

## Living Well

### Sexual Health (including young people)

Revised: 27/09/2016

#### Introduction

Sexual health is defined by the World Health Organisation as “a state of physical, emotional, mental and social wellbeing in relation to sexuality; it is not merely the absence of disease or infirmity”. Sexual health requires “a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. For positive sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled”.

Local authorities are responsible for providing comprehensive, open access sexual health services. This includes free sexually transmitted infection (STI) testing and treatment, notification of sexual partners of infected persons and free provision of contraception. Some specialised services are directly commissioned by Clinical Commissioning Groups (CCGs) and at the national level by NHS England.

**Sexually transmitted infections (STIs)** are infections that are transmittable from one person, to another through unprotected sex or genital contact. The most common STI in the UK is Chlamydia, other STIs include syphilis, gonorrhoea, genital warts, genital herpes, trichomoniasis and pubic lice. Many people can have an STI without showing any symptoms and therefore not know they have an infection, which could unknowingly be passed on to sexual partners through unsafe sex. STIs can be detected from a urine sample, swab or blood test and most can be treated using antimicrobials, with the exception of viral STIs. Surveillance of STIs diagnosed in sexual and reproductive health (SRH) and genito-urinary medicine (GUM) services is undertaken by Public Health England (PHE). Hepatitis B and C can be transmitted through unprotected sex and are covered in the Communicable Diseases section of the JSNA.

**HIV (Human Immune Deficiency Virus)** is also transmitted through unprotected sex, as well as via the blood through practices such as sharing needles if injecting drugs or other substances. The HIV virus attacks and weakens the immune system, making it less able to fight infections and disease. Most people with HIV look and feel healthy and do not experience any symptoms. People can live with HIV if they are given the right treatment and care. Getting this treatment as early as possible means people living with HIV have the best chance at leading a healthy life. HIV can be detected with a simple blood test. Mandatory surveillance for HIV is undertaken by Public Health England (PHE).

**Contraception** is widely available in the UK from a number of sources. Contraception is available free of charge from General Practices, sexual and reproductive health services, young person's clinics and NHS 'walk-in centres (emergency contraception only). Contraception can be divided into two main groups:

- user-dependent methods - these require the person to remember to take or use them (male and female condoms, diaphragm and female contraceptive pills)
- long acting reversible contraception (LARC) methods - these have to be fitted by a professional and can last for a number of years (intrauterine devices, implants or injections).

LARC methods are considered to be more cost effective than user dependent methods and their increased uptake could further help to reduce unintended pregnancy (*National Institute for Health and Care Excellence Clinical GuidelinesCG30*). All currently available LARC methods have been shown to be more cost effective than the combined oral contraceptive pill even at 1 year of use.

Emergency contraception ('the morning after pill') is available for free from GPs, sexual and reproductive health clinics and some pharmacists. This can also be bought over the counter at some pharmacies and private clinics. Some LARC methods can also be used as emergency contraception. Data on contraception provided in SRH services and in general practice (GP) is collected by the Health and Social Care Information Centre (HSCIC).

**Reproductive Health** is defined by the World Health Organisation as people being able to have responsible, satisfying and safe sex lives and the capability to reproduce and freedom to decide if, when and how often to do so. Aspects of reproductive health include:

- **Teenage pregnancy** - Teenage pregnancy and early motherhood can be associated with poor educational achievement, poor physical and mental health, social isolation, poverty and other related factors. Teenage mothers are less likely to finish their education, are more likely to bring up their child alone and in poverty and have a higher risk of poor mental health than older mothers. Infant mortality rates for babies born to teenage mothers are around 60% higher than for babies born to older mothers. Around half of teenage pregnancies in England and Wales end in abortion (*Public Health Outcomes Framework*). More information can be found in the Teenage Pregnancy section of this JSNA.
- **Terminations** - Information on abortions in England is derived from notifications supplied under the Abortion Act 1967 to the Chief Medical Officer and published by the Office for National Statistics.
- **Still births** - A still birth is defined as a baby born at 24 or more weeks completed gestation that did not breathe or show signs of life at any time. The causes of many stillbirths remain unknown, but may include maternal infections in pregnancy, maternal disorders (especially hypertension and diabetes) or congenital abnormalities. More information is included in the Infant Mortality section of this JSNA.

