

# Chapter 19

## Sexual health

### 19.1 Key audiences

Primary care trusts:

- commissioners
- directors of public health
- GPs.

NHS trusts and NHS foundation trusts:

- medical directors
- sexual health departments
- directors of nursing.

### 19.2 Key issues and concerns

- Sexually-transmitted infections are rising in older age groups but this is often not recognised by health professionals.
- Information on sexual health and health-related behaviour in older people is limited.
- Specialist services are often designed and targeted at younger people and this can act to exclude older people.
- There is a low level of awareness of sexually-transmitted infections among older people.
- Gay and lesbian older people and transgender older people can suffer from the double impact of ageism and homophobia, or from prejudices about gender identity.

#### **Sexually-transmitted infections are rising in older age groups**

A collaborative study, reported in 2008, which included researchers from the Health Protection Agency (HPA) West Midlands, showed an increasing rate of sexual infections in people aged over 45 years in the West Midlands. The study looked at regional data for the period 1996-2003 and focused on five sexually-transmitted infections (STIs) – chlamydia, genital herpes, genital warts, gonorrhoea and syphilis. In this period, 4,445 STI episodes were reported among over 45s. Overall, males and those aged 55-59 were significantly more likely to be affected.

Rates for all five STIs were significantly higher in 2003 compared to 1996, and the cumulative rate of infection more than doubled from 16.7 per 100,000 of the population in 1996 to 36.3 per 100,000 of the population in 2003:

→ [www.hpa.org.uk/webw/HPAweb&HPAwebStandard/HPAweb\\_C/1214808547294?p=1204186170287](http://www.hpa.org.uk/webw/HPAweb&HPAwebStandard/HPAweb_C/1214808547294?p=1204186170287)

This study provided evidence of significant increases in attendance at genitourinary medicine (GUM) clinics by older people and noted that current public health policy and sexual health programmes do not adequately cater for older people. It also noted that sexual risk-taking behaviour is not confined to young people but also occurs among older people.

A Health Protection Agency report in 2008 found an increasing number of adults aged 50 years and over have accessed HIV care over the past decade (from 1,679 in 1998 to 8,722 in 2007). In 2007 these older adults accounted for 15 per cent of all persons accessing HIV-related care.<sup>582</sup>

### **Information on sexual health and health-related behaviour in older people is limited**

There is a relatively low level of awareness of the prevalence of sexually-transmitted infections, including HIV, among older people. This may reflect societal attitudes that assume older people are relatively sexually inactive, or sexually active only within long-term, stable relationships.

Studies have shown that older people seeking advice on sexual problems are most likely to see their GP, but that many do not seek help, either because they believe their symptoms are due to normal ageing or because of embarrassment. However, health professionals may not be aware of older people's sexual health needs, or may be reluctant to discuss a topic which they do not feel to be legitimate.<sup>583</sup> The majority of older people surveyed reported receiving very little information on sexually-transmitted disease and HIV.<sup>584</sup>

A recent study in London found that the majority of people over 50 living with HIV in the UK have been diagnosed in the last decade, rather than being long-term survivors. The group would include both people who had acquired HIV in their 50s and late presenters. There is evidence that HIV testing among those at risk of HIV in the UK should target people in their 40s and 50s as well as younger people.<sup>585</sup>

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<sup>582</sup> *HIV in the UK*, Health Protection Agency (HPA), 2008

[www.hpa.org.uk/web/HPAweb&HPAwebStandard/HPAweb\\_C/1227515299695](http://www.hpa.org.uk/web/HPAweb&HPAwebStandard/HPAweb_C/1227515299695)

<sup>583</sup> *General practitioner attitudes to discussing sexual health issues with older people*, Gott M, Hinchliff S and Galena E, *Social Science & Medicine* 58 (11): 2093-2103, 2004

<sup>584</sup> *Indications of public health in the English regions, 9: Older people*, Association of Public Health Observatories (APHO) and West Midlands Public Health Observatory, 2008  
[www.wmpho.org.uk/resources/APHO\\_OP.pdf](http://www.wmpho.org.uk/resources/APHO_OP.pdf)

<sup>585</sup> *HIV and ageing*, Elford J et al, Fourteenth BHIVA Conference, Belfast: abstract O19, 2008  
*Achieving age equality in health and social care – NHS practice guide | May 2010* 230  
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## Dual/Multiple discrimination

In the context of sexual health, the double discrimination of ageism and homophobia can prevent people from seeking and finding the help they need.<sup>586</sup>

Terrence Higgins Trust, in conjunction with Age UK and funded by the Joseph Rowntree Foundation, is conducting the first in-depth research into people living with HIV aged 50 and over. The project, 50Plus, will report in the summer of 2010 and represents the views and concerns of more than 400 older people with HIV, set alongside a literature review and comparative research into services in the US, which are developing in response to expressed needs of people with HIV. Research reports and presentations will be made available from the Terrence Higgins Trust website.<sup>587</sup> Given that most people with HIV already face multiple discrimination, as gay men or migrants on top of their stigmatised HIV diagnosis, the interaction of these issues with age discrimination is expected to be complex.

It is also important in sexual health services, as in any other health services, to be aware that older people generally want their sexuality to be recognised and respected, and to be treated in a non-discriminatory manner whether they are heterosexual, gay, lesbian or bisexual. The same applies to transgender people.

## 19.3 Drivers and policy imperatives

### The National Strategy for Sexual Health and HIV (2001)

In 2001, the Government published the *National Strategy for Sexual Health and HIV*.<sup>588</sup> This was a major milestone: it placed sexual health and HIV firmly on the national agenda and set out an ambitious 10-year programme to tackle sexual ill-health and modernise sexual health services in England. The strategy comes to an end in 2011 and consideration is being given to what further action will be needed to continue to make improvements to sexual health.

