658) was 50%. A meta-analysis of seven articles (n=4,200) found that acceptability was highest for (a) men having a college or higher degree (b) disclosure of sexual orientation to healthcare professionals, (c) vaccination with at least one dose for hepatitis A or B, (d) awareness of HPV, knowledge of HPV, perceived susceptibility to HPV infection and (e) perceived severity of HPV-related disease. Conversely, people who have had unprotected anal sex or have more sex partners tend to have low acceptance of HPV vaccines.

In 2022, the UKHSA recommended 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).(196, 197)

2.6.3 Sexual Health

There is a vast literature on the sexual health of gay, bisexual, and other MSM. The prevalence of some STIs is higher among gay men and MSM than heterosexual men. According to data from the UKHSA, in 2021 in England, the rate of chlamydia amongst gay, bisexual, and other MSM was 1,857.9 per 100,000 whilst for MSW it was 79.7 per 100,000.(20) 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 (**Table 4**).

Table 4: STI diagnosis rate by sexual partner: England, 2021

STI	Gay, bisexual and other MSM (per 100,00)	Men who have sex with women (per 100,000)
Chlamydia	1,857.9	79.7
Gonorrhoea	3,360.7	N/A
Herpes	158.9	25.1
Syphilis	651.6	4.1
Genital warts	222.6	61.3
Overall new STI diagnosis	**7,014.4**	**291.9**

Source: UKHSA (20)

A growing concern in protecting the sexual health of gay men has been the use of drugs is association with sex, particularly what has become known as chemsex, a combination of mephedrone, gamma-hydroxybutyrate (GHB), gamma-butyrolactone (GBL), and crystallised methamphetamine.(108) These drugs can be used in combination to facilitate sexual sessions lasting several hours or days with multiple sexual partners (***see section 2.2.3*** for further evidence in relation to chemsex).

In 2015, an in-depth interview study was conducted with 30 self-identifying gay men (age range 21 to 53) who lived in three South London boroughs, and who had used either chemsex (crystal methamphetamine, mephedrone or GHB/GBL) either immediately before or during sex with another man during the previous 12 months.(198) The study found that the practice was closely associated with group sex parties and was regarded as normal behaviour amongst participants.

Annual HIV incidence in gay men was estimated to be 0.12% in 2021, representing around an 80% decrease in infections since 2012.(199) In 2019, there were 1,700 new HIV diagnoses in gay and bisexual men in 2019 compared with around 1,600 cases in heterosexual adults.(200) In 2020, the incidence of HIV infection in gay and bisexual men in the UK had fallen to such an extent that new diagnoses among heterosexuals exceeded those in gay and bisexual men for the first time in a decade, although the impact of COVID-19 on testing and social contact may have impacted these figures. Fewer gay and bisexual men (35%) received a late diagnosis compared with heterosexual men (52%). Two of the most important reasons for the decline in HIV amongst gay men and MSM include the increase in HIV testing, the increasing use of condoms, and the availability to access PrEP online.

A review of the testing for hepatitis C in England in sexual health services reported that in 2020 rates of hepatitis C diagnoses in all sexual health services were higher amongst people living with diagnosed HIV: 112.8 per 100,000 among gay, bisexual, and other MSM compared with 74.4 per 100,000 among all attendees.(201) 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).

A comparison of infection rates for hepatitis A between gay men (n=74) and heterosexual men (n=136) in Birmingham in 2002 found a 29% seropositivity rate (a measure of the pathogen in blood

serum).(202) There was little difference between gay and heterosexual men.

In 2022, the UKHSA reported it had detected a rise in cases of extremely antibiotic-resistant *Shigella sonnei* infections, mainly in gay, bisexual, and other MSM.(203) 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. The UKHSA also reported that the more recent cases showed that resistance to antibiotics was increasing.

Evidence from the National Institute for Health Research Health Protection Research Unit in Blood Borne and STIs on drivers of inequalities in STI rates suggests there is widespread lack of knowledge amongst MSM about factors which influence infection and fear of infection, such as prevalence, modes of transmission, health implications and treatment among MSM.(204) Findings show that there is a need to improve STI knowledge, especially among men who are HIV-negative or of unknown HIV-status.

