

SECTION 4: BEHAVIOUR AND LIFESTYLE THAT INFLUENCE HEALTH AND WELLBEING

SEXUAL HEALTH

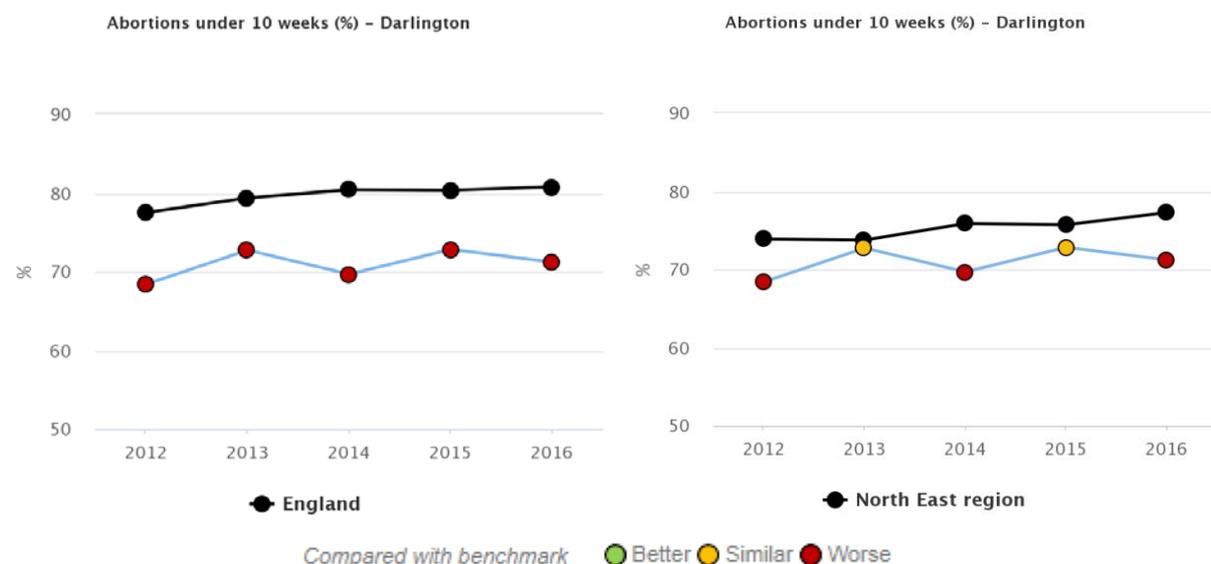
Sexual Health has significant impacts on the health and wellbeing of individuals and the wider population. Access to high quality, evidence based prevention and treatment services including contraception, is essential to protecting the population from harms associated with poor sexual health such as unintended pregnancy, and Sexually Transmitted Infections (STIs) including HIV. This section focuses on specific outcomes and risks of poor sexual health including the impact of teenage pregnancy, access to NHS abortions, and specific STIs including HIV. The risks and impacts of poor sexual health are not evenly distributed across the population with specific communities and groups experiencing significant health inequalities in Darlington.

Access to NHS Abortions

An abortion is the medical process of ending a pregnancy so it doesn't result in the birth of a baby. It's also sometimes known as a termination. The pregnancy is ended either by taking medications or having a minor surgical procedure. Most abortions in England, Wales and Scotland are carried out before 24 weeks of pregnancy. Abortions are simpler and safer the earlier they're carried out so early access to abortion services for women is essential.

The graphs show the percentage of women accessing an NHS funded abortion under 10 weeks for the period 2012–2016. Rates for Darlington benchmarked against England, and Darlington benchmarked against the North East are shown.

In 2016 71.2% of NHS funded abortions in Darlington were under 10 weeks. Rates of NHS funded abortions under 10 weeks in Darlington are lower than the England rates which were 80.8% in 2016. The Darlington rate is also lower than the North east rate where 77.3% of NHS funded abortions in 2016 were under 10 weeks.



