



Sexual Health Needs Assessment

**Black and Minority Ethnic (BME)
Hull and East Riding of Yorkshire**

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1. Acknowledgement

I would like to express my gratitude to all the people from the Black and Minority Ethnic (BME) communities who gave their time to take part in this consultation, through the completion of questionnaires. Without their help, openness and willingness to take part in this project the sexual health needs assessment would not have been possible.

Also I would like to thank the partnership organisations, especially Homeless Health Team, Council of Dependency Problems, Cornerhouse, Specialist Social Workers, Open Doors and 167 Centre and members of the BME HIV Prevention working group for their support and help in creating and distributing the questionnaires.

2. Executive Summary

The Hull and East Riding Sexual and Reproductive Healthcare Partnership prioritised the need to undertake a local sexual health needs assessment aimed at the black and minority ethnic (BME) community within its HIV Prevention Action Plan 2008-10. BME are identified as a high risk group in relation to HIV infection and other sexually transmitted infections. (*HPA: HIV in the UK: 2009 Report*)

This needs assessment has been undertaken by The Hull and East Riding Sexual and Reproductive Healthcare Partnership HIV Prevention Officer, who worked in partnership with a range of agencies and professionals across the region. We are committed to the wellbeing of the BME community and hearing its needs, and will endeavour to assist with appropriate services (but this is not given due to funding constraints).

The needs assessment had the following objectives:

- To gather personal data about local BME communities and their sexual behaviour in relation to practicing safer sex/condom use.
- To ascertain BME groups satisfaction with current sexual health services.
- To identify any barriers BME groups face when accessing local sexual health services.
- To explore views/suggestions in regard to the potential development of a dedicated sexual health clinic model to enhance access and uptake of HIV and other sexually transmitted infection (STI) testing.
- To assess their knowledge about HIV and other STIs in regard to current available information within Hull and East Riding of Yorkshire.
- To develop links and working relationships with a range of agencies to provide a holistic support service to BME groups.
- To identify which sexual health services local BME groups feel should be provided.

The needs assessment was carried out over a 12 week period (December 2009-February 2010). The report details the findings ascertained from the needs assessment.

3. Background

3.1. National overview

The United Kingdom's black and minority ethnic populations continue to be disproportionately affected by poor sexual health. The groups affected and their experiences of HIV and STIs vary greatly, reflecting the diversity present in the migratory patterns, socio-economic circumstances, and experiences of disadvantage and discrimination in these populations. Variation in the burden of STIs amongst BME groups is further influenced by a number of factors, including, diverse sexual attitudes and behaviours, patterns of sexual mixing, and differential access to sexual health services. (*Part three: Population sub-groups requiring targeted prevention interventions; HPA 2009*)

Since the beginning of the HIV epidemic in England, Wales and Northern Ireland, 22,022 adults and children (aged under 15) from BME populations have been diagnosed with HIV, of whom 5629 have progressed to AIDS and 2448 have died.

Of the 3877 BME adults and children reported to be newly diagnosed with HIV in 2004, 83% (3227) were black African, 5.7% (223) were black Caribbean, 2.2% (87) Indian/Pakistani/Bangladeshi, and the remainder (340) of other/mixed ethnicity.

In 2000 there were 1818 diagnoses within the BME population, rising by 113% to 3877 diagnoses in 2004. In 2004, 89% of the infected BME community (3422) had acquired infection through heterosexual contact, 6.6% (256) through sex between men and the remainder through other routes such as blood transfusion in high prevalence countries. Most of the BME population have been infected in high prevalence countries of origin in Africa, the Caribbean and Asia. Over 86% (2849) of the 3314 diagnoses in 2004 among BME heterosexual men and women were probably acquired in Africa. (*HIV and other STIs in the UK: 2005; HPA updated in 2008*)

In 2008 an estimated two-thirds (2,790/4,220) of new diagnoses acquired heterosexually were among black Africans, of whom the majority (87%) acquired their infection abroad, mainly in sub-Saharan Africa. In contrast, among the estimated 2,760 HIV-infected MSM diagnosed in 2008, 83% (2,280) probably acquired their infection in the UK. (*HIV in the UK: 2009 report; HPA*)

3.2. Local overview

Latest census statistics suggest that the total population of Hull stands at 243,589 with the Black and Minority Ethnic (BME) population reaching 5650. This equates to 2.3% of the total population of Kingston-Upon-Hull.

The BME breakdown by ethnic background for the city of Hull shows that the larger non-white communities come from the following ethnic groups: Chinese (749), Black or Black British: African (640), Asian or Asian British: Indian (613), Asian or Asian British: Pakistani (509) and other ethnic group (503). It is assumed that statistical information relating to refugees would fall under Other Ethnic Group classification. (*Empowering BME, Refugee & Disabled community groups in Hull; Youth Enterprise April 2006*)

According to Health Protection Agency (HPA), data from December 2008, Yorkshire and the Humber have the highest proportion of new HIV diagnoses among black African individuals infected heterosexually.

Since 2000-2008 in Hull and the East Riding of Yorkshire there were 243 reported HIV cases, of whom 138 were males and 105 females. In 2008 a total of 44 new cases of HIV were reported locally, with the age range being 21-69 (males) and 18-70 (females). The highest number of cases appears to be within White (n=97) and black African (n=67) populations. Regarding routes of transmission in cases seen in 2008, the largest number of cases were acquired through heterosexual sex (Hull) and sex with men (East Riding). (*Newton, A (2008) HIV/AIDS reported cases in Hull and the East Riding; HPA*)

4. Projects aims and methods

This study aims to assess the needs of BME communities in relation to sexual health, HIV prevention and sexual health services in Hull and the East Riding of Yorkshire and empower this target group to make informed choices.

