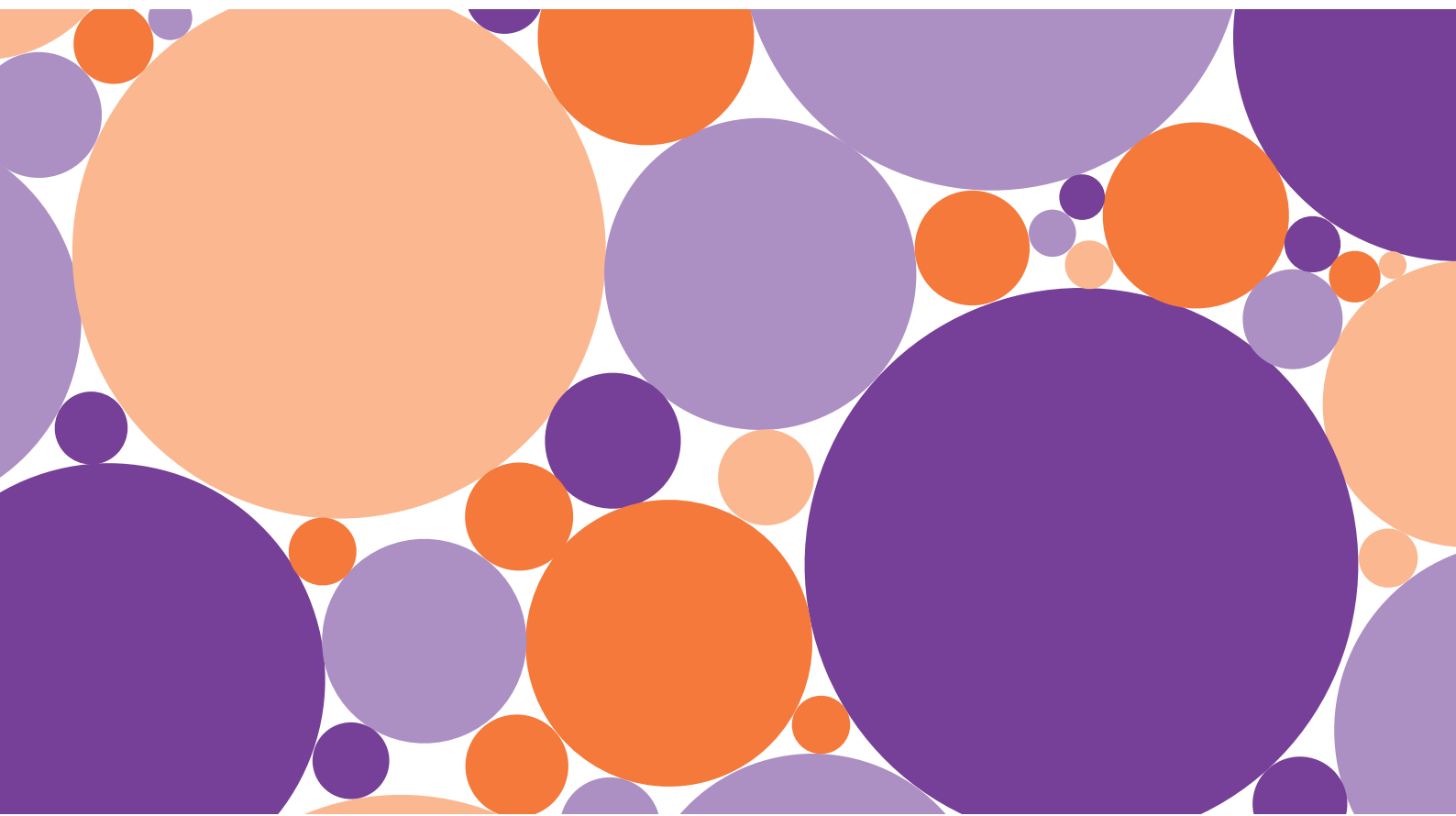


Briefing 10

# Sexual health





## (a) HIV/AIDS

HIV is life threatening and is the fastest-growing serious health condition in the UK. In 2005 a total of 7,450 individuals in the UK were newly diagnosed with HIV. Although the figure remains high, it is similar to that for 2004 (7,492) and 2003 (7,283), suggesting that annual numbers of new HIV diagnoses may be stabilising.