(Source: Public Health England [Sexual and Reproductive Health Profile](#))

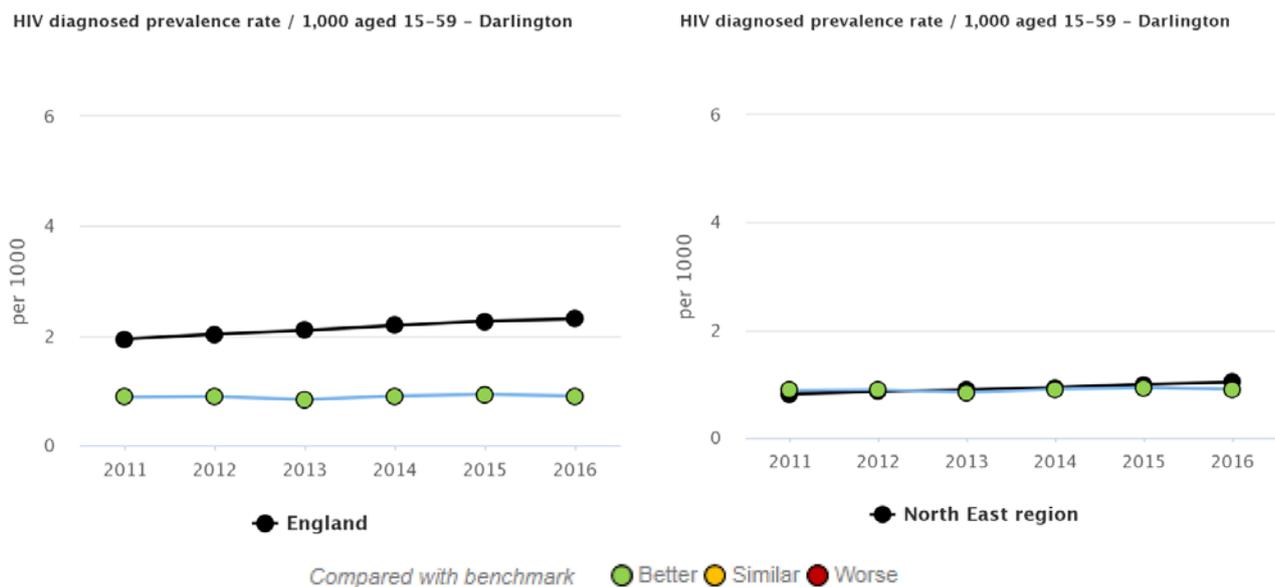
HIV

HIV (Human Immunodeficiency Virus) is a virus that damages the cells in the immune system and weakens the body's ability to fight everyday infections and disease. There is currently no cure for HIV, but there are very effective drug treatments that enable most people with the virus to live a long and healthy life.

HIV key strategic priorities are to

- (i) reduce the proportion of late HIV diagnoses and,
- (ii) increase the proportion of HIV infections diagnosed. Late diagnosis is the most important predictor of morbidity and mortality among those with HIV infection and is essential to evaluate the success of expanded HIV testing.

The graph below shows the prevalence of HIV diagnosed rates per 1,000 population aged 15–59 years. Rates shown are for Darlington benchmarked against England, and Darlington benchmarked against the North East (2011 to 2016).