Based on the evidence from this unit and the findings from community engagement workshop, Public Health England published a review of system-wide implications for policy and practice to reduce STI prevalence among MSM in 2021.(205) 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 men who have sex with men 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 men who have sex with men.
- Encouraging ongoing collaboration with local partners and ensuring that community members are involved in the design and delivery of sexual health promotion and sexual health interventions.

An important form of prevention by which gay and other MSM can protect themselves from HIV is PrEP. PrEP involves taking 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 antiretroviral drugs as a strategy for the prevention of HIV. In a survey of gay men in London in 2019, 1,408 questionnaires were analysed across 34 venues.(22) One in five MSM of self-perceived HIV-negative or unknown status

reported current PrEP use (20%, n=242, N=1,230). In men with PrEP-need, 68% (n=431, N=632) did not report current use, which was particularly common amongst men of younger age and lower levels of post-16 education.

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 HIV infection. The UKHSA reported that, in 2021, 7% (87,828 out of 1,180,923) of people who were HIV negative and accessing specialist sexual health services in England were defined as having PrEP need.(189) This proportion represents people who were at higher HIV risk. Among people with PrEP need, 79% (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.

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 produced by Birmingham LGBT;(206) 53% of the total 146 respondents identified as being gay. The main finding from the report was that people's main concerns were health, isolation, and their financial future. The report also found a large proportion of people 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 and therefore it is difficult to conclude whether these changes were noted specifically in gay populations.*

There is very little data about the impact of the COVID-19 epidemic on the gay 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-19on the LGBT+ community in the UK, the authors only found 11 grey literature reports, all of low quality.(207) 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 or worse outcomes for the LGBT+ community than for comparators. Although none of these studies is specific to the gay community the authors note that men are more at risk of serious illness from COVID-19 than women.

Another study used information from Understanding Society: The UKHLS to examine COVID-19 symptoms and positive tests by sexual orientation.(208, 209, 210) Data came from all seven UKHLS COVID-19 survey waves in 2020 and 2021, and sexual orientation in main UKHLS waves 3 and 9. Compared with heterosexual individuals, sexual minorities experienced more symptoms. Gay men had similar rates of testing as heterosexual men (the probability of having been tested was 28% for heterosexual men, 31% for gay men).

Other studies have focused on the impact of COVID-19 on mental health, but again results were reported for the whole LGBT+ community with limited results that are specific for gay men. In a web-based survey of 398 LGBTQ+ respondents in the UK in 2021, 69% of respondents reported symptoms of depression.(211) 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.(212) Compared with pre-COVID-19, gay and bisexual men reported increases 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 everyday 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.(213) 1,368 gay and bisexual men responded to an online survey and 18 took part in qualitative interviews. Overall, 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 (n=183, 31%) had used remote mental health resources to seek help during COVID-19, the vast 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 community.

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 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.(197) According to one study across 16 countries, 98% of persons infected were gay and bisexual men.(214)

2.6.6 Oral Health

There is no data that relates to the oral health of gay men in the UK. Advice to the dentistry profession about the treatment of the LGBTQ+ community suggests that some LGBTQ+ individuals may have poor oral health because due to higher rates of smoking, drug taking, eating disorders, and diagnosed HIV in the LGBTQ+ community.(215, 216) Members of the community may also be reluctant to seek help from the dentistry profession fearing homophobic reactions. The advice to the dentistry profession is to be aware of the fears people may have in coming forward to the

service and to provide a safe, confidential, and welcoming environment in which LGBT+ people will feel comfortable.

2.6.7 Conclusion

There is no data that is directly related to the Protect and Detect indicators outlined above or gay and other MSM in Birmingham, although existing data from UK surveys may be applicable to this population. Furthermore, for data on the wider UK context, gay men and bisexual men are typically included in the MSM category.

