SEXUAL HEALTH

See also the JSNA sections on sexually transmitted infections and under 18 conceptions (www.hullpublichealth.org/jsna2017.html#70 and www.hullpublichealth.org/jsna2017.html#42 respectively).

What’s the issue?

“Sexual health is a state of physical, emotional, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled” [299].

What’s our situation?

In 2014, there were 3,537 live births to females aged 11-49 years in Hull giving a birth rate of 65.3 per 1,000 female population aged 15-44 years (compared to 62.2 for England). The distribution of the births differed between Hull and England with higher percentage of births at younger ages in Hull in particular among those aged under 20 years (6.2% versus 3.7%) and 20-24 years (25.7% versus 16.0%), and a lower percentage in Hull among those aged 35-39 years (9.5% versus 16.7%) and 40+ years (1.8% versus 4.2%). There was little difference in the percentage of births among those aged 11-15 years for Hull (0.3% of all births) and England (0.2%). As the distribution in age differs so much between Hull and England, it is not possible to compare the overall fertility rate in terms of the crude birth rate as this will differ depending on the age distribution of the populations.

In order to compare the fertility rates it is possible to use the total period fertility rate (TPFR; see the JSNA glossary, www.hullpublichealth.org/jsna2017.html#82 for an explanation). The TPFR was 1.82 (95% confidence interval 1.76 to 1.88) in Hull for 2014 which was virtually the same as England (1.83, 95% confidence interval 1.83 to 1.84), and had decreased slightly in Hull from 1.90 in 2013 [78, 300].

There were 832 terminations among women during 2014 in Hull giving a rate of 15.4 per 100,000 females aged 11-49 years, which was statistically significantly lower than England (16.6) even though it had increased in Hull since 2013 (13.6). With the exception of under 20s, the termination rate per 100,000 women was lower in Hull compared to England in all age groups (under 18s, 18-19, 20-24, 25-29, 30-34 and 35+ years). For both under 18s and those aged 18-19 years, the rate was only slightly higher than England and not statistically significantly so (13.7 versus 11.2 for under 18s and 24.5 versus 23.5 per 100,000 population for 18-19 year olds). There were 57 terminations among Hull women aged under 18s and 75 terminations among Hull women aged 18-19 years during 2014. Over all ages, there was no statistically significant difference in the percentages of terminations that occurred after 12 weeks gestation in Hull as England (6.4% versus 8.2%), but a statistically significantly higher percentage occurred at 10-12 weeks in Hull (13.7% versus 11.3%).

The total period termination rate (TPTR; see the JSNA glossary, www.hullpublichealth.org/jsna2017.html#82 for explanation) was 0.43 (95% confidence interval 0.40 to 0.46) which was significantly lower than England (0.49, 95% confidence interval 0.49 to 0.50). So the total period termination rate as a percentage of the potential fertility rate (TPTR divided by TPFR combined) was lower in Hull at 19.1% compared to England (21.1%), although had increased in Hull from 17.0% in 2013 [78, 300].

For more detailed information, see the JSNA Toolkit: Sexual Health report.

What are the strategic needs?

Locally, there are programmes in place to educate and change behaviour, and not just treat sexually transmitted infections, but allowing people to make positive proactive choices about contraception.
References