A questionnaire was identified as being the most appropriate form of data collection as it maintains the anonymity of respondents. The questionnaire used a combination of closed and semi-open questions which allowed users to record additional information and free text. (*See appendix A*)

All questions were worded in such a way as to keep the respondents' confidentiality without revealing their identity. Also, stamped addressed envelopes were provided for returns so that confidentiality would be ensured.

The questionnaire was divided into three sections:

1. About you
2. Sexual health, and
3. Sexual health services.

These sections of the questionnaire were used to:

- Obtain information from respondents about available sexual health services across Hull and the East Riding of Yorkshire
- Find out their knowledge about HIV and other STIs
- Find out about their attitudes related to sexual health and HIV transmission
- Obtain information about their sexual health needs in regards to how current sexual health services meet them and/or could improve to meet them
- Gather more data about their age, ethnicity, sexuality etc
- Obtain information in regard to barriers they face in accessing local sexual health services
- Obtain information about a dedicated sexual health clinic.

The questionnaires were distributed to:

- Cornerhouse
- Body Positive Support Group
- Hull City Council
- East Riding of Yorkshire Council
- Specialist Social Workers
- HANA (Humber All nations Alliance)
- North Bank Forum
- ARKH (Asylum Seekers & Refugees of Kingston Upon Hull)
- 167 Community Centre for BME community
- Homeless Health Team
- TB nurse lead

- Open Doors (community centre for BME)
- CDP (Council for Dependency Problems)

The largest numbers of questionnaires were returned from Health Homeless Team, 167 Centre, Open Doors and Cornerhouse. Feedback ascertained from other agencies/organisations suggests that they experienced difficulties distributing the questionnaires due to service users/clients being unwilling to complete it.

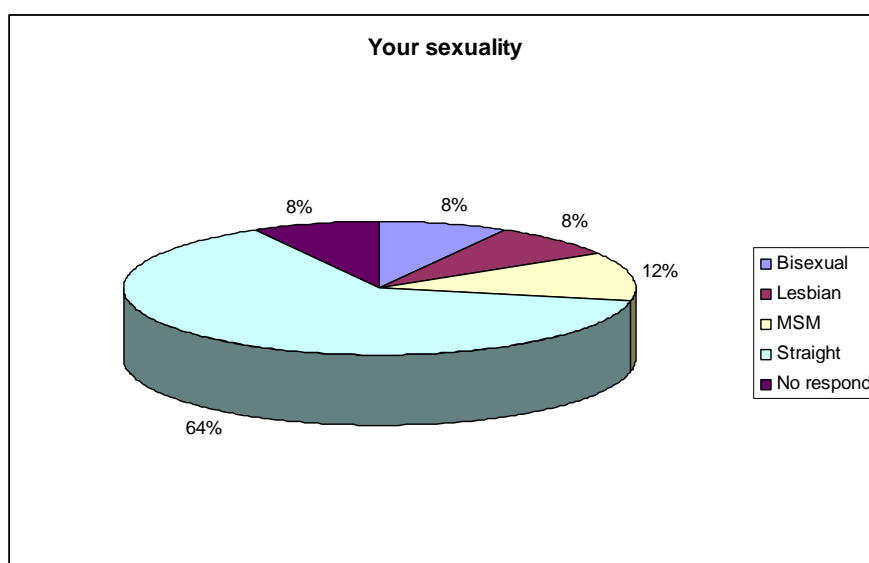
5. Findings

5.1. About you

There were 25 respondents (n=25) to this BME questionnaire. In this section we tried to gather as much information as possible about the local BME community such as their gender, age, sexuality, and ethnicity. Information was also ascertained about HIV transmission, other STIs, their knowledge about them and the reason for being or not being tested for HIV, and their cultural issues around it and practicing safer sex.

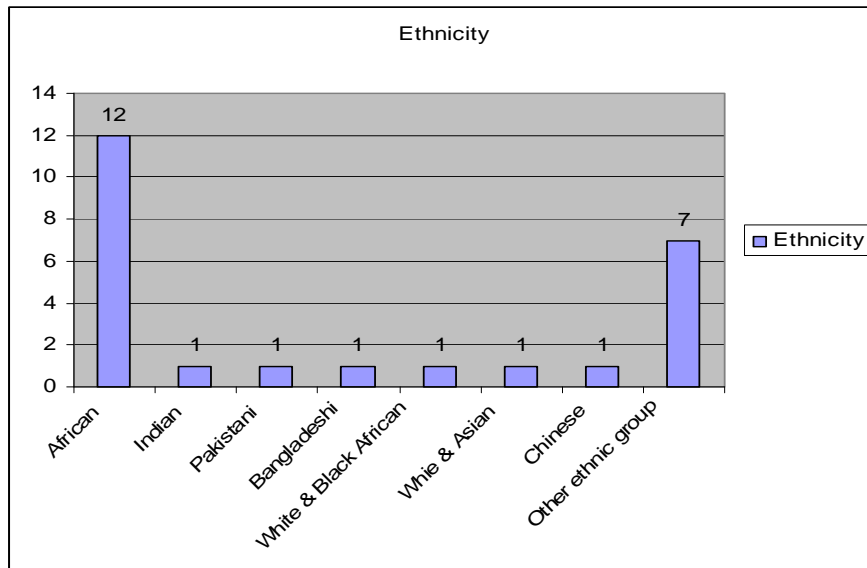
5.1.1. Gender, ethnicity and sexuality

The majority (20/25) of respondents who completed the questionnaire were male and 5/25 of respondents were female. When questioned about sexual orientation, 64% identified as heterosexual, 12% identified as MSM, 8% identified as lesbian, 8% identified as bisexual and 8% did not respond.