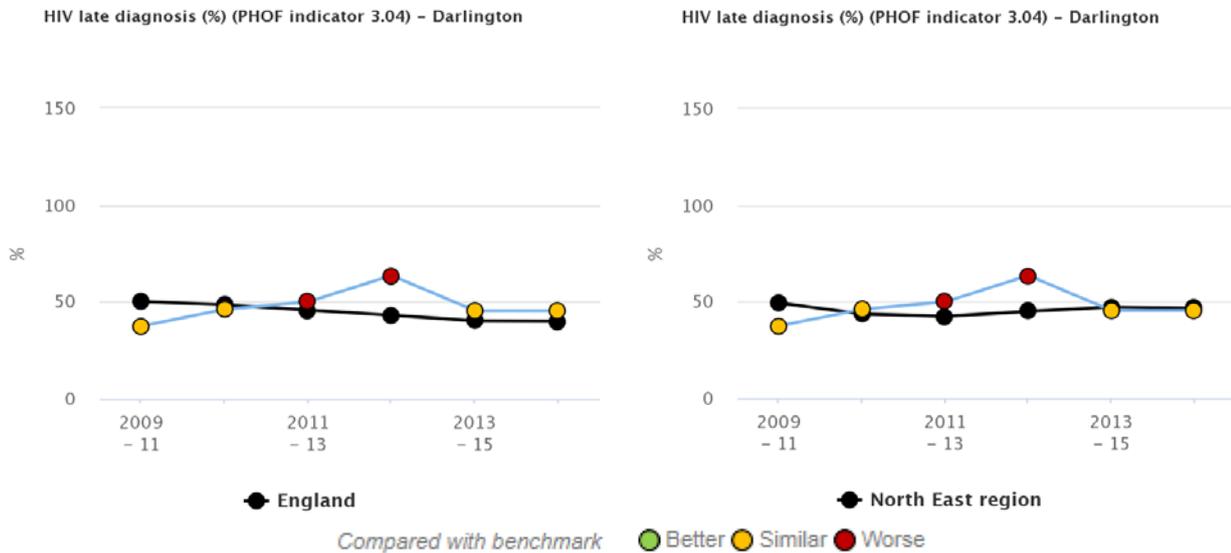


(Source: Public Health England [Sexual and Reproductive Health Profile](#))

The diagnosed prevalence rate of HIV in Darlington in 2016 was 0.90 per 1,000 15–59 year olds which is statistically better than England and the North East.

With an early diagnosis and effective treatments, most people with HIV won't develop any AIDS-related illnesses and will live a near-normal lifespan. Earlier diagnosis can also help reduce onward transmission of HIV. While AIDS can't be transmitted from one person to another, the HIV virus can.

The following graphs show the percentage of those diagnosed with HIV who were classified as having a late diagnosis. Rates for Darlington benchmarked against England, and Darlington benchmarked against the North East are shown for the periods from 2009/11 to 2014/16.



(Source: Public Health England Sexual and Reproductive Health Profile)

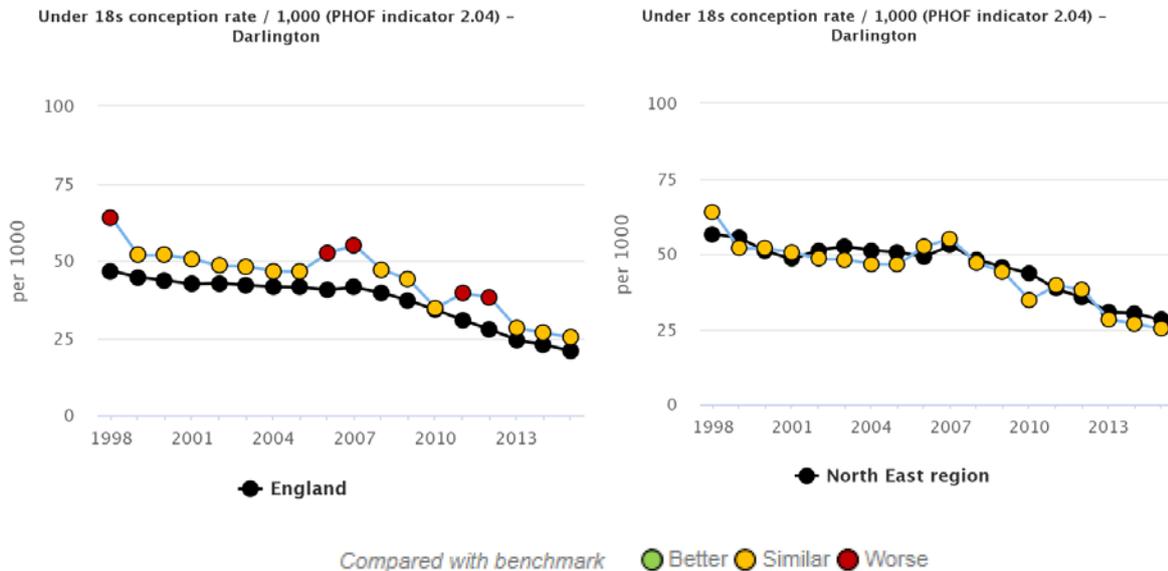
These graphs show that the rate of late diagnosis in Darlington in 2014/16 (45.5%) is statistically similar to the regional rate (46.7%) and the England rate of 40.1%. It should be noted that the actual numbers of individuals who have a late diagnosis in Darlington are very small and the overall rate of diagnosed HIV in Darlington is significantly better compared to England and the North East.

