The National Survey of Sexual Attitudes and Lifestyles

Natsal

Summary of Findings and Implications for Policy and Practice

November 2026

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UCL

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www.natsal.ac.uk

“Without a study like Natsal, we’re left relying on assumptions, anecdotes, or extreme narratives. The data helps distinguish what’s common, what’s changing, and what actually needs attention.”

Dr Wendy Macdowall, LSHTM

What happens in society impacts our personal lives.

What happens in private life has public consequences.

We need rigorous scientific studies.

Routine service data show who attends. Natsal helps us understand the needs of people that services may be missing.

The Natsal surveys



- Among the largest scientific surveys of sexual behaviour and sexual and reproductive health in the world
- Nationally representative of the general population in Britain
- Once-a-decade
- Repeat cross-sectional surveys

Natsal-1
1990

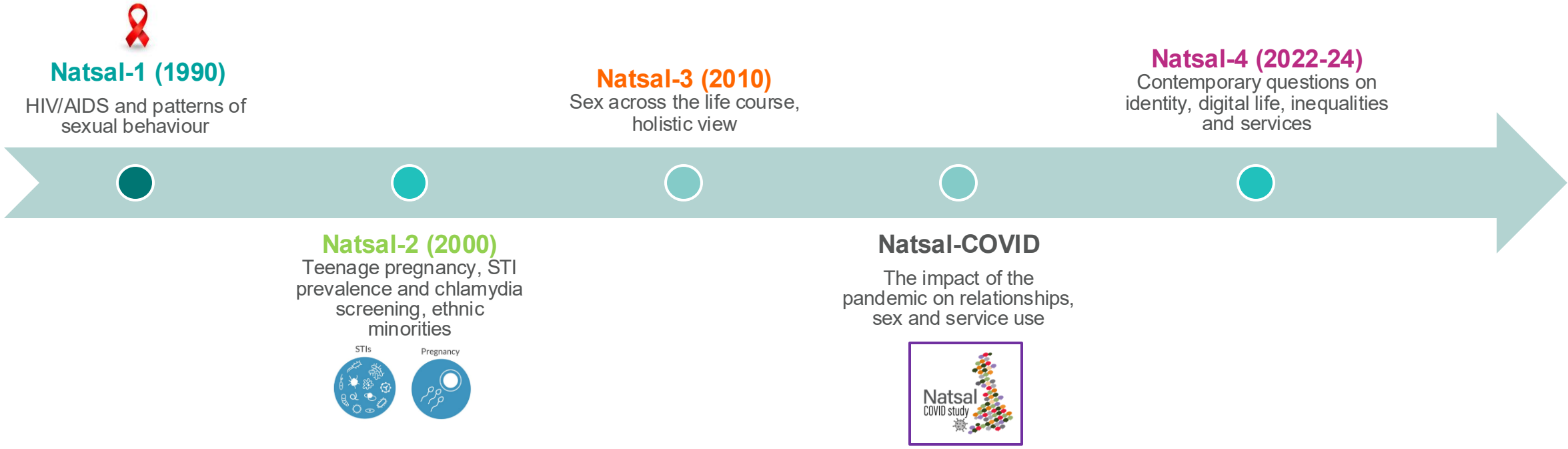
Natsal-2
2000

Natsal-3
2010

Natsal-4
2022-24

History of Natsal

- Over **60,000** people have taken part in the Natsal studies
- Natsal is a vital evidence base for policy, practice, services and public debate
- Each survey reflects the major public health and policy questions of its time



Natsal Study Design

Sampling and recruitment



Britain (England, Scotland & Wales)



Address sample frame (PAF)



Random selection
One person per household

Address-based probability sample

Data Collection

- Interviewer-led

Face to face



Self-completion (CASI)



Biosamples



In-person

Natsal-4 Study Design

3	3	Age 16-59
Samples (“arms”)	**Data collection**	
Address-based probability Probability Panel Non-probability Panel	In-person Telephone Online	Biosamples

Natsal-4 survey

Probability sample surveys (NatCen)

