

Sexual Health Profile 2024

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Introduction

Sexual health is a term used to describe a person's health and wellbeing with regard to sexual activity and behaviour. This sexual health profile brings together relevant data for Jersey covering different topics; sexually transmitted infections (STI's), contraception and conceptions, as well as information from recent surveys and consultations regarding sexual activity, wellbeing and attitudes.

Data in this report includes:

- Sexually transmitted infections (STIs) such as:
 - Chlamydia
 - Gonorrhoea
 - Genital Warts & Genital Herpes
 - Syphilis
 - HIV (included in this reporting as sexual activity is a mode of transmission)
- Contraception
- Conception
- Survey and consultation data:
 - Jersey Children and Young People survey¹
 - Public consultation on contraceptive services in Jersey²

This is the first profile of its kind on Sexual Health in Jersey. If you would like to provide feedback or have any comments, please refer to the [notes section](#) of this report for contact details.

Key findings

- Diagnostic rates for most STIs have remained statistically similar between 2016-2024, as has the rate of HIV diagnosis
- Diagnostic rates for gonorrhoea, chlamydia and syphilis were similar to, or lower than, England. Rates of genital warts and genital herpes were slightly higher in Jersey than England during 2019-2021
- The most commonly prescribed/dispensed contraception types in 2024 were the contraceptive pill (combined or progesterone only), progesterone injections or implants, and IUD (intrauterine devices)
- Amongst young people, condoms were the most commonly used type of contraceptive, with 62% of sexually active young people having used them
- Contraception in Jersey can be accessed through a number of pathways. Amongst young people who access contraception services, most do it through Brook Jersey. For adults*, data indicates that primary care (GP) was the most popular access route
- Amongst sexually active young people, the proportion engaging in unprotected sex was nearly a quarter (23%) in 2024
- Teen conceptions and overall abortion rate remain lower in Jersey than England

*adults responding to the 2024 public consultation on contraceptive services were 98% female

¹ [Children's opinions and lifestyle | Statistics Jersey](#)

² [Contraceptive services consultation feedback report](#)

Sexual Transmitted Infections (STIs)

Sexually transmitted infections (STIs) are common and can be passed on during sex or through sexual contact.

STI testing at GUM Clinic

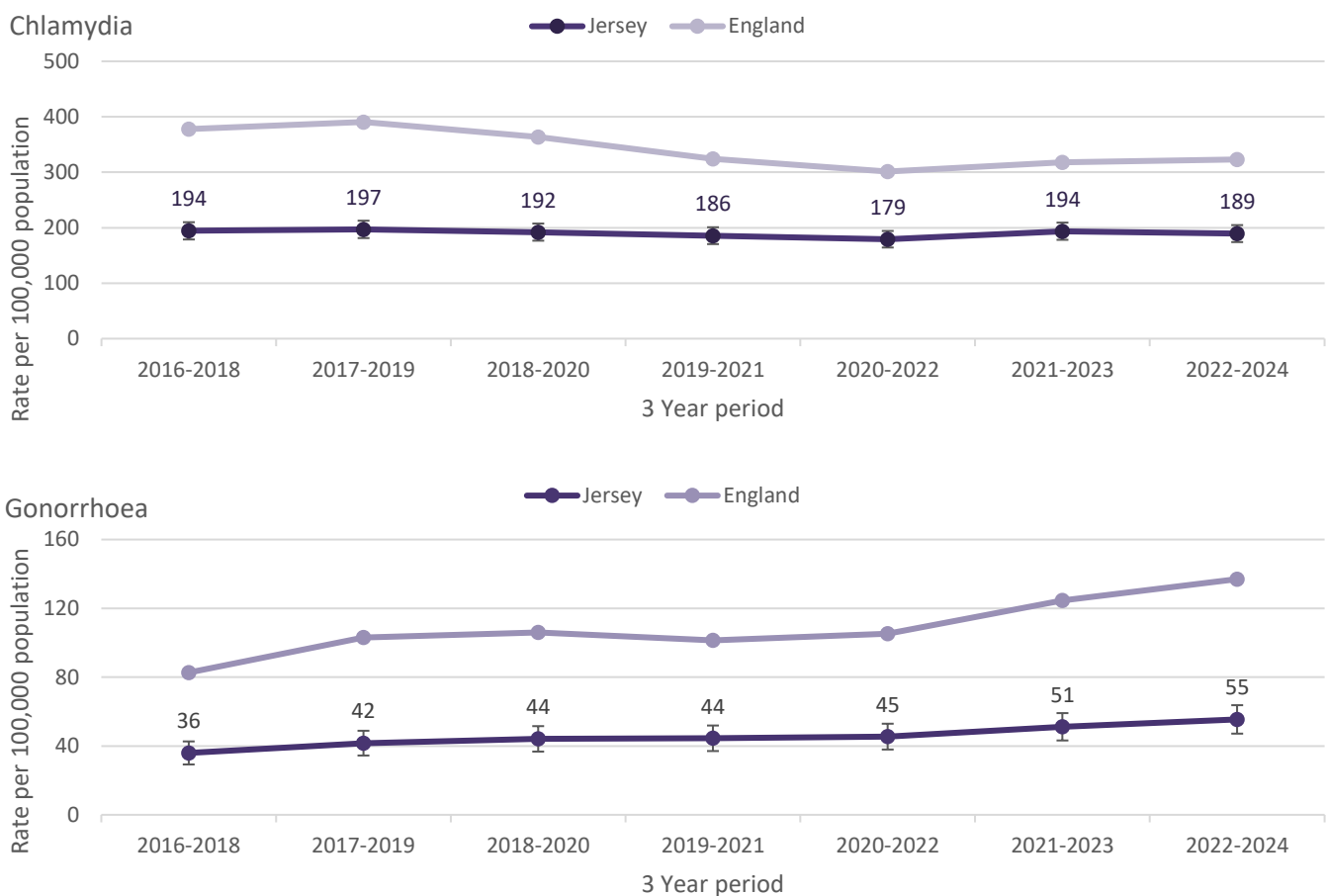
STIs can be treated at the sexual health clinic (GUM)³, which is an outpatient clinic in Jersey offering a free and confidential service for anyone with a sexual health concern.

Throughout the period of 2016 to 2024, there were over 3,140⁴ STIs diagnosed in Jersey.

Rates of diagnosed STIs have remained statistically similar since 2016 for chlamydia, genital warts, genital herpes and syphilis. However, gonorrhoea has shown a slight increase over time, rising from 36 per 100,000 population in 2016-2018 to 55 per 100,000 population in the latest period (2022-2024).

Jersey consistently had lower diagnosis rates of chlamydia and gonorrhoea per 100,000 population over time when compared with England⁵ (Figure 1).

