



# **Sexual health review**

## **Consultation analysis report**

**Report by Consultation & Research Team**  
**April 2022**

## 1. Background

As part of Bolton Council's statutory duty for improving the health of residents across the borough, a review of sexual health services is being undertaken by the Public Health team. As part of this process residents and stakeholders have been asked to engage in conversation with how well sexual health services and interventions meet their needs. This consultation aims to determine whether there are any barriers to access, whether the services meet the needs of residents and stakeholders, and whether there are any additional services or resources that could be made more readily available and more accessible.

## 2. Methodology

Between the 28<sup>th</sup> February and 18<sup>th</sup> April the Council ran a public consultation, seeking to engage adult residents and stakeholders, that use sexual health services in Bolton, in sharing their reflections on service provision. During that period, a comprehensive communication plan was implemented to raise awareness of the proposal across the borough, including with service providers. Providers, including ['Bolton Centre for Sexual & Reproductive Health'](#), at Bolton Foundation Trust, ['George House Trust'](#), the ['PaSH Partnership'](#), ['Manchester Action on Street Health'](#), the ['Eve's Space'](#) project at Urban Outreach, Greater Manchester Police - Bolton District Intelligence Unit for On & Off Street Sex Workers, and the Learning Disability Partnership Board, were all encouraged to share the consultation with their service users and comment as organisations.

An email was also distributed to all stakeholders, including the Vision Partnership, equality groups, E-View, (a database of over 600 residents interested in consultation), and Elected Members. This information could then be re-shared with their service users and constituents through their channels and networks. Supporting documentation was made accessible on the Council's consultation webpages and social media was heavily utilised throughout the period.

The consultation reached 3,487 users on Facebook, with active engagement with 136 users (Monday's being the most pro-active day for engagement). On Twitter the campaign reached 6,896 users, with active engagement with 79 users (weekends are the most proactive time for engagement). The Communication Team trialled the campaign on the Instagram social media platform, where it reached 1,103 users in the first few weeks. Due to low engagement on this platform, the team focused the social campaign on Twitter and Facebook.

Participants were surveyed using a questionnaire tool made up of open and closed questions, over a period of 7 weeks, providing respondents the opportunity to reflect and share their thoughts on the review. The questionnaire was made available both digitally and offline, with the questionnaire being accessible on the council's consultation web page, as well as in hard copy format, on request. (A copy of the questionnaire is included at the end of this document, located in Appendix A).

In addition to the questionnaire, the consultation team sought to engage residents from African, Caribbean and Pakistani communities, who have historically been known not to access sexual health services until very late. Supported by colleagues from Public Health, face to face engagement sessions were held with 168 residents over a four-week period. Localities chosen for this targeted engagement activities were guided by information found on [datashine](#), predominantly taking place in accessible community spaces, including faith settings. Engagement was in the form of group discussions, one to one conversations and group facilitator interviews. Findings from this targeted engagement has been documented and fed back to the Sexual Health Commission Team for review.

#### **Analysis notes – Questionnaire**

- Results are presented in the questionnaire format, with don't know type responses removed. Responses may be abbreviated and / or ranked in order of popularity.
- Total percentages may exceed 100% where multi-responses were allowed and / or when rounded. Percentages have been rounded to the nearest whole number. Base: unless otherwise stated, percentages are based on respondents to a particular question.
- Sample verbatim extracts from comments are included in the report, allocated to categories where feasible. Each comment may fit into multiple categories. Unless otherwise stated, categories with five or more responses are shown.
- Care should be taken with percentages due low bases.

### **3. Responses**

Throughout the consultation period 74 electronic questionnaires from residents and stakeholders were received. In addition, feedback was provided by 'Manchester Action on Street Health' (MaSH) and the 'Eve's Space' project at Urban Outreach.

#### **3a. Manchester Action on Street Health - Findings**

Meeting with the Head of Business Development and Support provided an insight into a small-scale research project, undertaken in March 2021, looking at women and sex work in Greater Manchester. The analysis provided some data from women that use the MaSH services from

Bolton. The analysis estimates that there are approximately 4,565 women working as sex workers across Greater Manchester, but this figure is likely to be an under-estimate due to concentration of sex work in large cities and areas with high levels of deprivation. In Bolton, a small number of women were interviewed, 7 being resident in the Bolton borough and 12 women who sex-work in Bolton. MaSH's findings suggest that these women undertake sex work for a variety of reasons (addiction, trafficked/coerced, for survival – food/clothes/rent, lack of 'right to work' or due to difficult childhood experiences).

The engagement with MaSH highlighted services being accessed by women; these include:

- Sexual health services
- General health services
- Needle exchange services
- Practical support (clothing, bedding, condoms, needles, signposting to other services)
- Disability support
- Safety
- Accessing hardship support

The women access support via the main centre in Manchester City Centre, via an outreach van – accessible 4 x per week, from 8pm to midnight, and via an outreach nurse (the outreach nurse will also support those rough sleeping and begging). These women tend to access the services offered by MaSH as the service is non statutory, so helps to build confidence and trust. Having the service available in the evening also provides reassurance and a sense of safety.

*"It costs MASH approximately £8,490 each year to support the women from Bolton who sex work in Manchester and we are not currently funded for this."*

When interviewed, those that were from Bolton or work in Bolton, tend to prefer face-to-face engagement with services, with text message support also being favourable. Key gaps in provision were around sexual health support, practical support, safety, counselling, education and racial discrimination.

The opportunities and gaps highlighted by MaSH as part of this review include:

- Sex workers resident in Bolton reported that there were gaps between the support they needed and the support they have had access to, and only 29% had accessed services offered by MaSH.

- The research showed the value of ‘women’s only’, non-judgemental, multidisciplinary services such as MaSH, for meeting the needs of women who sex work.
- Urban Outreach in Bolton are established and there are opportunities for MaSH to support or partner with them going forwards. The team at MaSH are also keen to continue talks with the Sexual Health Commissioning Team in Bolton.

### **3b. Feedback from Eve’s Space**

The team at Eve’s Space consulted with the women accessing their services and asked for their feedback on the review of sexual health provision in Bolton.

- The service users felt that there were lots of infections going around.
- Most women had not been to hospital; this was because when they rang up it was usually 10 days before they could get an appointment so didn’t bother. This was also an issue from the women in the parlour.
- Before covid the team at Eve’s Space managed to get the nurses to go into the parlour, which was an excellent service. The women would like this service to start again. The team at Eve’s Space have spoken to the nurses, but they are unsure when they would be able to start going back in.
- The team use to be able to ring the hospital and make appointments for the women, because they are a high-risk group, but we’re now finding this challenging as they want too much information that we can’t provide.

