Live Well

Sexual Health

Introduction

Sexual health and wellbeing is a fundamental aspect of the human identity and life experience. Healthy relationships, sexuality and sexual health affect almost every person at some point in their life. It is known that access to quality sexual health services improves the health and wellbeing of both individuals and populations and is highly cost-effective. However, sexual health encompasses some unique challenges including stigma and embarrassment, which can create barriers to service access and exacerbate sexual health inequalities.

The consequences of poor sexual health include:

- Unplanned pregnancies and abortion.
- Psychological consequences, including from sexual coercion and abuse.
- Poor educational, social and economic opportunities for teenage mothers, young fathers and their children.
- HIV transmission.
- Longer term health issues such as recurrent genital herpes and warts, hepatitis, chronic liver disease and liver cancer, cervical and other genital cancers.
- Pelvic inflammatory disease, which can cause ectopic pregnancies and infertility.
- Poorer maternity outcomes for mother and baby.

This chapter refers specifically to HIV, sexually transmitted infections (STIs), Monkey pox (mpox) and health inequalities. Further information is included in Merton's Sexual Health Strategy and Sexual and Reproductive Health Profiles.

HIV

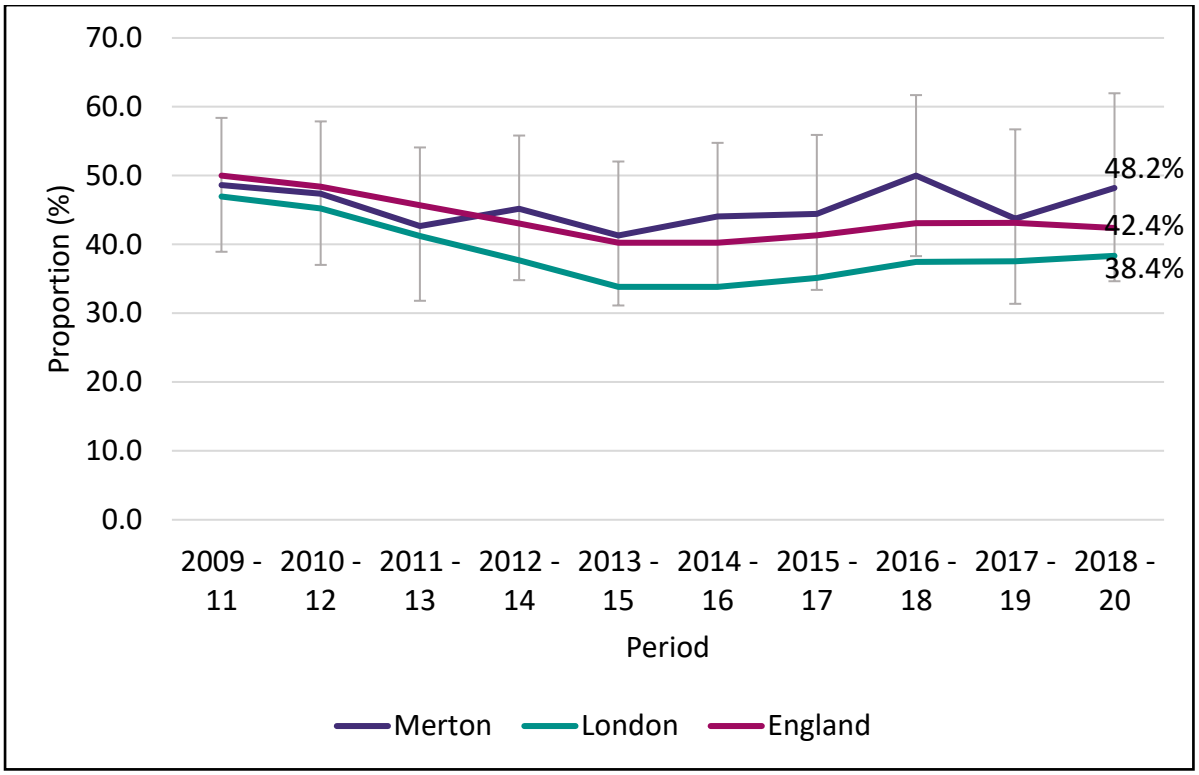
In 2020, the rate of new HIV diagnosis among persons first diagnosed in the UK aged 15 years and over was 8.5 per 100,000 population aged over 15 years old, to compare, the London value was 10.1 per 100,000 and the England value was 4.3 per 100,000[1]. Between 2015 and 2020 the rate of new HIV diagnoses in Merton decreased by 54%.