Figure 1: Chlamydia and Gonorrhoea diagnostic rate (Jersey and England, 2016-2018 to 2022-2024)



Source: OMNI (Lab)

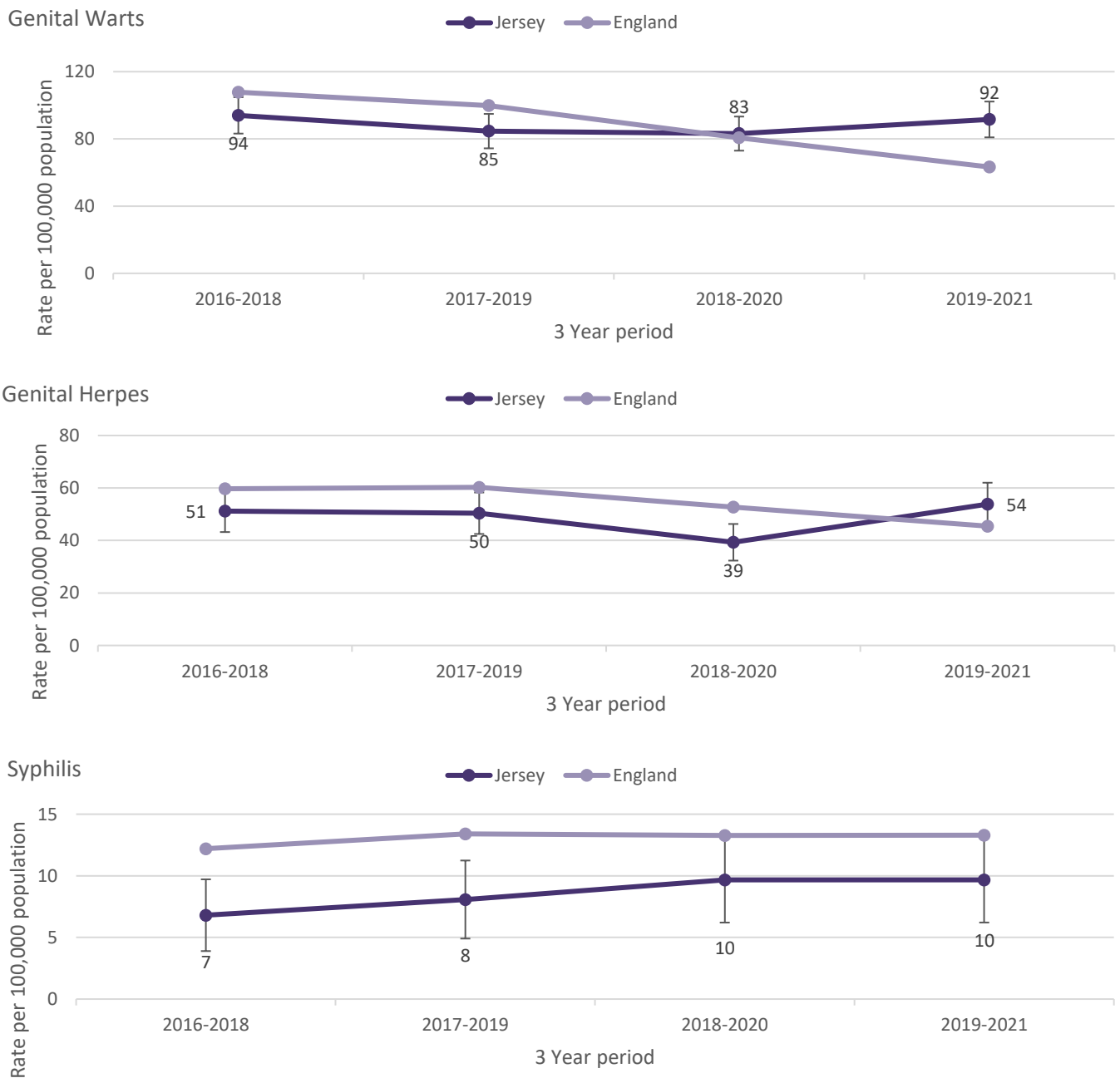
³ [GUM \(sexual health\) clinic](#)

⁴ Data for genital warts, genital herpes and syphilis during the years 2022 to 2024 is excluded because manual counts were not available. Numbers for chlamydia and gonorrhoea include reinfections and may have some double counting due to swabs being sent to the lab from the Sexual Health Clinic (GUM) and GPs for confirmation result. Numbers for genital warts, genital herpes and syphilis represent people who have been diagnosed and attended the Sexual Health Clinic (GUM) only.

⁵ [Chlamydia | Fingertips](#), [Gonorrhoea | Fingertips](#)

Jersey generally had lower diagnosis rates of genital warts, genital herpes and syphilis per 100,000 population over time. However, during 2019-2021, Jersey recorded higher rates than England⁶ for Genital Warts and Genital Herpes.

Figure 2: Genital Warts, Genital Herpes and Syphilis diagnostic rate (2016-2018 to 2019-2021)



Source: Sexual Health Clinic (GUM), HCl

⁶ [Genital Warts | Fingertips](#), [Genital Herpes | Fingertips](#), [Syphilis | Fingertips](#)

STI testing at Brook

Brook Jersey⁷ provides free, confidential sexual health services for young people aged 20 and under.

Table 1 shows the number of STI tests carried out, and the number of positive results. Note that during 2021, activity at Brook Jersey was restricted for a period of time due to COVID-19 pandemic restrictions placed on-Island, and this affected testing numbers.

The proportion of positive results has fluctuated slightly over time, typically ranging between 2% and 7% each year.

Table 1: Brook STI testing and positive numbers* (2020 to 2024)

Service Category	2020	2021	2022	2023	2024
Positive STIs	10	10	20	25	15
STI Testing	505	165	290	565	760

Source: Brook Jersey *Numbers rounded to nearest 5

HIV

There were 7 people with a new diagnosis of HIV recorded in 2024 (table 2). New HIV diagnoses have remained relatively stable over time.

Note that suppression is applied to Table 2 where there were fewer than 5 new diagnoses (<5), for disclosure control.

Where rates could be calculated for Jersey, HIV diagnosis rates fluctuated between 2020 and 2024, ranging from 4.8 to 6.7 per 100,000. Compared with England,⁸ the rates were generally similar over this period.

Table 2: New diagnoses of HIV recorded by Health and Care Jersey, and rate per 100,000 (2018 to 2023)

Year	2018	2019	2020	2021	2022	2023	2024
New HIV Diagnoses	<5	<5	6	<5	<5	5	7
Jersey Rate	-	-	5.8	-	-	4.8	6.7
England Rate	5.7	5.0	4.0	4.0	4.4	4.9	4.7

Source: HCl

Figure 3 shows the HIV rate per 1,000 population in Jersey. A gradual increase in the cumulative number of people living with HIV over time is expected, as Jersey experiences more new diagnoses each year than deaths or people moving off island.

