

# Sexual behaviour and sexual health service use of people with depression in Britain: Findings from the third National Survey of Sexual Attitudes and Lifestyles (Natsal-3)



Nigel Field<sup>1</sup>, Philip Prah<sup>1</sup>, Catherine H Mercer<sup>1</sup>, Greta Rait<sup>1</sup>, Jackie Cassell<sup>2</sup>, Anne Johnson<sup>1</sup>, Pam Sonnenberg<sup>1</sup>  
<sup>1</sup>University College London, London, UK, <sup>2</sup>Brighton and Sussex Medical School

## Background

- Depression is associated with increased sexual risk behaviour in studies focusing on adolescents and originating mainly from the US.
- However, few studies have investigated whether such associations persist across the life course, or examined associations between depression and use of sexual health services.
- The third National Survey of Sexual Attitudes and Lifestyles (Natsal-3), in 2010-12, was a probability sample of 15,162 people aged 16-74 resident in Britain.
- This study investigated the associations between depression, markers of risky sexual health behaviour, and sexual health service use in Britain.

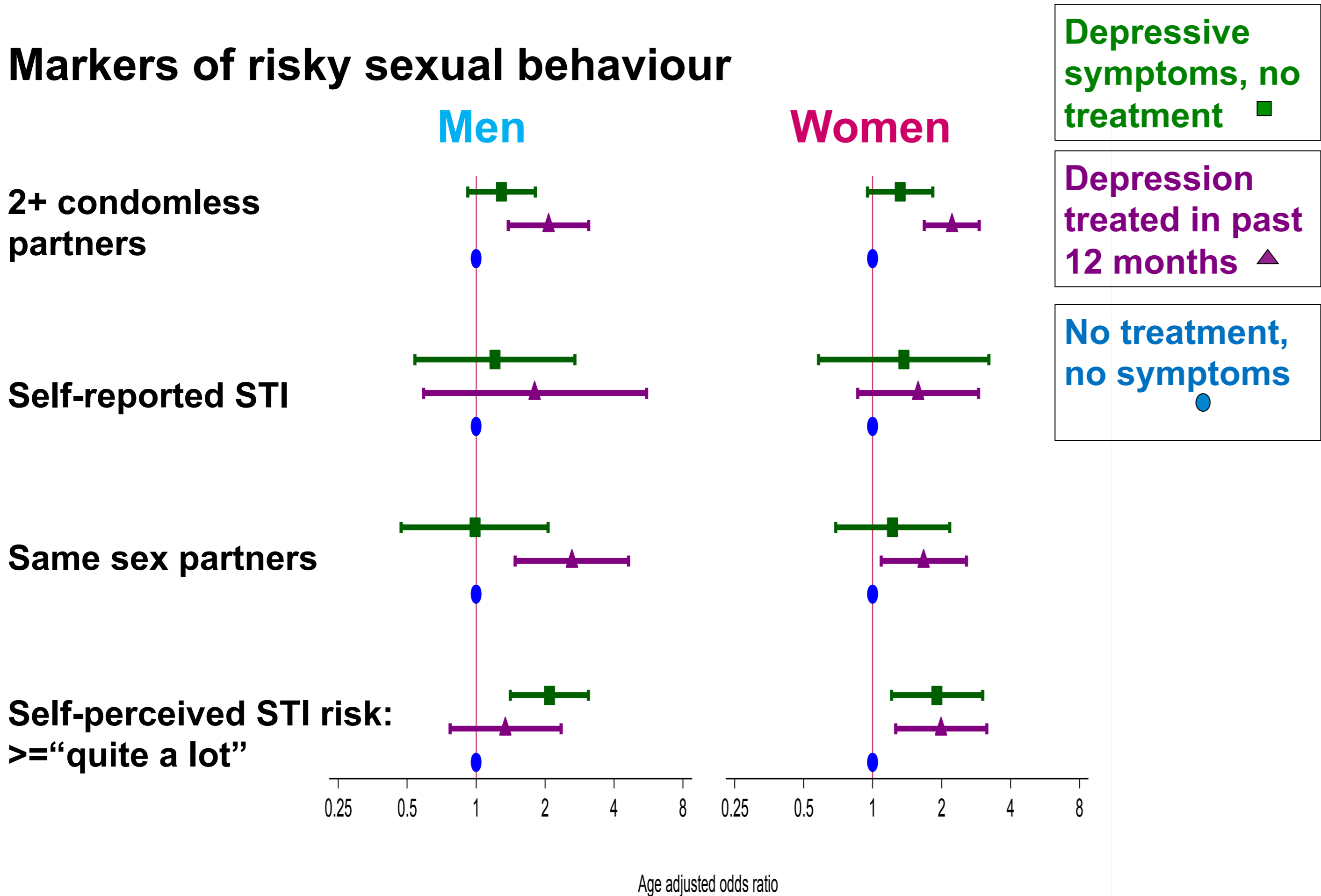
## Methods

- We selected two mutually exclusive groups for comparison with the general population:
  - (1) those reporting treatment for depression in the past year;
  - (2) those with depressive symptoms (using a validated two-question patient health questionnaire (PHQ-2)), but not reporting treatment for depression in the past year.
- Using logistic regression, we calculated age-adjusted odds ratios (AOR), with the data weighted to account for unequal selection probabilities and non-response.
- The Natsal-3 full methodological report can be found at: [www.natsal.ac.uk/natsal-3](http://www.natsal.ac.uk/natsal-3)