The evidence shows that MSM are at risk from a wide variety of STIs. There has been a signficant decline in the number of gay men and MSM contracting HIV alongside a signficant increase in the number of gay men and MSM who take up testing. There is evidence of a lack of knowledge of many STIs in the gay and MSM community and low take-up of the HPV vaccine and of the medication PrEP. There is very little informatioin about how COVID-19 impacted the gay community although there is some evidence that it increased the level of mental ill health.

2.7 Ageing Well and Dying Well

Key Findings

- There is limited data on older gay men and MSM.
- Based on a 2019 meta-analysis of 24 UK surveys, it was found that LGB people were 1.2 times more likely to rate their health as 'poor' than heterosexuals.
- It is estimated that between 68,000 and 70,000 LGBTQ+ people are living with dementia in the UK.
- In a 2018 study of 14 LGBTQ+ people in Brighton, 64% of LGBTQ+ participants reported barriers to accessing adequate dementia information and support due to their sexual orientation.
- In a 2018 study of 14 LGBTQ+ people in Brighton, 20% of LGBTQ+ people experienced homo-, bi- or trans- phobia from care home staff.
- In a 2018 study of 14 LGBTQ+ people in Brighton, 29% of LGBTQ+ people reported that a heterosexual/cisgender identity was assumed.
- In 2022, gay men and lesbians were 2.6 times more likely to experience chronic loneliness compared with heterosexual men (ONS).
- The dual impact of ageism and homophobia influences heightened levels of loneliness, isolation amongst gay men.
- In a 2011 Stonewall report, 47% of LGB people aged 55+ were not comfortable disclosing their sexual identity to care home staff, and 76% of LGB people were not confident they would be treated with respect in care homes.
- A barrier to good end of life care for gay men is being unable to list their family of choice or partner for end-of-life decision making with relevant authorities.

According to the 2021 census, 19% of gay men in England and Wales are aged 55 and over compared with 38% of the heterosexual men.(3)

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.(217, 218, 219, 220) Evidence also suggests that the loss of autonomy often associated with ageing has a disproportionate impact on gay men and other sexual minorities and that ageing is regarded more negatively by gay men than lesbian.(186, 221) Furthermore, minority older ethnic gay men and disabled men face poorer health outcomes than their younger, White, and non-disabled gay men.(25)

Over half of LGBT participants in a national survey published in 2019 reported that they believed their sexual orientation has or will have a negative effect on the ageing process.(222)

2.7.1 Life Expectancy and Healthy Life Expectancy

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 gay men and MSM in the UK.(223)

Researchers highlight that older gay men, 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.(223) For example, delay in treatment seeking behaviour because of negative past experiences by healthcare staff can potentially hinder adequate quality of life, and thus, healthy life expectancy.(218, 223, 224) 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.(217) Based on a 2019 meta-analysis of 24 UK surveys, it was found that LGB people were 1.2 times more likely to rate their health as 'poor' than heterosexual people.

2.7.2 Dementia

There are no statistics for the prevalence of dementia amongst gay men and MSM in the UK. It is estimated that around 68,000 to 70,000 LGBTQ+ people are living with dementia in the UK.(225, 226) Evidence indicates that gay men face distinct risk factors for dementia and cognitive impairments.(227)

Although researchers in England highlight the difficulty in accessing and engaging LGBTQ+ research participants who have dementia, there is growing literature on the needs and experiences of LGBTQ+ people with this condition. Several literature reviews and studies on LGBTQ+ communities highlight the set of challenges gay men living with dementia, face.(225, 228, 229, 230)

Qualitative research with LGBTQ+ communities suggests that gay men and other MSM fear that memory loss, one of the symptoms associated with dementia, would cause them to forget their sexual orientation and identity or who they had and had not come 'out' to, resulting in further strains on their mental health.(218, 231)

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 and/or had previously hidden their sexual orientation, or forgetting the importance of their sexual identity to their sense of self and close relationships.(229)

Studies show that LGBTQ+ people regard mainstream dementia support groups and systems in the UK as heteronormative and cis-oriented and that gay men may feel they have to hide their sexual identity to caregivers and healthcare practitioners for fear of stigma, prejudice and discrimination.(228, 229, 232) Gay men with dementia may therefore experience a 'double stigma', of being gay and having dementia.(232)

A 2018 study of 14 LGBTQ+ people in Brighton, Hove and wider Sussex reported that 64% of participants faced barriers in accessing adequate dementia information and support due to their gender or sexual orientation, including having experienced homo-, bi- or trans-phobia from staff (20%).(230) Three-quarters of participants (77%) reported that they were not asked about their sexual orientation and

29% of respondents said that their heterosexual or cisgender identity was assumed.