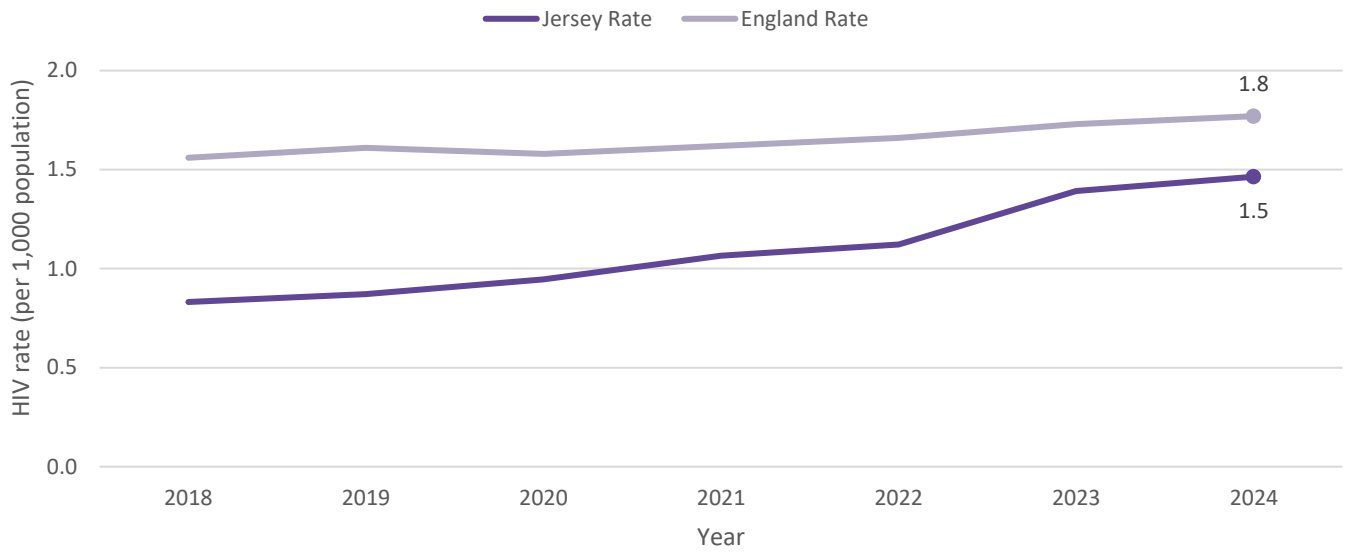
There were 155* people known to be living with HIV in 2024. Between 2018 and 2024, Jersey's rates per 1,000 population have consistently remained below those of England.

⁷ Please note data is shown from 2020 because as of April 2019, Brook Jersey is an independent organisation operating under license with Brook.

⁸ [New HIV diagnoses rate per 100,000 | Fingertips](#)

*Number rounded to nearest 5 to mitigate disclosure risk

Figure 3: HIV rate (number living with HIV, known to Health and Care Jersey) per 1,000 population Jersey and England (2018 to 2024)

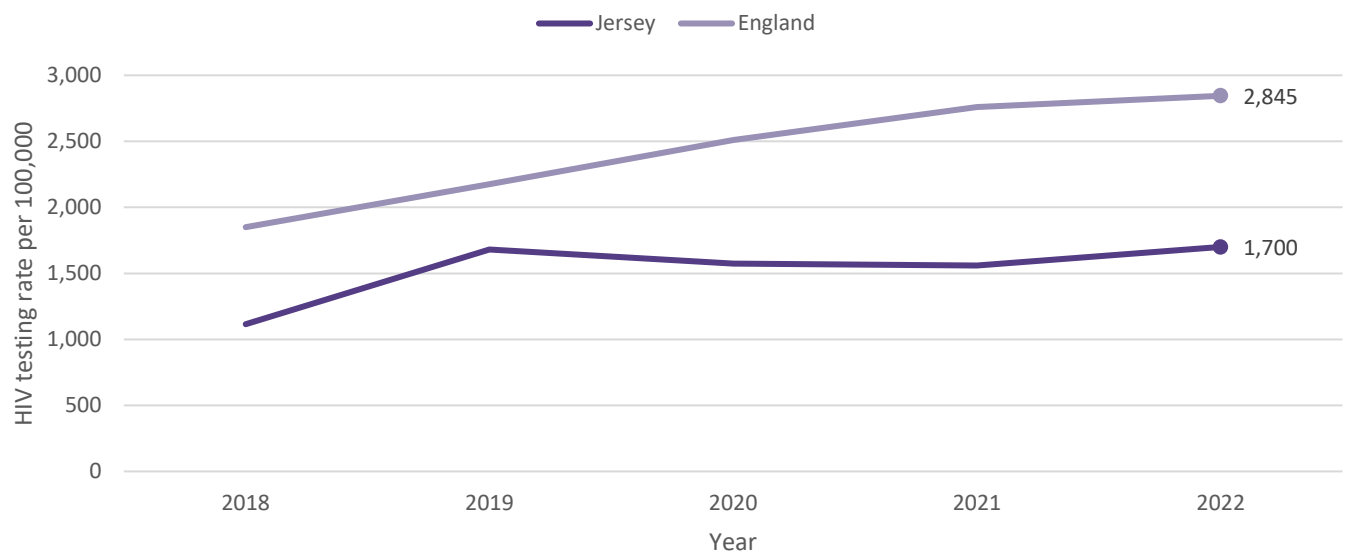


Source: H CJ, Fingertips

In 2022, Jersey recorded around 1,700 HIV tests per 100,000 population, while the rate in England⁹ was 2,845 per 100,000.

Note that data represent the total number of HIV tests conducted, rather than the number of individuals tested, as a person may be tested multiple times within a year.

Figure 4: HIV tests completed through the Genito-Urinary Medicine (GUM) clinic (2018 to 2022)



Source: H CJ, Fingertips

⁹ [HIV testing rate per 100,000 | Fingertips](#)

Contraception

Community and Hospital Contraception Services

Contraception can be collected at any pharmacy, depending on who has issued the prescription. Prescriptions written by GPs are typically dispensed at local community pharmacies, whilst prescriptions from other healthcare providers, such as the sexual health clinic (GUM), Le Bas, or other hospital departments and wards, are collected from the Jersey General hospital pharmacy.

The table below shows the number of items dispensed (e.g., packs of tablets), not the number of individuals prescribed contraception.¹⁰ Pill prescriptions can vary in duration; for example, a prescription for one month may be continued consecutively or with a break. The data does not specify the number of tablets per pack but are reported per item dispensed.

Certain contraceptive types have been presented in aggregated form, in accordance with the source data.