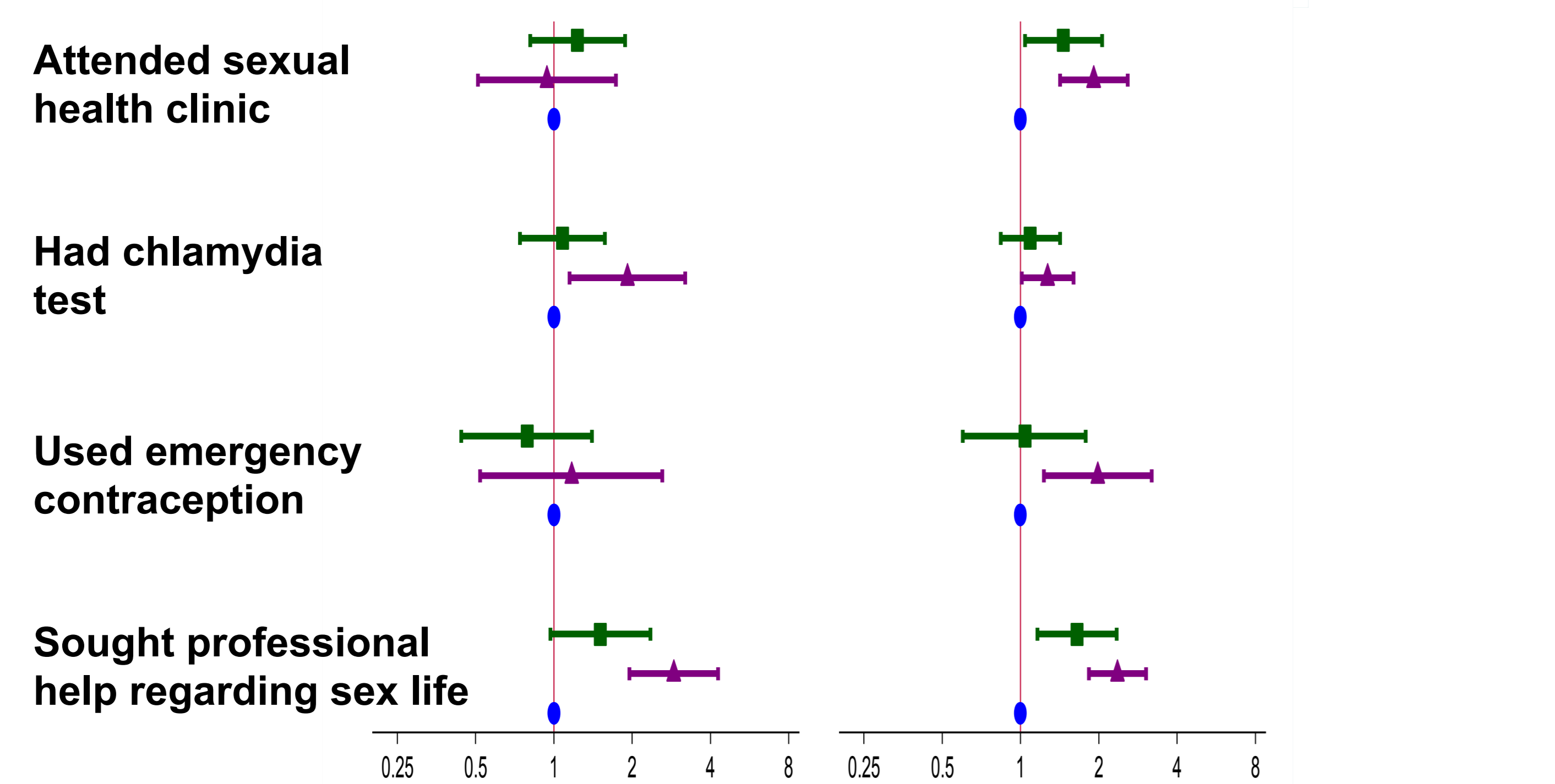
## Results

**Figure 1:** Age-adjusted odds ratios showing associations between treated depression and depressive symptoms and (A) markers of risky sexual behaviour and (B) sexual health service use in the past year

### A - Markers of risky sexual behaviour



### B - Sexual health service use



- 1,331 participants reported depression treatment (5.2% of men; 11.8% of women), while 954 participants (6.7% of men; 6.4% of women) had depressive symptoms but reported no treatment.
- **Among men**, compared to those not reporting treatment or symptoms, treated depression was associated with reporting 2+ condomless partners (AOR 2.1) and same sex partners (AOR 2.6) in the past year, whilst having depressive symptoms but no treatment was associated with an increased self-perceived STI risk (AOR 2.1).
- **Men** with treated depression or depressive symptoms were no more likely to report sexual health clinic attendance, but those with treated depression were more likely to report a recent chlamydia test (AOR 1.9) and seeking professional help regarding their sex life (AOR 2.9).
- **Among women**, treated depression was associated with reporting 2+ condomless partners (AOR 2.2) and same sex partners (AOR 1.7) in the past year, whilst treated depression and having depressive symptoms but no treatment were both associated with an increased self-perceived STI risk (AORs 2.0 and 1.9 respectively).
- **Women** treated for depression and those with depressive symptoms were more likely to report attending a sexual health clinic (AORs 1.9 and 1.5) and seeking professional help regarding their sex life in the past year (AORs 2.4 and 1.7). Those reporting treatment for depression were also more likely to report a chlamydia test (AOR 1.3) and use of emergency contraception in the past year (AOR 2.0).

## Conclusions

- Depression was strongly associated with markers of risky sexual behaviour in men and women.
- Women but not men with depression were more likely to report accessing sexual health clinics, although both men and women with depression had sought recent professional help about their sex lives.
- We found evidence of overlapping mental and sexual health needs in the British population. In primary care, where most depression is managed, depressed patients may benefit from holistic sexual health assessment.

## Acknowledgements

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**Contact:** Dr Nigel Field, Centre for Sexual Health & HIV Research, UCL, Mortimer Market Centre off Capper Street, London, WC1E 6JB; email: [nigel.field@ucl.ac.uk](mailto:nigel.field@ucl.ac.uk)