

# **Southampton Strategic Assessment (JSNA)**

**Sexual Health page content**

*Last updated September 2023*

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## 1. Sexual health background

Sexual health is defined as a state of physical, emotional, mental and social wellbeing in relation to sexuality; it is not just the absence of disease. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, which encompasses safe sexual experiences that are free of coercion, discrimination and violence. In England, the definition of sexual health also includes the provision of advice and services around contraception, termination of pregnancies, Sexually Transmitted Infections (STIs) and Human Immunodeficiency Virus (HIV).

The government's [Framework for Sexual Health Improvement in England](#) highlights the importance of good sexual health and ambition is to improve sexual health of the whole population, with key objectives outlined.

The Southampton Sexual Health Needs Assessment (available in the resources section) has identified a number of opportunities to improve sexual health outcomes and reduce inequalities across the system.

More information is in the sexual health dashboard below and in the resources section.

[Sexual health dashboard](#)

## 2. Who is at risk and why?

The factors that affect sexual health (both positively and negatively) are multiple and complex. If a person is engaging in sexual activity the use of condoms improves the chances of avoiding unwanted pregnancy and contracting a sexually transmitted infection.

Different population groups have a differing range of factors affecting their sexual health. Higher levels of STIs and HIV are seen among young heterosexuals aged 15 to 24 years, black ethnic minorities and men who have sex with men (MSM).

The consequences of poor sexual health include:

- Unintended pregnancies and abortions
- Psychological consequences of sexual coercion and abuse
- Poor educational, social and economic opportunities for teenage mothers, young fathers and their children
- STIs and HIV
- Cervical and other genital cancers
- Hepatitis, chronic liver disease and liver cancer
- Pelvic inflammatory disease, which can cause ectopic pregnancies and infertility

More information is in the sexual health dashboard below and in the resources section.

[Sexual health dashboard](#)

### 3. Sexually Transmitted Infections and HIV

STIs and HIV are a consequence of poor sexual health, with efforts focused on reducing the incidence and prevalence as well as the onward transmission of STIs and HIV amongst the population, especially within high-risk groups. More information can be found in the resources section below.

**Chlamydia** – Is the most frequently diagnosed STI in England, with rates of infection substantially higher in young people aged 15 to 24. In 2022, 16.1% of young people (aged 15-24) in Southampton were screened for chlamydia, with a detection rate of 3,210 cases per 100,000 females aged 15 to 24 (40 below goal). A high detection rate of chlamydia is not necessarily bad, as Public Health England recommend a detection rate of at least 3,250 cases per 100,000, which was set as it would likely result in a continued reduction in the prevalence of chlamydia. Chlamydia is effectively treated with antibiotics.

**Genital warts** – Is caused by infection with specific subtypes of human papillomavirus (HPV). There is no cure for genital warts, symptoms can clear up by themselves, but further outbreaks can occur. Southampton had a first episode genital warts diagnosis rate of 61.9 cases per 100,000 population in 2022, significantly higher than the England average of 46.1 cases.

**Genital herpes** – Infections are frequently due to herpes simplex virus (HSV) type 2, although type 1 infection is also seen. Similar to genital warts, those diagnosed with herpes can experience outbreaks or recurrent episodes that require treatment. In 2022, Southampton had a genital herpes diagnosis rate of 42.9 cases per 100,000 population which is decreasing and getting better and similar to the national average of 44.1 cases.

**Gonorrhoea** – Gonorrhoea is a STI caused by bacteria called *Neisseria gonorrhoeae* or gonococcus and can usually be treated with a course of antibiotics. Southampton had a gonorrhoea diagnosis rate of 158.9 cases per 100,000 population in 2022, higher but not significantly than the England average of 146.1 cases.

**Syphilis** - is a sexually transmitted infection caused by the bacterium *Treponema pallidum*. Antibiotics can resolve it in the early stages. Without treatment, however, it can lead to disability, neurological disorders, and even death. Syphilis cases have more than doubled in Southampton and across England over the last 10 years. In 2022 the rate for Southampton was 12.9 diagnoses per 100,000. This was similar to the England rate of 15.4 per 100,000. In 2012 the rates were 5.9 per

100,000 and 5.6 per 100,000 respectively.