The most commonly prescribed/dispensed contraception types in 2024 are the contraceptive pill (combined or progesterone only), progesterone injections or implants, and IUD (intrauterine devices).¹¹

Table 3: Number of contraceptive items dispensed, by service provider and pharmacy location (2024)

Pharmacy Locations	Service Providers	Pill and Patch	Emergency Contraceptive (PCC)	Implant and Injection	IUD	Vaginal ring
Hospital Pharmacy	Sexual Health GUM Clinic	5	15	-	-	-
	Le Bas	2,140	60	625	170	-
	Other Department/Ward	50	30	65	245	-
Community Pharmacies	GPs	20,240	70	1,045	430	55

Source: HCJ Pharmaceutical analyst, Inpax *Numbers rounded to nearest 5

Brook

Table 4¹² details provision of different contraception types between 2020 and 2024. The proportion of clients accessing emergency contraceptives (PCC) more than once ranges between 9% to 13%.

Table 4: Brook services by category (2020 to 2024)

Service Category	2020	2021	2022	2023	2024
Males provided with condoms	35	25	40	95	90
Emergency contraceptive (PCC)	330	315	245	235	230
Number of clients given PCC more than once	35	30	25	30	30
Implant fitting	5	0	15	30	35
Implant removed	5	0	10	5	10

Source: Brook *Numbers rounded to nearest 5

¹⁰ Pill and Patch refer to contraceptive pills and patches that contain both oestrogen and progestogen and are collectively known as combined hormonal contraception; this classification also includes the mini-pill, which contains progestogen only. Emergency contraception (also known as post-coital contraception - PCC) is available as a single use pill. Implant and injection methods are long-acting forms of contraception that release progestogen. Intrauterine devices (IUDs) may be copper-based or hormonal (releasing progestogen). Vaginal rings contain both oestrogen and progestogen and are another form of combined hormonal contraception.

¹¹ Some forms of contraceptives such as condoms and diaphragms do not require a prescription

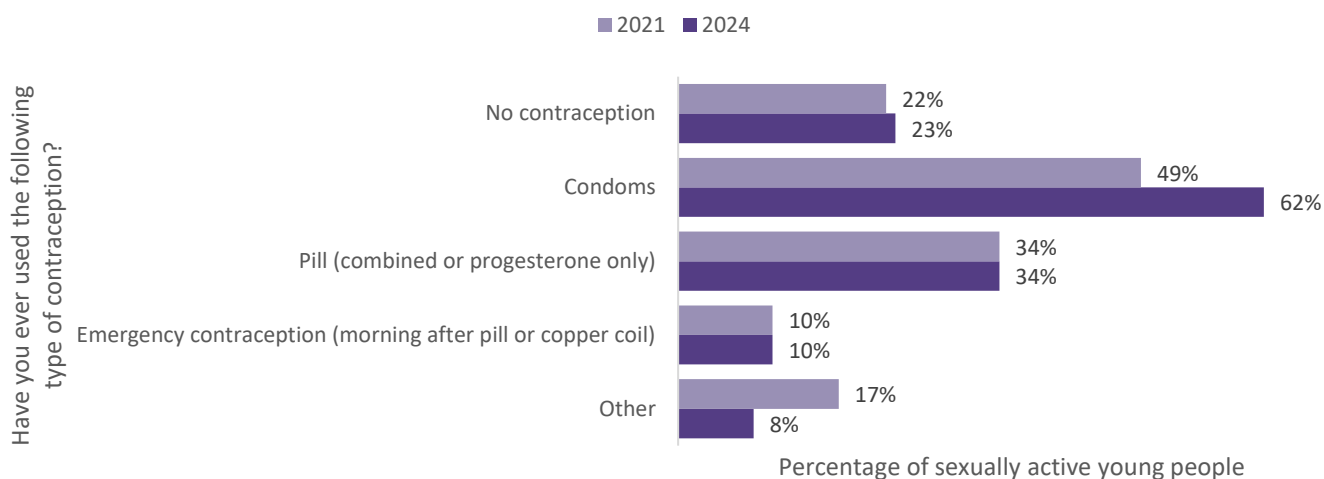
¹² Brook Jersey provides free, confidential sexual health services for young people aged 20 and under. Please note data is shown from 2020 because as of April 2019, Brook Jersey is an independent organisation operating under license with Brook.

Contraception use amongst young people

In the Jersey Children and Young People Survey,¹³ some young people report being sexually active (see [Sexual Activity](#) section). Young people could tick all options that applied when asked about the contraceptive methods they used and where they obtained their contraceptives.

Overall, just over three-fifths (62%) of those who had ever been sexually active had used condoms (up from 49% in 2021), and a third (34%) the contraceptive pill¹⁴.

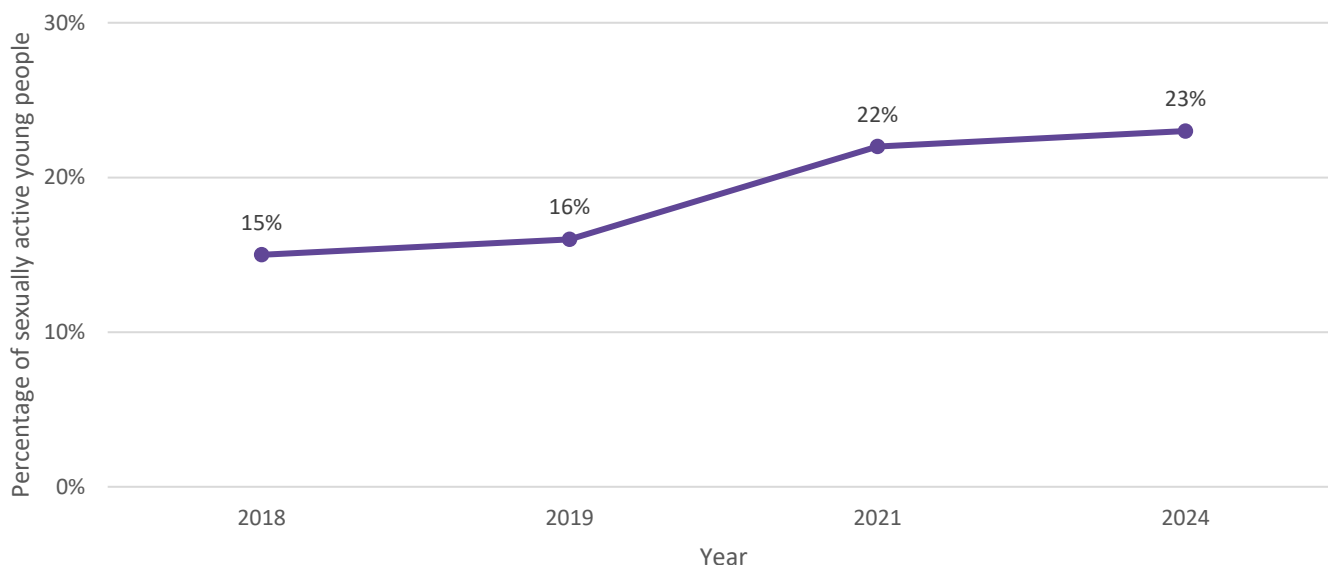
Figure 5: Proportion of sexually active young people using different methods of contraception (2021 and 2024)



Source: Statistics Jersey JCYPs

Amongst those young people who are sexually active, the proportion engaging in unprotected sex has increased from one in seven in 2018 (15%) to nearly a quarter (23%) in 2024.