## What do we know?

**STIs:** *Public Health England's (2015) Health Protection Report* on sexually transmitted infections and chlamydia screening reports that diagnoses of chlamydia, gonorrhoea, syphilis, genital warts and genital herpes have increased considerably in England over the last 10 years. The most notable increase is amongst males, although some of this increase can be explained by the introduction of more sensitive testing methods. Ongoing unsafe sex also continues to play an important role in this increase. In 2014, there were approximately 440,000 new STI diagnoses made in England. The largest increases between 2013 and 2014 were for syphilis (33%) and gonorrhoea (19%), with sharper increases of these infections (46% for syphilis and 32% for gonorrhoea) among men who have sex with men (MSM). High levels of gonorrhoea transmission are concerning because strains of the infection that are resistant to commonly used antimicrobials have been reported in the UK.

Chlamydia is the most common bacterial sexually transmitted infection, with sexually active young people at highest risk. Chlamydia often has no symptoms and if untreated can result in pelvic inflammatory disease and fertility problems. Almost 138,000 chlamydia diagnoses were made in England among young people aged 15 to 24, the target group for the National Chlamydia Screening Programme. More than 1.6 million young people were tested for Chlamydia in 2014. In order to reduce transmission of chlamydia large numbers of young people must be tested so that sufficient numbers of infections are detected and treated. Public Health England recommends a detection rate of 2,300 per 100,000 young people aged 15 to 24. Only 29% of Upper Tier Local Authorities achieved this chlamydia detection rate in 2014.

**HIV:** *Public Health England's HIV in the UK – Situation Report 2015* estimated that 103,700 people were living with HIV (PLWH) in the UK. Approximately 67% of these were men and 33% were women. This compares to an estimated 100,000 PLWH in 2013. Public Health England also reports that a total of 6,151 people were newly diagnosed with HIV in the UK during 2014, of which 75% were men and 25% were women. 3,360 (55%) of new diagnoses were in men who have sex with men (MSM) and 1,044 (17%) in Black African men and women. Around 17% of PLWH are unaware of their infection, which is a decrease from 25% in 2010, and they are therefore accessing the treatment they need. These people are also at risk of unknowingly passing on HIV if they have sex without a condom.

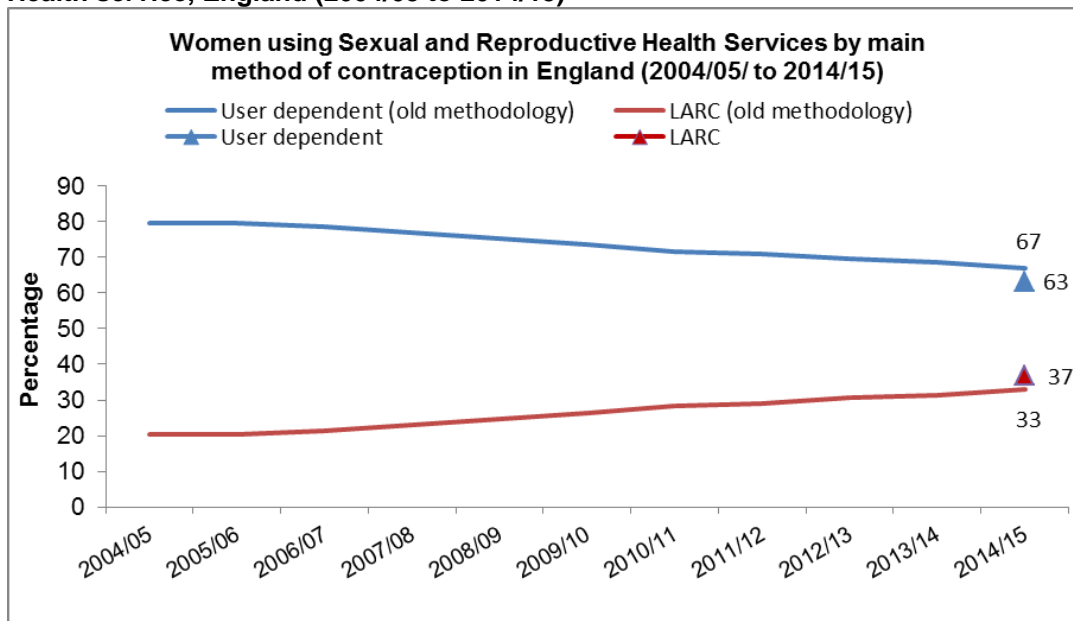
Late diagnosis remains a problem in the UK. In 2014, two out of five people newly diagnosed with HIV were diagnosed at a late stage of infection. PLWH can expect a near-normal life span when diagnosed promptly and given the treatment they need. People diagnosed with HIV late have a ten-fold increased risk of death in the year following diagnosis when compared to those diagnosed early. Early diagnosis and treatment in the UK is successful with 95% of all people on anti-retroviral treatment demonstrating suppression of the HIV virus. In 2013, two thirds of all PHWH were estimated to have an undetectable viral load (*Public Health England, 2014, HIV in the United Kingdom: 2014 Report*).

