The British National Surveys of Sexual Attitudes and Lifetyles (Natsal)

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On behalf of the Natsal Team

Health Surveys User meeting, 11th July 2013
Overview

• What is/are Natsal?
• History of the surveys
• Update: latest survey
• Ways to get involved
Natsal data release:

November 25\textsuperscript{th} 2013...
The National Survey of Sexual Attitudes and Lifestyles (Natsal)

Large probability sample surveys of British population

- Natsal-1: 1990-01
- Natsal-3: 2010-12
Natsal team
Why Natsal?

Emergence of HIV/AIDS in the mid-1980s accompanied by a realisation of lack of reliable epidemiological data on HIV/AIDS:

• Some understanding of the risk factors for HIV transmission, but
• What was the likely magnitude of the HIV epidemic in Britain?
Uncertainty in predicted number of AIDS cases in England & Wales: 1987-1992

Source: Cox report, 1988
Why Natsal?

- Only available data were from convenience studies & clinical samples
- Pilot probability sample survey demonstrated acceptability of a population survey of sexual behaviour

COMMENTARY

Sexual lifestyles and HIV risk
Anne M. Johnson, Jane Wadsworth, Kaye Wellings, Sally Bradshaw and Julia Field

Britain’s first large, national survey of sexual attitudes and lifestyles will allow improved estimates of the magnitude of the HIV epidemic in Britain and should lead to better strategies for prevention.

Thatcher halts
survey on sex

THE prime minister has ve-
toed plans for the biggest-ever
official investigation of Brit-
ain’s sexual habits. She be-
lieves the £750,000 govern-
ment survey would invade the
privacy of the 20,000 people
due to be questioned.

The decision has angered
medical researchers, who say
the inquiry would have pro-
duced the most compre-
hsive picture of sexual activity
ever compiled and provided
valuable information for the
battle against AIDS.

by Michael Durham
and David Hughes

lives,” Kaye Wellings, a re-
search officer at the Health
Education Authority, said.

“It is unthinkable that this
study should not go ahead. A
tremendous amount of hard
work and careful preparation
has gone into making it reli-
able. The data are urgently
needed for prediction and
prevention of HIV. It is a
missiveness, homosexuality
and abortion; awareness of
health education issues; and
personal assessments of their
risk of contracting HIV or
other sexually-transmitted
diseases.

Two pilot studies have been
carried out. A feasibility study
involving 1,000 adults was
published in April. The results
of a similar pilot project will
be unveiled this week. Rese-
archers say those prove that the
proposed survey is a
man steering group, said
yesterday: “I’m very dis-
appointed if the government’s
scientists have been unable to
persuade politicians of the
value of this work.

“It is an important survey.
It would put us in a better
position to assess how the ep-
idemic will spread in coming
decades and to see whether
behaviour has changed after
two years of anti-Aids cam-
paigns.”
The prime minister has vetoed plans for the biggest-ever official investigation of Britain's sexual habits. She believes the £750,000 government survey would invade the privacy of the 20,000 people due to be questioned.

The decision has angered medical researchers, who say the inquiry would have produced the most comprehensive picture of sexual activity ever compiled and provided valuable information for the battle against HIV/AIDS.

"It is unthinkable that this study should not go ahead. A tremendous amount of hard work and careful preparation has gone into making it reliable. The data are urgently needed for prediction and prevention of HIV. It is in the public interest," said Kaye Wellings, a research officer at the Health Education Authority, said.

"It is an important survey. It would put us in a better position to assess how the epidemic will spread in coming decades and to see whether behaviour has changed after five years of anti-Aids campaigns."
Charity set to fund sex survey vetoed by PM

BRITAIN'S BIGGEST survey of sexual behaviour, vetoed by Margaret Thatcher a month ago, is set to go ahead with private funding from the Wellcome Foundation Trust. The announcement has been delayed until next week, to avoid clashing with the Prime Minister's speech to the Conservative conference today.

Reliable data to help to predict the spread of the HIV infection are seen as vital by the Department of Health and the Economic and Social Research Council. But Mrs Thatcher said it would be a waste of public money and an unjustified invasion of privacy. She was also said to have doubted whether it would produce accurate information.

The £750,000 survey — in which 20,000 adults will be asked detailed questions about the frequency and nature of their sexual activities — was to have been funded by the Department of Health, the Health Education Authority and the Economic and Social Research Council. But Mrs Thatcher said it would be a waste of public money and an unjustified invasion of privacy. She was also said to have doubted whether it would produce accurate information.

Imperial College, London, two medical schools and a research organisation called Social and Community Planning Research were standing by to carry out the project after two successful pilot studies earlier this year. When government cash was withdrawn they applied to several charitable foundations for funding.

The Wellcome Foundation Trust, a charitable arm of the Wellcome drug company set up to fund medical research, has agreed in principle to a request to pay for the three-year investigation. Peter Williams, director of the trust, confirmed that the trustees had met this week but insisted no decision had yet been taken. "There will be a press release next week if discussions are favourably concluded," Dr Williams said.

Wellcome has produced AZT, the first drug licensed for the treatment of Aids, and its share price has risen as a result.

