18th January 2010

Sexual Health

Sexually transmitted infections (STIs) and human immunodeficiency virus (HIV) cause a wide range of illnesses and ill health, are a significant cause of long term and serious disability, and can lead to premature death [1.DH website].

Poor access to sexual health services contributes to the increase in STIs. Rapid diagnosis of STIs is important to allow fast treatment and to prevent more people becoming infected. [2.Sex and our City].

Unwanted pregnancy has a significant human and life changing impact on individuals, especially teenagers. Teenage pregnancy is a health inequality and social exclusion issue and leads to poor health and social outcomes for the mother and baby [2.Sex and our City]. Termination of unwanted pregnancy can have lasting physical and psychological effects, leading to further health problems in the future.

A person’s sexual health is influenced significantly by their sexual attitudes and behaviour.

Sexual Health in London - Key Facts

Sexually transmitted infections and HIV

- London has the highest rates of sexual ill-health in England. In 2008, around two in five diagnoses of HIV, infectious syphilis and gonorrhoea, one in five diagnoses of genital chlamydia and genital warts and a quarter of genital herpes diagnoses in England were made in the capital. [2.Sex and our City, 3.HPA annual data tables 2008]

- The numbers of new diagnoses of herpes rose by 29% and chlamydia and warts each rose by 8% between 2004 and 2008 in London. The numbers of new diagnoses of gonorrhoea decreased by 24% and syphilis decreased by 7% over the same five year period. [3.HPA annual data tables 2008]

- London has a high rate of HIV infection. The prevalence of HIV among London residents in 2008 was 5 in 1,000 adults (15-59 years) [4.HPA geographical data 2008]. HIV prevalence rates are highest in central London Primary Care Trusts (PCTs). In Lambeth PCT, which has the highest prevalence of all London PCTs, HIV infection affects nearly 1 in 100 adults [2.Sex and our City].

- More than 3,000 Londoners were newly diagnosed with HIV in 2008 [4.HPA geographical data 2008]. According to figures reported to end of June 2009, there has been an 8% reduction of new diagnoses since 2004 [4.HPA geographical data 2008]. However, the figure for 2008 may rise as further reports are received.
Like the rest of the country, a high percentage of HIV infections were diagnosed late, and this is most marked in some Outer London PCTs. [2.Sex and our City]

- Chlamydia is the most common STI seen in London Genito-Urinary Medicine (GUM) clinics. There were 22,256 new diagnoses of genital chlamydia in 2008. Rates of chlamydia infection are much higher in young people (16-25 years) than in other age groups [3.HPA annual data tables 2008]

- Young people, black minority communities and men who have sex with men (MSM) are consistently identified as those who are most affected by STIs [2.Sex and our City]. Men who have sex with men (MSM) and Black Africans are especially over represented in HIV infection figures. [2.Sex and our City]

**Access to services**

- Following the introduction of the National Chlamydia Screening Programme, 18% of young people (15-24 years) in London were tested in 2008/09. This exceeds the England average of 16% and the target of 17% set by the Department of Health. However, screening rates varied between London PCTs, ranging from 7% in Westminster to 36% in Lambeth [5.NCSP].

- The percentage of people offered an appointment at a London GUM clinic within 48 hours has increased steadily from 69% in 2005 to 99.9% in 2009 (data to September). The percentage of patients seen within 48 hours was 89% in 2009 [2.Sex and our City] [6.GUMAMM]. Maintaining and improving on performance remains a priority for PCTs with targets of 100% of patients to be offered an appointment within 48 hours and 95% to be seen within 48 hours.

- There has been an increase in uptake of HIV testing among people attending GUM clinics in London, from 67% in 2003 to 81% in 2008 [3.HPA annual data tables 2008]. Rates were high regardless of sex and sexual orientation. These figures exceed targets set by the National strategy for sexual health and HIV. [2.Sex and our City]

**Fertility**

- There were 127,651 babies born in London in 2008. The Total Fertility Rate in 2008 gives an average of 1.95 children per woman in London, which is marginally lower than England’s rate of 1.97 children per woman [7.Birth statistics].

- London has a high rate of teenage pregnancy. In 2007, the teenage pregnancy rate among 15-17 year old females in London was 46 per 1,000, which was higher than the England average of 42 per 1,000. However, there is wide variation between London boroughs, with teenage pregnancy rates ranging from 16 per 1,000 females (aged 15-17) in Richmond up to 76 per 1,000 in Southwark. [8.Young Londoners SH]. The percentage of teenage pregnancies in London leading to abortion in 2007 was 63% [9.DCSF].