Participants were also invited to state their ethnicity from 20 pre-coded groups, including an 'other ethnic group' response option. In total, 12 participants reported being African, 6 Indian, Pakistani, Bangladeshi, White & Black African, White & Asian and Chinese. Seven participants choose 'other ethnic group' option and stated as follows:

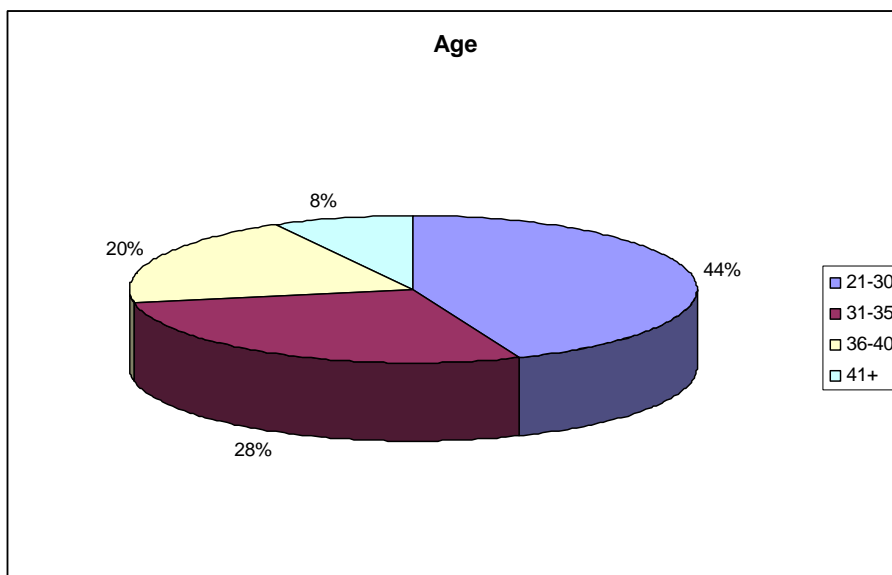
- Kurdish (3 participants)
- Iraqi (3 participants), and
- Palestinian (1 participant)



5.1.2. Age and borough of residence

Participants' ages ranged from 21 to 41 plus years of age as follows:

- 21-30 - 44%
- 31-35 - 28%
- 36-40 - 20%
- 41+ - 8%



The majority (96%) of respondents lived in Hull and 4% (1 respondent) stated the East Riding of Yorkshire.

5.1.3. HIV and other STIs

Participants were asked if they think that cultural issues in their community stop them talking about HIV and AIDS and how to prevent it. Participants stated:

- 60% stated that this is true
- 12% stated that this is not true
- 20% stated that they don't know
- 8% did not respond

When asked if they know how to protect themselves and others from HIV and other STIs, 76% of respondents stated that they do, 20% stated that they don't and 4% did not respond.

Those participants, who were in the majority, also stated an example as follows:

- Use condoms
- Know your status before unprotected sex
- Safer sex
- No sex out of marriage

When participants asked how they would rate their knowledge about HIV and AIDS they stated as follows:

Excellent	Good	Fair	Poor
16%	40%	28%	16%

When asked about other sexually transmitted infections they stated as follows:

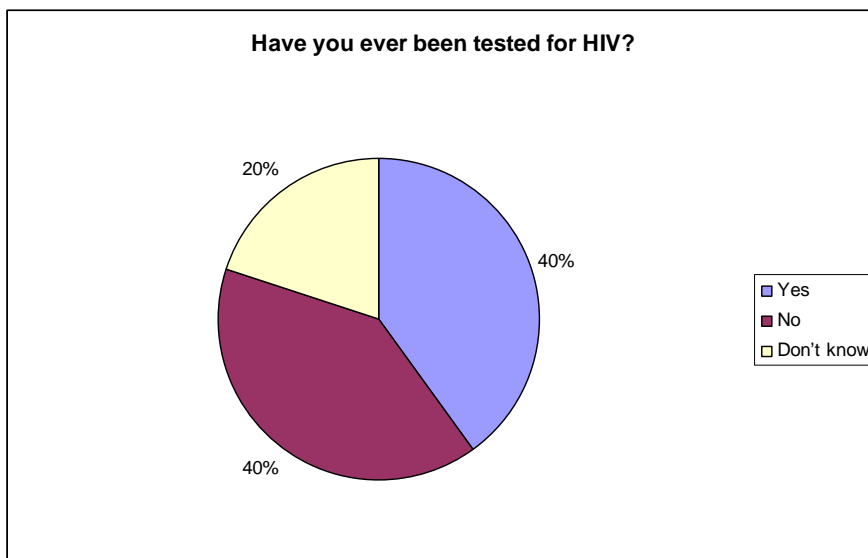
Excellent	Good	Fair	Poor
5%	24%	47%	24%

4% of participants did not respond.

When asked if they have ever been tested for HIV, 40% stated that they have, 40% stated that they haven't and 20% stated that they do not know. Those respondents, who stated that they have never been tested for HIV, also gave the reasons as follows:

- I've no reason to think I have HIV (24%)
- I don't know where to go to get tested (13%)
- I am too afraid I might have HIV (13%)
- I don't trust the services that provide testing (13%)
- It would cause problems in my relationship (13%)
- I am concerned about the impact it might have on my children (8%)
- I've never had intercourse (4%)

- I might not get treatment if I need it (4%)
- It is not important to me to know my HIV status (4%)
- I don't want to use any 'official' services (4%).