In 2005 there were an estimated 63,500 people aged between 15 and 59 living with HIV in the UK, one third of whom had not been diagnosed.<sup>1</sup>

There has been a recent decline in the number of new diagnoses among migrants with HIV, suggesting that the number of people moving to the UK with HIV has stopped growing. In the UK overall, 52% of people living with diagnosed HIV are White, 43% are Black and 5% are of other ethnicities.

There has been no decline among the number of domestic HIV infections, suggesting that the number of people living in the UK who acquire HIV (sexually) continues to grow. About 80% of all domestically-acquired HIV infections occur as a consequence of sex between men.<sup>2</sup>

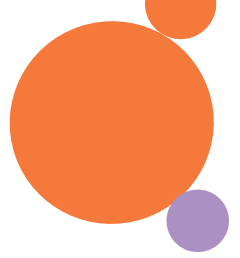
While the number of HIV diagnoses is increasing among gay men, there has not been a corresponding increase in resources dedicated to them. Despite medical advances, there is no vaccine for HIV and no cure. The development of antiretroviral drugs has increased the period without symptoms of AIDS, improved quality of life and afforded longer survival.

Because HIV suppresses the immune system, the disease may increase gay men's risk of other infections, including anal cancer. Human papilloma virus was twice as common among HIV-positive men as among HIV-negative men.<sup>3</sup>



## (b) Safer sex and health promotion

Safer sex and condom use offer the best protection against passing on HIV. It used to be assumed that all men could be encouraged to always use a condom for anal intercourse. Subsequently, it became clear that men make decisions about condom use based on their own and their partner's HIV status. Current advice recognises that HIV transmission can be reduced if men have unprotected anal intercourse only with partners of the same HIV status.<sup>4</sup>



## (c) HIV testing

HIV testing is needed if men are to know their HIV status. Yet uptake of testing among gay men is not high: community samples suggest that up to 50% of gay men have never been tested.<sup>5</sup> The GP consultation is an important means of health promotion; however, more than half of gay men are certain that their GP does not know about their sexuality or (homo)sexual behaviour, and only a quarter have disclosed this information to staff at their primary care setting.<sup>6, 7</sup>

Despite HIV being proportionately more prevalent among gay men, over half of men in a community survey currently had no contact with the virus.<sup>8</sup> Approximately 7% of gay men had tested positive for the virus.<sup>7</sup> In the UK's biggest cities, however, 1 in 10 men have HIV.

Testing behaviour is associated with demographic factors, eg education, age, living in London,<sup>5, 9</sup> depression and beliefs about the uncontrollability of risk.<sup>9</sup>

Health promotion campaigns should be targeted at those at greatest risk: gay men who are HIV negative but in relationships with men with HIV, men with a larger number of male sexual partners and men with lower levels of formal education.<sup>8</sup>

## (d) Gay men's sexual health and STIs

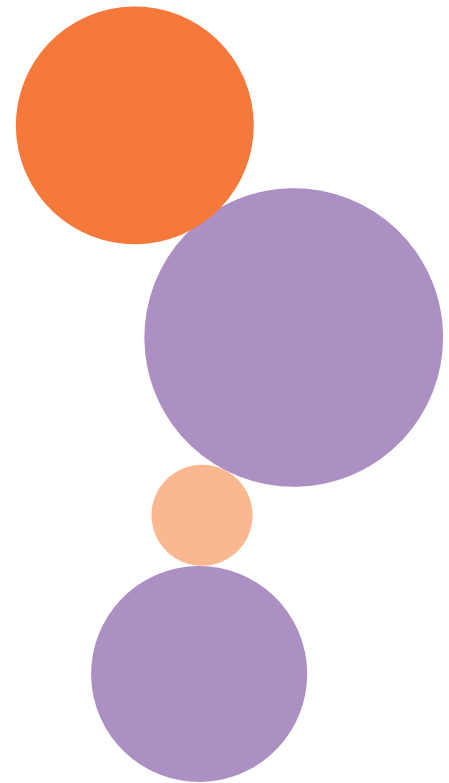
Gay men are also at higher risk of sexually transmitted infections (STIs), including chlamydia, syphilis, hepatitis and herpes. Rates of gonorrhoea among gay men in England have climbed steadily over the last 10 years. GMFA estimates that in 2005 almost 4,000 gay men were treated for gonorrhoea in sexual health clinics in England, with incidence being considerably higher in London than in other areas.<sup>11</sup> There has been a rise in drug-resistant gonorrhoea cases and new treatment advice is suggested for gay and bisexual men. Condoms offer protection for many STIs and, mostly, STIs are easily cured. Compared with HIV research, there is much less research about the prevalence of STIs among:

- gay men relative to heterosexual men;
- HIV-positive men relative to HIV-negative men.

