Clinical Round Up

Lewis J. Haddow [1]

Sophie Herbert [2]

[1] Centre for Sexual Health and HIV Research, University College London, UK

[2] The Ashwood Centre, St Mary's Hospital, Kettering, UK

Using the internet for sex and sexual health

Adolescents and young adults in high-income countries who are currently around the age of sexual debut are unlikely to have experienced life without the Internet. They will have lived most of their childhood in the era of smartphone software ("apps") designed to use online information for social networking. A recent paper in Sexually Transmitted Infections highlighted the ubiquity of Facebook use among men who have sex with men (MSM) aged 18-25 and importantly that around half were using websites and apps designed for sexual networking between MSM.[1] They were not using the sites and apps only for sex; other prominent reasons for their use included dating and just "killing time". Of the many recent articles reporting research on sexual health and the internet, one that caught the eye of Clinical Round Up was an analysis of data from the British National Survey of Sexual Attitudes and Lifestyles (NATSAL).[2] The survey asked whether younger male and female adults (16-44) were using the Internet for sexual health reasons.[3] The answer was that in general they are not: less than 0.3% had used the Internet for STI or HIV testing or treatment in the past year, 1.4% had obtained condoms on the Internet, and 4.5% had used it for support and information relating to one's sex life. This was in contrast to >60% of men and >70% of

women having used services other than the Internet for the same sexual health reasons within the past year. The low figures probably capture only the survey respondents' *intended* use, and it may be that there is coincidental use of sexual health support through responding to advertising, etc, of which they were less consciously aware. These findings raise the question of whether the Internet and smartphone apps are untapped resources for sexual health prevention and provision. Or perhaps they are dead-ends, and those of us seeking to improve sexual health should look elsewhere to access our target clientele. Innovative use of online sexual health provision is likely to be demand-led: witness the rapid rise of sites supplying and supporting the use of pre-exposure HIV prophylaxis in recent months. And where it does not already exist, demand will need to be created.

In a rather different survey population of 13-19 year-olds attending a public STI clinic in Florida (n=273), 81% of whom were heterosexual, only 15% had met a sexual partner online.[4] This compared to 98% overall who had had vaginal sex. There were some notable features of those who had found a sexual partner online: most were male, slightly more than half had met more than one sexual partner online, and the time between first interaction and first sex was considerably shorter. These were not, in general, casual relationships: the mean time to first sex was around 5 months with partners met online compared to around 9 months with partners met in other ways, although the variance in the distribution of times to first sex was wide.

Young adults, sex, and drugs

Continuing the theme of sex among adolescents and young adults, a large survey (n=991) of HIV positive MSM aged 15-26 in the United States highlighted some findings of concern.[5]

First, a little under one third of these young HIV+ MSM were virologically suppressed, even though they were all linked to medical care. Second, individuals with detectable virus were more likely than those who were suppressed (55% versus 44%) to report condomless anal sex. Within the unsuppressed patients, prominent risk factors for condomless anal sex appeared to be alcohol and drug misuse, while protective factors included being in employment, being transgendered, and – perhaps unexpectedly in this setting – being of black race.

A rather different study was conducted in Sweden, looking at the factors associated with having not reached sexual debut in 18 year-olds (n=3380).[6] In this representative survey of students on the Swedish School Register, one quarter had not yet had sex. The paper presents a rich dataset of interacting social and psychological variables. Once again, as might be expected, the biggest effect sizes for the commonest risk factors were seen in association with smoking, alcohol and drugs. Slightly smaller but significant effects were seen in the sociodemographic data, whereby students with more parental support – particularly the presence of a caring father as graded by a standardised measure of parental bonding – and those born outside Europe were less likely to have reached sexual debut. Previous physical and sexual abuse were reported in fewer than 10% of respondents overall but demonstrated particularly powerful associations with having had sex.

References

1. Lorimer K, Flowers P, Davis M, Frankis J. Young men who have sex with men's use of social and sexual media and sex-risk associations: cross-sectional, online survey across four countries. *Sex Transm Infect* 2016.

2. Erens B, Phelps A, Clifton S, Mercer CH, Tanton C, Hussey D, et al. Methodology of the third British National Survey of Sexual Attitudes and Lifestyles (Natsal-3). *Sex Transm Infect* 2014;90(2):84-9.

3. Aicken CR, Estcourt CS, Johnson AM, Sonnenberg P, Wellings K, Mercer CH. Use of the Internet for Sexual Health Among Sexually Experienced Persons Aged 16 to 44 Years: Evidence from a Nationally Representative Survey of the British Population. *J Med Internet Res* 2016;18(1):e14.

4. Blunt-Vinti HD, Wheldon C, McFarlane M, Brogan N, Walsh-Buhi ER. Assessing Relationship and Sexual Satisfaction in Adolescent Relationships Formed Online and Offline. *J Adolesc Health* 2016;58(1):11-6.

5. Wilson PA, Kahana SY, Fernandez MI, Harper GW, Mayer K, Wilson CM, et al. Sexual Risk Behavior Among Virologically Detectable Human Immunodeficiency Virus-Infected Young Men Who Have Sex With Men. *JAMA pediatrics* 2016;170(2):125-31.

6. Kastbom ÅA, Sydsjö G, Bladh M, Priebe G, Svedin CG. Differences in sexual behavior, health, and history of child abuse among school students who had and had not engaged in sexual activity by the age of 18 years: a cross-sectional study. *Adolesc Health Med Ther* 2016;7:1-11.