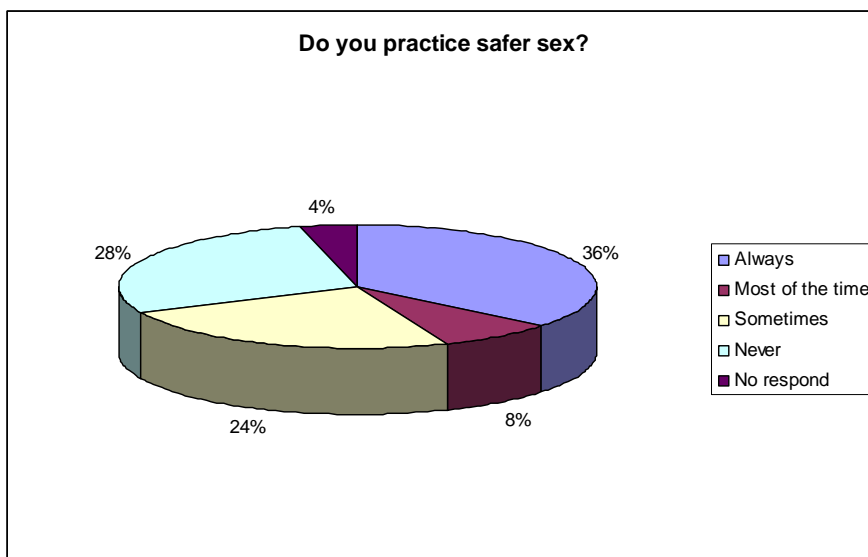


Participants were also invited to read eight statements and indicate if they were *true* or *false*. Please see the answers below:

1. AIDS is caused by a virus called HIV – 76% answered correctly.
2. HIV can be passed on by kissing – 56% answered correctly.
3. HIV can be passed on by touching – 84% answered correctly.
4. HIV can be passed on by unprotected sex – 88% answered correctly.
5. You cannot tell from someone's appearance whether they have HIV or not – 58% answered correctly.
6. People can have HIV without knowing it – 80% answered correctly.
7. There is a medical test that can show whether or not you have HIV – 80% answered correctly.
8. There is no cure for HIV infection once someone has it – 52% answered correctly.

5.1.4. Safer sex/condom use

When participants were asked if they practice safer sex (e.g. using condoms), 36% stated always, 28% stated never, 24% stated sometimes, 8% stated most of the time and 4% did not respond.



When participants asked if they buy condoms or get them free, 44% stated they are getting them free, 28% stated they are buying them, 20% stated they don't use condoms and 8% did not respond.

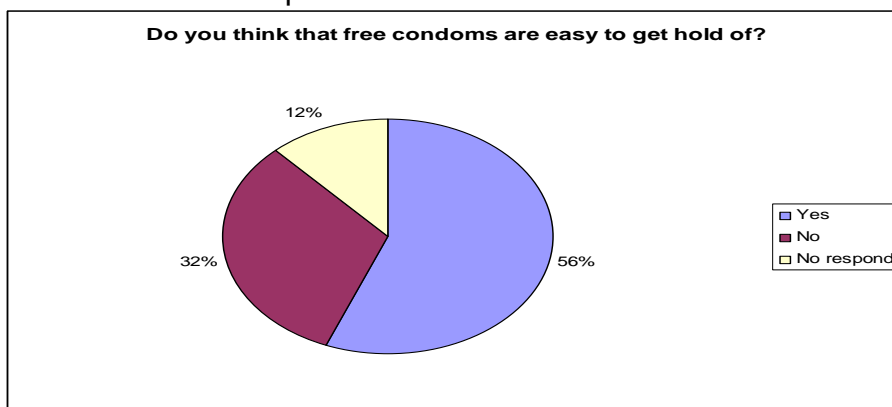
Those participants who were buying condoms were asked if they know where to get free ones from. Participants stated:

- I know where to get free condoms from – 54%, and
- I don't know where to get free condoms from – 46%

When asked where they get free condoms from, the participants could choose from several options and tick as many boxes as apply. 24% of respondents stated Conifer House, 8% stated GP, 8% stated 167 Centre, 8% stated that it is not applicable to them, 4% stated Cornerhouse, 4% stated gay bars and 44% did not respond.

When participants asked for any other places they would like to get free condoms from, 24% stated they wouldn't like to get them from elsewhere, 16% did not know and 40% did not respond.

When participants were asked if free condoms are easy to get hold of, 56% stated they are, 32% stated they are not and stated they don't know and 12% did not respond.



5.2. Sexual health and sexual health services

This part of the questionnaire was about the respondents' general knowledge and information about sexual health and sexual health services. They were asked about their experiences (if any) with sexual health services in Hull and the East Riding of Yorkshire and to identify barriers they faced when accessing services.

This section also captured the respondents' views regarding a dedicated sexual health clinic.

5.2.1. Sexual health

Sexual health information

When participants asked where they go for sexual health advice, 43% stated GP, 18% stated 'other' and stated as follows: 167 Centre and The Quays, 14% stated religious leaders, 11% stated friends, 7% stated community leaders as well as healthcare workers.

When asked where they get information about sexual health (including HIV) from, 41% stated leaflets, 28% choose 'other' and stated as follows: 167 Centre and friends, 24% stated internet and 7% stated helplines.

When asked which services they go to for sexual health advice, 25% stated GP, 25% stated 167 Centre, 21% stated GUM, 7% stated community centres, 7% stated drop-in services at Conifer House (Cornerhouse 1st Floor), 7% stated faith groups, 4% stated age concern and 4% stated Cornerhouse (Please note that the participants could tick as many options as apply).

Participants were also asked if they would prefer to get sexual health advice from elsewhere. Respondents stated:

- 28% would prefer to get sexual health advice from elsewhere and stated: hospital, GP and sexual health centre
- 28% wouldn't prefer it
- 32% didn't know
- 12% did not respond

In relation to the question: what would help you to attend your NHS appointments for cervical screening (aimed at women 25 years and over) only 1 participant stated a reminder, more information and choices on who is going to do it.

When asked if they would know where to go to get an HIV test when needed, 60% said they would know and stated: clinic and hospital, 32% stated they wouldn't know where to go and 8% did not respond.