Source: The Independent, 13 October 1989
Methodology

1. Postcodes sectors randomly selected

2. ...then addresses randomly selected

3. Letter introducing Natsal sent out to selected addresses 1-2 weeks before interviewer visits

4. Interviewer enumerates everyone in household and then randomly selects 1 person in eligible age-range to invite to participate

5. Respondents complete an interviewer-administered questionnaire, including a self-completion section for the more sensitive questions

6. Sub-sample of respondents invited to provide biological samples (urine in Natsal-2; urine & saliva in Natsal-3)
Initial face-to-face section:

*Less sensitive topics:*

- General health* (incl. drinking & smoking)
- Family structure when growing-up
- Learning about sex
- First sexual experiences
- Use of contraception

*New to Natsal-3*
Self-completion section (CASI)

*More sensitive topics:*
- Heterosexual practices
- Homosexual practices
- Numbers of opposite-sex partners
- Numbers of same-sex partners
- Characteristics of most recent partnerships
- Travel & sex abroad
- Non-consensual sex*
- Paying for sex
- History of pregnancies
- Unplanned pregnancy*
- STIs & HPV vaccinations*
- Drug use* (incl. IDU)
- HIV testing
- Sexual (dys)function*
- Viagra use*
- Mood and well-being*

*New to Natsal-3
Content (3)

Final face-to-face section:

• Attitudinal questions
• Household classification
• Occupation
• Education/qualifications
• Religion
• Ethnicity
Methods

Natsal-1

Fieldwork 1990/’91
Age range 16-59
Sample size 18,876
Ethnic boost No
Administered Paper (PAPI)
Urine sampling No
Funding Wellcome Trust

Natsal-2

Fieldwork 1999-2001
Age range 16-44
Sample size approx. 15,000
Ethnic boost Yes: N=949
Administered Computer (CASI)
Urine sampling Yes: Ct, GC, HPV, HIV

Natsal-3

Fieldwork 2010-
Age range 16-74
Sample size 15,000
Ethnic boost No
Administered Computer (CASI)
Urine sampling No
Funding Wellcome Trust
The call for Natsal-2

“Natsal was undertaken in 1990-’91 and is becoming increasingly outdated as a source of population estimates.

It is essential [...] that the denominator estimates provided by Natsal are updated regularly”

Methods
## Methods

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<td>Sample size</td>
<td>18,876</td>
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<td>Ethnic boost</td>
<td>No</td>
<td>Yes: N=949</td>
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<td>Administered</td>
<td>Paper (PAPI)</td>
<td>Computer (CAPI)</td>
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<tr>
<td>Urine sampling</td>
<td>No</td>
<td>Yes: Chlamydia</td>
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<td>UK MRC</td>
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How have Natsal-1 and -2 data been used?

Extensively cited in Department of Health strategic documents & in evidence to the House of Commons’ Select Committee on Sexual Health

Estimate HIV prevalence in the UK population

To plan the delivery of the National Chlamydia Screening Programme

To measure the prevalence of HPV and to inform UK HPV vaccine policy

To plan sexual health social marketing interventions
“Natsal was undertaken in 1990–’91 and is becoming increasingly outdated as a source of population estimates.

It is essential [...] that the denominator estimates provided by Natsal are updated regularly”

Is Natsal-3 ‘more of the same’?

YES...

• Consistency
• Trends

AND NO...
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<tr>
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<td>No</td>
<td>Yes: Chlamydia</td>
<td>Yes: CT, GC, HPV, HIV &amp; M.gen</td>
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<td>Saliva sampling</td>
<td>No</td>
<td>No</td>
<td>Yes: Testosterone</td>
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<td>UK MRC</td>
<td>UK MRC, Wellcome, ESRC &amp; DH</td>
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“Sexual health is a state of physical, mental and social well-being in relation to sexuality. It requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence.”

Source: www.who.int
The focus of the initial 6 papers

- Unplanned pregnancy
- STIs
- Non-consensual sex
- Sexual (dys)function
- Interplay with physical & mental health

Sexual behaviour: Changes through the lifecourse & trends over time
The tip of the iceberg...
• Examine the relationship between testosterone, sexual function & behaviour
• Sexual mixing
• Concurrency of sexual partnerships
• Travel & sex abroad
• Paying for sex
• Same-sex partnerships and practices among men & women
• Sexual practices, including oral, anal & non-penetrative practices, & their sequencing
• The relationship between alcohol & drugs and first and subsequent sexual behaviour
• How people count partners
• Use of the internet in sexual partnerships & health service use
• Learning about sex
• Contraceptive methods & health service use
• Fertility intentions
• Unplanned pregnancy
• Intervals between key life events
• Family structure: size & composition
• Mental health & depression
• Attitudes towards sexual mores
• Screening/testing for Chlamydia, Gonorrhoea, HIV, M.Gen
• HPV vaccination
• Cervical screening
• ..........
WE WANT YOU!
Questions for you

What do you want to find out from Natsal-3?

How can we disseminate the findings to best inform current practice & policy?

Would you like to collaborate on ‘spin-out’ projects?

Please email me for more information about a workshop for collaborators: s.clifton@ucl.ac.uk
Acknowledgements

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