Sexual health

Headlines

Many sexually transmitted infections (STIs) do not show symptoms, which means that cases of infection may remain undiagnosed and untreated. Remaining undiagnosed increases the risk of onward infection and the spread of infections within the population. If left untreated, STIs can have serious long-term health consequences and some can be life threatening and can be passed from mother to child during pregnancy and birth. Infertility can be the result of STI infection in both men and women. All STIs are preventable which reinforces the importance of safe sex messages being communicated and widely understood. It is also crucial that sexual health services are convenient and accessible. The recorded levels for total STIs are stable in Kirklees. The total number of acute infections (for all STIs) was greatest in the 15-24 year old age group, however older age groups were most affected for some specific infections, notably syphilis, which mainly affected the 35-45 year old age group. Across all age groups, almost twice as many people diagnosed with an acute STI were from the most deprived population group compared to the least deprived.

In Kirklees in 2011 there were 255 conceptions in girls aged 15-17 years old. Conceptions have reduced since 2008 and are similar to the regional average but remain higher than the national figure. Previously, evidence has shown that having children at an early age can damage young women's health and wellbeing and severely limit their education and career prospects. Recent studies suggest that early motherhood accounts for relatively few of the negative long-term socio-economical outcomes experienced, which are largely determined by disadvantaged family background. Action needs to be focused on reducing unplanned teenage pregnancy by developing self-esteem in young people to ensure they can make appropriate decisions regarding their sexual health, as well as ensuring sexual health information and services are appropriate and accessible.

Why is this issue important?

Sexually transmitted infections (STIs)

Anyone who is sexually active can contract sexually transmitted infections (STIs), especially people who have casual partners, change partners frequently and don't use a condom when having sexual contact.

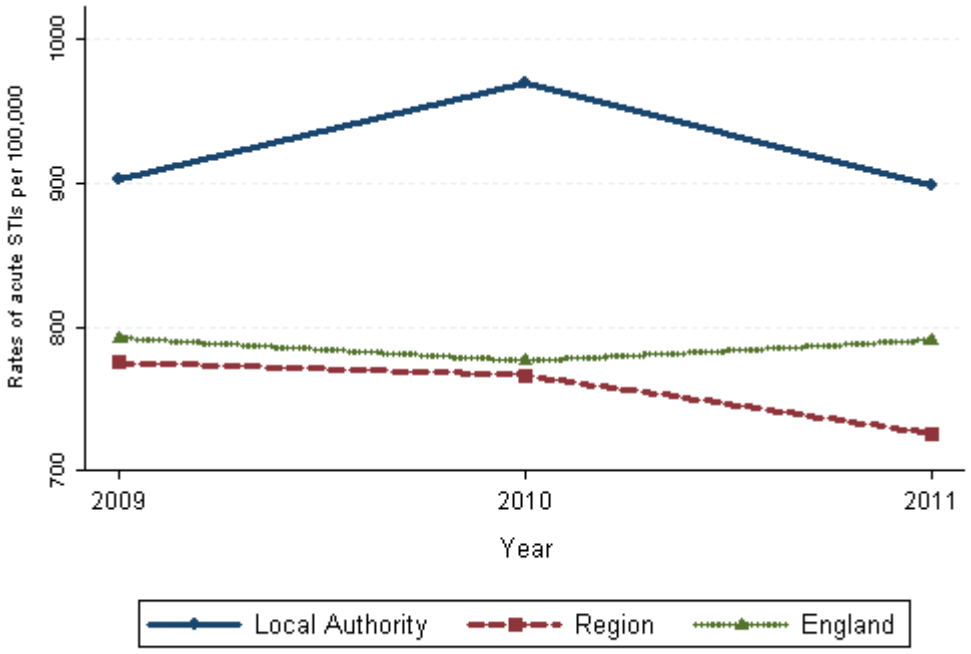
Many STIs do not show symptoms, which means that cases of infection may remain undiagnosed and untreated. Remaining undiagnosed increases the risk of onward infection and the spread of infections within the population. If left untreated, STIs can have serious long-term health consequences for the individual and some can be life threatening. Some can be passed from mother to child during pregnancy and birth. Infertility can be the result of STI infection in both men and women. If left untreated, for example, syphilis can lead to damage to the heart, respiratory system and nervous system, and cause disabilities in new-born children. HIV is still an incurable infection that will need to be medically managed for the remaining lifetime; where it is diagnosed late it is likely to significantly reduce life expectancy. Overall the cost of HIV care in the first year after diagnosis is double for those diagnosed late. Inpatient hospital care costs due to late diagnosis are 15 times higher. People diagnosed late have a tenfold increased risk of dying within the first year[1].