Men who have sex with men are at a greater risk of HIV. However, significant work has been undertaken with this group to reduce late diagnosis, which is the largest risk factor for morbidity and mortality of people with HIV, so the proportion of late-stage HIV diagnosis is now greater in heterosexual men and women in England[2].

Between 2018 – 2020 in Merton the proportion of those receiving a late diagnosis for HIV, where CD4 cell count is <350, was 48.2%. More specifically, the proportion of late diagnosis among heterosexual males was 50.0% and 77.8% for heterosexual females. The proportion of late diagnosis for the gay, bisexual, and other men who have sex with men population was 38.5%[3].

Between 2009/11 and 2018/20, the percentage of those diagnosed with HIV in Merton at a late stage has stayed fairly in line with England but higher than London, as seen in Figure **1** below[4].

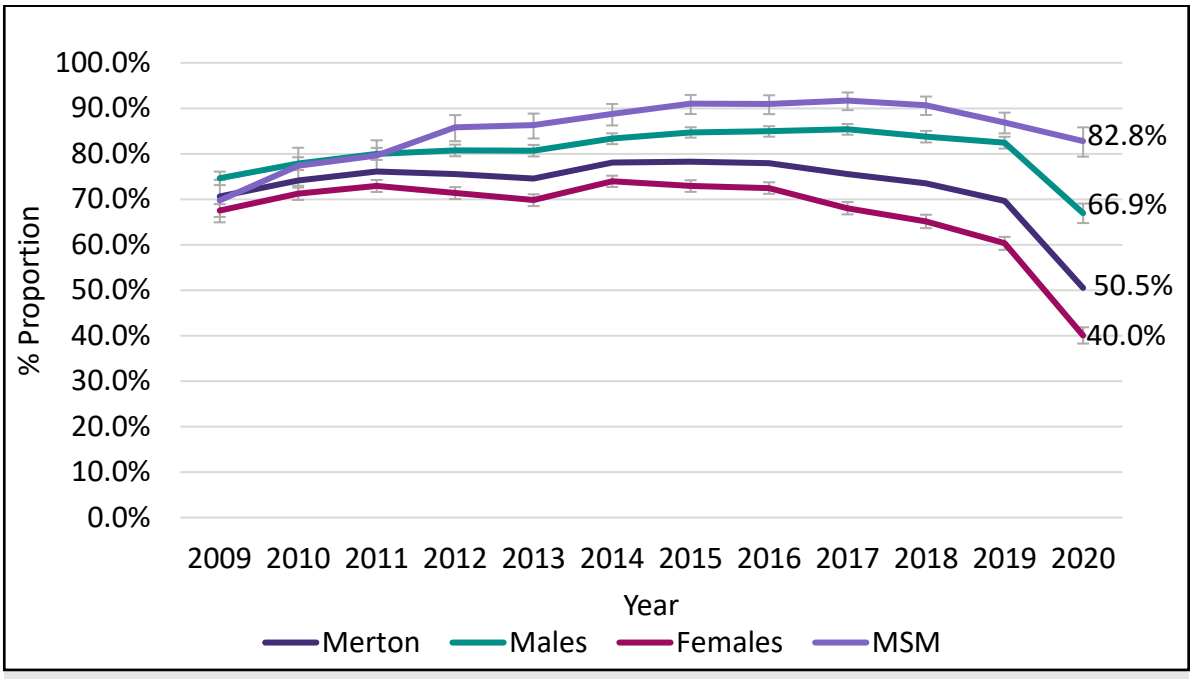
Figure 1: HIV late diagnosis (CD4 less than 350) (%) in Merton including London and England comparisons between 2009/11 - 2018/20. Source: OHID, Sexual and Reproductive Health Profile[5].