## (e) Lesbians' sexual health and STIs

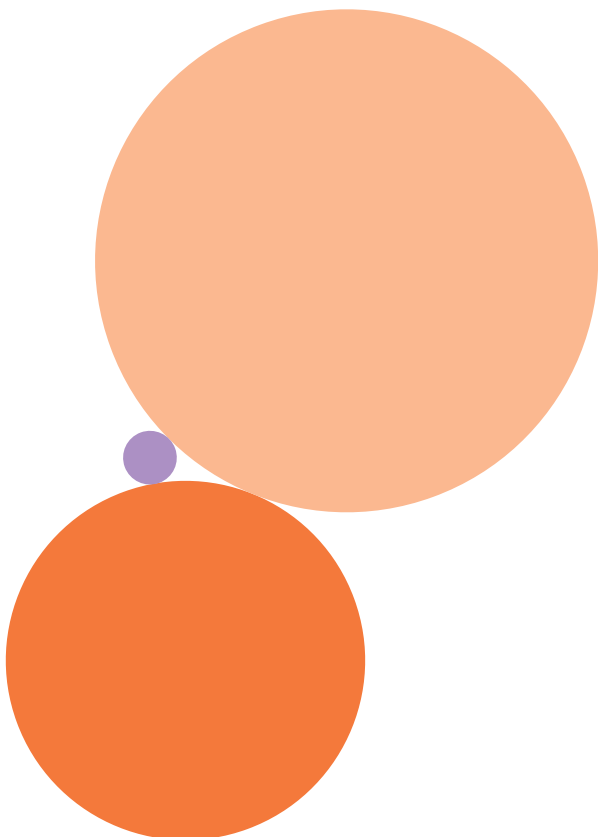
Lesbians and bisexual women are often believed to be the healthiest adult population group. Many assume they cannot contract STIs and that they are at low (or no) risk in comparison with heterosexual women. There is also a widespread assumption that lesbians have never had sex with men; however, one UK study showed that 85% of lesbians had previously had sex with men.<sup>12</sup>

STIs (trichomoniasis, genital herpes and genital warts) have been diagnosed in women with no sexual history with men. Although gonorrhoea and chlamydia were infrequently found in lesbians, bacterial vaginosis (BV) occurred more commonly among lesbians than heterosexual women. BV was associated with a larger number of female sexual partners and with smoking, but not with sex with men. These findings suggest that BV may be sexually transmitted between women.<sup>13</sup>



## (f) Evidence and statistics

- About 80% of new domestic HIV infections are among men who have sex with men.<sup>1</sup>
- 59% of all people living with AIDS are gay and bisexual men.<sup>1</sup>
- 66% of gay men do not discuss safer sex with their GP.<sup>6</sup>
- Up to 50% of gay and bisexual men have never been tested for HIV.<sup>5</sup>
- Approximately 7% of gay men had tested positive for the virus.<sup>7</sup>
- 85% of lesbians had previously had sex with men.<sup>12</sup>
- BV occurred more commonly among lesbians than heterosexual women.<sup>13</sup>



## (g) Policy and legislation

### **National Strategy for Sexual Health and HIV**

(Department of Health, 2001)

[www.dh.gov.uk/en/Policyandguidance/Healthandsocialcaretopics/Sexualhealth/Sexualhealthgeneralinformation/DH\\_4002168](http://www.dh.gov.uk/en/Policyandguidance/Healthandsocialcaretopics/Sexualhealth/Sexualhealthgeneralinformation/DH_4002168)