The most common STIs are chlamydia, genital warts, genital herpes, gonorrhoea and syphilis. In Kirklees, new cases of all acute STIs were relatively stable between 2009 and 2011, from 3,674 to 3,681[2]. Despite figures stabilising, or falling for some infections, there have been some notable increases in Kirklees:

- There were 20 cases of syphilis in 2011, a rate of 4.9 per 100,000 all ages population[3].
- Gonorrhoea increased by 67% between 2009 and 2011. Although total numbers are relatively small the strong upward trend is worrying particularly in the context of antibiotic resistance in gonorrhoea infections (see section on infectious disease and HIV) [2].
- The rate of chlamydia in 15-24 year olds was 23 per 1,000 population and 1.09 per 1,000 amongst over 25-year olds. The rate in those aged under 25 has fallen since 2009 but this is likely to be in part due to a fall in screening due to changes to the national screening programme. Rates in those aged over 25 have been quite stable over the period. Chlamydia accounted for 40% of all new STI infections locally in 2011[4].
- During 2011, there were 33 newly diagnosed HIV cases, with 266 residents aged between 15-59 accessing HIV related care (1.08 per 1,000) during 2010[1].
- Recent data provided by the Health Protection Agency show that via GUM clinics during 2011, 9,562 residents were offered a HIV test, out of those offered, 6,426 (86%) were tested. From these tests, 33 were positive (0.51%)[1].

- Of the newly diagnosed cases of HIV in Kirklees during 2011, 13 (39%) were diagnosed late. Of these, 8 (24%) were classed as very late diagnoses[1].
- The total numbers of new diagnoses have stabilised but with effective treatments now available, the numbers of people living with and accessing care for HIV increases year on year.
- In Kirklees, an estimated 9.7% of women and 10% of men presenting with an acute STI at GUM between 2009 and 2011 became re-infected within 12 months. Nationally the figures were 7.1% and 9.1% respectively[3].

Rates per 100,000 resident population of all ages of diagnoses of acute STIs by year in Kirklees compared to rates in Yorkshire and the Humber region and England [4].



Source: Data from Genitourinary Medicine Clinics and community settings (for Chlamydia only)
See appendix 2 for diagnoses included in acute STIs

Unplanned teenage pregnancy

Some teenage conceptions are unplanned and around half end in abortion. As well as being an avoidable experience for young women, abortions represent an avoidable cost to the NHS. For some young women having a child when young can represent a positive turning point in their lives, and can represent a sensible and meaningful life choice for someone for whom other opportunities or options for the future seem limited. For these teenagers the pregnancy will have been planned. However, for other teenagers, bringing up a child is incredibly difficult. It often results in poor outcomes for both the teenage parent and the child, in terms of the baby's health, the mother's emotional health and wellbeing and the likelihood of both the parent and child living in long-term poverty.

Nationally in 2012, the under-18 conception rate (conceptions per 1,000 population of 15-17 year old girls) was 27.7. In Yorkshire and the Humber, the rate was 31.7 and in Kirklees, the rate was 30.1, a reduction from 32.3 in 2011. The rate equates to 236 conceptions in girls aged 15-17 years old.