Non-probability Panel survey (Ipsos)

Address-based probability sample
2022-2023

N = 2,019

Probability Panel
2023-2024

N = 4,700

Natsal Online
2024

N = 12,268



Total Natsal-4 sample: 18,987 people aged 16-59



Methodological Strengths & Limitations

Strengths

- **Nationally representative**
  e.g. Includes people who have not had sex and people who don't access services
- **25+ topics**
  Careful development and piloting of questions
- **Can look at change over time**

Limitations

- **Small numbers in some important sub-groups** as Natsal is a general population survey.
- **Risk of bias greater than before** e.g. Address-based sample response rate 24% vs 58% in Natsal-3.
- Natsal shows the "What" and the "How much", **but not the "Why?"**

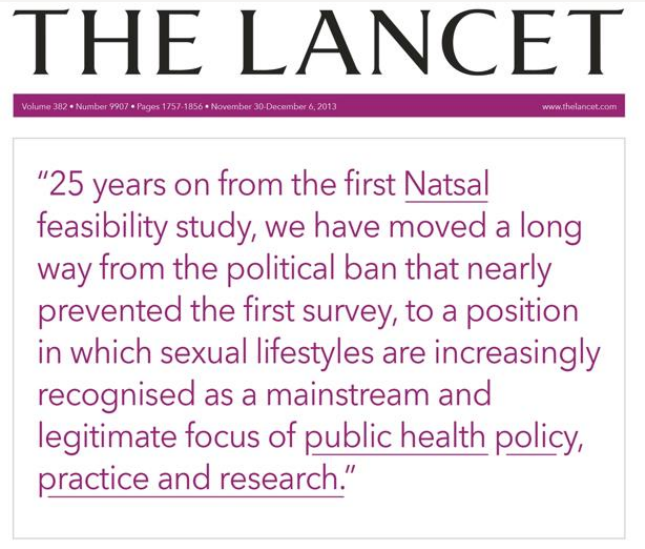
Three Natsal-4 methods papers published in BMJ-STI Journal today

STI SEXUALLY TRANSMITTED INFECTIONS

- Natsal-4 **methods** paper: Clifton, Sadler et al. Collecting contemporary, population-based evidence on sexual and reproductive health.
- Muschialli et al. Measuring sexual and reproductive health in Britain: an appraisal of the **change in bias** between Natsal-3 and Natsal-4.
- Clifton et al. How should **sex and gender** be measured in sexual and reproductive health surveys?

The Lancet

Natsal-3 (2013)


THE LANCET

Volume 382 • Number 9907 • Pages 1757-1856 • November 30-December 6, 2013 www.thelancet.com

"25 years on from the first Natsal feasibility study, we have moved a long way from the political ban that nearly prevented the first survey, to a position in which sexual lifestyles are increasingly recognised as a mainstream and legitimate focus of public health policy, practice and research."

Natsal-4 publications (2026)

- Trends in **Sexual Behaviours**
- **STIs**, Behaviours & Service Uptake
- **Reproductive Health**
- **HPV** Infection, Vaccination & Cervical Screening
- **Sexual Wellbeing**