## **4. Digital Survey Responses**

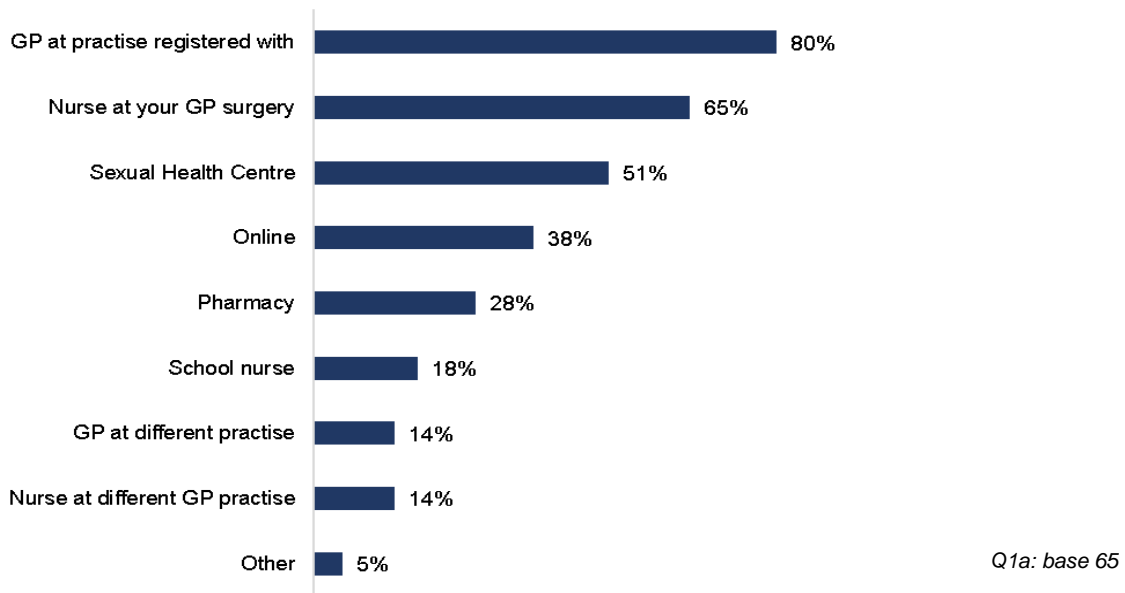
Respondents are primarily White British [70%], female [67%], in full time employment [61%], aged 44 or under [64%], non-religious [46%] and heterosexual [87%]. (Full demographics are given in Appendix B).

## **5. Providing services**

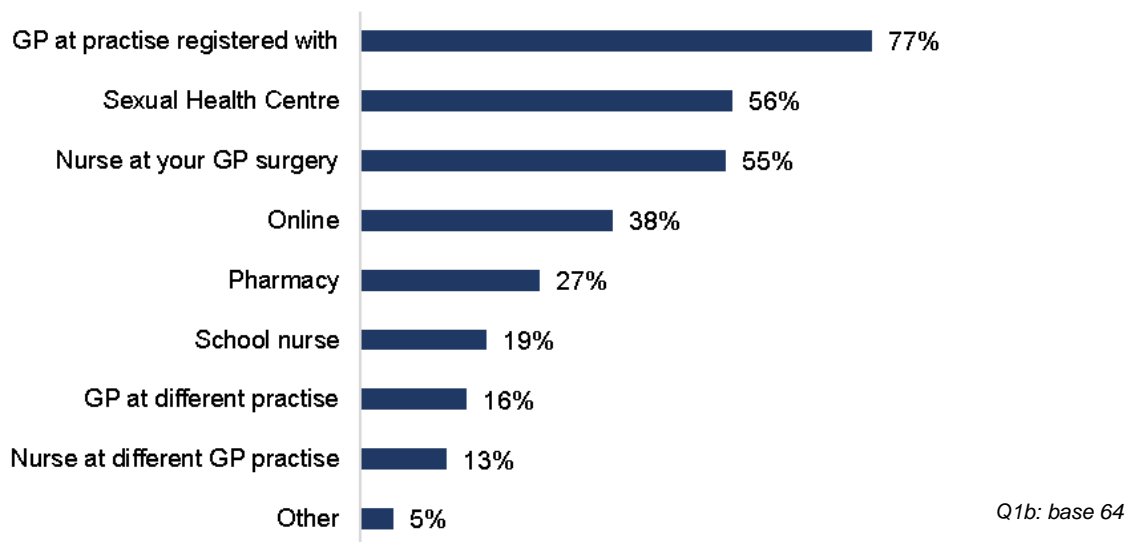
Respondents were asked where they felt different sexual health services should be provided. Those answering this question could select as many options as they liked. As can be seen in the following charts, using a GP or nurse at the practice someone was registered with, features in the top two responses for each type of sexual health services. Respondents were generally less keen to want to go to a GP or nurse at a different GP practice.

\*Each chart provides a description of all options selected by at least half of respondents.

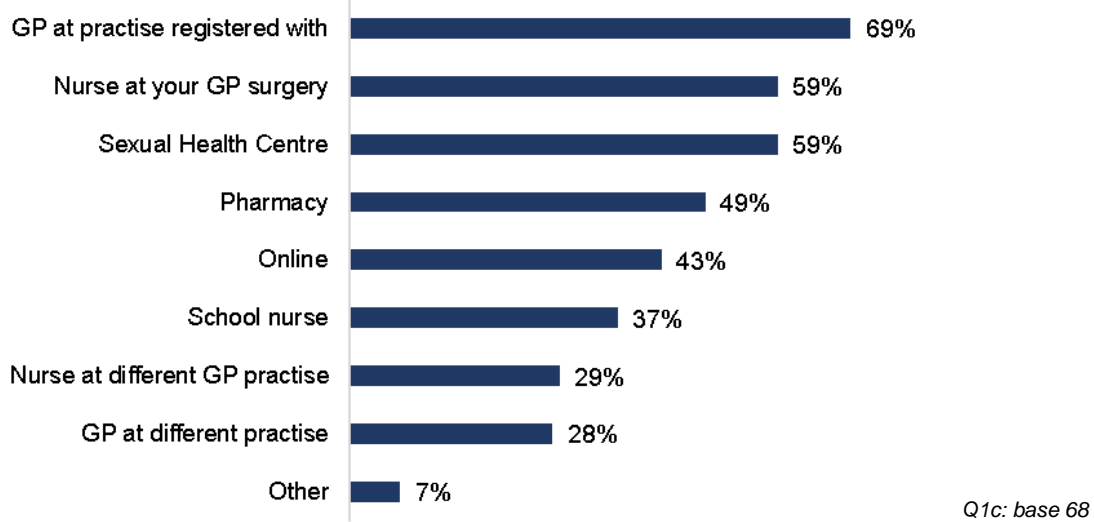
**Women’s sexual health issues:** Eight out of ten respondents (80%) felt that Woman’s sexual health services should be provided by a GP at the practice the person was registered with. 65% felt it should be provided by a nurse at that practice, and 51% at a Sexual Health Centre.