**HIV** – HIV is a virus that damages the cells in a person’s immune system and weakens their ability to fight everyday infections and diseases. Whilst there is currently no cure for HIV, there are very effective drug treatments, antiretroviral therapy (ART), that enable most people living with HIV to live a long and healthy life. In 2021, Southampton had a new HIV diagnosis rate of 10.3 cases per 100,000 population for ages 15 and over, significantly higher than the England diagnosis rate of 4.8 cases. Early diagnosis of HIV is vital to effective treatment, with later diagnoses associated with poorer health outcomes. Late HIV diagnoses remain high across the UK, with 37.3% of adults diagnosed in Southampton during 2019-21 classified as having a late diagnosis; lower but not significantly than the England average of 43.4% and above the national goal of less than 25%.

More information is in the sexual health dashboard below and in the resources section.

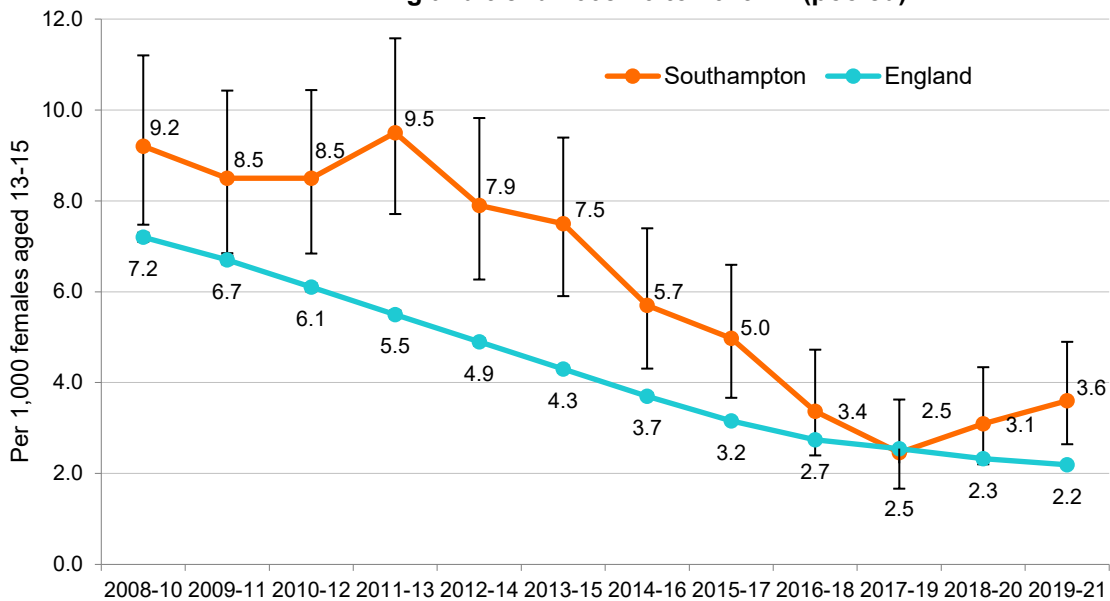
[Sexual health dashboard](#)

#### 4. Teenage pregnancies

A large proportion of teenage pregnancies are unplanned and around half end in abortions. Teenage pregnancies are an avoidable experience for most young women. Although, for some young women having a child can represent a positive turning point in their lives, for many more teenagers bringing up a child is extremely difficult and often results in poor outcomes for both the parent and the child. Around 1 in 5 young women aged 16 to 18 who are not in education, training or employment are teenage mothers; young fathers are also more likely to have poor education and have a greater risk of being unemployed in adult life.

Teenage conceptions in Southampton among females aged under 16 and 18 years have declined in recent years. Conceptions in females aged under 16 years (aged 13-15) declining by 72.8% between 2008-10 (9.2 per 1,000) and 2017-19 (2.5 per 1,000), steeper than the national decline of 65.3% (from 7.2 per 1,000 to 2.5 per 1,000) during the same period. However, since 2017-19, Southampton’s rate has increased 44% to 3.6 per 1,000 between 2019-21 whereas the England rate has continued to decrease to 2.2 per 1,000. New data for just 2021 shows that there are 2.9 under 16 conceptions per 1,000 (11 conceptions). If Southampton had 3 fewer conceptions, it would have the same rate as England of 2.1 per 1,000. The new data uses population estimates from the 2021 Census, however the trends have not been backdated to reflect this.

