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## 10. Sexual health and Contraception

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### 10.1 Introduction

For England, the definition of sexual health includes the provision of advice and services around contraception, sexually transmitted infections (STIs), HIV and termination of pregnancy (DH 2013). The sexual health of women has specific importance as its consequences can have far reaching effects. According to the Leeds Sexual Health Needs Assessment (Swift 2019) the implications of poor sexual health can include:

- Unintended pregnancies and abortions
- Psychological consequences of sexual coercion and abuse
- Limited educational, social and economic opportunities for teenage mothers, young fathers and their children
- Chronic or recurrent illnesses and infections, such as HIV and herpes
- Cervical and other genital cancers
- Hepatitis, chronic liver disease and liver cancer
- Pelvic inflammatory disease, which can cause ectopic pregnancies and
- infertility.

There have been great changes and advances in sexual health services since the publication of the 'Framework for sexual health improvement' in 2013 (DH 2013). This new policy directive saw the move to bring the commissioning of many sexual health services into local authorities to ensure local people can receive comprehensive services focused onto their needs. A further important development has been in the way services are delivered. Whereas previously sexual health services were separate from contraceptive services these are now integrated (DHSE / PHE 2018), allowing greater opportunity for women to have a 'one-stop' approach to their sexual health needs. There is emerging evidence that this is working from an opportunistic view - those women attending for contraception get offered a full screen, and likewise those women attending for a full screen get their contraception needs addressed.

Leeds has made a big commitment to ensuring sexual health services have been protected over the recent years of austerity, which has resulted in no cuts to the services provided. This has allowed it to develop very responsive outreach services that sit alongside the normal service provision and is showing dividends in its

success in reaching those most vulnerable. Leeds Sexual Health<sup>1</sup> has developed a hub and spoke model with regard to its sexual health services, with the hub in the city centre, with 4 spoke clinics spread across the city in the areas of greatest need; coupled with reaching out into vulnerable communities to offer localised targeted support through the use of specialist nurses. This includes outreach work with commercial sex workers in partnership between Leeds Sexual Health and Basis Yorkshire<sup>2</sup>.

These developments are important as Leeds has a particular challenge with regard to sexual health. Leeds has the largest number of young people in the region, with 65,262 women aged 16 to 24 years. In addition, there is a larger proportion of women of childbearing age in Leeds than seen nationally and regionally with 196,420 women aged between 15 and 44 years of age (44.8% of the total Leeds female population). There are also important links between deprivation and poor sexual health, which in Leeds is particularly problematic as the number of women living in poverty is increasing (see section 8.10).

In Leeds, the most at risk female populations (MARPs) are women under 25 years, women from Black African communities, commercial sex workers, women with learning difficulties and/or additional needs, and women living in areas of deprivation.

## 10.2 Contraception

Contraception offers protection against unwanted pregnancy and some can also reduce the risk of sexually transmitted infections. There are now many different forms of contraception and it is important that sexually active women are informed of what best suites them and they are empowered to have the maximum protection they require.

For those who are the most vulnerable to the risks of an unwanted pregnancy the Long Acting Reversible Contraception Scheme (LARC), which is run through primary

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<sup>1</sup> <https://leedssexualhealth.com/>

<sup>2</sup> <https://basisyorkshire.org.uk/>

care, offers the most protection. In Leeds there has been a decline in the number of women opting for an LARC, but still remains higher than the national rate. There has been a more marked decline in women under the age of 18 years opting for an LARC, with the reasons why unclear and warrants further investigation (Swift 2019).

The number of women accessing NHS Sexual and Reproductive Health (SRH) services is declining nationally, with a similar drop in numbers in Leeds. For the year 2017/2018, 9,200 women accessed the SRH service in Leeds, of which 39% chose a LARC and 61% a user dependent method of contraception, such as short-acting hormonal methods (the Pill) (NHS 2018).

Women from areas of higher deprivation are more likely to use the services, with girls aged 13-15 from deprived areas also more likely to access emergency contraceptives. With the reclassification of emergency hormonal contraception (EHC), the ‘morning after pill’, can now be purchased over the counter at a pharmacy without a prescription - the numbers prescribed across Leeds are not available for this report. Leeds has recently re-commissioned the EHC scheme in pharmacies in the areas of the city with greatest need.

There is an important drive to reduce the number of under 18 conceptions and teenage pregnancy and to reduce the number of removed children (which is covered in section 17.4 of this report). In 2016 there were 330 conceptions in teenagers aged under 18 years, which is over half those seen in 2006 (718) (see also Figure 67 in section 14.2 for falling teenage conception rates in Leeds). Although the conception rate is decreasing it is still above both the national average and that of Yorkshire & The Humber (Table 1). Leeds has a higher under 18 maternity rate, although the abortion rate is lower than the national average (ONS 2018a). Across Leeds there is a strong relationship between deprivation and teenage conception rates (Swift 2019).