There is also a growing literature on LGBT carers.(225) 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. 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 Case System have launched a Dementia Strategy for 2023 to 2028.(233) 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

There is a lack of data on the frailty of gay men and MSM.

2.7.4 Loneliness and Isolation

Loneliness and isolation have been highlighted as considerable concerns for older gay men; being LGBT and an older man have each been highlighted as risk factors for loneliness and isolation.(234, 235)

Evidence reported by the ONS in 2022 indicates that gay and lesbian people are 2.6 times more likely to be experiencing chronic loneliness compared with heterosexual people.(236) Evidence also indicates that more older gay men experience loneliness and isolation than older lesbians.(28) Negative stereotypes of older gay men as a potential threat to children may also play a role in exacerbating social isolation for gay men.(237)

Experience of criminalisation, homophobia, and discrimination from when some older gay men were younger impeded their ability to 'come out' as young gay men and in later in life.(33, 237) Being unable to 'come out' hinders gay men's mental health, access to gay community networks and their visibility in mainstream society.(235)

Researchers have also highlighted the dual impact of ageism within the gay community and homophobia within mainstream heterosexual society where being a 'minority within a minority' makes it difficult for gay men to form new relationships, to join social groups and to be visible.(29, 235, 238) Research indicates that there are few safe and inclusive spaces for older gay men to socialise, with many spaces and activities targeted at younger gay men.(29, 237)

For gay men in rural areas and disabled gay men, access to such spaces is particularly problematic.(33) The increase in online social networking and the need to acquire IT skills was also seen as important by older gay men as a means of mitigating loneliness and isolation.

More older gay men than heterosexual men are single, live alone, engage in substance abuse, have mental health problems and older gay men are less likely to have children or to be in regular touch with their family of origin.(24, 30, 119, 219, 220, 223, 230, 237, 239) Furthermore, older gay men are more likely to experience many of these risk factors for loneliness and isolation than lesbian women.(31, 33, 240) Gendered social networking styles may also make it more difficult for gay men to replenish their social networks in older age compared with lesbians.(33)

The AIDs epidemic in the 1980s meant that many gay men lost large numbers of their social circles during this time and multiple AIDS-related bereavements damaged gay men's social networks.(30, 31, 241) Older gay men, who are more likely to be living with HIV than older heterosexual men and lesbians, are more likely to have had careers interrupted by illness, to be on state benefits and to have experienced discrimination and stigma, all of which may contribute to increased loneliness and isolation.(242)

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.(243) The sexual orientation of residents is not recorded and so it is unknown how many gay men and MSM make up the care home population. Evidence indicates that gay men are more likely to reside in care homes than heterosexual men and lesbians because they are less likely to have an intergenerational support network.(244)

Whilst LGBTQ+ people report similar concerns to heterosexual people in accessing care homes, research indicates that particular factors also shape gay men's perceptions and engagement with care homes.(219)

The majority of LGB people have experienced and/or anticipate mistreatment and/or homophobia in care home settings.(219, 223, 245) Almost half of LGB people in a 2011 Stonewall report aged 55+ (47%) reported that they would not feel comfortable disclosing their sexual identity to care home staff and three quarters (76%) of LGB people were not confident they would be treated with dignity and respect in a care home setting.(218)

Common concerns about care homes included fear of being 'forced back into the closet' and having to hide their sexual identity, having needs specific to their sexual orientation not understood or met, having to hide personal objects which might indicate their sexual identity, as well as hiding their same sex relationship.(218, 228, 229, 245, 246, 247, 248, 249)