5.2.2. Sexual health services

Patients' views/opinions about local sexual health services

The participants were asked if they are aware of GUM services across Hull and the East Riding of Yorkshire as follows: Bridlington Hospital, Castle Hill Hospital, Conifer House and Goole Sexual Health Clinic. They stated as follow:

- Bridlington Hospital – 4% (n=1) stated they are aware, 96% stated they are not aware.
- Castle Hill Hospital – 16% stated they are aware and 84% stated they are not aware.
- Conifer House – 20% stated they are aware and 80% stated they are not aware.
- Goole Sexual Health Clinic - all of the participants (100%) stated that they are not aware.

Participants were asked if they have ever visited these in the past. Respondents stated:

- Bridlington Hospital - all of the participants (100%) stated that they have never been to this service.
- Castle Hill Hospital – 8% stated they have been to this service before and 92% stated they have never been.
- Conifer House – 8% stated they have been to this service before and 92% stated they have never been.
- Goole Sexual Health Clinic - all of the participants (100%) stated that they have never been to this service.

If the participant answered **NO** for all of the above, they were asked to go to **question 27** to continue the questionnaire.

Participants were also asked if they have been using any other sexual health service in a different city. Respondents stated:

- 8 participants did not state that they have been using a clinic in a different city but reported that they are not aware of GUM term at all and do not understand what it stands for.

The participants were asked about their experience within local GUM services and to rate them with regard to the following criteria: friendly, helpful, non-judgmental, supportive, easy to access, confidentiality, location, opening times and waiting times. They had to choose between four measurements: excellent, good, fair and poor. The findings are as follows:

In relation to Bridlington Hospital and Goole Sexual Health Clinic, none of the participants had accessed these clinics and did not rate them.

In relation to Castle Hill Hospital:

Castle Hill Hospital (total 2 respondents)				
	Excellent	Good	Fair	Poor
Friendly	2	-	-	-
Helpful	2	-	-	-
Non-judgmental	2	-	-	-
Supportive	2	-	-	-
Easy to access	-	1	1	-
Confidentiality	2	-	-	-
Location	1	-	1	-
Opening times	-	2	-	-
Waiting times	-	2	-	-

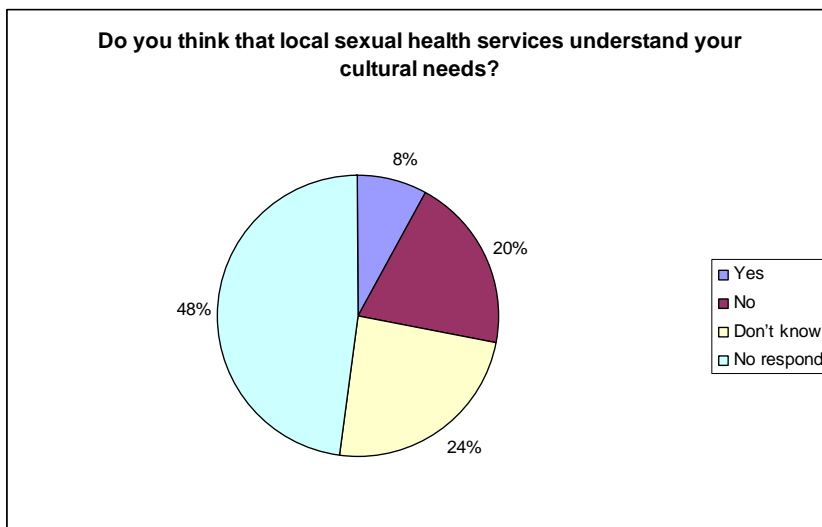
In relation to Conifer House:

Conifer House (total 3 respondents)				
	Excellent	Good	Fair	Poor
Friendly	-	1	2	-
Helpful	-	1	2	-
Non-judgmental	-	-	3	-
Supportive	-	-	3	-
Easy to access	-	1	2	-
Confidentiality	-	-	3	-
Location	-	-	2	1
Opening times	-	1	2	-
Waiting times	-	-	2	1

Barriers to access sexual health services

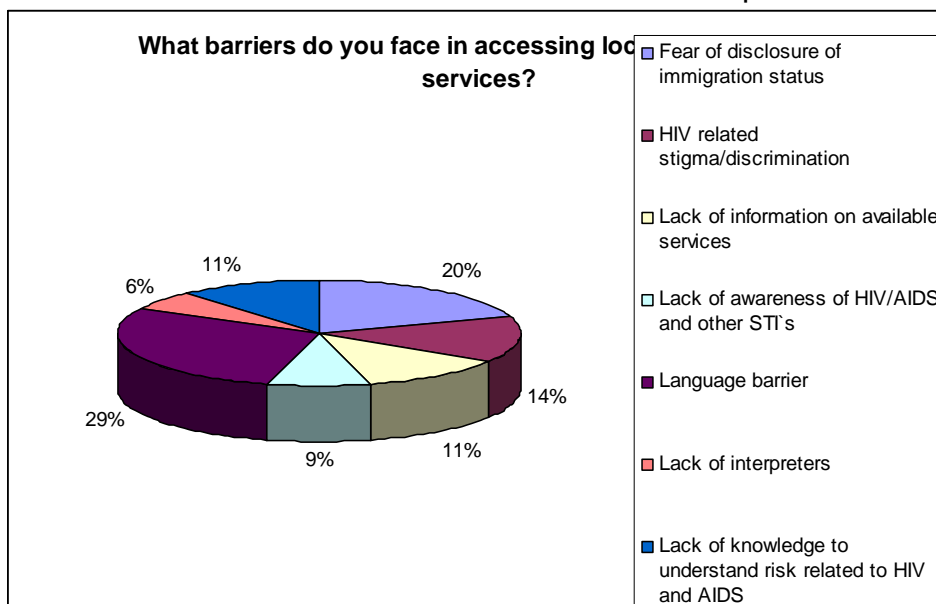
Participants were asked if the local sexual health services understand their cultural needs. Respondents stated:

- 8% thought they understand their cultural needs
- 20% thought they don't understand their cultural needs
- 24% did not know
- 48% did not respond



Only 1 respondent stated the reason that local sexual health services don't understand BME cultural needs - their lack of knowledge.