What significant factors are affecting this issue?

Rising numbers of STIs are likely to be explained by several reasons including:

Lack of awareness

Sex and relationships education in schools needs to be comprehensive and cover contraceptive methods as well as promoting the regular screening message. Lack of awareness of the need for regular testing in older age groups is an issue, particularly to deal with the late diagnosis of some infections.

Inadequate levels of regular screening

Sexually active individuals should get a full STI screen regularly, particularly when they change partners or if they have casual partners.

Better access to services needed

Sexual health services need to be convenient and accessible to ensure that testing can be undertaken promptly and in a setting, which is acceptable to the individual, particularly those who are vulnerable or at increased risk. Services also need to incorporate safe sex messages and provide contraception advice and products.

Better partner notification needed

Sexual health services need to undertake effective partner notification to identify and treat any other positive cases and prevent the further spread of infection.

Increased levels of testing

Rising numbers of infections are to some extent attributable to increased testing levels and the availability of more sensitive diagnostic methods.

Sexual activity

Girls are three times more likely to become pregnant if they start having sex aged under 16 years[5].

Locally, of 14-year olds in 2009[6]:

- 1 in 8 (13%) had experienced sexual intercourse, significantly less than 17% in 2007.

- 8 in 10 (82%) used contraception, similar to 2007 (84%). Condom use dropped by 9% from 7 in 10 (72%) in 2007 to just over 6 in 10 (63%) in 2009. More than 1 in 4 (27%) 14-year olds in Dewsbury reported that they "never use a condom", but over 80% did in Birstall & Birkenshaw and the Colne Valley.

Alcohol intoxication is associated with an increased risk that people will have unprotected sex[7]. Failure to use a condom during a young person's first sexual encounter is linked to alcohol consumption. Having such unprotected sex also increases the likelihood of contracting sexually transmitted diseases[7].

Relationship and sexual health education

The information, advice and support given to young people about sex and relationships can influence young people's attitudes to sexual behaviour. It can also provide the tools needed to delay sexual activity as well as ensure the consequences of risky sexual behaviour are understood. Myths about sex, fertility and abortion still exist and awareness of the full range of contraception is low. A significant number of parents lack the knowledge and/or confidence to talk to their children about sex and relationships. Sex and relationships education (SRE) in schools and post-16 learning is patchy and inconsistent. The wider children's workforce is not routinely equipped to talk to young people about their relationships and their sexual health[1].

Access to sexual health services

Young people need to be well informed about fertility and the range of contraceptive methods available to them. Contraception and sexual health services need to be young people friendly, accessible, in locations that young people can reach easily and open at the right times.

Termination of pregnancy

Termination of pregnancy services are available to women for multiple reasons, including when pregnancies are unwanted or unplanned. Looking at termination data across localities and assessing the average time of gestation at the time of the termination procedure gives indications whether routes into services are accessible. However, numbers of repeat terminations can suggest that although services are accessible, further advice and contraception is not being provided following termination procedures.

Which groups are most affected by this issue?

Young people

The age group with the highest rate of STIs continues to be 15-24 year olds. Over half of all STIs diagnosed in the UK are in people in this age group, even though they account for just 12% of the population. In Kirklees, 65% of diagnoses of acute STIs were in 15-24 year olds[2].

Locally:

- For chlamydia in those aged 15-24 in Kirklees the positivity rate was 9% (24% population tested) compared to a national positivity rate of 7% (30% population tested)[3].
- In Kirklees in 2011, women aged 15 years (12%) and men aged 16-19 years (7.8%) had the highest rates of positive tests[2]. This differs from regionally, where rates of positive tests are highest for women aged 16-19 years and for men aged 20-24 years.

Men who have sex with men (MSM)

Between 2009 and 2011, 6.6% of acute STIs were among MSM (where sexual orientation was recorded).