**Contraception:** *The Health & Social Care Information Centre's (2015) Annual Report on Sexual and Reproductive Health Services for England* reports that over 2 million contacts with Sexual and Reproductive Health services were made by more

than 1.3 million people between April 2014 and March 2015. 90% of attendances were made by women, which represents 8% of all females aged 13 to 45. Women aged 18 to 19 were most likely to use a service, where 21% of women in this age group had at least one contact in 2014/15.

The most common method of contraception prescribed through SRH services is the oral contraceptive pill. However, over the last ten years the proportion of women using long acting reversible contraception (LARC) as their main contraceptive method has been increasing and the proportion choosing user dependent methods has been decreasing.

**Figure 1: Main method of contraception for women in contact with Sexual and Reproductive Health service, England (2004/05 to 2014/15)**



Source: Health & Social Care Information Centre (2015); [Sexual and Reproductive Health Services for England](#)

The number of Emergency Hormonal Contraception (EHC) items provided to women by SRH services and other locations in the community has fallen by 39% over the last ten years from around 521,000 in 2004-05 to 318,000 in 2014-15. This does not represent the total amount of EHC, as since 2001 this has been purchasable over the counter at a pharmacy without the need for prescription and can also be prescribed by nurses and pharmacists.

**Reproductive Health: Teenage Conceptions** - Over the last decade, the numbers of young women becoming pregnant before the age of 18 reduced substantially in England and Wales. In 1998, there were 46.6 terminations per 100,000 women aged 15-17, compared to 24.3 in 2013 (*Public Health Outcomes Framework*).

**Terminations:** the abortion rate in women aged 15 to 44 increased in the 1970s before beginning to fall in the early 2000's. The abortion rate per 1,000 resident women aged 15-44 in England was 15.9 in 2014, which was the lowest rate since 1997 (*Department of Health, 2015, Abortion Statistics: England and Wales, 2014*). *The National Survey of Sexual Attitudes and Lifestyles (2010-12)* found that 16.2%

of pregnancies in the year before the study interview were unplanned. This survey found that:

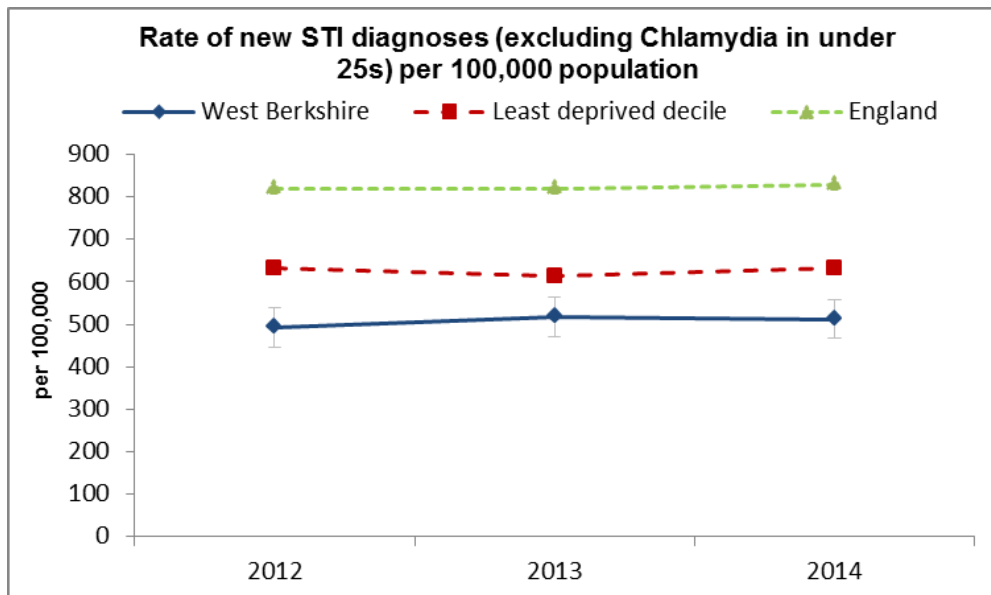
- Pregnancies among 16 to 19 year olds accounted for 7.5% of the total number of pregnancies, but 21.2% of the total number that were unplanned.
- The highest numbers of unplanned pregnancies occur in the 20 to 34 year age group. Unplanned pregnancies can end in abortion or a maternity. Many unplanned pregnancies that continue will become wanted. However, unplanned pregnancy can cause financial, housing and relationship pressures and have impacts on existing children. Restricting access to contraceptive provision by age can therefore be counterproductive and ultimately increase costs.

### What is the data telling us?

**Incidence of STIs:** In 2014, 675 acute STIs were diagnosed in residents of West Berkshire, which was a rate of 434 new STIs per 100,000 residents. This continues to be significantly lower than the England rate of 797 per 100,000.

The rate of new STI diagnoses, excluding chlamydia diagnoses in those aged under 25, was 512 per 100,000 in West Berkshire. This is significantly lower than the England rate of 829 per 100,000 and also lower than the rate in the comparator group of local authorities (589 per 100,000). West Berkshire's rates have remained lower than the England rate over the past three years.

**Figure 2: Rate of new STI diagnoses (excluding Chlamydia in under 25 year olds)**



Source: [Public Health England Sexual Health Profiles](#)

Figure 3 shows the rate of specific STIs in West Berkshire. West Berkshire's diagnosis rate of gonorrhoea continues to be significantly better than the England and comparator group rates at 17 per 100,000 15 to 65 year olds in 2014. This is a marker of high levels of risky sexual activity. Rates of gonorrhoea diagnosis have increased nationally over the past four years, but still remain lower in West

Berkshire. West Berkshire's incidence of syphilis was also significantly better than the national figure in 2014.

52% of diagnoses of acute STIs were in young people aged 15-24 years, compared to 46% in England.

**Figure 3: Rate of specific STIs in West Berkshire (2010-2014)**

Indicator	2010	2011	2012	2013	2014
Syphilis diagnosis rate per 100,000 15-65 year olds	0.6	0.6	2.6	1.3	2.6
Gonorrhoea diagnosis rate per 100,000 15-65 year olds	21.4	16.2	9.7	17.4	17.4
Chlamydia detection rate per 100,000 15-24 year olds			181	142	159

Source: [Public Health England Sexual Health Profiles](#)

**Prevalence and incidence of HIV:** In 2014, there were 68 people living with diagnosed HIV in West Berkshire, which was a rate of 0.8 per 1,000 population aged 15 to 59. This was significantly lower than the England rate of 2.2 per 1,000 and similar to the comparator group rate of 1.3 per 1,000. The rate of new HIV diagnosis was also significantly lower in West Berkshire at 2.4 per 100,000 people aged 15 and over, compared to 12.3 in England and 5.0 in the comparator group. The rates of diagnosed HIV and new HIV diagnoses have remained fairly stable over the last four years in West Berkshire and are lower than the national rates ([Public Health England Sexual Health Profiles](#)).