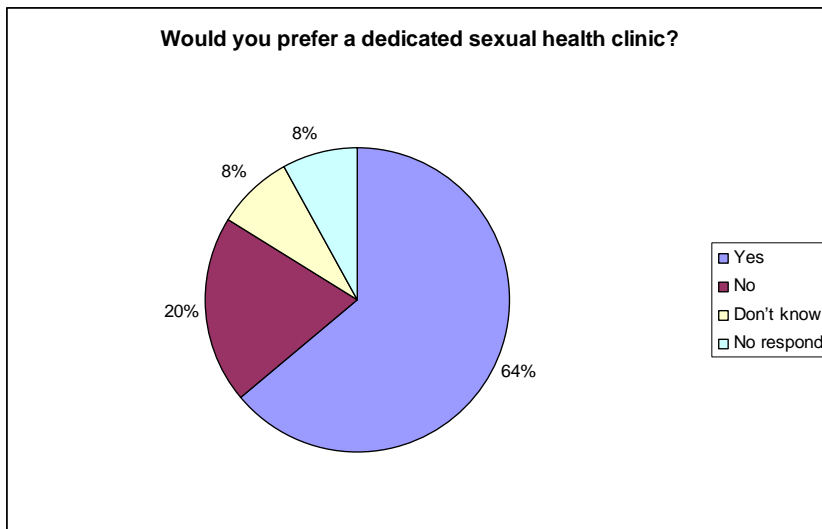
When participants were asked what barriers they faced when accessing local sexual health services, 29% stated language barrier (e.g. English not first language), 20% stated fear of disclosure of immigration status, 14% stated HIV related stigma/discrimination, 11% stated lack of knowledge to understand risk related to HIV and AIDS, also 11% stated lack of information on available services, 9% stated lack of awareness of HIV/AIDS and other STIs and 6% stated lack of interpreters.



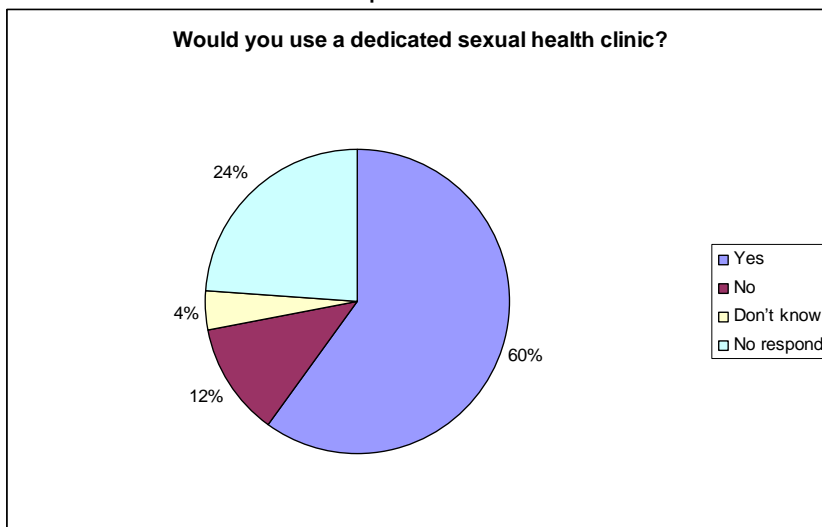
Dedicated sexual health clinic

Participants were also asked if a dedicated sexual health clinic was provide for BME groups would they prefer it, would they use it, where it should be located and when it should be open?

The majority (64%) participants stated that they would prefer a dedicated sexual health clinic, 20% stated that they wouldn't prefer it, 8% stated that they don't know and also 8% did not respond.



When asked if they would use a dedicated clinic, 60% stated that they would use it, 12% stated that they wouldn't use it and 4% stated they don't know and 24% did not respond.



When asked *where it should be*, they stated as follows:

- 167 Centre
- City Centre (Hull)

When asked *when it should be open*, they stated as follows:

- Monday – Friday
- Once a week
- 7 days a week

6. Conclusion

The findings of this study may not answer all the questions related to the BME community in Hull and the East Riding of Yorkshire or how best to meet those needs. However, it is a first step in understanding the sexual health needs of this target group and will inform agencies as to how best to meet its needs. It attempts to ensure that this target group have the necessary resources available to them to prevent HIV infection and the best practice of HIV prevention intervention will be promoted.

The findings from the needs assessment highlighted that service providers (including sexual health services) working with the BME community (especially with black Africans, asylum seekers and refugees) should be aware of HIV trends in the countries of origin of their clients, their cultural issues, vulnerability, beliefs and barriers to accessing services.

Efforts to promote involvement and participation of the BME community in HIV prevention and sexual health service planning and development should involve key agencies and service users. They can play a key role in halting transmission and reducing HIV-related stigma and discrimination.

7. Recommendations

The following section presents recommendations for future developments to meet the sexual health needs of the black and minority ethnic community in Hull and the East Riding of Yorkshire. The recommendations are drawn from information ascertained from the above findings.