HIV testing coverage:

Timely and easily accessible HIV testing is crucial to tackling late diagnosis of HIV. There was a sharp decrease in HIV testing coverage among individuals accessing specialist sexual health services in Merton in 2020, from 73.5% in 2018 to 50.5% in 2020, a 23% decrease (Figure **2**)[6]. This trend is similar to London which also experienced a 15.3% decrease between 2018 to 2020 where the value sat at 54.7% in 2020 remaining slightly higher than Merton, and England which experienced an 18.5% decrease, with a 2020 value of 46.0% therefore sitting slightly lower than Merton[7]. This decrease in HIV testing coverage is one of the many impacts of the COVID-19 pandemic. It comes as a result of government public health restrictions, as well as the additional added pressure on healthcare services during this period[8].

Figure 2: HIV Testing Coverage (%) in Merton for males, females, and the gay, bisexual, and other men who have sex with men population between 2009 - 2020. Source: OHID, Sexual and Reproductive Health Profile[9].



Initiation of antiretroviral therapy (ART):

ART is a method of treatment used amongst individuals diagnosed with HIV to control the transmission of the virus by supressing the replication of the viral load[10]. In Merton, ART initiation in people (aged 15 years and over) newly diagnosed with HIV (within 91 days) was 84.6% between 2018 – 2020[11]. To compare, this is similar to the London and England value at 82.1% and 83.1% respectively.

In 2020, the overall ART coverage amongst those aged 15 years and over accessing HIV care at least once a year in Merton was 98.7%[12]. This is similar to the London and England value at 98.3% and 98.7% respectively.

As a result, the virological successes, meaning an undetectable HIV viral load, amongst adults seen for HIV care and who have had at least one viral count reported in Merton was 97.3% in 2020[13]. This is similar to London (97.2%), and England (97.4%) and demonstrates that those living with HIV are now able to live long and healthy lives if they get diagnosed and start treatment early.

Sexually transmitted infections (STIs)

In 2020, the diagnosis rate of all new STIs (syphilis, HIV, gonorrhoea, chlamydia) was 873 per 100,000 population (which is significantly lower than the London value of 1,167 per 100,000 but significantly higher than the England value of 562 per 100,000)[14].

Table **1** below shows that for all the main STIs Merton's diagnostic rate is generally higher than England but lower than London, however similar to London for genital warts, and England for genital herpes. The most prevalent STIs are chlamydia and gonorrhoea which is the same for England as a whole[15].

Table 1: STI diagnostic rate (per 100,000 population, all ages) for syphilis, gonorrhoea, chlamydia, genital warts, and genital herpes in Merton including London and England comparisons, 2020. Source: Sexual and Reproductive Health Profiles[16].

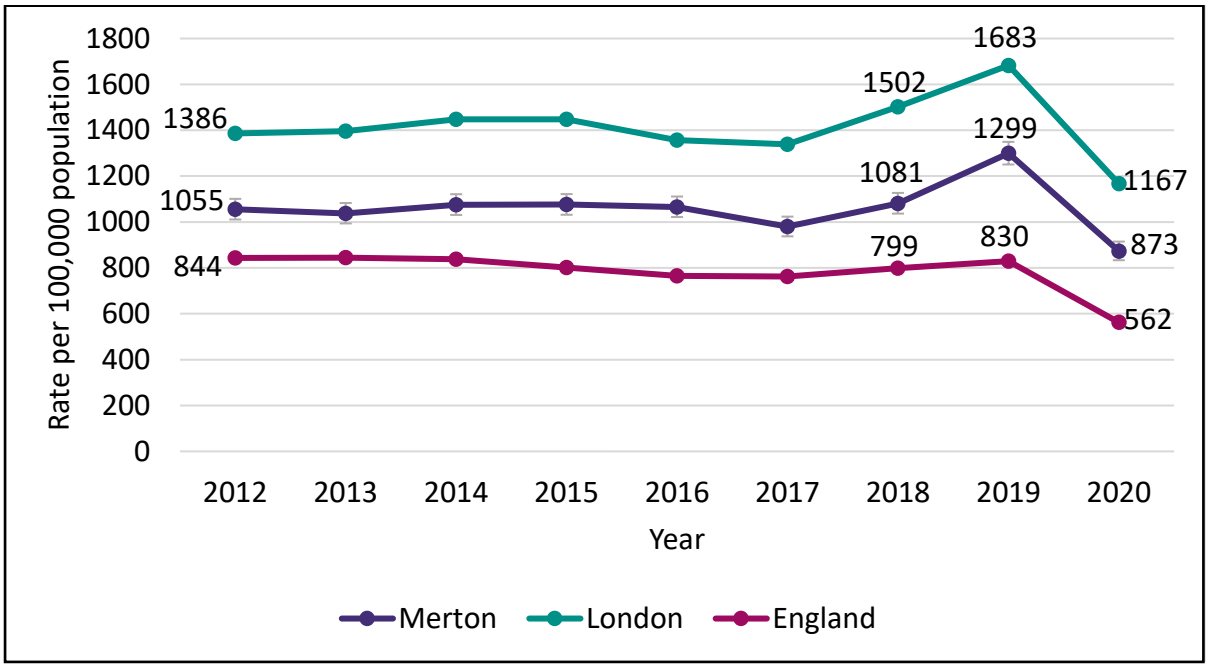
STI Diagnostic rate (Per 100,000 population)	Period	Merton	London	England
Syphilis	2020	19.4	39.6	12.2
Gonorrhoea	2020	191.3	309.3	100.9
Chlamydia	2020	378.3	488.4	285.9
Genital warts	2020	73.1	76.7	48.6
Genital herpes	2020	43.1	60.2	36.3