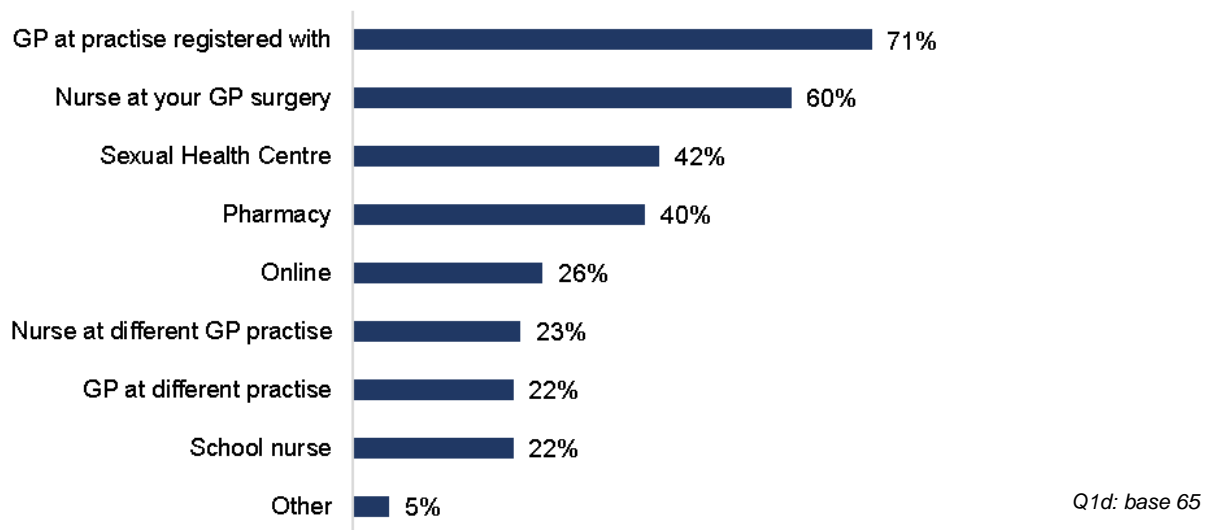
**Men’s sexual health issues:** 77% of respondents felt that Men’s sexual health services should be provided by a GP at the practice the person was registered with. 56% felt it should be accessible at a Sexual Health Centre and 55% by a nurse at the GP practice the person was registered with.



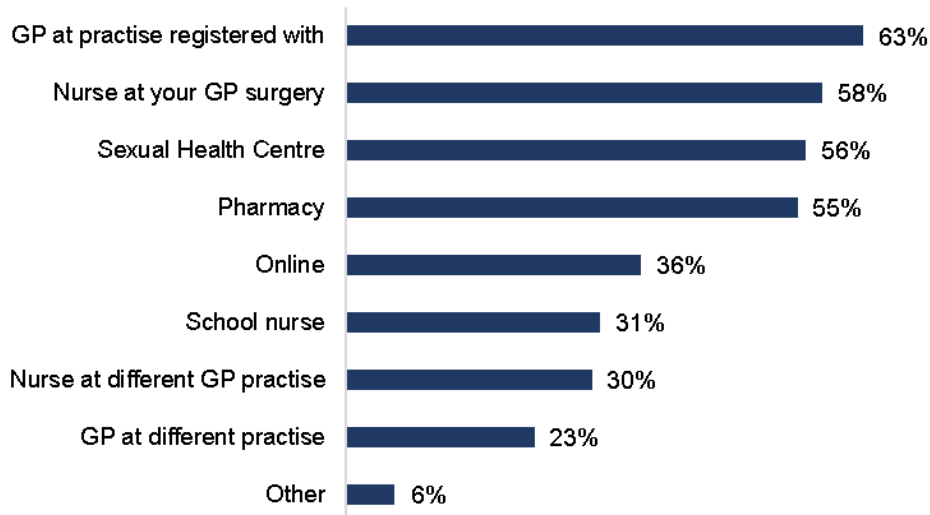
**Contraception advice:** 69% of respondents felt that contraception advice should be provided by a GP at the practice the person was registered with. 59% felt it should be available by a nurse at that practice and 59% at a Sexual Health Centre.



**Regular contraception that needs a prescription:** 71% of respondents felt that regular contraception, that needs a prescription, should be provided by a GP at the practice the person was registered with. 60% felt it should be accessible by seeing a nurse at that practice.

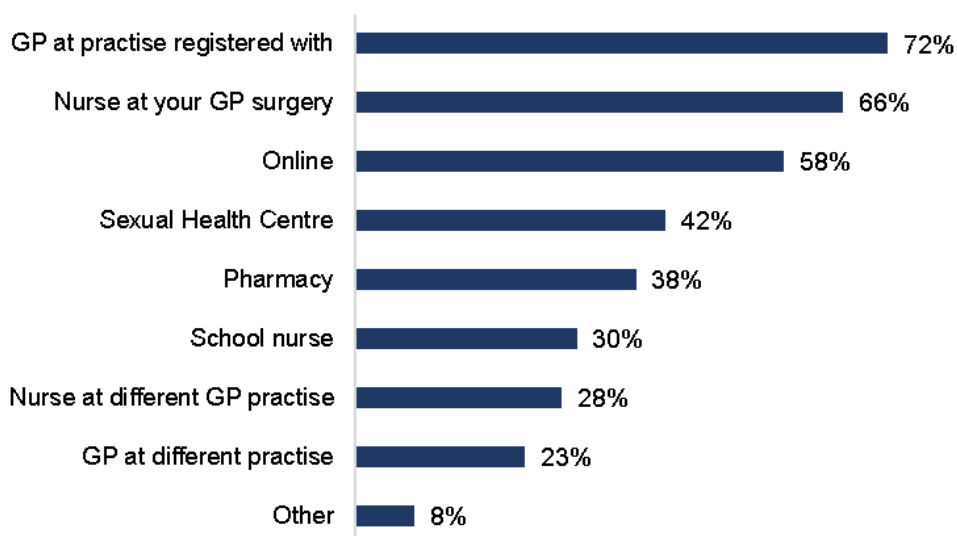


**Emergency Hormonal Contraception:** 63% of respondents felt that Emergency Hormonal Contraception should be provided by a GP at the practice the person was registered with, 58% by a nurse at that practice, 56% at a Sexual Health Centre and 55% at a pharmacy.



Q1e: base 64

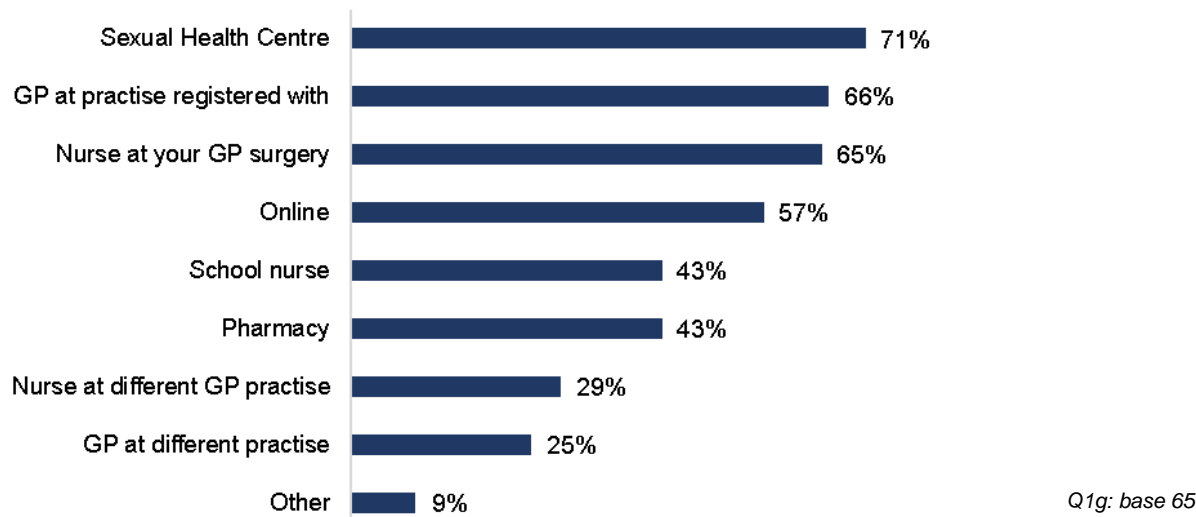
**Pregnancy planning advice:** 72% of respondents felt that pregnancy planning advice should be provided by a GP at the practice the person was registered with. 66% felt it should be available by seeing a nurse at that practice and 58% stated this service should be available online.