Since the strategy was published, sexual health has been identified as a priority area for action in the NHS. Targets and indicators mostly applied to younger age groups, and related to issues such as teenage pregnancy and the prevalence of chlamydia. (Also see [Part C Services for Children and Younger Adults](#).) However, the 48-hour genito-urinary medicine access target is included in the Operating Framework for 2009/10 as a standard to be maintained, and applies to all age groups who use sexual health services.

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<sup>586</sup> *Out and healthy*, Age Concern (undated)

[www.ageconcern.org.uk/AgeConcern/out-and-healthy.asp](http://www.ageconcern.org.uk/AgeConcern/out-and-healthy.asp)

<sup>587</sup> [www.tht.org.uk/](http://www.tht.org.uk/)

<sup>588</sup> *The National Strategy for Sexual Health and HIV*, Department of Health, 2001

*Achieving age equality in health and social care – NHS practice guide | May 2010*

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In 2007, the Government commissioned an Independent Advisory Group (IAG) to undertake a review of progress in implementing the 2001 sexual health and HIV strategy. The IAG subsequently commissioned the Medical Foundation for AIDS and Sexual Health (MedFASH) to work with them in developing the strategy review. Their report was published in July 2008<sup>589</sup> and its findings were welcomed by the Government.

The IAG report highlights priority action in five key areas:

- prioritising sexual health as a key public health issue and sustaining high-level leadership at local, regional and national level
- building strategic partnerships
- commissioning for improved sexual health
- investing more in prevention
- delivering modern sexual health services.

The IAG report highlights that sexual health is a very broad area, which affects and impacts upon most of the population.

## **NHS Next Stage Review – High Quality Care for All**

Lord Darzi's *Next Stage Review*<sup>590</sup> makes specific mention of sexual health as one of the immediate next steps in commissioning personalised services to promote wellbeing:

*“Every primary care trust will commission comprehensive wellbeing and prevention services, in partnership with local authorities, with the services offered personalised to meet the specific needs of their local populations. Our efforts must be focused on six key goals: tackling obesity, reducing alcohol harm, treating drug addiction, reducing smoking rates, **improving sexual health** and improving mental health.”* (Emphasis added.)

These documents provide the general policy direction for sexual health services in England. There are few references to targeting older people or designing age-appropriate services for older people but local primary care trusts and their partners will want to consider how to address age equality in the future design of sexual health services within the context of national policy.

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<sup>589</sup> *Progress and priorities – working together for high quality sexual health*, produced for the Independent Advisory Group on Sexual Health and HIV by the Medical Foundation for AIDS and Sexual Health (MedFASH), 2008

<sup>590</sup> *NHS Next Stage Review – High Quality Care for All*, Department of Health, 2008

## 19.4 What good age-equal practice might look like

Good age-equal practice in sexual health will be focused on the following areas:

### **Raising awareness of sexual health issues for older people**

A good age-equal sexual health service will be aware of the misleading nature of age stereotypes in relation to sexual behaviour and sexual health. It will ensure that the sexual health workforce is properly trained and aware of the diverse characteristics of older people and the range of lifestyles and behaviours that exist among them. The multidisciplinary team will include staff who are able to relate well to older people.

### **Information and advice on sexual health for older people**

Information and advice on sexual health will be offered to older people in ways that recognise the diversity of their lifestyles and sexual behaviours. Care will be taken to ensure that the language and images used in public health messages and information are appropriate for people of all ages, tailored to different audiences as needed, and address barriers that may prevent people from accessing information.

It may be appropriate and most effective to target health information at the needs of very specific audiences: for example, older men who may have concerns about erectile dysfunction will have different information needs than younger women who may want to avoid pregnancy. Publicity and information about sexual health and sexual health services must be relevant to older age groups as well as to younger people, bearing in mind that age differentiation may be justified where it is a proportionate means of achieving a legitimate aim.

### **Promoting access to sexual health services for older people**

Older people are not a homogenous group, and there is no point at which the needs of older people become identifiably distinctive. However, in many areas of health, including sexual health, age may have some bearing on the prevalence and nature of health issues and people's lifestyles. Attempts to make services accessible to young people may possibly have the unintended consequence of deterring older people from using them. In particular, where sexual health services are specifically targeted at younger age groups, older people may feel that services are not aimed at them, and they will be reluctant to access them.

Given the relatively high level of contact by older people with primary care services, GPs and other primary care professionals may be particularly well placed to enable access to sexual health services, either through services appropriately delivered in a primary care setting or by advice and referral to appropriate specialist services.

## Specialist sexual health services

At present, specialist sexual health services are mostly oriented towards younger people. However, primary care trusts and their partners will wish to consider how to ensure that they are designed to enable older people to access such services when they need to do so.

### 19.5 Suggestions for quick wins / what you can do now

- Commissioners will wish to consider how best to target older people, as well as younger people, for HIV testing.
- Outreach – consideration may be given to discovering how to reach out to older age groups with information about sexual health and sexual health services. In particular, dialogue with third sector organisations and local older people’s organisations may be useful.
- Review information and publicity material about sexual health services to ensure that they are appropriate for all ages. In particular, language and images should be reviewed to ensure that older people feel included. Consideration should be given to whether there is a need for specific material to target older age groups.
- Consider age-specific services – commissioners will wish to consider how to enable access by older people to specialist sexual health services. This might mean exploring whether it would be justifiable and proportionate to hold specific clinics and services for older age groups.
- Deployment of older workers – although there is no specific evidence available on this issue in relation to sexual health, it may be thought reasonable to consider the possible advantages of including older workers in the sexual health team, as some older people may prefer to talk about sensitive matters with people who are closer to their own age.