Access the Lancet papers at www.natsal.ac.uk

Britain’s sex lives are changing

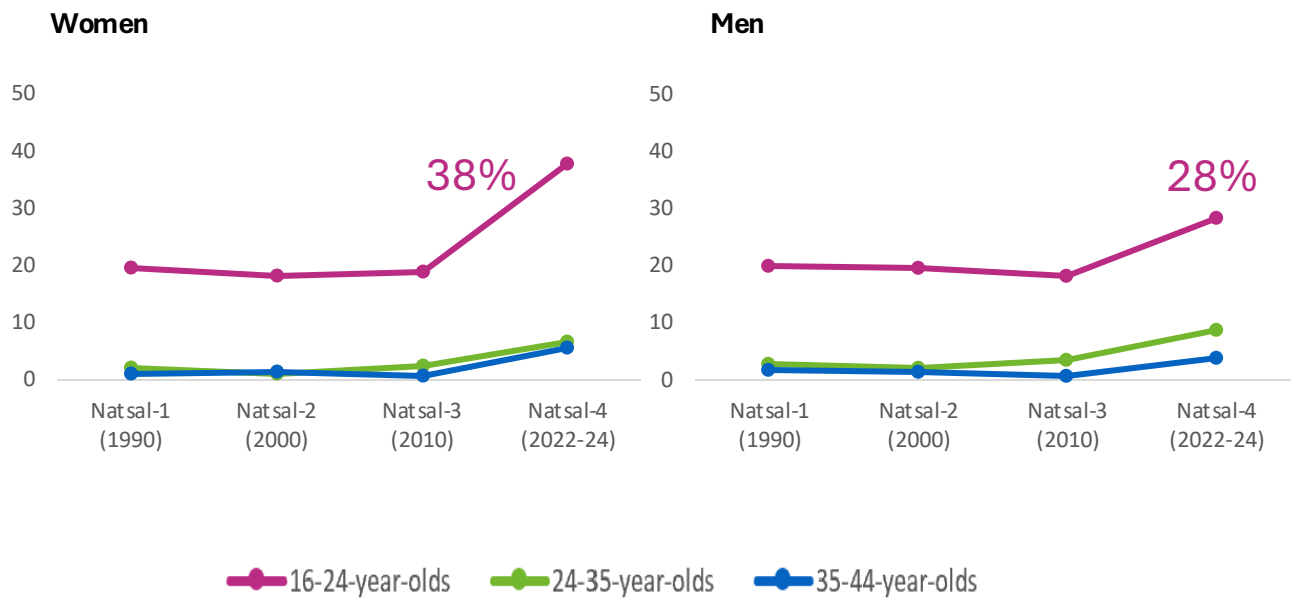
People in Britain are having less sex, especially young people

Same-sex sex has risen

Trends in Sexual Behaviours in Britain

THE DATA

Never having had sex



KEY MESSAGES

MAJOR NEW CHANGES FOR YOUNG PEOPLE

Compared to 2010, young people are less likely to have:

- ever had sex
- had sex in the past year
- new sexual partners

Despite this, young people also report **high rates of online sexual behaviours** (pornography, sexting)

Young people remain a key group for STIs, unplanned pregnancy and poor sexual wellbeing