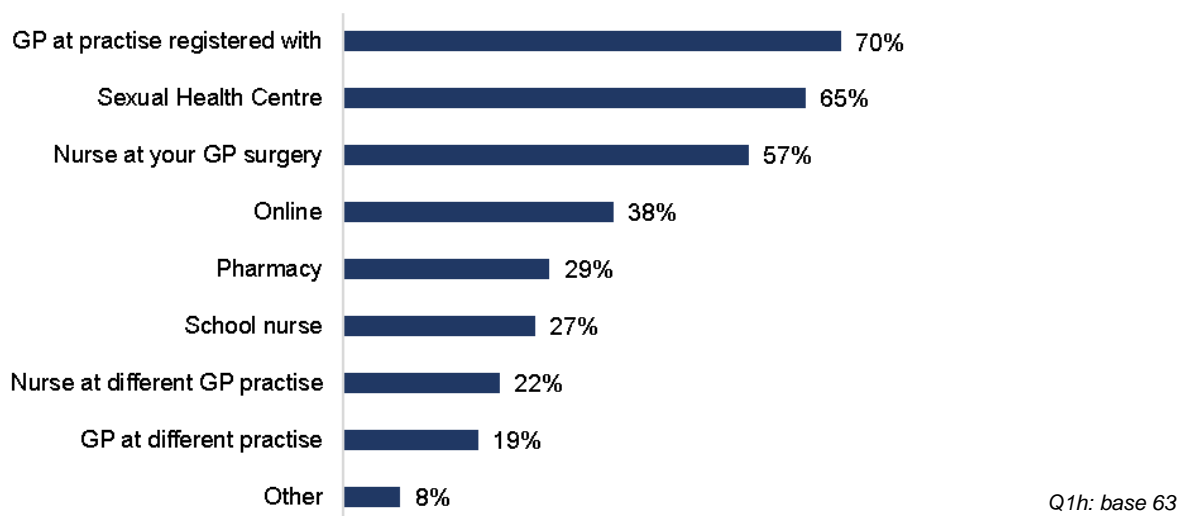
Q1f: base 64

**Sexual health advice:** 71% of respondents felt that sexual health advice should be provided at a Sexual Health Centre, 66% by a GP at the practice the person was registered with, 65% by a nurse at that practice and 57% felt it should be provided online.

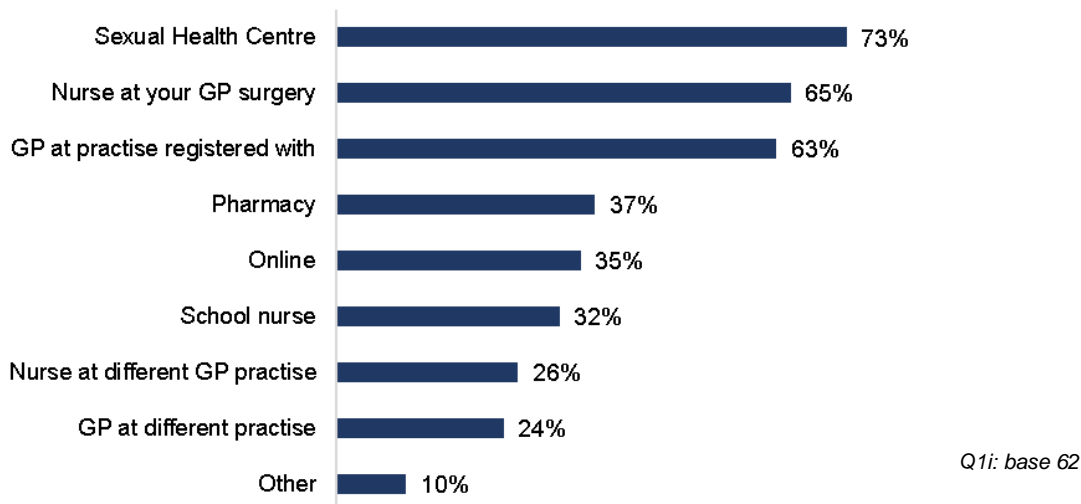




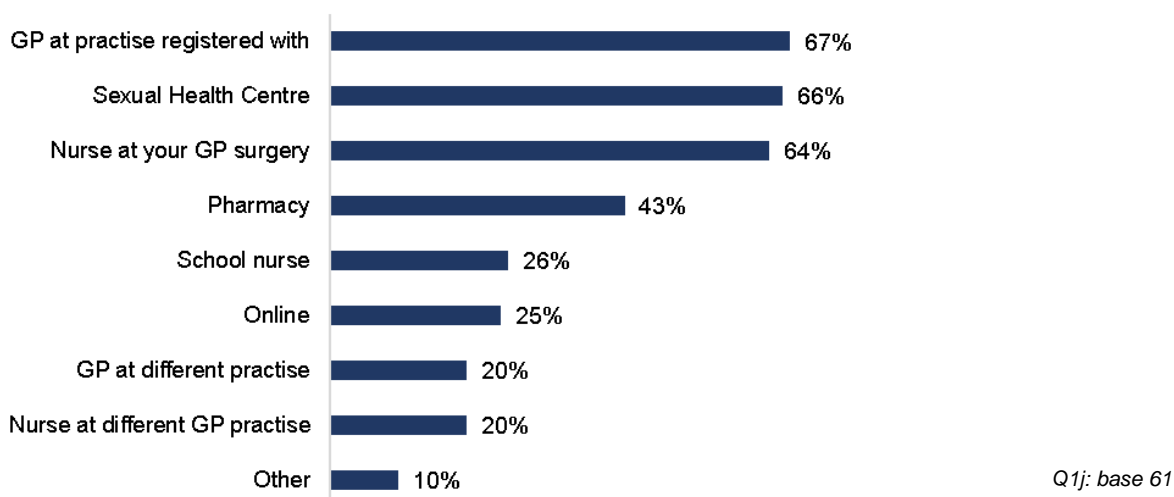
**Sexual health screen with tests:** 7 out of 10 respondents felt that sexual health screening, with tests, should be provided by a GP at the practice a person was registered with. 65% stated it should be accessible at a Sexual Health Centre and 57% by a nurse at the GP practice a person was registered with.