*Table 1 Under 18 conceptions for England, Yorkshire & The Humber and Leeds*

	Conception rate per 1,000 women	Maternity rate per 1,000 women	Abortion rate per 1,000 women	Percentage of conceptions leading to abortion
England	18.8	9.1	9.8	51.8
Yorkshire & The Humber	22.0	12.3	9.7	44.3

Leeds	27.9	14.7	13.2	47.3
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In addition, the teenage pregnancy midwives in Leeds are developing services to increase up-take in young vulnerable girls to help reduce teenage pregnancy.

There is also an important need for girls to be given support and comprehensive sex and relationship education (SRE) to make informed choices from an early age. The Leeds My Health, My School survey<sup>3</sup> (Leeds City Council 2018a) found that 12.1% of girls in years 9 and 11 that responded to the survey had had sexual intercourse, as compared to 13.4% of boys. Of those that had engaged in sexual intercourse, 5.1% of the girls (3.9% of the boys) felt they were pressurised into sex. Of those that had engaged in sexual intercourse only a minority reported using contraception (Table 2).

*Table 2 Sexual Intercourse contraception, Years 9 and 11, Leeds*

	<b>Female</b>	<b>Male</b>
Use a condom(s) and another form of contraception	2.1%	2.5%
Use a condom(s) only	3.7%	4.5%
Use another form of contraception/protection only	2.7%	1.4%
We didn't use anything	3.5%	4.8%
(blank)	88.0%	86.8%

In Leeds they are running the 3 in 1 scheme, where sites have been established to provide availability of the C-Card (free condom scheme), pregnancy testing & chlamydia/gonorrhoea screening as well as access to staff who are trained to offer support around self- esteem, consent, peer pressure, pregnancy choices, as well as spotting potential safeguarding issues and/or child sexual exploitation (Leeds City Council 2018b).

A recent report on late abortions by the British Pregnancy Advisory Service found that a quarter of the 28 women surveyed were using hormonal or long acting reversible contraception, with more than half having used some form of contraception, and therefore had not thought they were at risk of pregnancy and had

<sup>3</sup> Years 9 and 11 only - 3 Years Aggregate (15/16, 16/17, 17/18)

missed the signs (BPAS 2017; Mayor 2017). This suggests that women need to be better informed of the need for continuing vigilance, despite taking precautions. With so many physiological changes occurring over the perimenopause, it is important that those women who are receiving hormonal contraception have the right advice (Batur and McNamara 2015).

Getting appropriate contraceptive support following the birth of a child (postpartum family planning - PFP) is now seen as most important to minimise the risk of an unwanted pregnancy, and to reduce the risks to both mother and child through an early repeat pregnancy (RCOG 2015; FSRH 2017). In Leeds, a new service called 'Futures' is being developed to work with young women and men who have experienced the removal of a baby (Leeds City Council 2017a). This service is based on the Leeds Practice Model (Leeds City Council 2017b), and is focused onto providing intensive support to those most vulnerable.

Contraceptive decision-making for women with learning disabilities is often made by others and not the women themselves, which takes away some of their rights to determine their own reproductive lives (Ledger et al. 2016). It has been recommended that there should be more accessible information on contraception and safer sex, and support for young people with learning disabilities and for their parents (DH 2013).

### 10.3 Sexually transmitted infection (STI)

The three most important sexually transmitted diseases for women are chlamydia, gonorrhoea and syphilis. Nationally there has been a 20% increase in cases of syphilis and a 22% increase in gonorrhoea between 2016 and 2017, with young (15 to 24 years) heterosexuals; black ethnic minorities; and gay, bisexual and other men who have sex with men (MSM), most at risk. Whilst prevalence of syphilis is relatively low, showing little change in recent years, prevalence of gonorrhoea has more than doubled and the prevalence of chlamydia has increased by approximately 40%.

In Leeds we have the highest rate of new diagnoses for STIs across the region and higher than the UK average (Swift 2019). The number of cases of gonorrhoea has risen in both women and men; syphilis has risen in men, but not in women (Figure 1).