CONTINUED DECLINES IN FREQUENCY OF SEX

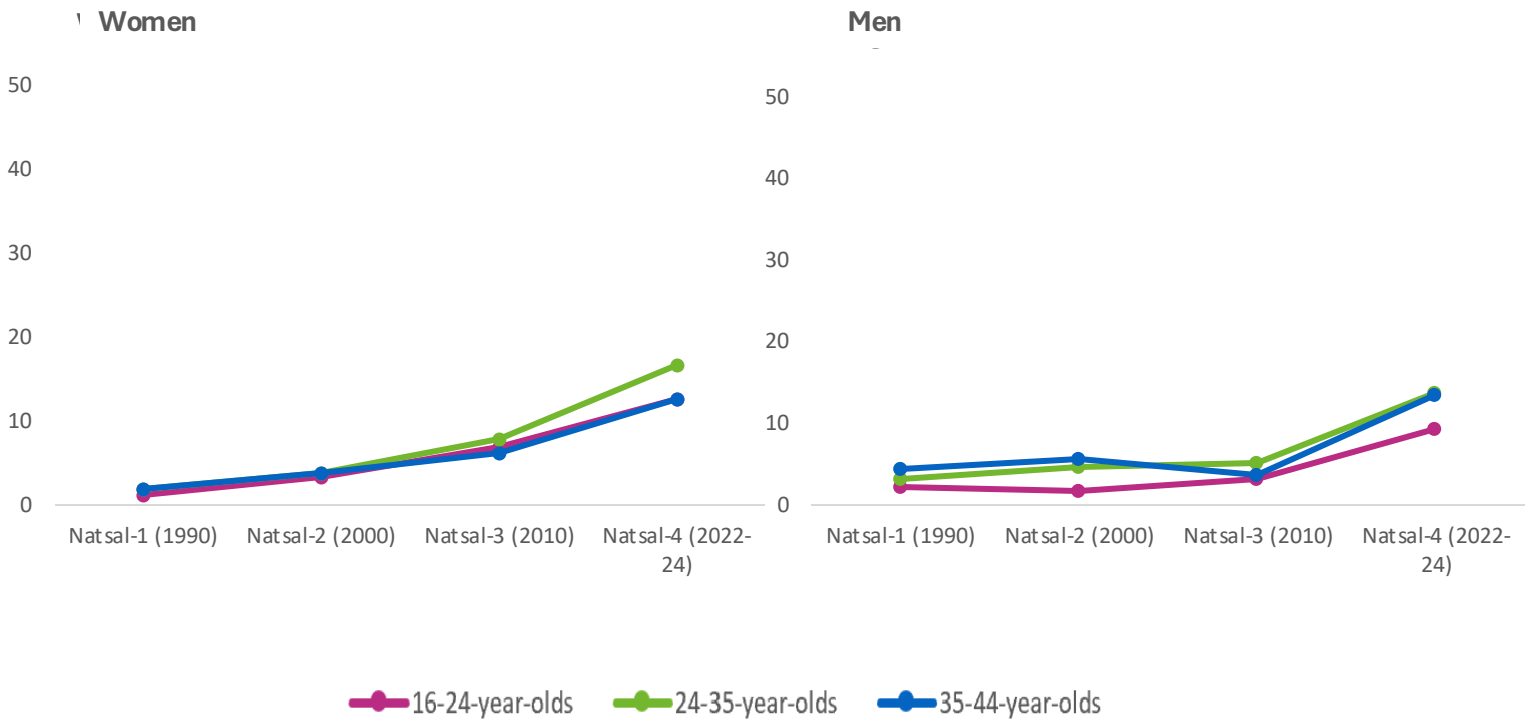
2 times per month ↘

Average frequency of sex in 16-44-year-olds, **down from 4 times per month in 1990**

Trends in Sexual Behaviours in Britain

THE DATA

Ever having same-sex sex (in cisgender people)