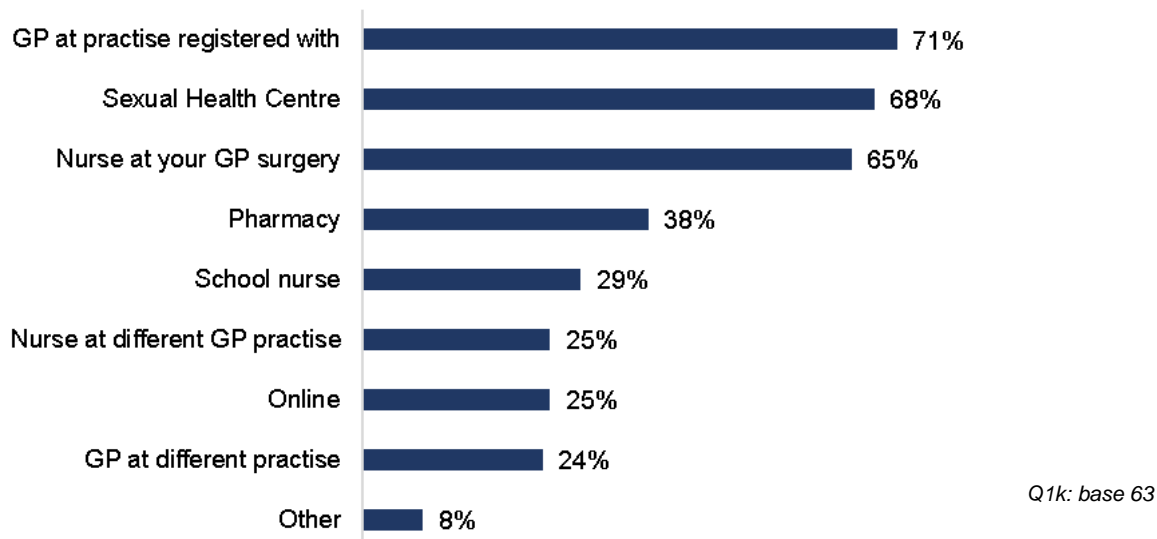
**Chlamydia test:** 73% of respondents felt that chlamydia tests should be offered at a Sexual Health Centre, 65% by a nurse at the GP practice someone was registered with, and 63% by a GP at that practice.



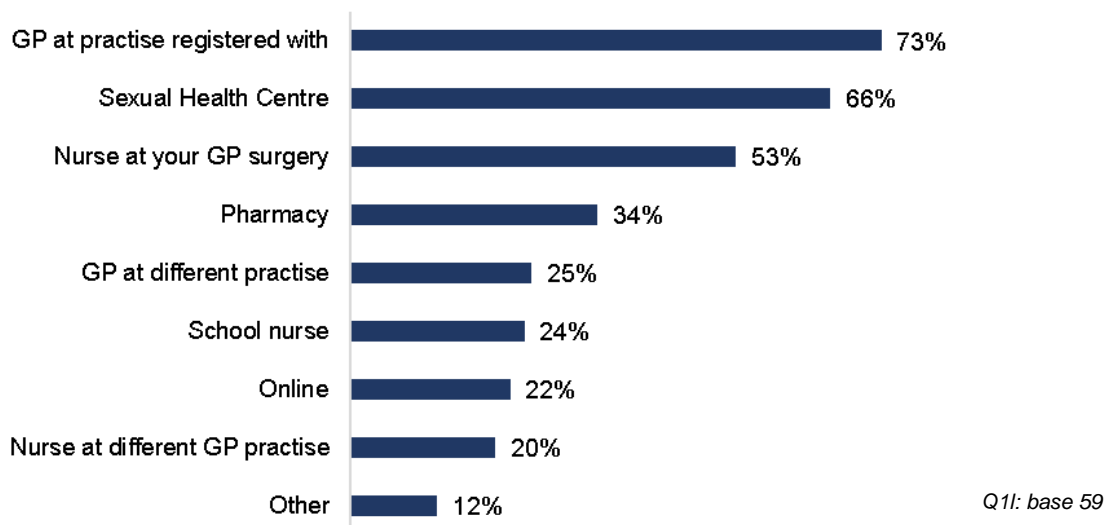
**Chlamydia treatment:** 67% of respondents felt that chlamydia treatment should be offered by a GP at the GP practice someone was registered. 66% felt that accessibility should be available via the Sexual Health Centre and 64% by a nurse at the GP practice someone was registered with.



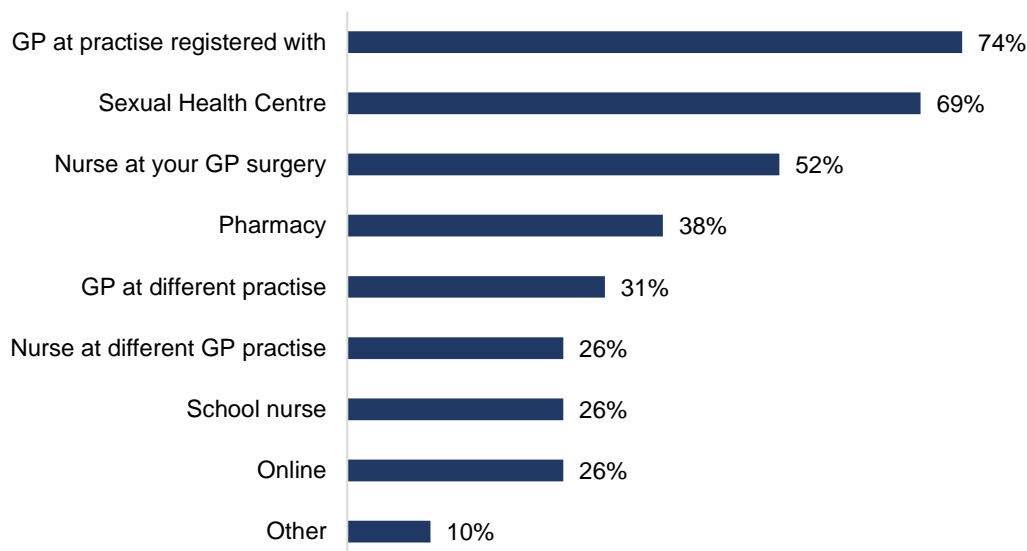
**Sexually Transmitted Infection treatment:** 71% of respondents felt that Sexually Transmitted Infection treatment should be offered by a GP, at the GP practice someone was registered. 68% stated treatment should be available at a Sexual Health Centre and 65% preferred being treated by a nurse at the person's GP practice.



**PrEP prescription:** 73% of respondents felt that PrEP prescriptions [taken before and after sex to reduce risk from HIV] should be offered by a GP at the practice someone was registered. 66% would prefer the service via a Sexual Health Centre and 53% by a nurse at the person’s GP practice.