Late HIV diagnosis is the most important predictor of HIV-related illness and short-term death. Between 2012 and 2014, none of the HIV diagnoses in West Berkshire residents were made at a late stage of infection.

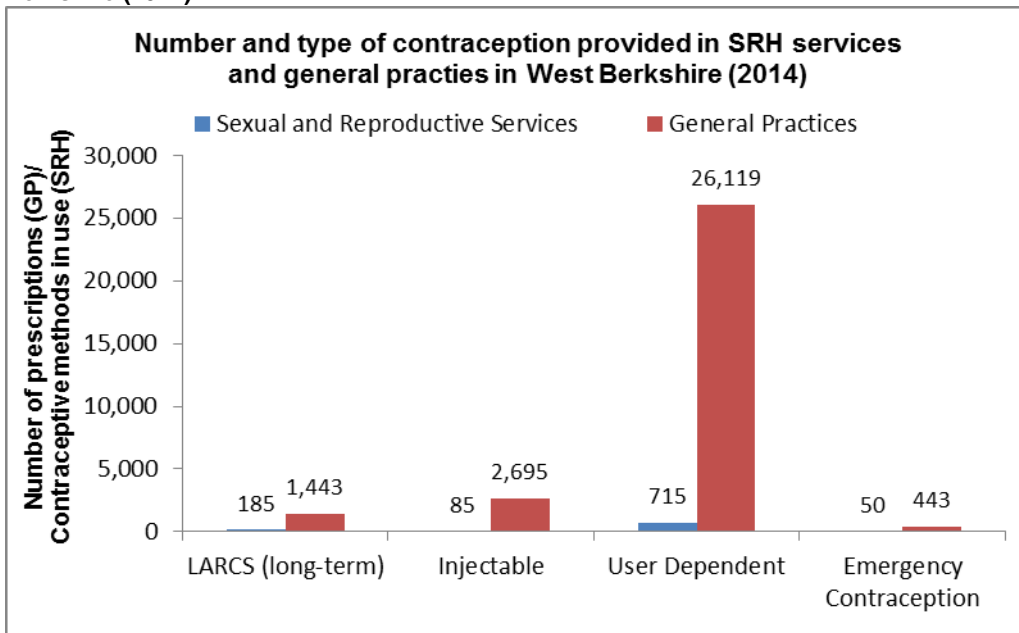
**HIV testing:** In 2014, an HIV test was offered at 63.8% of eligible attendances at GUM clinics by residents of West Berkshire and where offered, an HIV test was carried out at 80.5% of these attendances. Nationally, an HIV test was offered at 80.1% of eligible attendances at GUM clinics with an uptake at 77.5% of these attendances (*Public Health England, 2015: West Berkshire Local Authority HIV, Sexual and Reproductive Health Epidemiology Report*)

**Contraception:** In 2014, 1,443 women were prescribed LARC through a GP in West Berkshire. This was a rate of 51.6 per 1,000 women aged 15 to 44, which was significantly higher than the England rate of 32.3 per 1,000 women. The rate of LARC prescribed in Sexual Reproductive Health services per 1,000 women aged 15 to 44 years was 6.4 for West Berkshire, which was lower than the England rate of 31.5. (*Public Health England, 2015: West Berkshire Local Authority HIV, Sexual and Reproductive Health Epidemiology Report*)

44 women resident in West Berkshire were prescribed emergency contraception at Sexual Reproductive Health services in 2014. Of those, 13.6% were prescribed it more than once, compared to 10.0% in England.

The number and type of contraception provided in Sexual Reproductive Health Services and general practice in West Berkshire is shown in figure 4.

Figure 4: Number and type of contraception provided in SRH services and general practice in West Berkshire (2014)



Source: Public Health England (2015); West Berkshire Local Authority HIV, Sexual and Reproductive Health Epidemiology Report

**Service use:** In 2014 there were 3,379 first attendances at sexual health (GUM) clinics by residents of West Berkshire. 85% of these attendances were in Berkshire, with 84% in the Royal Berkshire Hospital in Reading (*Public Health England, GUMCAD*). Figure 5 shows that 52% of these attendances were for men and 59% were for people aged 20 to 34. 88% of attendances from people with a recorded ethnicity were from a White ethnic background.

