Q-Step Internship: NATSAL

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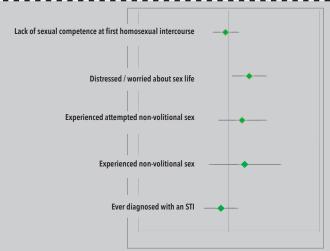


The British National Surveys of Sexual Attitudes and Lifestyles, or Natsal, are among the largest and most detailed studies of sexual behaviour in the world. Natsal-3 was a stratified probability sample survey of 15 162 men and women aged 16 to 74 years,

resident in households in Britain, interviewed 2010-2012. Natsal-3 gradually aims to advance sexual behaviour research methodology, particularly data collection methods, the validation of behavioural measures and biological measures.

Outcome

In the face-to-face section of the questionnaire, we asked participants "Do you have any long-standing illness, disability or infirmity?" in which "long-standing" was defined as "anything that has troubled you over a period of time, or that is likely to affect you over a period of time". Participants who answered "yes" were routed to the question: "Does this limit your activities in any way?" Participants who reported "yes" were defined as having "limiting disability". For this analysis we compared those with limiting disability to those reporting no longstanding illness or disability. Participants reporting a non-limiting disability were excluded from the analysis.

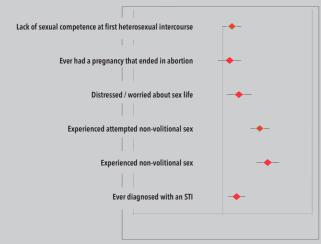


Key Findings

- Few differences were seen among key sexual behaviours and between people with limiting disability and people without disability.
- However, men and women with limiting disability were more likely to feel distressed or worried about their sex lives.
- Women with limiting disability are at higher risk of sexual violence and STI diagnosis than women with no disability.
- Women with limiting disability were more likely to report same-sex partnerships in the past 5 years.
- Men with limiting disability were more likely than men without disability to report having used the internet to find a sexual partner in the past month.

™ Methods

Our binary variable with categories (1) Having limiting disability and (2) No disability at all was treated as a dependent variable solely for the analysis on socio-demographic factors. Throughout the rest of the bivariate and multivariate analysis it was treated as an independent variable, in order to consider how the prevalence of reporting various behaviours and health-related factors varies according to having limiting disability and having no disability. We first estimated the prevalence, corresponding 95% confidence intervals and age-adjusted odds ratios of reporting different health conditions according to whether the participant has a limiting disability or no disability at all. This was done so to provide further information about what might be considered a limiting disability by the participant. We used logistic regression to calculate crude and adjusted odds ratios for age and education to control for the potential confounding effect of age and education on the association between each of the outcomes taken into account in the analysis and having limiting disability.



What have I learned

- Use coding in STATA; define and recode variables.
- Interpret prevalence estimates, odds ratios, and 95% confidence intervals; make comparisons along with various techniques of presenting the data.
- How to write up methods and results for a scientific paper.