**PrEP treatment:** 74% of respondents felt that PrEP treatment [which can stop HIV infection if taken within 72 hours of exposure to the virus] should be offered by a GP at the practice someone was registered, 69% by a Sexual Health Centre and 52% by a nurse at the person’s GP practice.



**‘Other’ Responses:** Respondents who answered ‘other’ to any part of Question 1 were invited to explain where services should be provided:

- 4 respondents suggested local community centres, youth centres or hubs *“pop up clinics that run at a community centre with one general practitioner a nurse and hca that can give information advice and guidance.”*
- 1 respondent suggested a local medical / health centre
- 1 respondent asked for “a visiting nurse to people who are unable to go to the doctor surgery or sexual health department”
- 1 respondent felt the voluntary sector could offer “lots of support, information and testing”

### 6a. Sexual / reproductive health services in Bolton

Residents were asked if they had previously used or tried to use sexual / reproductive health services in Bolton in the past few years, and were invited to outline what they like about the service and what could be improved.

Rank	Category	No. of respondents
a	Where / how service offered	21
b	Difficulties getting appointments / contacting services / waiting times	15
c	Praise for staff / service in general	12
d	Staff / general service negative	7
e =	Promotion / signage	5
e =	Embarrassment	5

## Categorised comments – sample verbatim extracts

**Where / how service offered:** Respondents outlined the type of services, venues and format of services which they would like, along with those they disliked.

- *Really did like having an online chat or a telephone conversation instead of having to get transport to and from the sexual health department. ...Also could the blood test not be done at the local GP rather than having to go through Royal Bolton Hospital?*
- *Would like to have a service where women are encouraged to attend their GP or a sexual health clinic to provide advice about the menopause, as it is not generally talked about and there is not very much information out there. Maybe it should be offered at age 40 for all women.*
- *Telephone consultations were helpful during the pandemic but certainly not the way forward. Pts need to be seen face to face to ensure nothing is missed.*
- *Setting of sexual health on the Bolton Hospital site is depressing and grim...The waiting room is horrific. I enquired about PrEP from the service and didn't get the correct information. .. Online services are fine, providing that they are done properly.*
- *Digital is non existent, needs to be more like Manchester service*
- *Free condoms only available after 6pm. Absolutely ridiculous.*
- *Restrictions for online STI tests, people my age cannot access this service at the moment. It should be open to all age ranges, over minimum age.*
- *I've had to purchase contraceptive pills online which is costly. It would be easier to allow repeat prescriptions of the pill if you can provide weight/height/blood pressure details. It would be more accessible to have the drop-in clinics for prescriptions at local health centres or pharmacies so you did not have to rely on the GP surgeries.*

**Difficulties getting appointments / contacting services / waiting times:** It could be difficult to get an appointment or to contact the services, and concerns about waiting times were expressed.

- *Feel discouraged from contacting the surgery as it is supposed to be difficult to get an appointment at the moment.*
- *[GPs] are still in hiding because of Covid, and so many (the majority it seems) are part time female GP's, it remains almost impossible to see a GP.*
- *Difficult to get through to the surgery to arrange an appointment, as they only answer the phones at 8am (when I start work) and all appointments are gone quickly after.*

- *Could not get an appointment for my 16 year old- so had to go to Salford*
- *Contacting the service is difficult. Phones aren't answered. Why can't they use email?*
- *Nobody answers the phone and the online booking service has been down for months.*
- *Really hard work getting an appointment at the hospital and there are no other clinics available for sexual health check ups or screens. Calls are often unanswered and when you do get through you're told there's no appointments.*

**Praise for staff / service in general:** Respondents praised the professional and caring service they had received.

- *The nurses, the reception staff and the doctors are all absolutely wonderful.*
- *I was treated really well.*
- *Professional and approachable*
- *Staff are very friendly and understanding to issues and deal with them in a very comforting, confidential manner.*
- *Very friendly and understanding to issues and deal with them in a very comforting, confidential manner.*

**Staff / general service negative:** Respondents expressed concerns about various aspects of the service they were particularly unhappy with.

- *Informed my doctor of irregular periods and other symptoms ...My doctor kept telling me to loose weight and we will see improvement. ... I decided to go private and received diagnosis of PCOS after multiple tests to rule out anything else.*
- *Had to use the hospital pharmacy. A very fearful experience.*
- *Recently paid to go private for a sexual health screen because the service is so bad.*

**Promotion / signage:** The way the services were promoted, the information that was offered and signage could all be improved.

- *There is a sign outside the door that says sexual health department...the department should have a name for example the Morgan suite and then the only people who would know what it was would be people who were registered or who knew about the service.*
- *You could be forgiven for thinking that these services ...are just for LGBTQ+ people, because that's what all the signage/posters/badges/etc tell you.*

- *Notifications are primitive, not engaging and not person centred. The narrative is almost aggressive; it's not friendly. They really need a copy writer and not a nurse to be writing their notes and messages; or upskill the team in person-centred communications.*

**Embarrassment:** It could be embarrassing to visit and use sexual health services.

- *Very embarrassing to tell the taxi driver you're going to the sexual health department.*
- *GP receptionist asking questions*
- *Sometimes I feel embarrassed but I want to stay well for my family.*

**Other comments:** Other comments included those who were happy with waiting times and availability of services “easy to access... there was no waiting time” and uncertainty about services “don't know where to go”.

### **6b: Barriers that are stopping people accessing sexual / reproductive health services.**

Residents and stakeholders were able to provide their comments on the potential barriers hindering access to services. Comments received could be themed into five categories:

Rank	Category	No. of respondents
a	Type of appointment / venue	24
b	Getting appointments / waiting times	12
c	Embarrassment / confidentiality	10
d	Staff attitude / sex of	6
e	Stereotyping / prejudice	5

### **Categorised comments – sample verbatim extracts**

**Type of appointment / venue:** The types of appointment available and where they were offered could be a barrier. Respondents felt that attending appointments that weren't close to home could be difficult on grounds of unfamiliarity or cost, or simply preferred the convenience of attending a pharmacy or GP surgery rather than the hospital. While face-to-face appointments were preferred by some, other people might want telephone or online appointments.

- *Frustrating that an appointment has to be booked through the GP surgery for 6 month contraceptive check up, cannot understand why this can't be done with the pharmacy, as the only physical part of it is a blood pressure check.*

- *Uncomfortable attending the hospital for implants when the service used to be at my GP's practice*
- *Used to struggle getting to appointments especially if they were at the hospital*
- *It seems ridiculous ... that the hospital should be expected to prescribe a post menopausal hormone...It is a complete waste of hospital time and resources. This could easily be passed onto the GP Practice.*
- *Awkward only being able to go to hosp for some services*
- *Too far from home for those that do not drive, potential parking costs*
- *The location of the hospital, it's not easy to get to, especially if you live anywhere other than that end of Farnworth! Public transport in Bolton is horrific. Traffic is horrific at certain times of the day to and from the site... Parking is expensive.*
- *Hospitals can be daunting for most people*
- *Lack of home test kits.*
- *Only free sti services online for people under a certain age and area online - this should be free and accessible for people of all areas and ages*
- *GP's ...using phone/online consultations.*
- *No phone appointments*
- *No face to face*
- *Face to face discussion is more convenient... online Appointment would be helpful.*

**Getting appointments / waiting times:** Difficulties in making appointments and waiting times to be seen could also be barriers, and if appointments were not available at convenient times this could deter people from seeking help and support.