Deprivation

Almost twice as many people per 100,000 population of Kirklees diagnosed with an acute STI were from the most deprived population group compared to the least deprived.

Ethnic groups

Rates of diagnosis across different ethnic groups did not differ significantly by ethnic group, but between 2009 and 2011 8.4% of acute STIs diagnosed were in people born overseas.

Where is this causing greatest concern?

Young people at risk of teenage pregnancy include those with low educational attainment, a dislike of school and poor attendance, poor emotional and mental health, those who are in contact with the Police and those living in and leaving care[1].

Across the district, variations in terminations can be seen between areas, which points to a need to ensure service provision is accessible across the district and any local issues addressed. The localities where the numbers of repeat terminations were highest were Birstall & Birkenshaw, and Dewsbury.

Views of local people

A recent scrutiny panel review recognised that conceptions in Kirklees will include planned teenage pregnancy where a girl marries at a young age and unmarried girls in stable relationships who decide to start a family, both of which result in the need to provide support to pregnant teenagers and parents.

- *Having a child has had a positive effect on my previously irresponsible behaviour and has given me something positive to focus on in order to get my life back on track*[8].

Relationships and sexual health education needs to become an integral part of the school curriculum and address barriers that exist which prevent open-door and drop-in facilities for sexual health services being available in more educational establishments across Kirklees.

- *I only vaguely remember having Sex Ed at school, recalled 1 - 2 "Sessions"*[9].

The Kirklees Young Advisors (YAs) research to help "*adults understand what some young people perceive as barriers to accessing sexual health services"* suggested services need to address the concerns that young people do not always understand, or more importantly trust, the rules regarding confidentiality.

- *Some young people are put off visiting clinics because they don't believe in confidentiality; they think what you tell a doctor will be told straight to your parents*[10].

The YAs felt confident that help and support was available in Kirklees and felt that there was a good awareness of C-Card and chlamydia screening, however:

- *Not all of my friends know about the services on offer. I'd heard of some of the services, but never approached them. Overall, I didn't realise how many there were. I don't think most of my friends know what is there, the advertisement isn't great*[10].

What could commissioners and service planners consider?

Sexually transmitted infections

- A comprehensive approach to workforce development and training is required to ensure greater awareness of opportunities to communicate safe sexual health messages, the services available and of the need to test and diagnose early.
- The groups at highest risk of sexually transmitted infections need to be identified and their needs reflected in commissioning and health improvement programmes.
- Primary care services, particularly general practice, need to be aware of both the groups at highest risk and signs and symptoms of HIV and STIs to ensure individuals are screened (or referred on) opportunistically as appropriate.
- All sexual health services need to be designed and provided so that they are accessible and welcoming to young people as well as the adult population.
- Commissioning of an integrated sexual health service based on a "hub and spoke model" and delivered within community settings has been agreed.
- Greater emphasis on prevention of sexual ill health within service delivery is needed.
- Sexual health services should target high-risk groups and develop seamless pathways into services.
- Targeted awareness raising of gonorrhoea, including threat of antibiotic resistance, should be prioritised, as should testing and early diagnosis of HIV in primary care, the acute sector and the community.

Unplanned pregnancy

- Evidence shows that comprehensive education about sex and relationships (SRE) combined with easy access to effective contraception are the two essential ingredients for reducing teenage pregnancy[11].
- For all ages improve knowledge of contraceptive choices available and increase the uptake of long acting reversible contraception.
- Services need to work in the specific localities where the problem is the greatest and strive to meet the needs of the most vulnerable and at risk groups.
- Increase support for the most vulnerable groups at risk of unplanned pregnancy for example looked after children and other at risk young people and at risk adults.

- Enhance access and young people's perception of access to all local services providing contraception and sexual health advice[11].
- Consider approaches to reduce the social stigma around teenage parents and termination of pregnancy.

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Date this section was last reviewed

18/02/2015 (OR/CM)