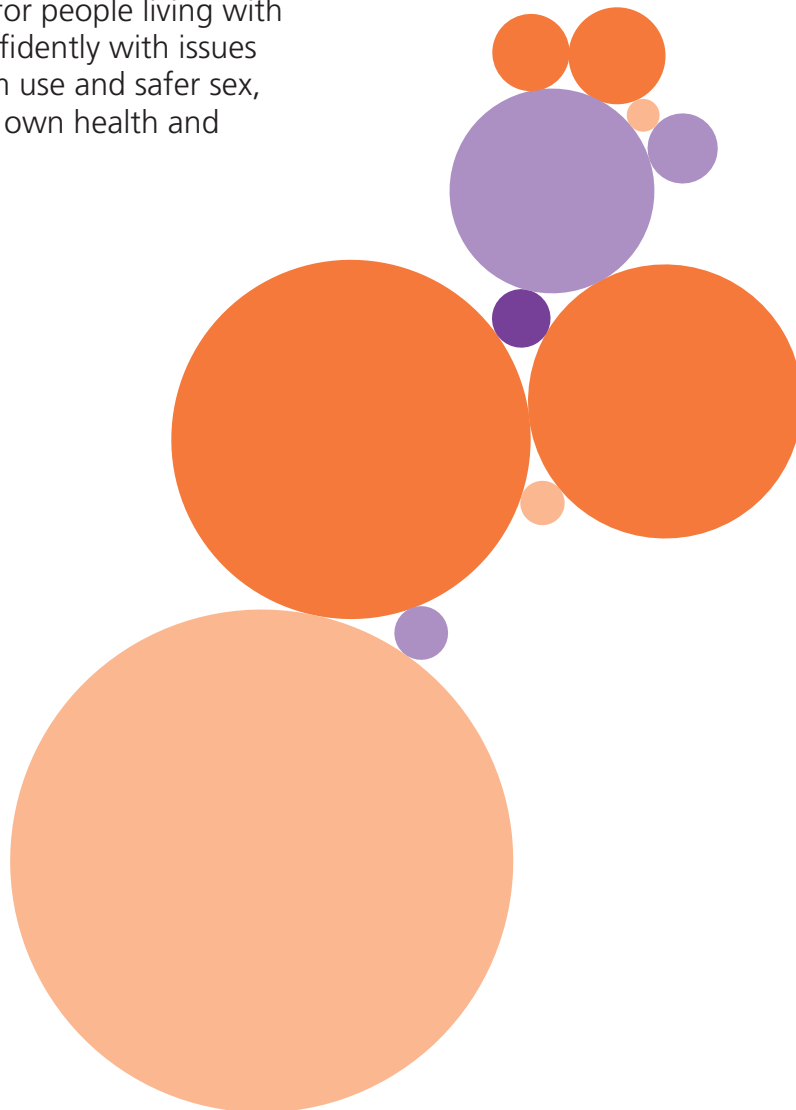
The strategy's targets include:

- improving outreach services for people with undiagnosed HIV, particularly in targeted groups;
- setting a target for reducing the number of people with undiagnosed HIV; and
- making sure that services for people living with HIV help them to deal confidently with issues around disclosure, condom use and safer sex, so they can maintain their own health and reduce transmission.

The strategy recognises that gay and bisexual men need targeted sexual health information and HIV/STI prevention advice because they are at higher risk and have particular access requirements.

CHAPS (the Community HIV and AIDS Prevention Strategy) delivers HIV prevention advice for gay, bisexual and other men who have sex with men.

Making it Count is a collaborative framework for reducing HIV infection and should become the model for locally commissioned HIV prevention advice for gay men.<sup>15</sup>





## (h) Implications for service providers

Comprehensive recommendations have been identified for GPs and other service providers in terms of training and information needs and organisational development.<sup>14</sup>

## (i) Links and resources

### **Aids Education Global Information System**

The largest website on AIDS, updated hourly.  
[www.aegis.com/](http://www.aegis.com/)

### **CHAPS (Community HIV and AIDS Prevention Strategy)**

[www.chapsonline.org.uk/home/](http://www.chapsonline.org.uk/home/)

### **Gay Men Fighting AIDS**

[www.gmfa.org.uk/](http://www.gmfa.org.uk/)

### **Gay Men's Health**

[www.gmh.org.uk/](http://www.gmh.org.uk/)

### **Gay Men's Wellbeing**

Provides support around a range of issues, including sexual health, HIV information, sexual identity, discrimination and homophobia, cultural and religious issues and lifestyle.