- *It's hard enough to get an app with GP/nurse, make it easier for women.*
- *Too long wait*
- *Lack of GP appointments*
- *Lack of appointments*
- *Demand is way to high making it difficult to get an appointment within the 48 hr access rule.*
- *Due to short staffing/staffing levels unable to book prompt appointments*

**Embarrassment / confidentiality:** It could be embarrassing to seek help from some sexual health services. Concerns were raised about being seen visiting sexual health clinics, being quizzed by receptionists and worries around confidentiality.



- *GP receptionist asking questions*
- *Embarrassment. I get nervous because I might bump into someone I know.*
- *People feel embarrassed about entering such places and the stigma/judgment they may face when they are in such places.*
- *Confidentiality with data being shared outside nhs*
- *Shyness, feeling a GP may tell family*

**Staff:** This category covers comments around the attitude of staff, which could be off-putting, and the sex of staff.

- *NHS/GP receptionists - they are almost universally awful.*
- *Staff unhelpful and unfriendly at the hospital*
- *Primary healthcare - being destroyed by part time female GP's*
- *Should give choice either you wana see female or male doctor*


**Stereotyping / prejudice:** There was concern over the way services were promoted to certain sectors, which could exclude others, and feelings that assumptions would be made about people's medical conditions or lifestyle.

- *The anti-white racism, misandry, & heterophobia, in the NHS*
- *I think it's stereotyped*
- *Targeting of information to different communities is non-existent*
- *Don't presume everything is weight related*

**Other comments:** Other barriers included language "*sometimes language affects why people don't go*". Respondents suggested that "*health promotion and education*" would help, as better promotion of services would make people feel more confident about using them "*don't know where to go*".

## **7. Summary**

Approximately 242 residents and stakeholders took part in a universal and targeted consultation, looking at a review of sexual health services across Bolton. In addition, two organisations supporting sex workers in the borough, provided feedback of how their service users access provision and the gaps in the current sexual health offer.



Of those taking part in the universal survey, the majority are white British (70%) and are women (67%). Respondents participating in the questionnaire predominantly favour services provided by their own GP, at their own GP surgery. The services that favour an alternative setting were sexual health advice (71%) and Chlamydia testing (73%), with respondents stating they would prefer to be accessed via a sexual health centre.

Respondents suggested alternative settings for accessing sexual health services, including community centres, pop-up clinics, voluntary organisation settings and via home/visiting nurses. Models of good practice for alternative settings were also identified in the research carried out by MaSH.

Comments received were mainly around how and where services could be offered, this included some of the best practice implemented during the pandemic (online/telephone consultations). Other comments highlighted difficulties accessing services, engagement with staff, difficulties with marketing material, embarrassment in accessing services, including the term 'sexual health', and stereotyping of service users.

Overall, the consultation provides some useful insights as to preferred ways of accessing sexual health services and is indicative of concerns that people have and the barriers they may face when accessing provision.

## Sexual health survey 2022

Bolton Council is responsible for providing a range of sexual health services that everyone in the borough has access to. These include treatment of women's and men's health issues, contraception, pregnancy advice, sexually transmitted infection testing and treatment, and HIV prevention.

We welcome your views to help us make sure we're providing the right services in convenient locations. The COVID-19 pandemic has raised some challenges, but also opened up new ways of providing sexual health services, and we are interested in your ideas to help us provide a range of services to help everyone maintain good sexual health.

If you're doing this questionnaire on a Smartphone or Tablet, you may need to use two fingers to pinch / zoom your screen to see the full page.

### Your responses - keeping your data safe

If you're responding as an individual you won't be identified in any report; your responses will be anonymised and grouped together with those from other people. All questions are optional, so please feel free to skip any that you prefer not to answer.

Reports may be made public. If you are responding in an official capacity your response may be published, but no personal details will be made public.

Any personal data you provide will be held securely, in line with our retention schedule and privacy policy, which can be found here:

[www.bolton.gov.uk/data-protection-freedom-information/privacy-notice](http://www.bolton.gov.uk/data-protection-freedom-information/privacy-notice)

We use professional software called Snap Surveys to collect and process your data. As data processor, Snap Surveys Ltd. follow the UK General Data Protection Regulation [GDPR]. You can view their privacy policy here: [www.snapsurveys.com/survey-software/privacy-policy-uk/](http://www.snapsurveys.com/survey-software/privacy-policy-uk/)



**Q2** If you answered 'other' please explain

**Sexual / reproductive health services in Bolton**

**Q3** If you've used or tried to use sexual / reproductive health services in Bolton in the past few years please tell us what you liked about the service, and what could be improved?  
We're particularly interested in how you feel about the way we've been providing services during the pandemic, such as online consultations

**Q4** What, if any, barriers are there to stop people accessing sexual / reproductive health services?  
Please include anything that puts you / others off using sexual / reproductive health services, such as services being too far from or too close to home, concerns about confidentiality etc

## About you

Your answers in this section help us to make sure that we are getting views from different types of people.

They will not be used to contact you or to identify you.

### Q5 Are you ...?

- Female  Male  Other

### Q6 Which most closely describes you?

- Employed full time [30 hours or more a week]  Unable to work because of sickness / disability
- Employed part-time [up to 30 hours a week]  Full time student
- Self employed / freelance  At home, looking after family
- Unemployed, available for work  Retired
- Other

### Q7 Which age group are you in?

- Under 18  35 - 44  65 - 74
- 18 - 24  45 - 54  75 - 84
- 25 - 34  55 - 64  85 or over

### Q8 What is your ethnic group?

- White British  Asian or Asian British
- White other  Black, Black British, Caribbean or African
- Mixed or Multiple ethnic group  Other ethnic group

### Q9 What is your religion?

- No religion  Jewish
- Christian [including Church of England, Catholic, Protestant and all other Christian denominations]  Muslim
- Buddhist  Sikh
- Hindu  Other religion

### Q10 Which of the following most closely describes you?

- Straight / heterosexual  Bisexual
- Gay / Lesbian  Other sexual orientation

**Thanks for your time. Please click 'submit' to send your response to us.**

## Demographic details

**Sex:** 70 responses were received providing the respondent's gender. 67% of respondents' identity as being female and 33% identify as male.