- London’s high level of abortions reveals a need to ensure that access to contraception is maximised [2.Sex and our City]. The total abortion rate per 1,000 women (aged 15-44) in London was 27% in 2008, representing 48,679 abortions.
London’s abortion rate is higher than that of England, which is 18%. [10.Abortion stats 2008]

Sexual attitudes & behaviours

- Some risky sexual behaviours, such as having multiple sexual partners and unprotected sex, are more common in London compared to other regions of Britain. The average number of heterosexual sex partners in the five years prior to being surveyed was higher in both men (4.5 partners) and women (2.7 partners) in London than elsewhere in Britain (3.7 and 2.3 partners respectively). The proportion of men who had a homosexual partner in the previous five years was also higher in London (5.5%) compared with the rest of Britain (2.1%). These findings are from the National Survey of Sexual Attitudes and Lifestyles (NATSAL), which was last undertaken in 2000, and may not reflect current attitudes and behaviours. [11.SHNA]

- NATSAL national results show that Black Caribbean and Black African men report the highest number of lifetime sexual partners of all ethnic groups. Just over a quarter and a third respectively had concurrent partners [11.SHNA]. Although London data are not available at an ethnic group level, the capital has a larger black minority ethnic population than the rest of England.

- According to the Bass Line Survey 2008/09 [12.Bass 2008/09], one in eight Africans in London are known to be HIV positive and almost two in five have never been tested. About one third of Africans reported having more than one sexual intercourse partner in the previous year and almost one in five said they never used a condom.

- In 2007, 21% of London’s gay men had never had an HIV test. In the previous year, 28% of gay men had unprotected anal sex with a partner who was serodiscordant or of unknown HIV status. In response to the statement “I would sometimes rather risk HIV transmission than use a condom”, 12% of gay men either agreed or strongly agreed. [13.Gay Men’s sex survey]

Policy context

The Government’s Better prevention, better services, better sexual health – The national strategy for sexual health and HIV has been a stimulus for improving sexual health in England since its release in 2001. The Independent Advisory Group (IAG) reviewed the strategy in 2009, and the Government has published its response in Moving forward: progress and priorities - working together for high quality sexual health.

Targets for chlamydia screening coverage, Genitourinary Medicine (GUM) waiting times, reducing gonorrhoea and reducing teenage conceptions are specified in the public health White Paper Choosing health and Delivering choosing health. Public Service Agreements include: reduction in the under-18 conception rate by 50% by 2010, 100% of patients attending genitourinary medicine clinics to be offered an appointment within 48 hours by 2008, a decrease in rates of new diagnoses of
gonorrhoea by 2008 and increase in the percentage of people aged 15 to 24 accepting chlamydia screening.

The Social Exclusion Unit’s report on Teenage pregnancy outlines the government’s strategy to better support teenage parents and their families, including a national campaign, coordinated action between organisations and better prevention.

The National chlamydia screening programme (NCSP) was established in 2003 to control and prevent chlamydia among young people under 25, the highest risk group for infection in England.

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Performing better? A focus on sexual health services in England. Full report

Abortion statistics 2008

NHS contraceptive services England 2008/09

National chlamydia screening programme NHS vital signs 2008/09

Key organisations

British HIV Association

Brook Advisory Centres

Department of Health

East Midlands Public Health Observatory (EMPHO)

Health Protection Agency

Sigma Research

South West Public Health Observatory (SWPHO)

Terrence Higgins Trust

References

1. Department of Health website
2. Sex and our city
3. HPA STI annual data tables 2008
4. HPA geographical data
5. National chlamydia screening programme. NHS vital signs 2008/09
6. GUM access monthly monitoring
7. Birth statistics 2008 FM1 No 37
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10. Abortion statistics, England and Wales 2008
11. London sexual health indicators: a data driven needs assessment
12. Bass line 2008/09
[Hyperlinks – numbers in superscript, and the associated link, to be removed from text on webpage]

5 http://www.dcsf.gov.uk/everychildmatters/healthandwellbeing/teenagepregnancy/guidance/guidanceresources/
6 http://www.chlamydiascreening.nhs.uk/
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15 http://www.hpa.org.uk/HPA/Topics/InfectiousDiseases/InfectionsAZ/1201094610372/
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19 http://www.sigmaresearch.org.uk/go.php/projects/project21
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http://www.empho.org.uk/Themes/teenagepregnancy/tp1.aspx

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http://www.dcsf.gov.uk/everychildmatters/resources-and-practice/IG00200/

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