Is HIV still a barrier to sex for people living with HIV in the UK?

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Background
- It is widely reported that sexual intercourse has multiple health benefits to both physical and mental health (Roy J. Levin (2007)). It is also reported that there may be some greater satisfaction and increase to such health benefits from sexual intercourse compared to masturbation (Stuart Brody (2006)).
- Despite advances in HIV care and treatment, people living with HIV (PLWH) may still face barriers to a healthy and fulfilling sex life.
- We aimed to identify amongst PLWH attending our services, whether not being sexually active was related to HIV or sexual difficulties.

Method
- Routine enquiry about sexual activity for all patients attending routine HIV follow up at our service between 11/07/2017-20/05/2022 was reviewed.
- 308 PLWH were identified as not currently being sexually active and therefore included in the analysis.
- The electronic patient records were reviewed to ascertain demographic data and whether their abstinence was related to either HIV or sexual difficulties.
- This data was collated and analysed using Microsoft Excel.

Results
- 25.2% (n=74) reported not ever being sexually active since being diagnosed with HIV.
- Of these 47.3% stated this was due to their HIV diagnosis (Figure a).

![Figure a](image)

Gender
- A similar proportion of male and female identifying PLWH reported they were currently not sexually active due to HIV: 29.7% (n=202) males and 29.1% (n=106) females (Figure b).
- A sexual problem was reported as the reason for no sex in 4% of males and 1.3% of females.

![Figure b](image)

Sexuality
- Heterosexual identifying PLWH were 2.6 times more likely to not be sexually active, compared to those identifying as homosexual, 34% and 13.5%, respectively.
- HIV was stated as the reason for 63% of heterosexuals compared to 54% in the homosexual group, with 5% of homosexuals reporting sexual problems as the cause compared to zero heterosexuals (Figure c).

![Figure c](image)

Ethnicity
- Our data showed nearly double all Black PLWH not being sexually active due to HIV (31.1%), compared to all white PLWH (16.1%) (Figure d).
- Sexual problems were stated as the reason for abstinence in 1.2% and 6.1% respectively.

![Figure d](image)

Conclusions
- The proportion of all Black and heterosexual PLWH reporting abstinence due to HIV was higher compared to white British and men who have sex with men.
- Our findings suggest further support is needed to understand and address barriers for PLWH wanting to be sexually active. A specific focus on understanding barriers to sexual activity amongst Black and minority ethnic groups of PLWH and also heterosexual PLWH is needed.
- The importance of routine enquiry about sexual activity in routine HIV care is also valuable in identifying people who may need support around their sex lives.