Figure 6: The proportion of sexually active young people engaging in unprotected sex (2018 to 2024)



Source: Statistics Jersey JCYPs

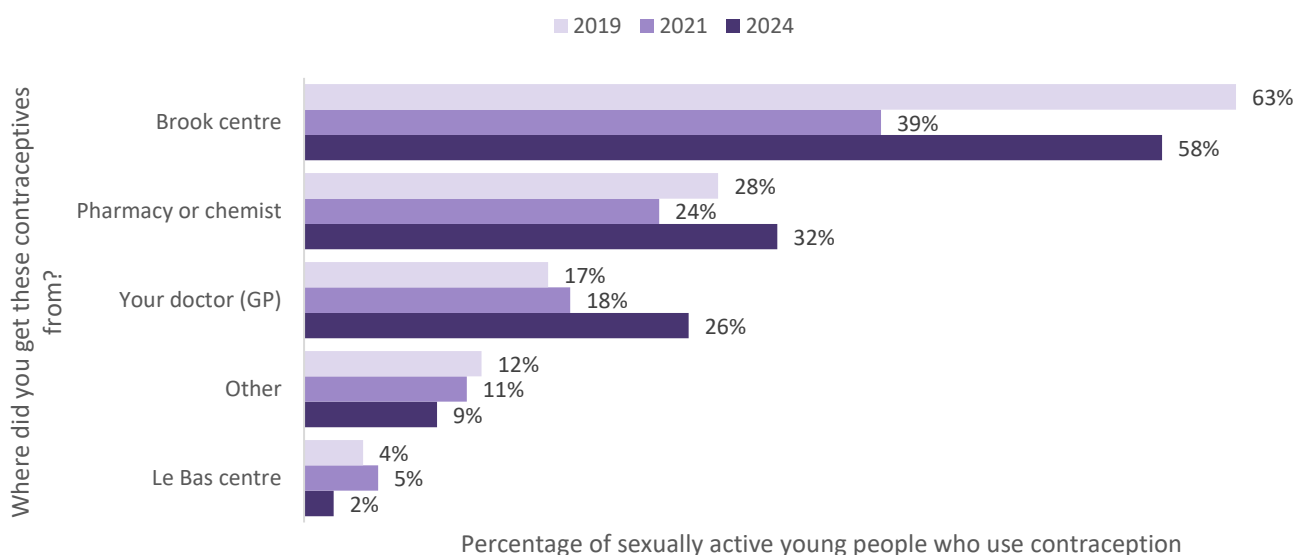
¹³ [Children's opinions and lifestyle | Statistics Jersey](#)

¹⁴ Other contraception includes the Patch, Injection, Implant, Copper or Mirena coil, Vaginal ring or Caya cap

Of the young people that use contraceptives, the survey found that most young people got their contraception from Brook Jersey sexual health service (58%). This is slightly lower than the level recorded in 2019 (63%), before COVID-19.

During 2021, Brook Jersey was closed for a period of time due to COVID-19 pandemic restrictions placed on-Island, and this is reflected in the data. Therefore, the lower figure for 2021 does not necessarily indicate reduced need or engagement, but rather the impact of service closures during the pandemic.

Figure 7: Locations where young people access contraception, as a proportion of the overall number of young people who are or have been sexually active and have accessed contraception (2019, 2021, 2024)



Source: Statistics Jersey JCYPs 2024

A small number of respondents (28) aged 19 or younger responded to a public consultation on contraceptive services run in 2024¹⁵.

Amongst those young people who said they attend Brook Jersey to access contraception, the main reasons given were that they can obtain contraception for free (91%) and their confidence in the doctors and nurses' knowledge about contraception (73%).

¹⁵ [Contraceptive services consultation feedback report](#)

Contraception use amongst adults

A one-off public consultation on contraceptive services¹³ in Jersey ran from 20 February to 21 May 2024. It took place at the same time as the Women's Health and Wellbeing Survey,¹⁶ which meant that most respondents were female.¹⁷ As a result, the findings are not fully representative of the whole population, but they still provide a useful indicator of public views at a 2024 timepoint.

Over half (55%) of respondents stated that they always use contraception.

Amongst those who gave reasons for not using contraception, 58% were concerned about side effects from their contraceptive method of choice, and around two in five (38%) felt they did not have enough information to decide which method to use. However, around one in six (17%) stated that the reason for not using their contraception of choice is because they cannot afford it.

Over half of the adults who responded to the survey (58%) said they accessed contraception through their GP.

Of the adults who accessed contraception through Le Bas Centre (22%), the majority said they go because they are confident that the doctors and nurses there have good knowledge about contraception. Other reasons included its convenient location, the guarantee of seeing a female doctor or nurse, and that it is cheaper to obtain contraception at Le Bas.

Around one third of respondents to the 2024 consultation provided general comments about contraceptive services in Jersey. Amongst these:

- almost half (46%) stated that contraception is too expensive in Jersey
- 22% raised issues related to education (for example, suggested making it easier for women to access information about contraception options and their associated effects)
- 19% raised issues related to accessibility (for example, opening hours or the availability of appointments for coil fitting/removal)
- 16% raised issues related to the availability of choice (for example, too great a focus on hormonal contraception)
- 15% raised concerns about side effects, with comments often closely linked to the need for more information