KEY MESSAGES

INCREASES IN SAME-SEX ATTRACTION, BEHAVIOURS AND IDENTITIES

In all age groups ↗

Continues a long-term trend for women, but increases are new since 2010 for men

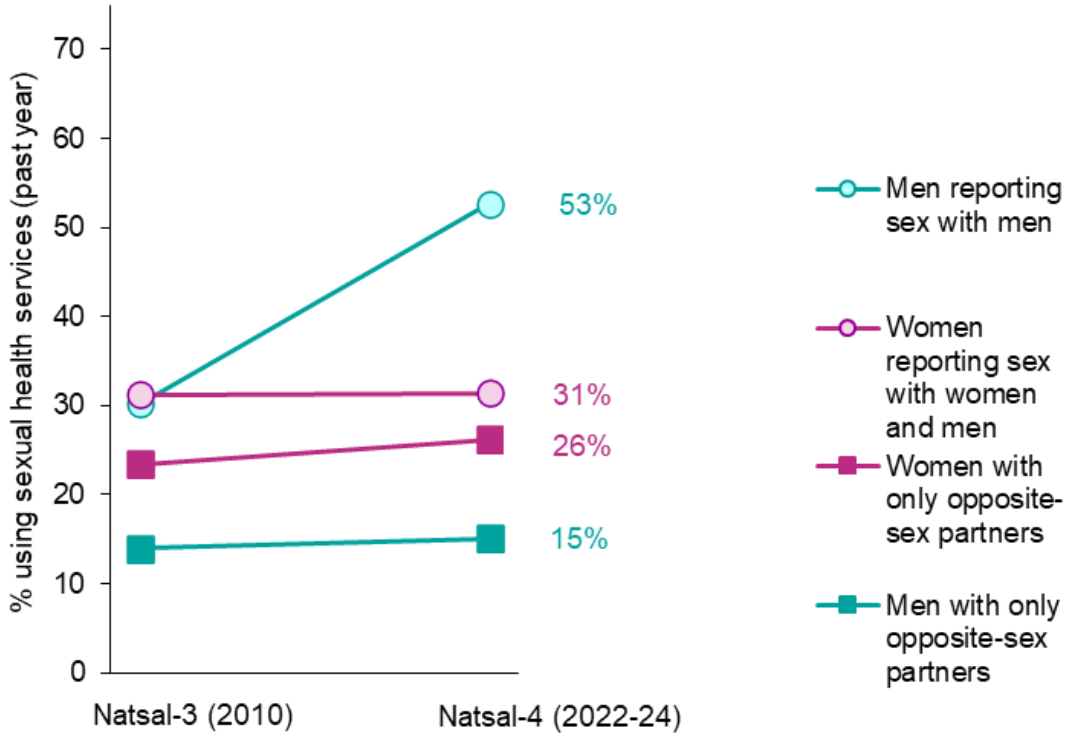
STI needs remain substantial

- STI-associated behaviours remain amongst key populations
- Most people reporting STI-associated behaviours are not using sexual health services
- Sexual health service use & HIV testing has not increased since 2010, except for men reporting sex with men (MSM)

STIs, Behaviours & Service Uptake in Britain

THE DATA

Sexual health service use in past year in those reporting STI-associated sexual behaviours*



*Composite of overlapping partners, >1 condomless sex partners, 4+ partners.

KEY MESSAGES

STI-ASSOCIATED SEXUAL BEHAVIOURS

These behaviours were most common in:

- Young people (16-24 years)
- Women reporting sex with women and men
- Men reporting sex with men (MSM)

Most people reporting STI-associated behaviours had **not** used sexual health services in the past year

SEXUAL HEALTH SERVICE USE AND HIV TESTING HAS NOT INCREASED SINCE 2010, EXCEPT IN MSM

In MSM reporting STI-associated behaviours, only 56% had tested for HIV in the past year.

DECREASE IN CHLAMYDIA TESTING SINCE 2010

54% to 18% ↘

in 16–24-year-old women with opposite-sex partners.

Declines were seen in all age-groups and in both women and men.

Women's choices around having children and contraception are changing

- Many women are not using effective contraception and unplanned pregnancy remains high
- Use of hormonal contraception among young women has declined
- More women say they definitely don't want children
- Reproductive inequalities remain

Reproductive Health in Britain

THE DATA

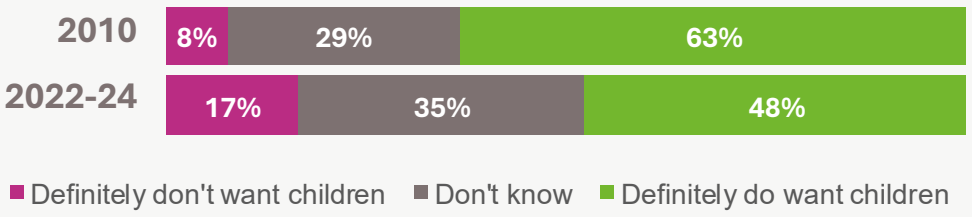
19% of those who have had sex in the past year **do not use effective contraception**

42% of pregnancies in the past five years were **unplanned or ambivalent**

21% have ever had an **abortion**

14% have ever experienced **infertility**

Fertility intentions in women aged 16-44 with no children



KEY MESSAGES

HIGH UNMET NEED FOR CONTRACEPTION

Since 2010, there have been persistently high levels of:
- **ineffective contraception use**
- **unplanned or ambivalent pregnancies**

Since 2010, abortion has increased

CHANGING USE OF HORMONAL CONTRACEPTION

- Decline in hormonal contraception use in <35 years
- Increase in hormonal contraception use in 45+ years

CHANGING FERTILITY INTENTIONS

4 x more women aged 25-34 definitely do not want children

in 2022-24 compared to 2010

INEQUALITIES

Women with **less education**, living in the most **deprived areas** and of **black ethnicity**, were more likely to:
- Not use effective contraception
- Have had an abortion