- 1) Promote targeted sexual health and safer sex messages to BME groups to increase levels of condoms use
- 2) Explore ways of increasing uptake of community based HIV testing and other STI screening (e.g. within the community centres – 167 Centre etc)
- 3) Develop work aimed at reducing level of HIV related stigma, fear of disclosure attached to BME community
- 4) Ensure staff obtain training aimed at rising awareness of issues relating to the BME community (e.g. cultural issues, gender, sexuality etc)
- 5) Explore collaborative approach between CHCP and other appropriate service providers to find a culturally acceptable HIV prevention tool and prevent onward transmission of HIV and other STIs
- 6) Promote free condoms via CHCP/NHS condom vending machines
- 7) Explore ways of dissemination of sexual health information on the internet (Conifer House website) in 10 top languages to the BME community
- 8) Target BME community when advertising sexual health services
- 9) Ensure local services and staff engage with local BME community involving them directly in HIV prevention interventions
- 10) Further work in developing sexual health resources/information needed to ensure that awareness of HIV, other STIs and treatment is available to BME community (especially for non-English speakers)
- 11) Facilitate better access to interpreting and translation services at sexual health clinics and GPs (based on current testing guidelines in England, GPs should play a leading role in HIV diagnosis)
- 12) Increase level of promoting cervical screening within the BME community (women 25 years and over)
- 13) Explore the feasibility of easier access to cervical screening for the BME community (e.g. community based etc)
- 14) Strong links need to be established with agencies working with the BME community who may be able to play a vital role in promotion of sexual health within this target group
- 15) Subsequent to training, undertake future audit of BME community patient satisfaction (regarding staff attitudes, support, confidentiality etc)
- 16) Efforts needed to reinforce prevention messages
- 17) Scope the feasibility of dedicated BME community sexual health clinics (talking into consideration the respondents suggestions regarding location and times)
- 18) Further work needed to ensure up to date information/data is available regarding the local BME population, demographics etc

8. Appendix

Appendix A

Sexual health needs assessment questionnaire

The questionnaire is completely confidential and anonymous.

Sexual Health Needs Assessment for Black and Minority Ethnic (BME), Asylum Seekers and Refugees In Hull and East Riding



City Health Care Partnership

This questionnaire is about sexual health and sexual health services. The purpose of the questionnaire is to improve HIV prevention for BME groups, availability of sexual health services and reduce barriers to service access. Please try to give an answer for every question.

PART 1 ABOUT YOU

1. Are you? <i>(please tick)</i>		Female <input type="checkbox"/>	Male <input type="checkbox"/>
2. What age are you? <i>(please state)</i>			
3. What is your ethnic group? <i>(please tick one)</i>			
Asian or Asian British:	Indian <input type="checkbox"/>	Pakistani <input type="checkbox"/>	Bangladeshi <input type="checkbox"/>
Any other Asian background <i>(please state)</i>			
Black or Black British:	Caribbean <input type="checkbox"/>	African <input type="checkbox"/>	
Any other black background <i>(please state)</i>			
Mixed:	White & Black Caribbean <input type="checkbox"/>	White & Black African <input type="checkbox"/>	White & Asian <input type="checkbox"/>
Any other mixed background <i>(please state)</i>			
White:	British <input type="checkbox"/>	Irish <input type="checkbox"/>	
Any other White background <i>(please state)</i>			
Other ethnic groups:		Chinese <input type="checkbox"/>	
Any other ethnic group <i>(please state)</i>			
4. Where do you live? <i>(please tick)</i>		Hull <input type="checkbox"/>	East Riding <input type="checkbox"/>
Other <i>(please state)</i>			
5. How would you describe your sexuality? <i>(please tick)</i>			
Gay man (homosexual)	<input type="checkbox"/>	Bisexual <input type="checkbox"/>	Lesbian <input type="checkbox"/>
who has sex with men (MSM)	<input type="checkbox"/>		Straight (heterosexual) <input type="checkbox"/>
6. Do you think that cultural issues in your community stop you talking about HIV and AIDS and how to prevent it? <i>(tick only one answer)</i>			
Yes	<input type="checkbox"/>	No <input type="checkbox"/>	Don't know <input type="checkbox"/>
7. Do you know how to protect yourself and others from HIV and other sexually transmitted infections? <i>(please tick)</i>			
Yes	<input type="checkbox"/>	<i>(please state how)</i>	
No	<input type="checkbox"/>		

8. How would you rate your knowledge about? *(please tick)*

	Excellent	Good	Fair	Poor
HIV and AIDS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other sexually transmitted infections (i.e. gonorrhoea, Chlamydia)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. Have you ever been tested for HIV?

Yes No Don't know

If No please tell us why? *(tick as many as apply)*

Its not important to me to know my HIV status	<input type="checkbox"/>	People I know do not approve of HIV testing	<input type="checkbox"/>
I don't know where to go to get tested	<input type="checkbox"/>	I don't trust the services that provide testing	<input type="checkbox"/>
I am too afraid I might have HIV	<input type="checkbox"/>	I do not want to use any 'official' services	<input type="checkbox"/>
I am afraid of being treated differently if I have HIV	<input type="checkbox"/>	It would cause problems in my relationship	<input type="checkbox"/>
I may not get treatment if I need it	<input type="checkbox"/>	I've no reason to think I have HIV	<input type="checkbox"/>
		I am concerned about the impact it might have on my children	<input type="checkbox"/>
I've never had intercourse	<input type="checkbox"/>	Other reasons	<input type="checkbox"/>

(please say what)

10. Do you practice safer sex? (e.g. using a condom) *(tick only one answer)*

Always Most of the time Sometimes Never

I don't have sex *(please go to Q15)*

11. If you use condoms, do you buy or get them free? *(please as many as apply)*

Buy *please tell us why*

Free *(please go to Q13)* Don't use *(please go to Q15)*

12. If you buy condoms do you know where to get free ones?

Yes No Don't know

13. If you use free condoms where do you get them from? *(tick as many boxes as apply)*

Gay bars, clubs, sauna *(please state which one)*

GP (Family doctor)	<input type="checkbox"/>	Cornerhouse	<input type="checkbox"/>	Conifer House, Hull	<input type="checkbox"/>	167 Centre	<input type="checkbox"/>
Not Applicable	<input type="checkbox"/>	Hull and East Riding Genito Urinary Medicine (GUM) clinics	<input type="checkbox"/>				
Lesbian, Gay, Bisexual and Transgender Forum	<input type="checkbox"/>	The Council of Dependency Problems (CDP)	<input type="checkbox"/>				
Other	<input type="checkbox"/> <i>(please state where)</i>	Don't use free condoms	<input type="checkbox"/>				