Sexual Activity

Young people

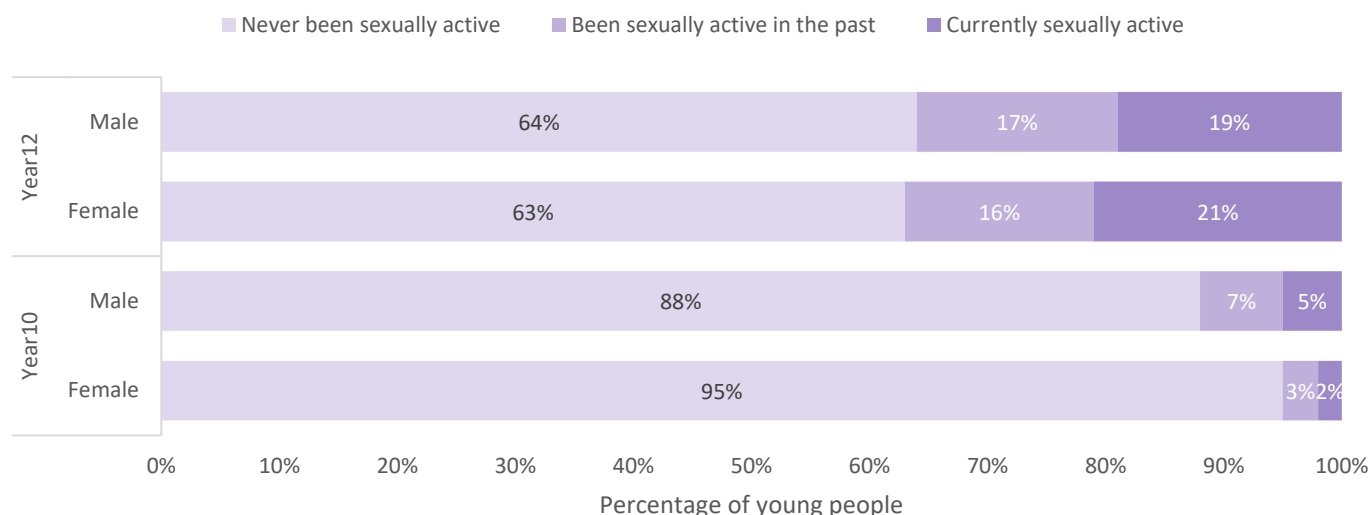
In 2024, the Children and Young People's Survey (JCYPs) found that around a fifth of Year 12 students were currently sexually active. Just over a third (36%) of Year 12 students reported ever having been sexually active compared to around one in ten (9%) of Year 10 students.

Year 12 females experienced the most significant decrease in the proportion who are currently sexually active, falling from nearly a third (31%) in 2021 to a fifth (21%) in 2024. In contrast, year 12 males were the only group to experience an increase in the proportion currently sexually active between 2021 and 2024.

¹⁶ [Women's health and wellbeing \(JSNA\)](#)

¹⁷ 98% of the survey respondents were female.

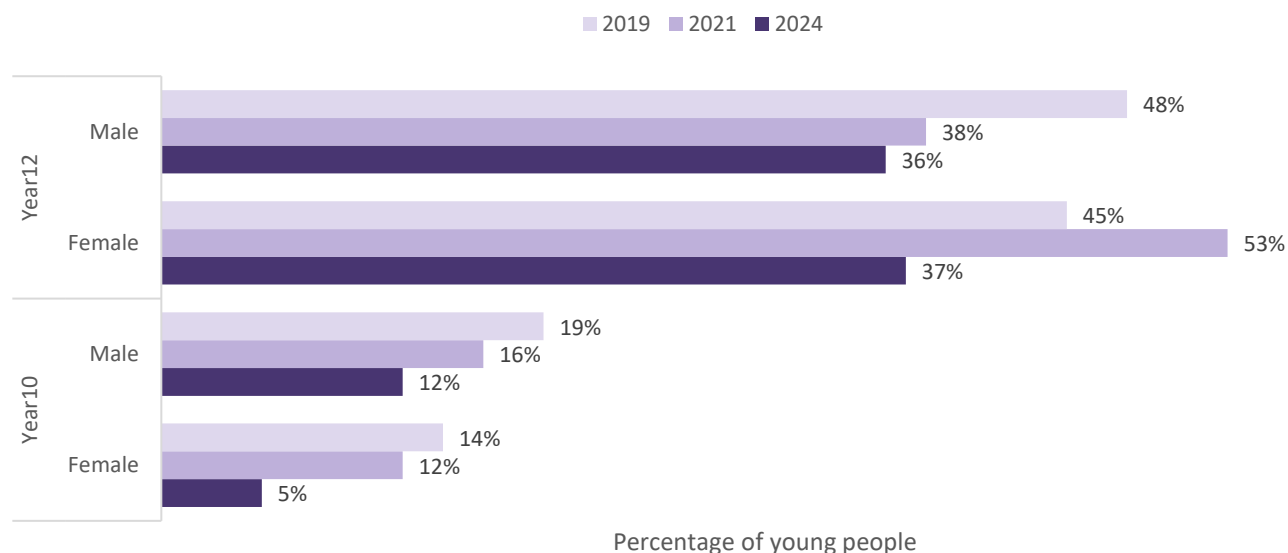
Figure 8: Sexual activity amongst young people (2024)



Source: Statistics Jersey JCYPS 2024

The proportion of young people who have ever been sexually active or are currently sexually active has declined slightly since 2019. The largest change was observed in Year 12 females, who saw a decline of around 16% from 2021, and in Year 12 males, who saw a decline of around 12% from 2019.

Figure 9: Young people who have ever been or are currently sexually active (2019, 2021 and 2024)



Source: Statistics Jersey JCYPS

Data on sexual activity amongst adults is not included in this reporting as the question is not asked in the Jersey Opinions and Lifestyle Survey from Statistics Jersey¹⁸ and data is not recorded elsewhere.

¹⁸ [Opinions and lifestyle | Statistics Jersey](#)

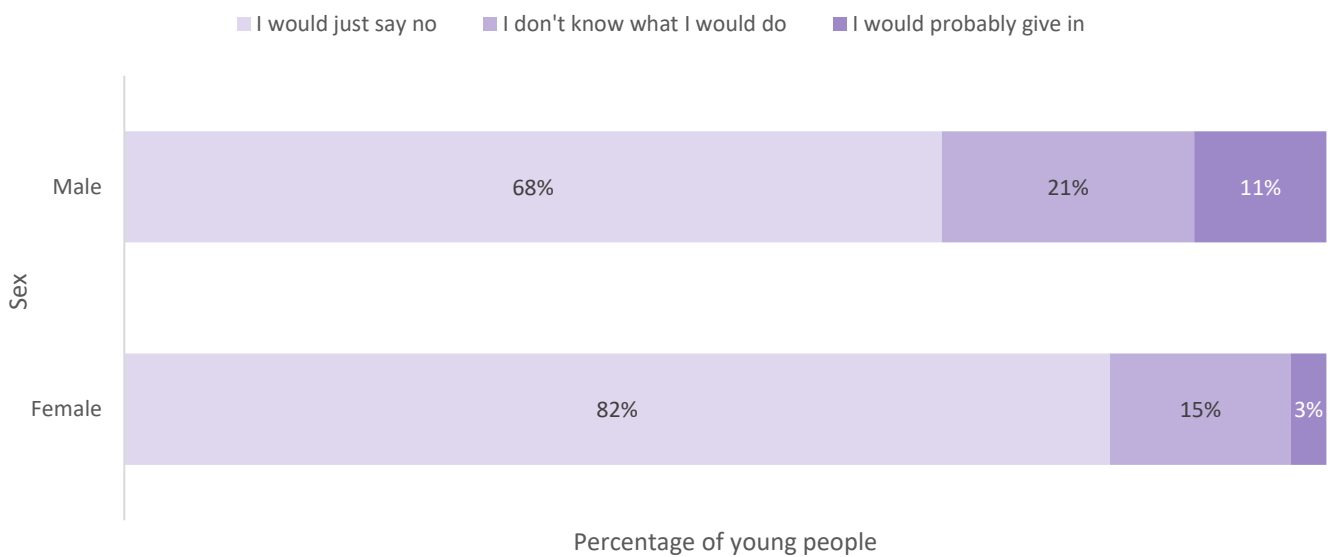
Attitudes and Sexual Wellbeing

Confidence to say no

In the Jersey Children and Young Peoples Survey (JCYPS), students in Year 8, 10 and 12 were asked what they would do if someone wanted to have sex with them, but they didn't want to.