Both gonorrhoea and syphilis are indicators of risky sexual behaviour. In Merton, it was positive to see that diagnoses of gonorrhoea decreased by over 25% between 2019 and 2020, however it is unclear at present if this was due to the impact of the pandemic. In 2020, the rate of diagnosis of gonorrhoea was 191 per 100,000, which is worse than the England average (101 per 100,000) but better than the London average (309 per 100,000)[17].

The syphilis diagnosis rate per 100,000 in Merton increased by over 50% between 2012 and 2020. The rate of diagnosis in 2020 was 19.4 per 100,000, which is worse than the England average (12.2 per 100,000) but better than the London average (39.6 per 100,000)[18].

Figure **3** shows the new STI diagnosis rate in Merton has remained fairly stable apart from an increase between 2018 and 2019 and a dip between 2019-2020, which has been in line with England and London. The recent dip between 2019 and 2020 is thought to be related to the pandemic as access to sexual health services was greatly reduced due to government restrictions and lack of social engagement, please see figure 3 below[19].

Figure 3: All new STI diagnosis rate (per 100,000 population) in Merton including London and England comparisons, between 2012 - 2020. Source: OHID, Sexual and Reproductive Health Profile[20].



Young people aged 15-24 years are one of the at risk groups for STIs particularly chlamydia. In 2020, the chlamydia diagnostic rate amongst all ages was 378 per 100,000, however when only considering those in the population aged 25 years old and over, the chlamydia diagnostic rate in Merton is lower at 261 per 100,000[21]. Subsequently, the detection rate of chlamydia amongst this population (2020) in Merton was 2,012 per 100,000 population aged 15 – 24 years[22].

Monkey pox (mpox)

Although not technically an STI, Monkey pox cases are mainly being identified in sexual health clinics. Since 6th May to 26th September 2022, 3,311 confirmed cases of mpox infection have been reported in England with 69% of cases reported in London residents. In the UK, males account for 98.6% of the cases, with a median age of 36 years[23]. As of 27th September 2022, there have been 25 cases of mpox in Merton[24].

Health inequalities

It is well documented that certain groups are more likely to be affected by poor sexual health including: young people, gay, bisexual and men who have sex with men (GBMSM), ethnic minority groups and lesbian, gay, bisexual, transgender & questioning (LGBTQI+). An action for Merton's sexual health strategy: 2020-2025 is to further understand and address the needs of marginalised groups to understand their specific needs and how they can be

met as well as ensure better uptake of services. In particular, the specific groups with where there are high needs include:

Street Sex Workers (SSWs)

Street sex workers (SSWs) are a highly marginalised and stigmatised group who carry an extremely high burden of unmet health need. They experience multiple and interdependent health and social problems and extreme health inequality. Research shows that the main challenges in providing healthcare to SSWs were services being inflexible and under-resourced and not being trauma-informed[25]. Local sexual health services engage with SSWs ad hoc but more work must be done to understand their needs and how best to meet them.