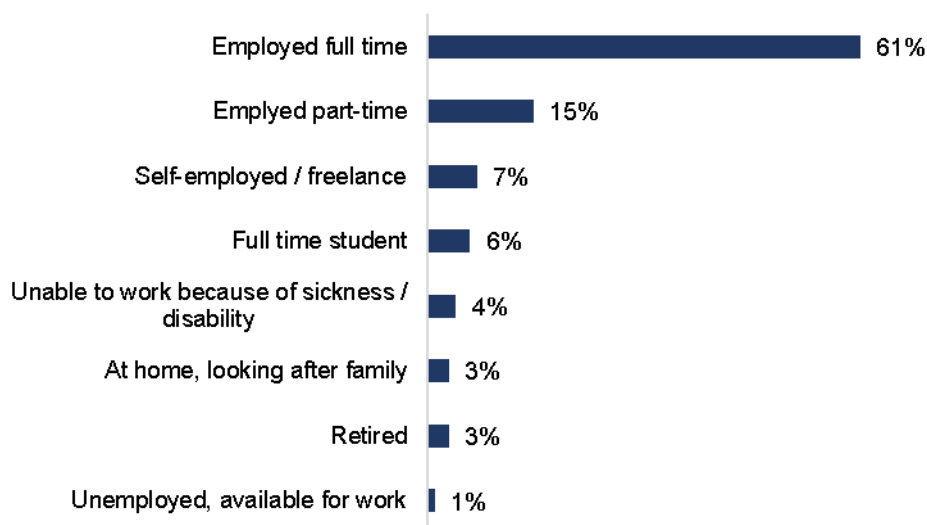
67% female



33% male

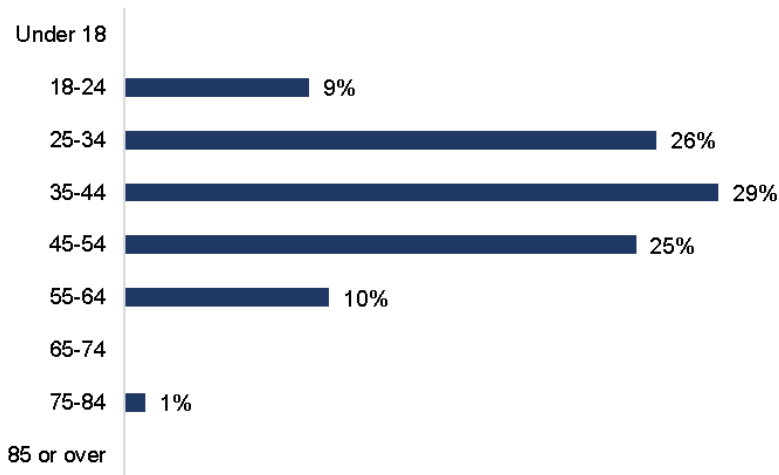
*Q5 Base: 70 respondents*

**Employment Status:** 76% of respondents stated they were in some form of paid employment. 7% stated they were self-employed or freelance. 6% of responses were received from full-time student. 4% of respondents are unable to work due to illness or disability. 3% of respondents stay at home to look after family members, 3% are retired and 1% of respondents are unemployed, but available for work.



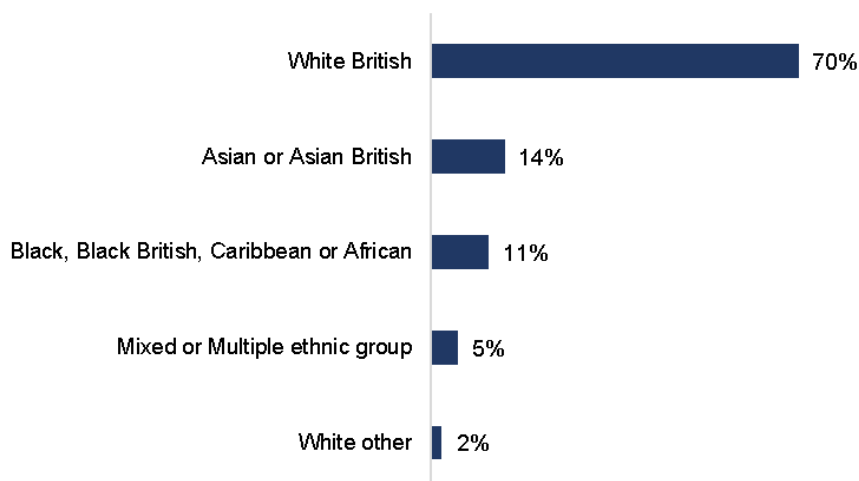
*Q6 Base: 71 respondents*

**Age:** Responses were received from individuals in most age categories. 35% of respondents are under the age of 34 years. 64% of respondents are aged between 35 – 64 years. 1% of responses were received from individuals between the ages of 75 – 84 years.



Q7 Base: 69 respondents

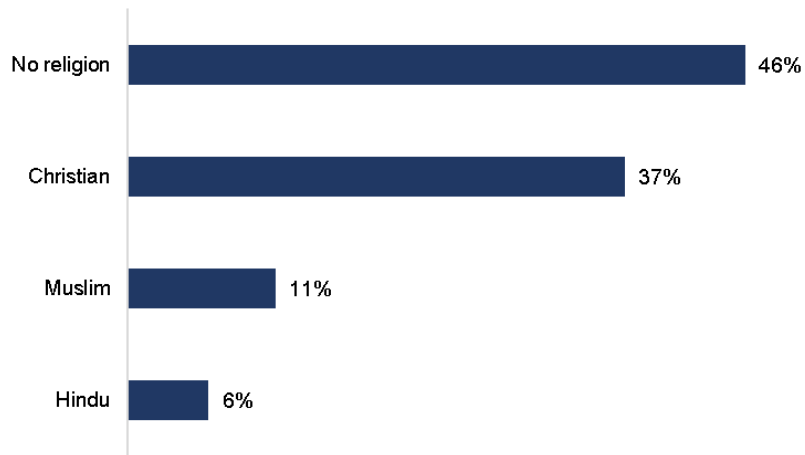
**Ethnicity:** 70% of responses received are from residents and stakeholders who identify as being ‘white British’. 32% of responses are representative of communities other than ‘white-British’, this includes 14% from Asian/Asian British communities and 11% from Black, Black British, Caribbean or African communities.



Q8 Base: 66 respondents

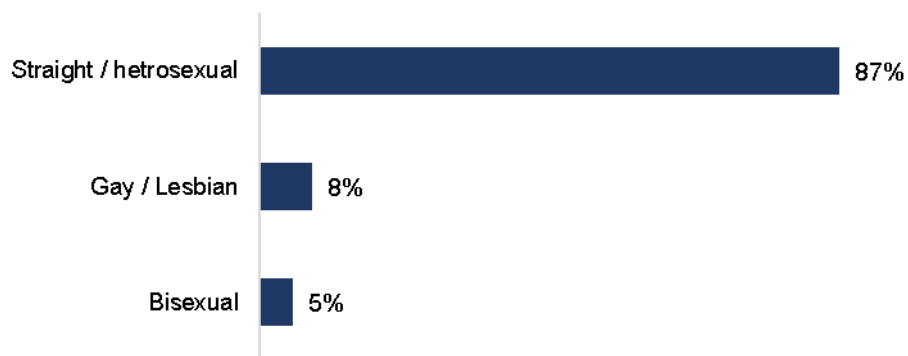
- **Religion:** 46% of respondents had no religion, 37% were Christian, 11% Muslim and 6% Hindu.





Q9 Base: 70 respondents

**Sexual orientation:** 87% of respondents identify as being heterosexual, 8% homosexual, 5% bisexual.



Q10 Base: 61 respondents