The survey found that a higher proportion of females than males would 'just say no' to sex if they didn't want it.

Figure 10: Young people's answers to the question "what would you do if someone wanted to have sex with you, but you didn't want to?" (2024)



Source: Statistics Jersey JCYPS 2024

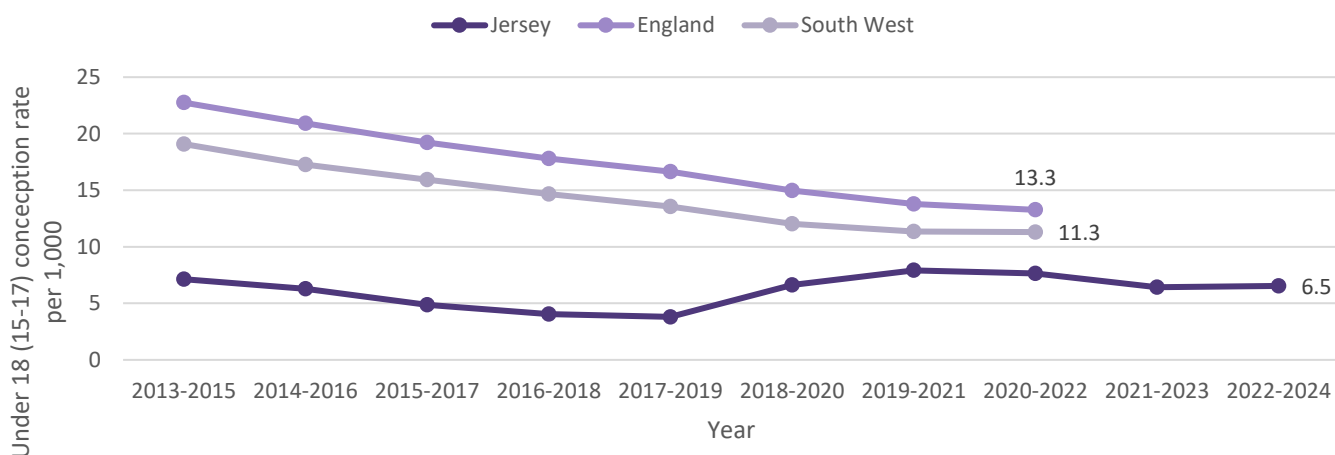
Conceptions

Teenage Conceptions (Under 18)

Under 18 conception rates have generally declined over time in Jersey, England, and the South West,¹⁹ though Jersey's trend shows more fluctuation, with rates falling from 7.1 (2013-2015) to 6.5 (2022-2024) after a peak in 2019-2021.

¹⁹ [Under 18s conception rate | Fingertips](#)

Figure 11: Under 18 conception rate compared with England and South West (2013-2015 to 2022-2024)



Source: Trak/Maxims/Careplus

For further information about fertility rates can be found in the Births and Breastfeeding Profile.²⁰

Termination of Pregnancy

In 2024 there were around 280 abortions notified as having taken place in Jersey, a slightly higher figure than 2023 (260); the 2024 total remains significantly higher than the average for the period since 2003 (210).

Looking at longer-term trends, abortion numbers declined steadily between 2001 and 2014, falling from 310 to a low of 160; since then, the figure fluctuated modestly before rising in recent years; the increase from 190 abortions in 2020 to 280 in 2024 represents a 52% rise over a four-year period.

The number of abortions performed in England and Wales for Jersey residents has generally declined over the past two decades. From a peak of 24 in 2007, the number has fluctuated year to year but shows a clear downward trend, falling to fewer than 5 cases annually since 2020.

Figure 12: Number of abortions carried out annually, Jersey, (2000 to 2024)



Source: HCl

²⁰ [Births and Breastfeeding Profile 2024](#)

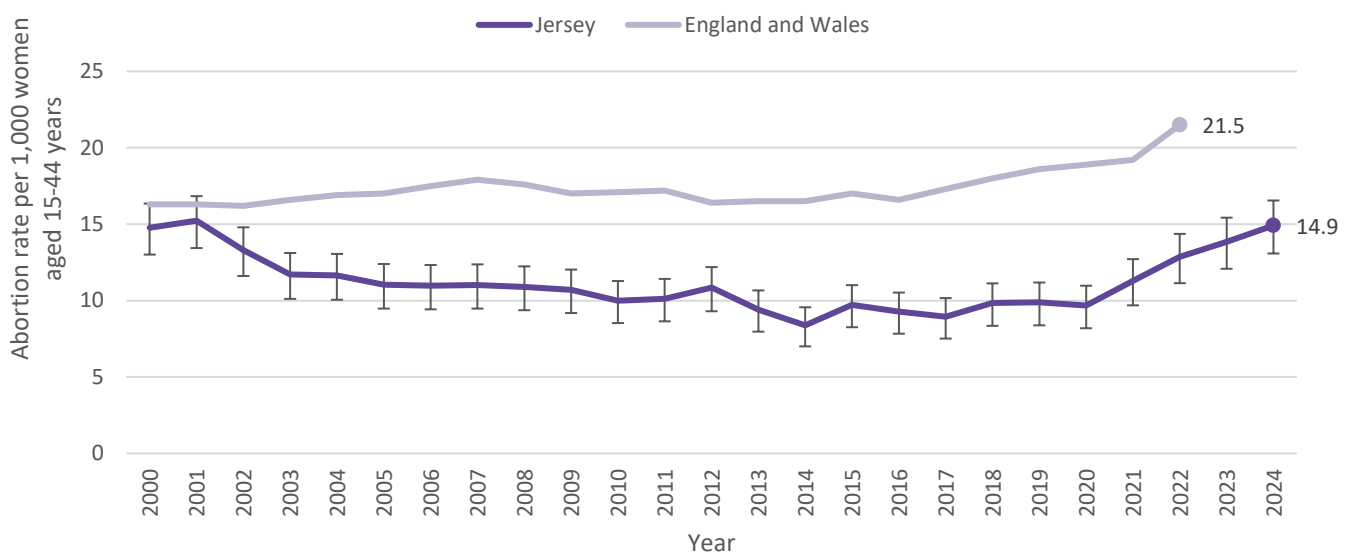
Abortion rate: abortions per 1,000 women aged 15-44 years

The abortion rate is important because it measures the level of abortion in the population of women at risk of pregnancy. It allows for comparisons over time and between populations.