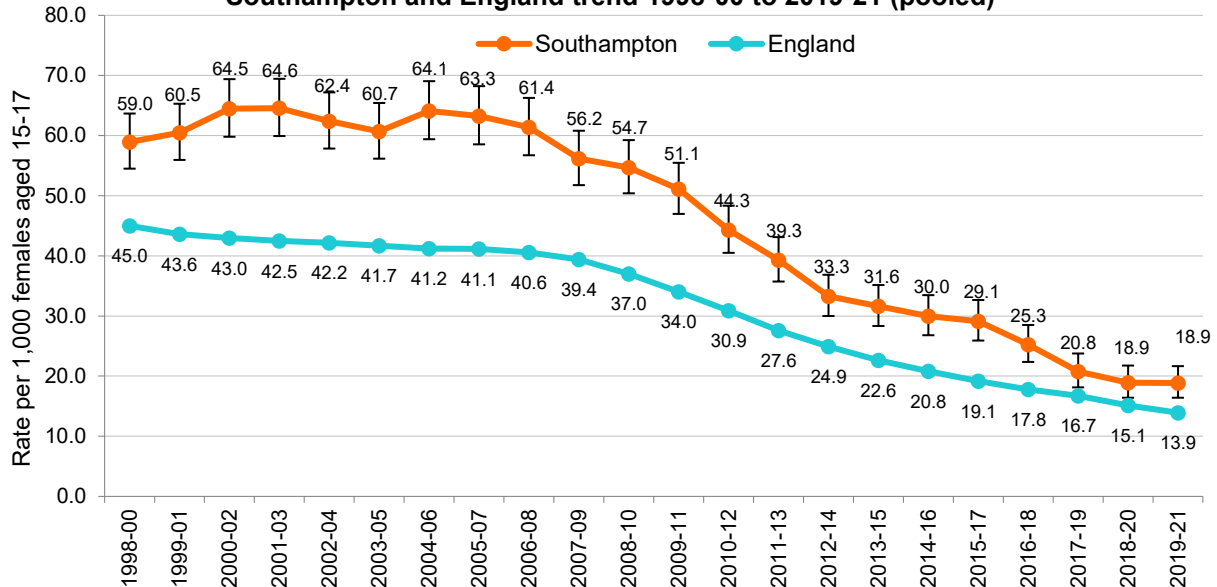
**Under 16 conception rate per 1,000 female population: Southampton and England trend 2008-10 to 2019-21 (pooled)**



Source: Office for National Statistics

Conceptions among females aged under 18 years (aged 15-17) in Southampton have declined by 68.0% between 1998-00 (59.0 per 1,000) and 2019-21 (18.9 per 1,000), a slower decline than the national decline of 69.1% between 1998-00 (45.0 per 1,000) and 2019-21 (13.9 per 1,000). 2021 data for under 18's show there are 17.4 teenage conceptions per 1,000. Again, the trends have not been backdated to reflect the new population estimates from Census 2021.

**Under 18 conception rate per 1,000 female population aged 15-17: Southampton and England trend 1998-00 to 2019-21 (pooled)**



Source: Office for National Statistics

Ward analysis shows that Bevois, Peartree and Sholing wards have the highest number of teenage mothers aged under 18 years between 2020-2022. Analysis also shows a very strong link between deprivation and teenage mothers, with the number of teenage mothers 6.4 times higher for females living in the most deprived England deprivation quintile compared to the top two least deprived.

More information can be found in the [Health inequalities](#) section. An in the sexual health dashboard below and in the resources section.

[Sexual health dashboard](#)

## 5. Reproductive health

Reproductive health refers to a state of physical, mental and social wellbeing in all matters relating to the reproductive system. It addresses the reproductive processes, functions and system at all stages of life to ensure individuals have the capability to reproduce and the freedom to decide if, when and how often to do so ([World Health Organisation](#)).

Long Acting Reversible Contraceptives (LARC) are one of the most effective methods in reducing unwanted pregnancy, as they do not rely on a daily routine like other forms of contraceptive such as the pill. LARCs include contraceptive injections, implants, the intra-uterine system (IUS) or the intrauterine device (IUD). However, the contraceptive injection isn't included within LARC indicators as this method has a higher failure rate. In Southampton, 40 per 1,000 females aged 15-44 years are using one of the LARC methods outlined above, this is significantly lower than the national average of 42 females (2021).