Research indicates that care home provision is regarded as heteronormative, cisgendered and homophobic by gay men, and that staff are inadequately trained and lack the communication tools to discuss sexual identities with residents.(220, 225, 248) Evidence indicates that LGB people's perceptions of care can lead to them being less likely to plan care transitions and avoid contact with

services despite the need; disabled LGB people are at particular risk of delaying accessing to needed care.(250)

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.(249, 251) 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.(252) There is a need to have welcome, inclusive, environments in which gay men feel comfortable, and safe to be open about their sexual identity.(33)

Currently, the UK does not have many LGBTQ+ specific care homes in comparison to other western countries such as the U.S. or Canada.(226) A recently approved project in Manchester aims to build 100 apartments which provide 'extra care' for LGBTQ+ people aged 55 and over. Evidence from the UK indicates mixed findings with regards to the gay men and lesbian women's preference for LGBT specific care homes.(187, 253) Of those that advocate them, older gay men were more likely to favour gender diverse LGBT care homes whilst older lesbians were more likely to favour women only care homes over LGBT homes.(242, 247)

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.(253)

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.(187) The experiences of LGBT people living with and dying from diseases other than cancer has been highlighted as a particular gap in this area.(253, 254) Several reports document the particular inequalities that LGBTQ+ people face when accessing palliative and end of life care.(254, 255, 256, 257, 258) However, specific evidence for gay men and MSM is not reported.

In addition to the issues outlined in care home provision, 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 gay men who were estranged from their family of origin and were unable to list their family of choice.(259)
- The partners of gay men face disenfranchisement of grief as their loss may be trivialised by care providers and wider social networks and family or in cases where they may have hidden their relationship.(260, 261, 262)
- Three-quarters of LGBTQ+ people (74%) 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 LGBT.(255)

- Delays in accessing palliative care services for fear of discrimination which lead to poorer health and well-being outcomes for gay men and people who care for them.(33, 187)

2.7.7 Conclusion

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

Existing evidence on the LGBTQ+ community and the limited evidence on gay men have particular risk factors for factors associated with ageing, e.g., loneliness, isolation, and life expectancy, and face particular barriers to accessing care.

There is a lack of research on older gay men and older MSM.

2.8 Contributing to a Green and Sustainable Future

2.8.1 Access to Green Spaces

There is no data available on the access to green spaces associated with gay and MSM residents in Birmingham.

2.8.2 Air Pollution

There is no data available on the experiences of air pollution associated with gay and MSM residents in Birmingham.

2.8.3 Flood Risk

There is no data available on the flood risk associated with gay and MSM residents in Birmingham.

2.8.4 Urban Heat Island Effect

There is no data available on the urban heat island effect associated with gay and MSM residents in Birmingham.

3. Closing the Gaps

There is currently limited understanding of the intersectional experiences of gay men 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 'BAME'.

There is some data to suggest that the gay population has a younger age profile,(3) but 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, 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.(4) To effectively tackle inequalities gay men experience it is important to decrease stigma and discrimination associated with 'coming out' to accurately map gay men'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 gay sexual identity and other minority identities, whether ethnic,(5, 12, 23, 24, 25, 26, 27) older age,(19, 25, 28, 29, 30, 31) or disabled,(5, 12, 24, 25, 28, 32, 33) 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 gay men and to some extent these extend to MSM.

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., Black gay men have worse outcomes than White British.

It is important to acknowledge that there are also positives in the report and that in some areas such as physical activity (13) and healthy eating (34) the evidence suggests gay men have more positive behaviours than their heterosexual counterparts, and we should recognise the importance of the strong and vibrant LGBTQ+ community that some gay men are active participants of. However, these assets are overshadowed by the negative inequalities especially in relation to mental health, suicide and self-harm.(7, 19, 24)

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 gay men to live healthier, longer, and happier lives.

