

Sexual Health of People Living with HIV

Introduction

Due to huge improvements in treatment, HIV is now a manageable condition and when diagnosed early, it does not impact life expectancy. However, people's lives cannot be purely defined by their length; quality of life, years lived in good health and living well are equally important. Sex and relationships are important components of people's lives and having a healthy sex life has been shown to be associated with living longer and having improved health and wellbeing^{1,2}.

Sexual health is defined by the World Health Organisation (WHO) as *"...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..."*.

The development of HIV prevention drug PrEP, and the knowledge that people living with HIV who are on effective treatment cannot pass on HIV have been breakthroughs in HIV prevention. They have empowered people living with HIV and helped to reduce fears around HIV transmission.

However, there is a clear gap in understanding the wider sexual health issues some people living with HIV continue to face and the support that is needed. For too long HIV and broader sexual health have been seen in isolation. Sexually transmitted infections (STIs), an individual's intimate relationships, and ongoing misperceptions around HIV, all have the potential to impact the sexual health of people living with HIV. In this Insight Briefing we aim to shine a light on a neglected topic. We go beyond the biomedical and look holistically at the sexual health of people living with HIV in England – what are the influencing factors, and what can be done in the future to address the issues.

Relationships and Sexual Activity

While relationships can be complicated for anyone, there is a suggestion that for some people, HIV can have an additional impact on sexual behaviours and intimate relationships. The recent Public Health England Positive Voices study found that 40% of people living with HIV reported sexual abstinence in the last 3 months³

compared to 15-20% in the general population⁴. Of this 40% of people living with HIV, 54% reported feeling anxious or depressed⁵.

In terms of relationships of people living with HIV, 72% of heterosexual men, 55% of gay and bisexual men and 57% of women have a regular partner. Women living with HIV were more likely to report not feeling close to their partner and were less likely to have shared their status with their partner⁵. Women also reported high levels of difficulty with intimacy and low libido, with only 33% of survey participants reporting feeling satisfied with their sex lives⁶. However, it is unclear how this compares with women in the general population.

There are many interrelating factors which may influence sexual activity and satisfaction. The 2015 UK HIV Stigma Index showed that 35% of people living with HIV worried about sexual rejection, 20% had actually experienced sexual rejection and 33% of people had avoided sex based on their HIV status⁷. The impact of HIV-related stigma – both internal and experienced – is, therefore, likely to play a role in the sexual health of people living with HIV.

Sexually Transmitted Infections

People living with HIV are disproportionately affected by STIs. They make up approximately 0.2% of the population, however in 2017 they represented 3% of all STI diagnoses (12,329) in England. General trends show a 30% increase in the number of STI diagnoses in people living with HIV between 2012-17 compared to a 6% drop in the general population. Trends in people living with HIV differ from the general population with syphilis and gonorrhoea much more common than the STIs (chlamydia and genital warts) seen in other affected groups.

In some cases, STI trends in people living with HIV reflect the broader community. For instance, gay and bisexual men in the general population are disproportionately affected by STIs – accounting for 14% of new diagnoses in 2018, and much higher rates for specific STIs (e.g. 75% of syphilis diagnoses in 2018 were diagnosed in gay and bisexual men). This disproportionate

impact is true of gay and bisexual men living with HIV, who accounted for 88% of STIs diagnosed in all people living with HIV in England in 2017. 71% of these men were living in London. Roughly 20% of all STI diagnoses of gay and bisexual men are in men living with HIV. Gay and bisexual men who are living with HIV are particularly affected by bacterial STIs (e.g. gonorrhoea and syphilis). Between 2009-15, diagnoses of bacterial STIs in gay and bisexual men living with HIV increased fourfold, whereas viral STI diagnoses (e.g. herpes and genital warts) remained relatively stable⁸.

One in 4 of all syphilis diagnoses in England in 2018 were in gay and bisexual men living with HIV, showing an estimated sixfold increase in the risk of syphilis infection compared to gay and bisexual men not diagnosed with HIV⁹. In 2016, it was estimated that approximately two thirds of diagnoses of Lymphogranuloma venereum (LGV), an invasive strain of chlamydia, and shigella, a gastrointestinal disease now considered to also be sexually transmitted, were in this group^{10 11}. Advanced surveillance on behavioural characteristics of gay and bisexual men diagnosed with these three STIs suggests those living with HIV report higher levels of condomless sex, casual sexual partners and chemsex, compared to gay and bisexual men who are not living with HIV^{9 10 11}. Reasons cited for increases in condomless sex for gay and bisexual men included reduced risk perception of HIV, serosorting and seroadaptive behaviours^{12 13}.