Homeless people

People who experience homelessness face disproportionately poor reproductive health and adverse pregnancy outcomes, as well as a higher risk of STIs. Precarious living conditions are known to contribute to poor uptake and engagement with sexual and reproductive healthcare (SRH) for this population. There is also an overlap between problematic drug use, homelessness, and sex work. During the COVID crisis, which may be further enhanced by the current cost of living crisis, an increasing number of women have fallen into homelessness and street-based sex work due to financial instability. There is low rate of follow-up attendance in clinic, due to working hours of the clients, difficulty travelling to clinic and difficulty contacting the clients over the phone[26,27].

Transgender & non-binary people

Little is known about the sexual health needs and knowledge of transgender and non-binary people making it challenging to design effective health promotion and clinical services for them. There is limited evidence of this group using online sexual health services and no reported UKHSA data on STI rates amongst transgender and non-binary individuals attending sexual health services[28].

Older people

Sexual health is an integral part of overall health in older age. Research consistently reports that heterosexual and LGBTQI+ older people tend not to disclose sexual concerns and difficulties which increases the risks for STIs. Older people are often absent from policies and healthcare providers experience difficulties in initiating conversations around sexual health and history. Efforts need to be made by healthcare providers to recognise sexuality in older age and give older people the opportunity to open up regarding their sexual health and experiences[29].

Sexual assault & sexual exploitation

Internationally, the UN reports that an estimated 1 in 3 women experience physical/sexual violence during their lifetime. These rates vary across cultures, age, gender and sexual identity. However, what does not vary is that the majority (UK, 83%) will not report this[30]. It is likely that many will attend mainstream sexual health services for crisis STI screening or emergency contraception. Questions about non-consensual sex are important to identify those patients who have experienced sexual assault, especially where individuals are hesitant to disclose, or are not aware about definition of sexual assault.

Service User and Resident Views

As part of the consultation for the Merton sexual health strategy we held:

- 123 face-to-face focus groups with those most at risk of poor sexual health including young people, those with learning disabilities, ethnic minority groups, those excluded from school and those identifying as LGBTQ+.
- 116 residents and workers consulted through an on-line sexual health survey.
- 1,167 school aged young people consulted through an on-line school-based survey.
- Over 300 professionals working in Merton through face-to-face consultation with 20 strategic groups.

Consultation led to identification of areas where we need to improve which have been fed into our Sexual Health Strategy and implementation plan:

- Low awareness in some groups of location of services and availability of online screening.
- Concerns re confidentiality which can be a barrier to access.
- Workforce training to ensure confidence to talk about sexual health.
- Training for parents & carers to build knowledge & confidence.
- Focus on good relationships not just sexual health.
- Better understanding of service needs of 50+.
- Pathways between sexual health services and other services e.g., substance misuse.

Areas where we are doing well and should do more of were:

- Expansion of the Merton condom scheme.
- Overwhelming support to improve relationship and sex education in schools and to expand sexual health information and treatment in pharmacies, GPs & online.
- Good single point of access into ISH service but improve fast track for vulnerable.
- Continued focus on those vulnerable to poor sexual health.

Other sources of voice

As part of the consultation professionals working for the Council were also engaged and have fed into the key themes above. The Council has a Sexual Health Implementation Group made up of professionals representing key areas which oversees the achievement of the actions identified in the strategy.

Recommendations

- Further analysis to understand sexual health needs of those aged 50+ and the needs of those ageing with HIV as well as other high-risk groups.
- Further understanding and local research on local sexual health services engagement with Street Sex Workers.
- More research and data are needed to understand the specific needs of all marginalised communities and how they can be met as well as ensure better uptake of services.
- Further support to schools to deliver comprehensive lessons which are inclusive to all and tackle topical issues such as healthy relationships, consent, the increasing role of social media and the internet in sexual assault and abuse, and the difficulties faced by vulnerable groups.

Further Information

1) Merton sexual health strategy: 2020-25 and sexual health profile - Health and wellbeing strategies | Merton Council

2) Integrated sexual health service - Home: Sexual Health South West London (shswl.nhs.uk)

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