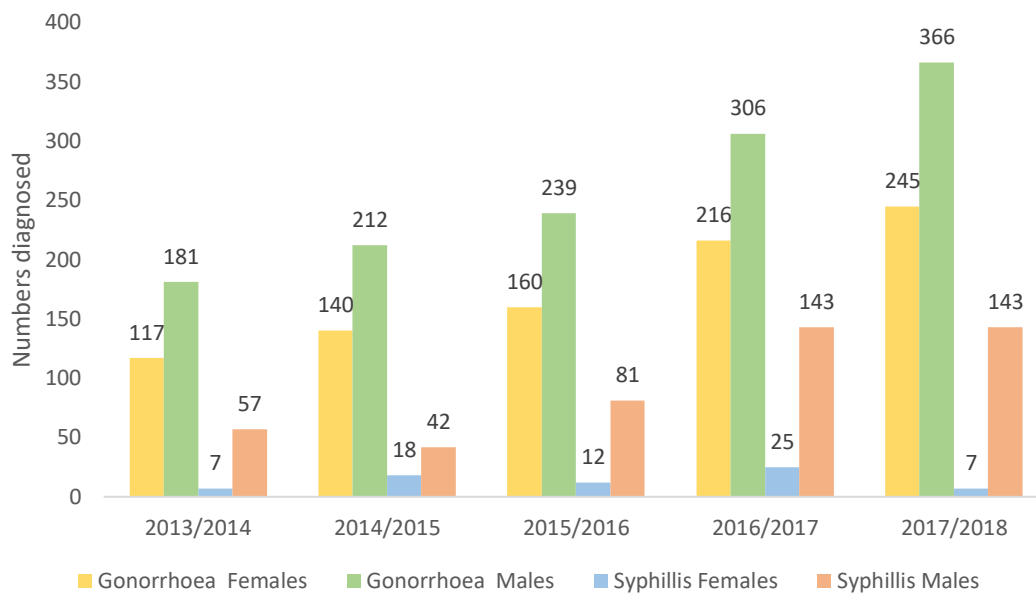
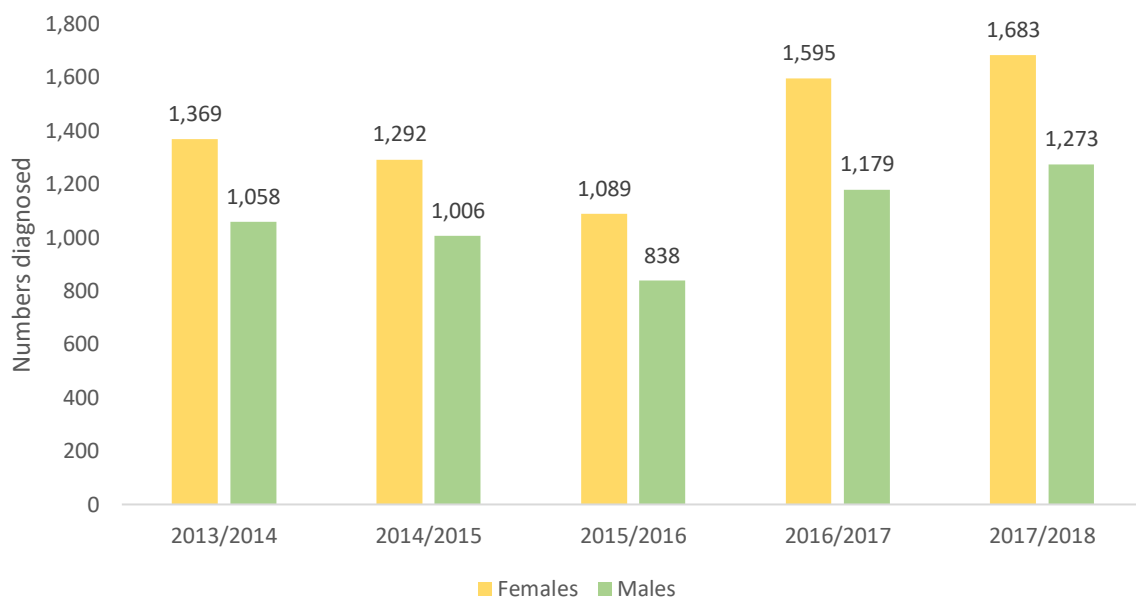


Figure 1 Number of diagnosed cases of gonorrhoea and syphilis, by sex, 2013/14 to 2017/18. Leeds

There has also been an increase in the number of cases of Chlamydia, from 1,369 women diagnosed in 2013/14, up to 1,683 in 2017/18 (Figure 2).



*Figure 2 Diagnosed cases of chlamydia, by sex, 2013/14 to 2017/18, Leeds*

In Leeds there has been a fall in testing rates and we lag behind the UK. However, what appears to be happening is that although our overall rates are down, the positivity rates for identifying new disease are much higher than the national figures, suggesting we are targeting those most at risk more effectively (Swift 2019).

Nationally there has been an 8% decrease in the number of chlamydia tests being carried out, but Leeds seems to have managed to increase both the number of females and males being tested (4,535 per 100,000 females, 2,372 per 100,000 males in 2017), with a higher than national positivity rate (Swift 2019).