Teenage Pregnancy (Under-18 conception rates)

A pregnancy as a teenager can be a very fulfilling and positive experience particularly if that pregnancy is planned and the mother has access to a robust network of support and help. Many pregnancies in teenagers unfortunately are not planned and the mother often does not have access to suitable support and help. A teenage pregnancy, particularly one that is unplanned, can have significant negative impacts on a variety of outcomes for the mother and the child, including health, developmental, parenting, educational, housing and financial outcomes. This can result in significant health inequalities for those mothers who have a teenage conception and for those children born to a teenage mother. Teenage conceptions are an example of health inequalities in Darlington with higher rates and poorer outcomes in specific communities in Darlington.

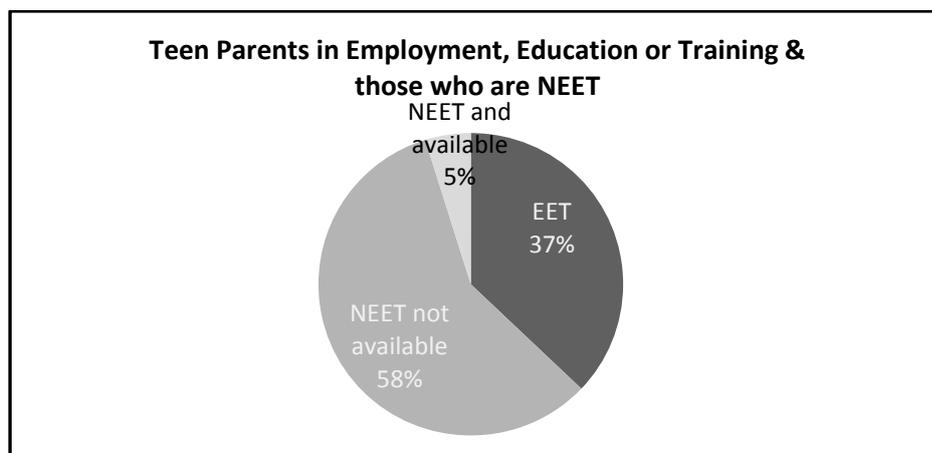
Access to preventative programmes in school and other educational settings from an early age is essential to encouraging health seeking behaviours in young people to avoid the risk of teenage conceptions and timely access to high quality contraceptive services is an essential element of supporting teenagers avoids unplanned pregnancies.

The graph shows the rate of conceptions per 1,000 females aged 15–17 years for the period 1998 to 2015 for Darlington, the North East and England. This demonstrates the consistent reduction in rates between 1998 and 2015. The 1998 rate in Darlington was 64.0 per 1,000 falling to 25.1 per 1,000 in 2013. This represents over a 50% reduction which is higher than the reduction seen in England (48%). In 2015 the Darlington rate, at 25.1 per 1,000, is statistically similar to that of England rate (20.8 per 1,000) and the North East rate which was 28.0 per 1,000.



(Source: Public Health England Sexual and Reproductive Health Profile)

The proportion of teenage parents who are available for employment, education or training is relatively small, with over 58% who are categorised as Not in Education, Employment or Training (NEET) and not available. This is significantly greater than the proportion of the wider teenage population (16-18 years) in Darlington who are NEET which was 6.3% in 2015.