It is important that females requesting an abortion have early access to services and support, as the earlier in the pregnancy the abortion is performed, the lower the risk of complications there are. Data from the most recent period (2021) shows that within Southampton 89.0% of abortions were performed within 10 weeks gestation, which is similar to the England average of 88.6%.

More information can be found in the sexual health dashboard, available below.

## 6. Resources

### 6.1 Sexual health dashboard

Sexual health is defined as a state of physical, emotional, mental and social wellbeing in relation to sexuality; it is not just the absence of disease. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, which encompasses safe sexual experiences that are free of coercion, discrimination and violence. The sexual health dashboard presents a wide range of data regarding sexual health, to provide intelligence to help drive strategic decision making, such as the Southampton Sexual Health Improvement Plan. Analysis includes benchmarking against statistical neighbours and trends over time for all indicators included. Some indicators include analysis at a sub-city level. Metadata is also included for all indicators. Data in this dashboard is compiled from a range of publicly available sources including Office for Health Improvement and Disparities (OHID).

[Sexual health dashboard](#)

### 6.2 Southampton Sexual Health Needs Assessment

This health needs assessment (HNA) uses a systematic approach with a combination of quantitative data, service user and staff surveys, qualitative research and stakeholder engagement to understand the needs of the population in terms of their sexual and reproductive health, together with the assets available in the city to support these needs. Within this, the HNA attempts to understand the additional needs and support available for certain groups, who may need a different approach to improve and maintain their sexual health and wellbeing.

[Southampton Sexual Health Needs Assessment](#)

### 6.3 LGA and OHID - Good progress but more to do: teenage pregnancy and young parents

It is over 15 years since the then government launched its Teenage Pregnancy Strategy in response to England having one of the highest teenage pregnancy rates in Western Europe. Since then, thanks to the hard work of councils and their partners, the under-18 conception rate has dropped by 60 per cent and the proportion of teenage mothers in education and training has doubled.

[LGA and OHID - Good progress but more to do: teenage pregnancy and young parents](#)



#### **6.4 UK Health Security Agency - Summary profile of local authority sexual health (SPLASH) Southampton Aug 2023 interim update**

This report is a mid-year update to include the latest STI statistics published in June 2023. This means that figures for STIs relate to 2022, while other figures are from 2021.

UK Health Security Agency - [Summary profile of local authority sexual health \(SPLASH\) Southampton Aug 2023 interim update](#)

#### **6.5 UK Health Security Agency – Summary profile of local authority sexual health (SPLASH) Southampton Feb 2023**

This report summarises the latest available sexual and reproductive health data for Southampton. As a response to the COVID-19 pandemic, the Government implemented national and regional lockdowns and social and physical distancing measures since March 2020. These measures affected sexual behaviour and health service provision, which is reflected in sexual and reproductive health indicator data. Interpreting data from 2020 onwards should consider these factors, especially when comparing with data from pre-pandemic years.

UK Health Security Agency – [Summary profile of local authority sexual health \(SPLASH\) Southampton Feb 2023](#)

#### **6.6 OHID - Sexual and Reproductive Health Profiles**

The Sexual and Reproductive Health Profiles have been developed by the UK Health Security Agency (UKHSA) and Office for Health Improvement & Disparities (OHID) to support local authorities, public health leads and other interested parties to monitor the sexual and reproductive health of their population and the contribution of local public health related systems.

[OHID - Fingertips - Sexual and Reproductive Health profiles](#)

#### **6.7 UKHSA - Spotlight on sexually transmitted infections in the South East**

This report focusses on sexually transmitted infections (STIs) in the South East reported in 2021, but 2022 data is presented for some infections where available. HIV is reported on separately. Please access the UK Health Security Agency (UKHSA)'s report on STIs and screening for chlamydia in England for a national perspective.

[UKHSA - Spotlight on sexually transmitted infections in the South East](#)

## 6.8 UKHSA - Annual epidemiological spotlight on HIV in the South East: 2021 data

This report aims to provide intelligence about HIV in the South East of England.

[UKHSA - Annual epidemiological spotlight on HIV in the South East](#)