[www.gaymenswellbeing.com](http://www.gaymenswellbeing.com)

### **NAZ Project London**

[www.naz.org.uk](http://www.naz.org.uk)

### **Sexual Health Clinics**

Excellent resource for finding GUM clinics

[www.gmfa.org.uk/londonservices/clinics/index](http://www.gmfa.org.uk/londonservices/clinics/index)

### **Sigma Research**

[www.sigmaresearch.org.uk/](http://www.sigmaresearch.org.uk/)

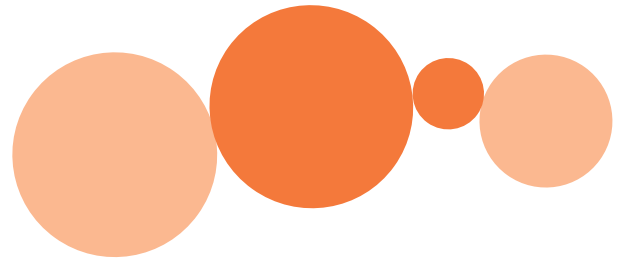
### **Terrence Higgins Trust**

[www.tht.org.uk/](http://www.tht.org.uk/)

### **UK Coalition of People Living With AIDS**

[www.ukcoalition.org](http://www.ukcoalition.org)





## (j) References

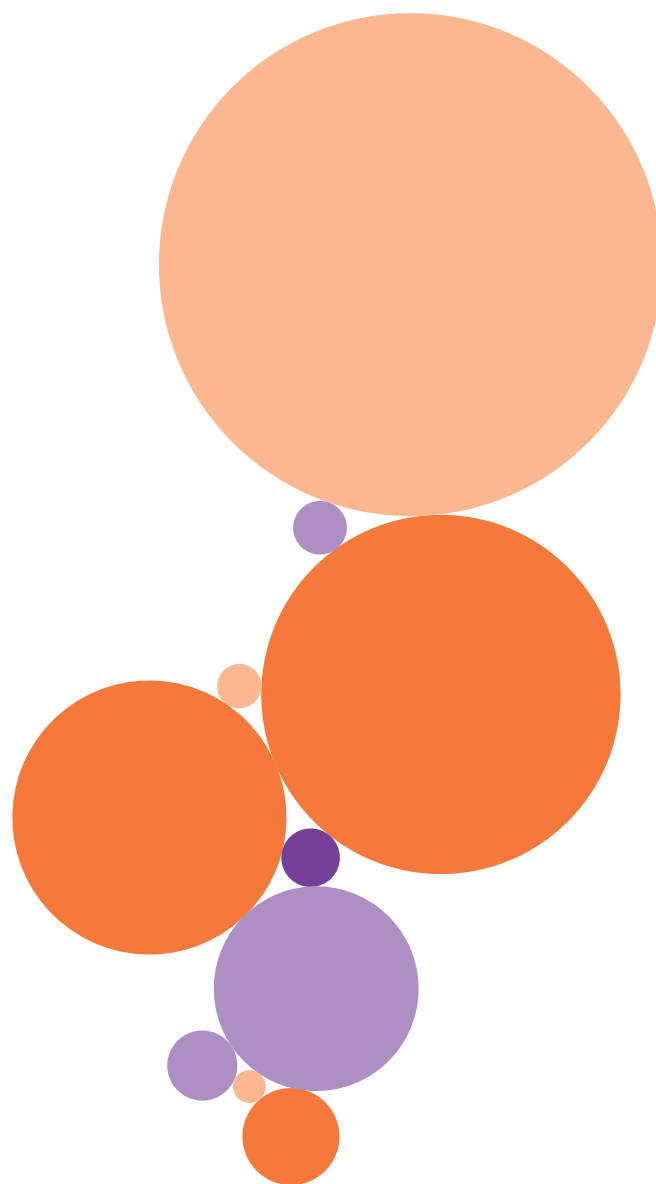
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This Briefing was written by Dr Julie Fish as part of the Department of Health's Sexual Orientation and Gender Identity Advisory Group's work programme.

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