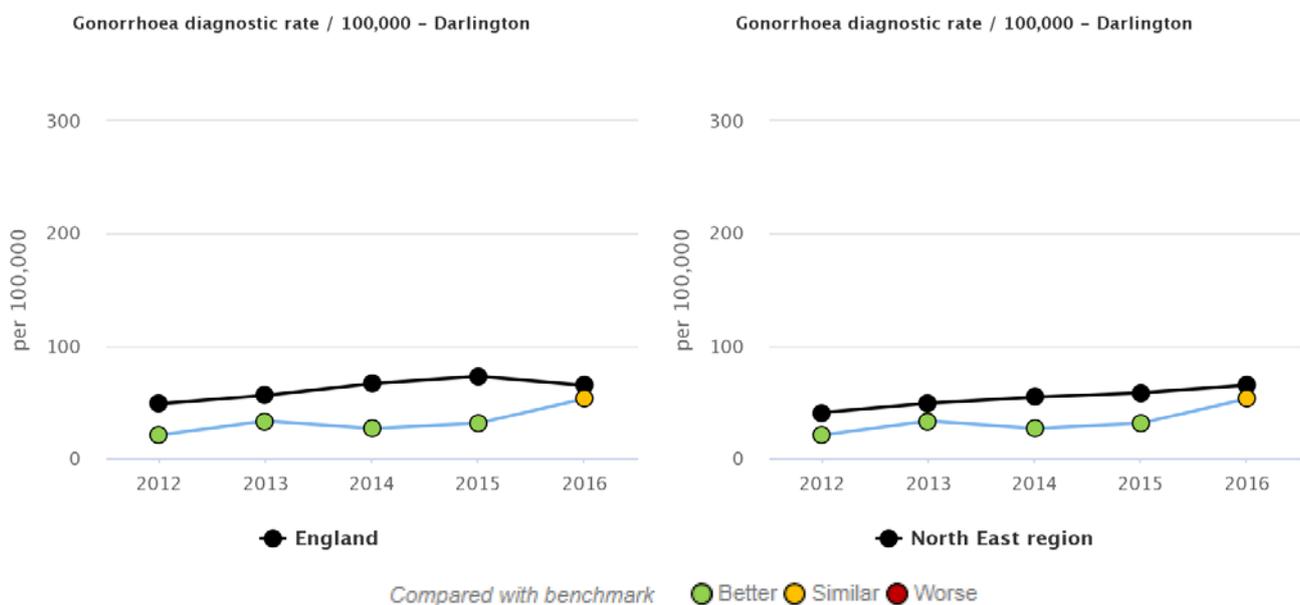
Gonorrhoea diagnosis

Gonorrhoea is a common Sexually Transmitted Infection (STI) caused by bacteria and is easily passed between people through sexual contact or can also be passed from a pregnant woman to her baby during delivery. Gonorrhoea is easily treated with a short course of antibiotics. Early diagnosis and treatment protects the individual from potential harm but also stops the spread of infection in the population. Without treatment Gonorrhoea can spread to other parts of the body and cause serious problems including long-term pelvic pain, ectopic pregnancy, infertility and in rare cases life-threatening infections in other parts of the body (Septicaemia). Barrier contraception and safe sexual practices are effective in preventing the transmission of Gonorrhoea.

The graphs show diagnostic rates of Gonorrhoea per 100,000 populations in Darlington compared to those of the North East and England 2012 to 2016.

During the reported time period the diagnostic rates for England and the North East region have steadily increased. The diagnostic rate in Darlington has also steadily increased but at a faster rate than England and the North East, and are now statistically similar.

The 2016 rate in Darlington (53.1 per 100,000) is statistically similar to the England rate (64.9 per 100,000). The Darlington rate is also statistically similar to the North East rate which was 65.2 per 100,000 in 2016.



(Source: Public Health England Sexual and Reproductive Health Profile)