It should be noted that sexual and reproductive health services in Berkshire are integrated, offering both GUM and SRH. Both types of service may be utilised by attendees in a single visit.

Figure 5: Number of first attendances at GUM clinics for residents of West Berkshire by gender, age and ethnicity (2014)

Age group	Male	Female
Under 15	0	13
15	6	14
16-19	170	262
20-24	455	473
25-34	577	486
35-44	263	214
45-64	261	147
65+	25	11
<b>Total</b>	<b>1,759</b>	<b>1,620</b>

Ethnicity	Number
White	2,979
Black or Black British	142
Asian or Asian British	67
Mixed	98
Other ethnic groups	24
Not specified	69

Source: Public Health England, Genitourinary Medicine Clinic Activity Dataset report generated from the PHE HIV and STI Web Portal.

In 2014, there were 919 attendances to Sexual and Reproductive Health Services from West Berkshire residents. 74% of these attendances were at services in Berkshire and 46% were specifically to the Royal Berkshire Hospital. Regular

contraception was prescribed at 740 of these attendances (rounded to the nearest 5).

The largest proportion of attendees were aged 20 to 24 at 38.5%. Male attendees made up 11.9% of attendances, compared to 11.2% nationally (*Public Health England, 2015: West Berkshire Local Authority HIV, Sexual and Reproductive Health Epidemiology Report*).

**Teenage pregnancy:** West Berkshire had 57 conceptions to under 18 year olds in 2014. This was a rate of 18.5 per 1,000 females aged 15-17 and was significantly better than the England rate of 24.3 per 1,000. Between 1998 and 2013, the number of under 18 conceptions reduced in West Berkshire by 41%, compared to a 48% reduction national (*Public Health Outcomes Framework*). Additional information can be found in the Teenage Pregnancy section of this JSNA.

**Terminations:** In 2014, there were 352 abortions for West Berkshire residents. This was a rate of 12.4 abortions per 1,000 females aged 15 to 44 and was significantly lower than the England rate of 16.5. The proportion of women aged less than 25 who had a repeat abortion was 26% in West Berkshire, which was similar to the England figure of 27%. Among women aged 25 and above, 47% had had a previous abortion, compared to 46% in England (*Public Health England, 2015: West Berkshire Local Authority HIV, Sexual and Reproductive Health Epidemiology Report*).

In 2014, 83.2% of NHS-funded abortions were performed under 10 weeks gestation in West Berkshire. This was similar to the England rate of 80.4%. The earlier abortions are performed the lower the risk of complications. Prompt access to abortion and enabling provision earlier in pregnancy is also cost-effective and an indicator of service quality.

The proportion of under-18 conceptions leading to abortion in West Berkshire was 61.4% in 2014. This was similar to the England proportion of 51.1%.

Sexual health is generally good in West Berkshire. Incidence of all STIs is significantly lower than both the England and comparator group rates. New HIV diagnoses rates and HIV diagnosed prevalence rates are also lower than England rates and similar to rates in the comparator group.

The rate of teenage conceptions in West Berkshire has reduced over recent years and is significantly better than the England and comparator group rates in 2013.

The majority of West Berkshire residents who use sexual health services access these within Berkshire. In 2014, 74% of Sexual and Reproductive Health Service attendances and 85% of first GUM attendances for West Berkshire residents were in Berkshire.

Socio-economic deprivation (SED) is a known determinant of poor health outcomes. Data from GUM clinics shows that rates of new STIs rise with the level of deprivation across England. The relationship between STIs and SED is influenced by a range of factors such as the provision of and access to health services, education, health awareness, health-care seeking behaviour and sexual behaviour (*Department for Education and Skills*).