There are increased rates of STIs found among Black Caribbean, African and 'Black other' gay and bisexual men, who had the highest rates of gonorrhoea and HIV co-infection of all ethnicities in 2017¹⁴. 31% of Black Caribbean gay and bisexual men diagnosed with gonorrhoea in 2017 were also living with HIV¹⁴. Structural discrimination, including homophobia and racism has been found to correlate with increased sexual risk behaviours. The impact of this is most pronounced in Black men¹⁵. However, the impact of this discrimination has not been considered with regards to HIV.

People living with HIV with an ethnicity defined as 'other/mixed' experience the highest population rate of 37,968 cases of STIs per 100,000. Further clarity is needed on which populations are included within this 'other/mixed' group before any true understanding of this trend can be gleaned.

Women living with HIV experience an STI rate double that of women in the general population. In contrast to gay and bisexual men, women living with HIV are more likely to be diagnosed with a viral STI (13% diagnosed with genital herpes and 12% with genital warts in 2017¹⁶) compared to a bacterial STI (3% diagnosed with chlamydia, 2% syphilis, and 1% gonorrhoea¹⁷). Women of 'other/mixed' ethnicity have the highest STI rates of all women living with HIV, and diagnoses have increased 18% overall, but dropped 30% outside of London.

Overall, the peak age for STI diagnoses in people living with HIV is similar to the general population. What does vary however are the trends over time. When looking at people living with HIV, all age groups (except women aged 35-49 years) have seen an increase in STIs over the 2012-17 time period. The greatest increase has been seen in those aged 50 and older (79% increase).

Guidelines and Audits

In 2015, it was found that only 66% of adults who attended HIV specialist care (and 73% of gay and bisexual men who attended) had been recorded as being offered their recommended annual sexual health screening. In addition, only 53% of women living with HIV were recorded as having had their annual cervical cytology performed¹⁸.

Conclusion

Though there is some evidence of increased sexual risk behaviours associated with the STIs seen in gay and bisexual men living with HIV, in the world of treatment as prevention and PrEP this evidence needs to be updated. There is also a lack of evidence across any other groups living with HIV. There is no evidence looking at the structural drivers of these trends across any of the groups. It is, therefore, unclear in its entirety what is driving the high levels of STIs in people living with HIV. The striking lack of evidence includes women living with HIV and intersectionality. More needs to be done to understand and address the complex personal, social and structural issues which can impact on people's ability to experience good sexual health. Furthermore, there is little understanding of how systems and services are influencing STIs and broader sexual health, especially in terms of access and fragmentation of HIV and sexual health services.

Though potentially stigma-busting, there is limited understanding within a UK context of how PrEP and other advancements in HIV, such as Can't Pass It On/U=U messaging, may effect behaviours. It is clear that PrEP increases opportunities to engage with sexual health services and STI testing among those accessing it. However, the narrative around PrEP (and HIV more broadly) and STIs still most often exist in silos.

What is clear is that not all people living with HIV are having the relationships and sex that they want. As a sector we need to work with individuals and communities to better understand the different factors that may impact sex and relationships for people living with HIV, and ensure that appropriate, accessible sexual health support and services are in place for everyone living with HIV who needs them.

Recommendations

1. There is a need for a person-centred, integrated and holistic approach to the sexual health of people living with HIV – ensuring that the sexual health needs of this population do not fall in the cracks between specialist HIV and sexual health services.
2. Organisations focused on HIV or sexual health must consider the interplay between these two issues and prevent siloed working that fails to support the sexual health needs of people living with HIV.
3. Greater research must be undertaken which fully and meaningfully involves people living with HIV, to better understand intersecting factors affecting sexual health and relationships of people living with HIV.

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⁵Public Health England 2018 Positive Voices – Changing Perceptions: Talking about HIV and our relationships Available - https://img1.wsimg.com/blobby/go/db9f6878-0f44-42a6-b528-581039772168/downloads/1csbtst88_g10063.pdf (Accessed 08/10/19)

⁶Terrence Higgins Trust and Sophia Forum 2018 Invisible No Longer Available - https://www.tht.org.uk/sites/default/files/2018-08/women-and-HIV_report_finalamended.pdf (Accessed 08/10/19)

⁷Stigma Index 2015 HIV in the UK: Changes and Challenges; Actions and Answers The People Living With HIV Stigma Survey UK 2015 National findings - <http://www.stigmaindexuk.org/reports/2016/NationalReport.pdf> (accessed 31/07/19)

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¹⁷PHE 2019 Women and HIV in the United Kingdom Available- https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/842718/Women_and_HIV_in_the_UK_2017.pdf (accessed: 12/11/2019)

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