Women with **less education** and those **living in more deprived areas** were also less likely to:
- Seek help for infertility

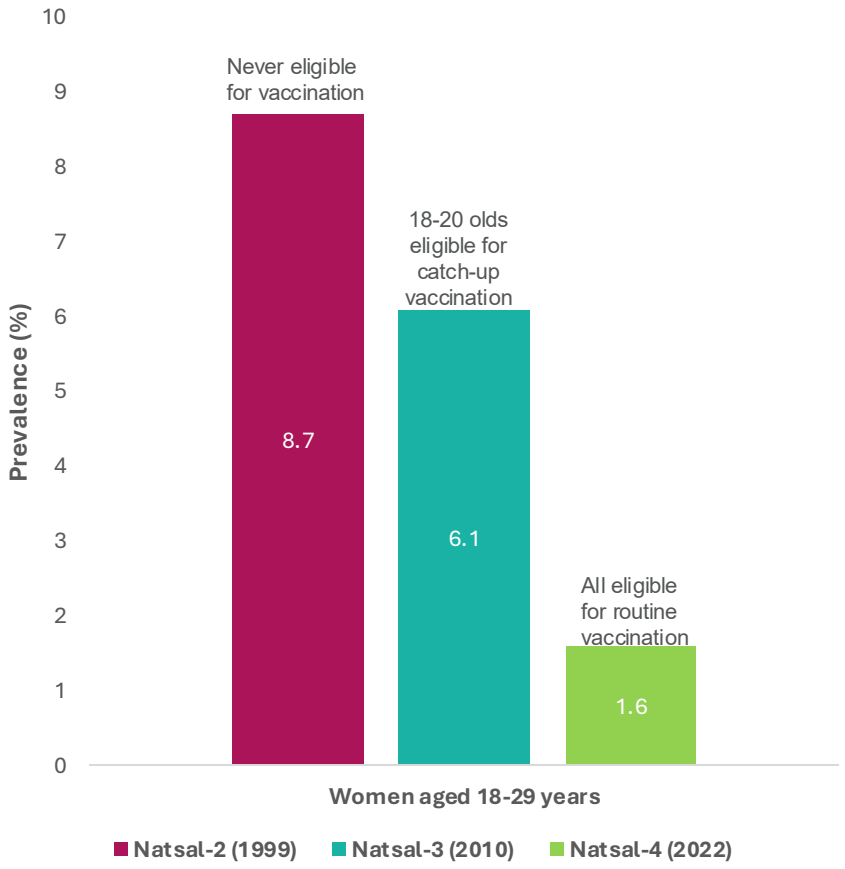
HPV success highlights benefits of joined-up health services

- Dramatic decline in cancer-causing HPV following introduction of the HPV vaccination programme
- Women at highest risk of HPV are more likely to be vaccinated and screened
- But some women still less likely to be vaccinated or screened

HPV Infection, Vaccination, & Cervical Screening in Britain

THE DATA

HPV vaccination impact on HPV 16/18, by vaccine eligibility



KEY MESSAGES

VACCINATION IMPACT

86%

decline in prevalence of HPV 16/18 in young women

- **No cases in vaccinated women**

WHO IS REACHED

Women at highest behavioural risk of HPV infection are more likely to be vaccinated and screened:

- 5 or more lifetime partners
- Attended a sexual health clinic

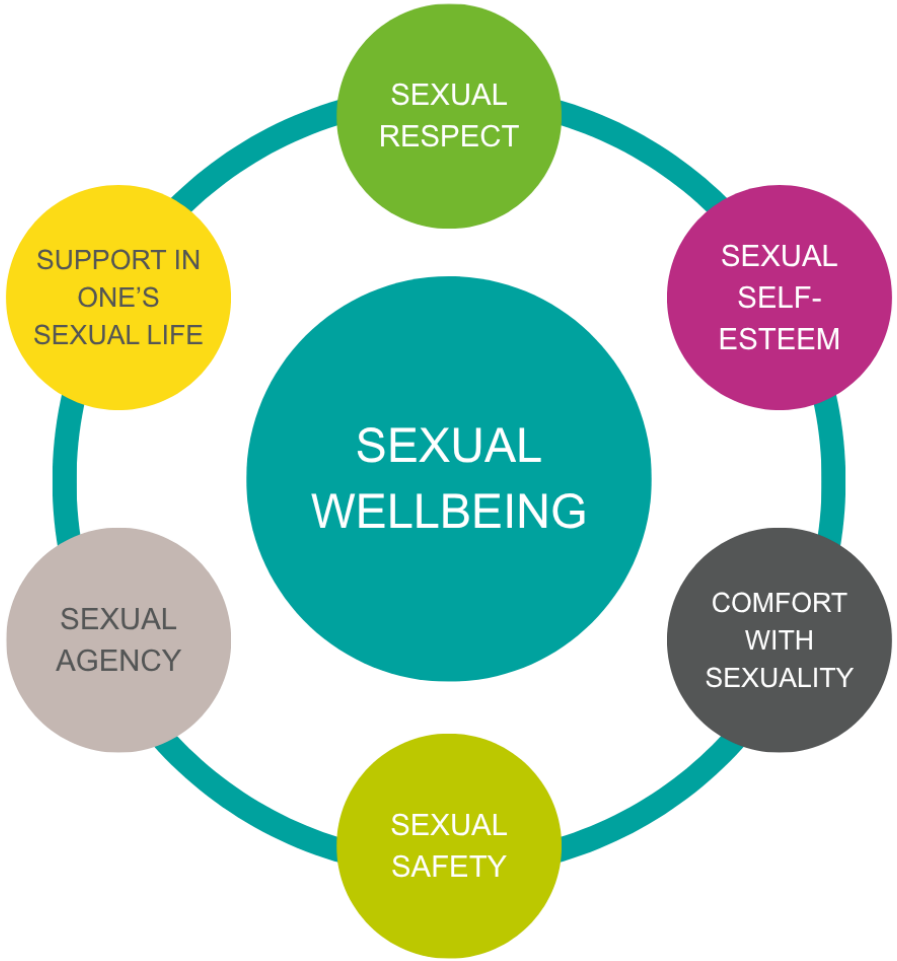
INEQUALITIES IN CERVICAL CANCER PREVENTION

Women more likely to miss both HPV vaccination and cervical screening, despite a similar infection risk:

- Ethnic minority groups
- Born outside the UK
- Minority religious groups
- Religion is very important

This could leave them at higher risk for cervical cancer

First comprehensive assessment of sexual wellbeing in the general population



Sexual Wellbeing in Britain

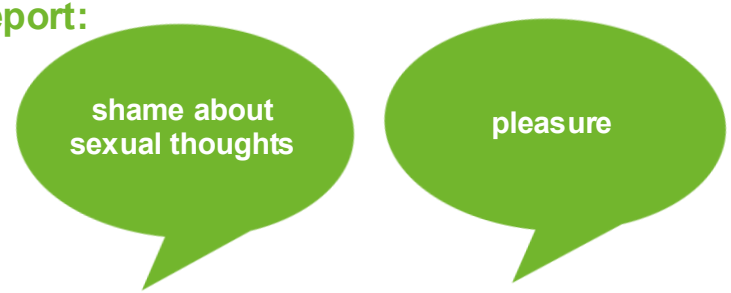
THE DATA

Some responses on the Natsal-SW differed by gender:

Women are more likely to report:



Men are more likely to report:



KEY MESSAGES

LOW SEXUAL WELLBEING IS ASSOCIATED WITH POOR MENTAL HEALTH BUT IS NOT SIMPLY A SYMPTOM OF IT

GENDER BASED DIFFERENCES IN EXPERIENCE

Levels of sexual wellbeing amongst men and women were similar, but experiences of sexual wellbeing were different

INEQUALITIES

Low sexual wellbeing more prevalent in:

- Young people
- Gender minorities
- Sexual minorities
- People with lower income/education
- People with disabilities

Low sexual wellbeing is associated with:

First sex after age 25	Less frequent sex	≥4 partners in past year	Same-sex experience
Condomless sex	STI symptoms	Distressing sexual problems	Sexual violence

Summary of Natsal-4 findings

- Britain's sex lives are **changing**
- Sexual and reproductive health needs are **substantial** and **varied**
- Many people with potential need are **not** being reached by services
- The 86% decline in cancer-causing HPV infections is a success and shows that progress is possible

Natsal offers population level data for use alongside local and national service data.

Implications for policy and practice

Sexual and reproductive health and wellbeing

Sexual health

Sustain STI and HIV prevention, testing and care. Improve access for populations that are not being reached, including some young people.

Reproductive health

Adapt services to changing contraceptive preferences and diverse reproductive intentions. Address inequalities in access to contraception and fertility care.

Cervical cancer prevention

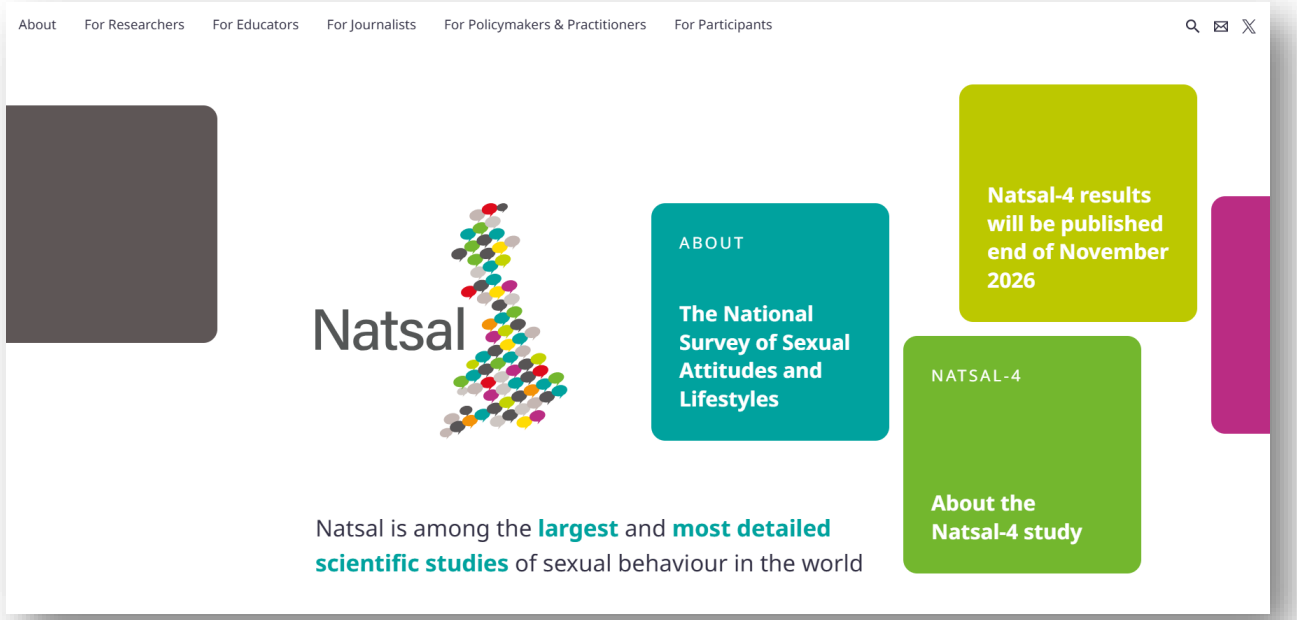
Build on HPV vaccination gains by adapting vaccination and screening services to better reach women who are missing out.

Sexual wellbeing

Consider sexual wellbeing at population level, make it easier for patients to raise concerns, and improve access to psychosexual support.

Access the Lancet papers at www.natsal.ac.uk

Find out more on: www.natsal.ac.uk



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