Socio-economic disadvantage is also recognised as both a cause and a consequence of teenage motherhood with children of teenage mothers having an increased risk of living in poverty and poor quality housing and at higher risk of accidents and behavioural problems (*Department for Education and Skills*).

Rates of new STIs in West Berkshire were lowest in the Borough's least deprived quintile (347 per 100,000 population) and highest in the most deprived quintile (960 per 100,000) (*Public Health England, 2015: West Berkshire Local Authority HIV, Sexual and Reproductive Health Epidemiology Report*).

Access to services may be more challenging in rural areas, West Berkshire has a larger proportion of residents living in such areas. In 2011, 37% of West Berkshire's population lived in a rural area, compared to 18% in England and Wales.

Nationally, the burden of STIs continues to be greatest in young people, men who have sex with men (MSM) and black ethnic minorities. MSM and Black Africans also bear the highest burden of HIV.

- Age - STI diagnosis rates in England are highest in young people aged 15-24 years of age. 52% of diagnoses of acute STIs among West Berkshire residents were in this age group, compared to 46% in England (*Public Health England, 2015: West Berkshire Local Authority HIV, Sexual and Reproductive Health Epidemiology Report*).
- Sexual Orientation - Nationally, the number of STI diagnoses in MSM has risen sharply. In West Berkshire, for cases where sexual orientation was known, 10% of new STIs were among men who have sex with men (gay & bisexual men).
- Ethnicity - MSM and men and women of black African ethnicity continue to bear a disproportionate burden of HIV in England. For HIV, 44% of new HIV infections in West Berkshire were likely acquired through heterosexual sex and 39% through sex between men. 28% of people living with HIV in West Berkshire are Black African and 56% are white. (*Public Health England, 2015: West Berkshire Local Authority HIV, Sexual and Reproductive Health Epidemiology Report*).

### **Recommendations for consideration**

New online services require further promotion and awareness raising, including the Berkshire sexual health platform promoting [online services, advice and information](#).

Tackling rural inequalities and ensuring services reach out to rural communities.

### **Other services and partner organisations**

GUM Services Thatcham Community Hospital –Florey Clinic, health points at Newbury College and Waterside Centre.

[Online Chlamydia and gonorrhoea testing](#)

HIV Testing via Thames Valley Positive Support

Trust House –sexual abuse, trauma and rape counselling service.

C card-condom scheme for young people.

Contraception - LARC via GP's and EHC via pharmacies.(Long Acting Reversible Contraception and 'morning after pill').

### **National and local strategies**

There are number of national and local strategies to control and prevent STIs and to outline best practice on aspects of sexual and reproductive health. These include:

#### **Strategies**

- Department of Health (2013); [A Framework for Sexual Health Improvement in England](#)
- Public Health England (2015); [Health promotion for sexual and reproductive health and HIV: Strategic action plan, 2016 to 2019](#)
- Department of Health (2010); [Teenage Pregnancy Strategy: Beyond 2010](#)

#### **Standards**

- Public Health (2014); [National chlamydia screening programme standards – 7<sup>th</sup> edition](#)
- Department of Health (2013); [Integrated Sexual Health Services: National Service Specification](#)
- BASHH and MEDFASH (2014); [Standards for the management of sexually transmitted infections \(STIs\)](#)
- Faculty of Sexual & Reproductive Healthcare (2013); Service Standards for Sexual and Reproductive Healthcare
- BASHH (2013); [Sexually Transmitted Infections in Primary Care](#)

#### **National Institute for Health and Care Excellence (NICE)**

- NICE (2007); [PH3: Sexually transmitted infections and under 18 conceptions: prevention](#)
- NICE (2011); [PH33: HIV testing: increasing uptake in black Africans](#)
- NICE (2011); [PH34: HIV testing: increasing uptake in men who have sex with men](#)
- NICE (2014); [PH51: Contraceptive Services for under 25s](#)

### **Other chapters you might be interested in**

Teenage Pregnancy  
Mental Health

If you have any questions about this chapter, please contact Public Health and Wellbeing Team on [publichealthandwellbeing@westberks.gov.uk](mailto:publichealthandwellbeing@westberks.gov.uk) or 01635 503437