Those who are young experience the highest diagnosis rates for STIs, most likely due to the greater rates of partner change amongst 16 to 24 year olds (PHE 2018). With young women more likely to be diagnosed with an STI than young men – this is thought to be due to their greater chance of being identified through testing for chlamydia and also due to them being more likely to have an older (male) partner (PHE 2018). PHE (PHE 2018) advocate that anyone that is under the age of 25 years, who is sexually active should be screened for chlamydia annually and on change of sexual partner. They also advise that black ethnic minority women should have an STI screen, including an HIV test, annually if having condomless sex with new or casual partners (Shew et al. 2006).

Lesbian and bisexual adolescent girls report more lifetime and past-year sexual partners and are least likely to use any form of condom or barriers (Ybarra et al. 2016; Doull et al. 2018). Young (18-26 years) lesbian, bisexual, and women who have sex with women (WSW) are at a greater risk of sexually transmitted diseases and yet may be less aware (Kaestle and Waller 2011; Doull et al. 2018), with the suggestion that they need to be specifically targeted to raise awareness of the need for appropriate protection.

On-line testing is now becoming more popular, with the option of sending off a sample for testing such as the Preventx Chlamydia/Gonorrhoea Screening Smartkits available across Leeds. In 2017, 96% of the kits were ordered on-line in Leeds with



70% of the kits returned by females and 30% by males, with the average age of the users being 21 years (Swift 2019). The use of the kits has been limited to 16-24 year olds, with those areas of the city with the greatest student populations having the greatest usage, however the highest positivity rates have been found in the more deprived areas of the city.

#### 10.4 Human immunodeficiency virus (HIV)

Deaths from the human immunodeficiency virus (HIV) have decreased dramatically over the last 20 years, with 121 men and 31 women dying of HIV and HIV related conditions in 2016 across England, and no deaths registered in Leeds over the past 4 years (ONS 2018b). Across England there were 1,121 females diagnosed with HIV (3,569 males), with 57 females with a diagnosis of acquired immune deficiency syndrome (AIDS) at HIV diagnosis. Across Yorkshire and the Humber there were 1,840 females receiving care for existing HIV, with the majority aged 35-49 years. The most probable exposure route for women (1,737 females) is via heterosexual contact, however there were 102 cases of mother to child exposure in the region. The majority of women affected are Black African (PHE 2017), with an American study also suggesting that Trans women are at heightened risk of HIV and drug use than the general population (Hoffman 2014).

#### 10.5 Abortion

Across England and Wales there were 185,596 abortions in 2016, with the highest rate in women aged 22 years (27.9 per 100,000), with a rate of 1.7 per 100,000 for those under 16 years and 8.9% in those under 18 years. 38% of abortions are for women who had one or more previous abortions (ONS 2017a). Nationally over the last 20 years there has been an increase in abortions in those aged under 30 years, a decrease in those aged 35 years and over and stable for those aged 30-34 years (ONS 2018a).

Across Leeds there were 2,957 abortions in 2016, (581, Leeds North; 1,137, Leeds South and /East; and 1,239, Leeds West), with the greatest number in those aged 20-24 years (ONS 2017b) (Figure 3). In 2016, around 23% of all conceptions in

Leeds ended in abortion and around 47% of under 18 conceptions ended in abortion (Swift 2019). There has been a 52% decrease in under 18 abortion rates since 2007 (from 27.5 per 1,000 women to 10.8 per 1,000 women in 2017) (Swift 2019)

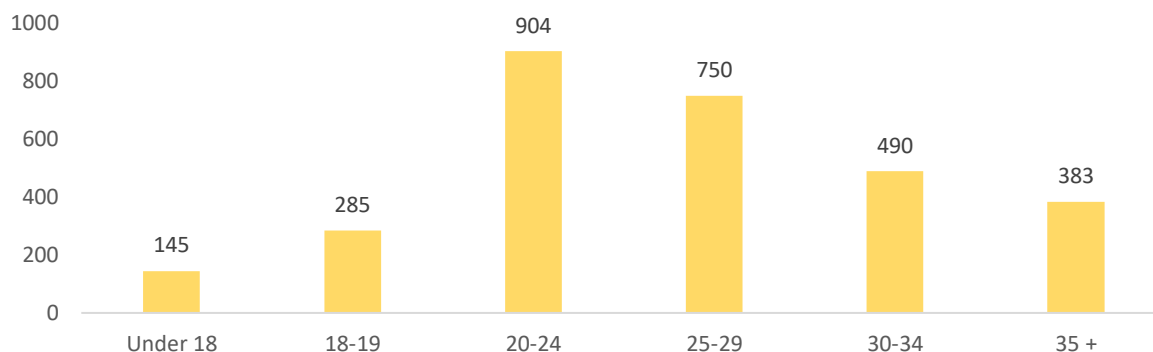


Figure 3 Abortions, by age, Leeds, 2016. (ONS 2017b)

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