- abortion rates in Jersey declined steadily from a peak of 15.2 per 1,000 women aged 15–44 in 2001 to a low of 8.4 in 2014; however, the trend has reversed in recent years (Figure 13)
- the abortion rate reached 14.9 per 1,000 in 2024, an increase from 9.7 in 2020 (Figure 13)

A full data table for abortion rate per 1,000 women aged 15-44 years can be found in Appendix table A1. Between 2002 and 2024, Jersey’s abortion rate has consistently remained lower than that of England and Wales.

Figure 13: Abortion rate per 1,000 women aged 15-44 years - Jersey compared to England & Wales (2000 to 2024)



Source: HCJ

Notes

Limitations

Sexual Health Clinic (GUM)

Data for Sexually Transmitted Infections (STI) are currently not held on the hospital PAS system, due to the information being highly sensitive and confidential and therefore is paper based only for genital warts, genital herpes and syphilis. This means that manual counting must be applied when determining these STI statistics in Jersey and is not always readily available for the latest Figures.

Statistics for chlamydia and gonorrhoea also have limitations against it, as numbers will include reinfections and may have some double counting due to swabs being sent to the lab from the Sexual Health Clinic (GUM) and GPs for confirmation result.

The Sexual Health clinic is in the process of improving systems and digitising the data in a protected/safe manner. This system will help improve reporting data efficiently and, in future report on demographic data such as ethnicity, gender and age groups. The system will also be able to download the data confidentially.

This new system will provide a more intelligent way of reporting.

Sexual activity amongst adults

Data on sexual activity amongst adults has not included in this reporting as the question is not asked in the Jersey Opinions and Lifestyle Survey from Statistics Jersey²¹ and data is not recorded elsewhere.

Confidence intervals, statistical significance and suppression

Confidence intervals have been used in this report to compare Jersey rates and numbers over time, and with those of Guernsey, UK and IOM. Confidence intervals are a measure of the statistical precision of an estimate and show the range of uncertainty around the estimated figure. The confidence interval indicates the range within which the true value for the population as a whole can be expected to lie, taking natural random variation into account.

Confidence intervals are often expressed as a % whereby a population mean lies between an upper and lower interval (95% CI LL, 95% CI UL). The 95% confidence interval is a range of values that one can be 95% confident contains the true mean of the population.

Comparisons between rates or over time have been tested to determine whether differences are likely to be statistically significant or the result of natural random variation. Only those differences deemed as statistically significant have been described in this report using terms such as 'increase', 'decrease', 'higher' or 'lower'.

To mitigate disclosure risk, suppression has been applied where counts are <5, and cumulative counts are rounded to the nearest 5.

²¹ [Opinions and lifestyle | Statistics Jersey](#)

Data Sources

Jersey Children and Young People's Survey

Formerly known as the Health-Related Behaviour Questionnaire (HRBQ) and the Jersey School Survey, this survey and subsequent report was first run in 1996 to record the attitude and behaviour of children and young people in Jersey, in terms of their lifestyle, health and wellbeing. The survey has been run in-house by Statistics Jersey since 2018, at a frequency of every two years. For continuity, Statistics Jersey continue using a number of questions in order to measure changes over time. Some of the questions in the questionnaire are taken from, or based on, the work of John Balding, Schools Health Education Unit, Exeter (www.sheu.org.uk).

Weblink: [Children's opinions and lifestyle | Statistics Jersey](#)

Contraceptive Services in Jersey Public Consultation

A public consultation on contraceptive services in Jersey ran from 20 February to 21 May 2024. The aim of the consultation was to gather views to help inform potential changes to on-Island contraception services.

The contraceptive services survey ran at the same time as a women's health and wellbeing survey, with many respondents completing both surveys. A decision was taken to publish as separate surveys as the contraceptive survey was aimed at males and females, although uptake amongst males was low (only 2% of the 685 respondents).

Weblink: [Contraceptive services consultation feedback report](#)

Brook

Data from Brook only include years from 2020 onwards because, as of April 2019, Brook Jersey became an independent organisation operating under licence from Brook. Therefore, previous methods of data collection may not be comparable.

Brook collects STI data independently of the GUM clinic, so it is possible that positive results could be double counted (appearing in both the Brook and GUM datasets). STI data were also not broken down by infection type.

Feedback

If you would like to provide feedback, then please contact us on the following address or email us at:

healthintelligence@gov.je

Public Health Intelligence

Government of Jersey

Union Street

St. Helier

JE2 3DN

Appendix: Table A1

Total number of terminations, abortion rate, distribution by gestation period, method, and number of previous terminations, 2000-2024

Numbers less than 10 have been suppressed to prevent disclosure and shown by the symbol '+' below.

All other numbers have been rounded independently to the nearest 10

Year	Total number	Abortion rate ²²	Number of terminations by gestation period			Number of terminations by method		Number of terminations by previous terminations	
			<10 Weeks	10-12 Weeks	13 or more weeks	Surgical	Medical	No previous terminations	At least one previous termination
2000	300	14.8	170	120	+	290	+	240	60
2001	310	15.2	160	150	+	300	+	240	70
2002	270	13.3	150	110	+	260	+	210	60
2003	230	11.7	140	90	+	230	+	170	60
2004	230	11.6	140	90	+	230	+	160	70
2005	220	11.0	150	70	+	210	+	150	70
2006	220	11.0	150	50	10	210	10	160	60
2007	220	11.0	160	70	+	220	+	170	50
2008	220	10.9	160	50	+	200	20	170	50
2009	220	10.7	170	50	+	170	40	170	50
2010	200	10.0	150	50	+	170	30	160	50
2011	200	10.1	170	30	+	130	80	150	60
2012	220	10.8	170	40	10	150	60	150	60
2013	190	9.4	150	30	+	120	70	130	60
2014	160	8.4	140	20	+	100	70	100	60
2015	190	9.7	160	30	+	100	90	140	50
2016	180	9.3	160	20	+	60	120	140	40
2017	170	8.9	130	50	+	70	110	110	60
2018	190	9.8	150	40	+	50	140	140	50
2019	190	9.9	160	30	+	50	140	130	60
2020	190	9.7	160	20	+	20	160	140	50
2021	210	11.3	200	10	+	10	200	160	60
2022	240	12.8	210	20	+	20	220	190	50
2023	260	13.9	240	10	+	10	240	190	70
2024	280	14.9	250	20	+	20	250	180	90

²² Abortion rate per 1,000 population of women aged 15-44.