14. Are there any other places you would like to get free condoms and lube?

Yes *(please state)* No Don't know

PART 2 SEXUAL HEALTH

15.Where do you go for sexual health advice? *(tick as many boxes as apply)*

Community leaders	<input type="checkbox"/>	Family	<input type="checkbox"/>
Friends	<input type="checkbox"/>	Healthcare workers	<input type="checkbox"/>
Religious leaders	<input type="checkbox"/>	Your GP (Family doctor)	<input type="checkbox"/>
Other	<input type="checkbox"/>	<i>(please specify)</i>	

16.Where do you get your information about sexual health (including HIV) from? *(tick as many boxes as apply)*

Helplines	<input type="checkbox"/>	Internet	<input type="checkbox"/>	Leaflets	<input type="checkbox"/>
Other	<input type="checkbox"/>	<i>(please specify)</i>			

17.Please tell us if the following statements are TRUE or FALSE *(tick one box for each statement)*

AIDS is caused by a virus called HIV	True	<input type="checkbox"/>	False	<input type="checkbox"/>
HIV can be passed on by kissing	True	<input type="checkbox"/>	False	<input type="checkbox"/>
HIV can be passed on by touching	True	<input type="checkbox"/>	False	<input type="checkbox"/>
HIV can be passed on by unprotected sex	True	<input type="checkbox"/>	False	<input type="checkbox"/>
You cannot tell from someone's appearance whether they have HIV or not	True	<input type="checkbox"/>	False	<input type="checkbox"/>
People can have HIV without knowing it	True	<input type="checkbox"/>	False	<input type="checkbox"/>
There is a medical test that can show whether or not you have HIV	True	<input type="checkbox"/>	False	<input type="checkbox"/>
There is no cure for HIV infection once someone has it	True	<input type="checkbox"/>	False	<input type="checkbox"/>

18.Which services do you go to for sexual health advice? *(tick as many boxes as apply)*

Age Concern	<input type="checkbox"/>	Community centres	<input type="checkbox"/>	House, Hull	<input type="checkbox"/>	Cornerhouse	<input type="checkbox"/>
Contraception Clinics (Family Planning)	<input type="checkbox"/>			Drop-in services at Conifer House (Cornerhouse 1st Floor), Hull	<input type="checkbox"/>		
		Faith groups	<input type="checkbox"/>	167 Centre	<input type="checkbox"/>		
				Hull and east Riding Genito Urinary Medicine Clinics (clinics which test and treat sexually transmitted infections, including HIV)	<input type="checkbox"/>		
General Practitioner (GP) (Family doctor)	<input type="checkbox"/>			The Council of Dependency Problems (CDP)	<input type="checkbox"/>		
Women centres	<input type="checkbox"/>	Other	<input type="checkbox"/>	<i>(please specify)</i>			

19.Would you prefer to get sexual health advice from somewhere else? *(please tick)*

Yes *(please state from where)*

No Don't know

20.If you are a woman **25 years and over**: what would help you to attend your NHS appointments for cervical screening *(method of preventing cancer by detecting and treating early irregularities which, if left untreated, could lead to cancer in woman's cervix (the neck of womb) ? (please state)*

21.If you needed a HIV test would you know where to go? *(please tick)*

Yes *(please say where)*..... No

SEXUAL HEALTH SERVICES

22. Do you think that free condoms are easy to get hold of? (please tick)

Yes No please say why?

23. Are you aware of the following GUM services across Hull and East Riding? (tick as many boxes as apply)

Bridlington Hospital	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Castle Hill Hospital	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Conifer House Hull	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Goole Sexual Health Clinic	Yes <input type="checkbox"/>	No <input type="checkbox"/>

24. Have you ever been to any of the following GUM clinics? (tick as many boxes as apply)

Bridlington Hospital	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Castle Hill Hospital	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Conifer House Hull	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Goole Sexual Health Clinic	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Other (please state)

If you answered **NO** for all of them could you tell us if you have been using a clinic in a different city, if so why?

.....

Please go to **Q28**

25. Could you tell us from your experience how you would rate the sexual health services in Hull and the East Riding with regard to the following criteria? (please tick)

Bridlington Hospital

	Excellent	Good	Fair	Poor
Friendly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Helpful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-judgmental	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supportive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Easy to access	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Confidentiality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Location	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Opening times	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Waiting times	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Excellent	Good	Fair	Poor
Castle Hill Hospital				
Friendly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Helpful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-judgmental	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supportive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Easy to access	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Confidentiality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Location	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Opening times	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Waiting times	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conifer House Hull				
Friendly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Helpful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-judgmental	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supportive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Easy to access	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Confidentiality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Location	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Opening times	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Waiting times	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Goole Sexual Health Clinic				
Friendly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Helpful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-judgmental	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supportive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Easy to access	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Confidentiality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Location	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Opening times	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Waiting times	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

26. Do you think that Hull and the East Riding sexual health services understand your cultural needs? *(please tick)*

Yes *(please tell us more)*

.....

No *(please tell us more)*.....

.....

Don't know

27. What barriers do you face in accessing local sexual health services? *(tick as many boxes as apply)*

Fear of disclosure of immigration status HIV related stigma/ discrimination

Lack of information on available services

Lack of awareness of HIV/AIDS and other sexually transmitted infections

Language barrier – e.g. English not first language Lack of interpreters

Lack of knowledge to understand risk related to HIV and AIDS

28. If we were able to provide a dedicated sexual health clinic for BME, Asylum seekers and Refugees:

Yes No Don't know

Would you prefer a dedicated clinic?

Would you use a dedicated clinic?

Where should it be? (please state)

.....

When should it be open? (please state days and times)

.....

Other suggestions/comments

.....

.....

.....

Thank you for taking the time to answer this questionnaire. Please return completed form via attached SAE.