5. Appendices

Appendix 1: Search Strategy

Topic area	General search terms	Specific search terms
Getting the Best Start in Life	"gay" **AND** "young*" or "youth" or "child*" or "babies" or "infant*" or "adolescent" or "parent*" or "father*"	"Gay" **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	"gay men" or "gay males" or "men who have sex with men" or "MSM" **AND** or "mental*" or "wellbeing" or "wellness"	"gay men" or "gay males" or "men who have sex with men" or "MSM" **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	"gay men" or "gay males" or "men who have sex with men" or "MSM" **AND** "food" or "diet" or "nutrition" or "meat" or "vegetarian" or "nutrition" or "vegan"	"gay men" or "gay males" or "men who have sex with men" or "MSM" **AND** "obesity" or "overweight" or "BMI" or "weight" or

		"waist-height ratio" or "food insecurity" or "food poverty" or "eating" or "cholesterol" or "calories"
Active at Every Age and Ability	"gay men" or "gay males" or "men who have sex with men" or "MSM" **AND** "physical activity" or "activity" or "exercise" or "inactivity"	"gay men" or "gay males" or "men who have sex with men" or "MSM" **AND** "exercise" or "walking" or "running" or "sports" or "mobility" or "activity rates" or "musculoskeletal"
Living, Working and Learning Well	"gay men" or "gay males" or "men who have sex with men" or "MSM" **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"	"gay men" or "gay males" or "men who have sex with men" or "MSM" **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	"gay men" or "gay males" or "men who have sex with men" or "MSM" **AND** "protect" or "detect" or "screening" or "vaccin*" or "immunisation" or "sexual health" or "infectious disease" or "communicable diseases" or "oral health"	"gay men" or "gay males" or "men who have sex with men" or "MSM" **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	"gay men" or "gay males" or "men who have sex with men" or "MSM" **AND** "ageing" or "aging" or "older" or "dying" or "dementia" or "end of life" or "palliative" or "frailty" or "lonel*" or "isolat*" or "care"	"gay men" or "gay males" or "men who have sex with men" or "MSM" **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"

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 gay men and adolescents and Men who have Sex with Men (MSM) in the UK. Publications exclusive to gay men and MSM communities and publications with at least 25% of gay men or MSM population sample representation, including aggregated data on gay and bisexual men. Qualitative studies with more than 10 gay men or MSM participants. English Language Literature based on the UK context. From 2000 to 2023 Where data on specific topics was not available for gay men and MSM communities in the UK, publications reporting on the wider LGBTQ+ community and international gay men community were included.	International literature unless a lack of data in the UK necessitated inclusion of international data. Studies focusing on lesbian women, bisexual people, trans/non-binary people, and other sexual minorities. Studies with less than 10 gay men or MSM participants Literature not in English Literature prior to 2000

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 women. 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, but who do not identify as an LGBTQ+ category. Primarily denotes sexual behaviour.

Appendix 4: Birmingham and National Gay Men and Men who have Sex with Men 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/
Gay Outdoor Club	Activities for LGBTQ+ people in the West Midlands	https://www.goc.org.uk/groups/western-midlands/
Pride Sports	Sports for LGBTQ+ community in West Midlands and beyond	https://pridesports.org.uk/region/wmids/
Stonewall	National LGBTQ+ communities	https://www.stonewall.org.uk/
LGBT Foundation	National LGBTQ+ communities	https://lgbt.foundation/
Black Out	National Organisation for queer 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 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

Appendix 5: Raw Data Tables

Appendix 5.1. Figure 1: Percentage of people by sexual orientation: Birmingham, 2021

Sexual orientation	% of Population
Heterosexual people	88%
Gay men	**1%**
Lesbian women	1%
Bisexual people	1%
Not answered	9%

Source: ONS (3)

Appendix 5.2. Figure 2: Age breakdown by sexual orientation, England and Wales, 2021

Age group	Gay men (%)	Heterosexual men (%)
Aged 16 to 24 years	14.9	13.1
Aged 25 to 34 years	28.0	16.3
Aged 35 to 44 years	20.9	16.1
Aged 45 to 54 years	17.2	16.8
Aged 55 to 64 years	11.8	16.0
Aged 65 to 74 years	5.1	12.4
Aged 75 years and over	2.1	9.5

Source: ONS (3)

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