

## Sexual Health

### Helping Teenagers and Young People Minimize Some of the Risks Associated with Sex

This document offers extended content to the Sexuality E-Learning Module in Core Competencies for Paediatric Palliative Care. Discusses Young People and Sexual Health and also includes sections on Genetic Testing and Confidentiality. It may be useful reading for all professionals working with children and young people, with or without chronic or life-threatening illness, as well as those working with adults.

*For those working with adults, it is also important to realize that STIs are currently rising in the over 50 year olds. This trend is thought to be related to the forming of new relationships in the second half of life and a misperception that use of condoms is no longer relevant post menopause.*

#### Young People and Sex – Some Statistics

Most young people in the UK most often become sexually active aged 16 or over. However, 25-33% of young people will have heterosexual intercourse before the age of 16. Approximately 10% of 16-19 year olds report having used no contraception at first intercourse. Contraceptive use is significantly lower in those under 16. Knowledge about different kinds of contraception and where to go for help amongst young people is poor, with only 49% stating they know where their local sexual health clinic is. The UK continues to have the highest teenage pregnancy rate in Europe, with most pregnancies under 18 occurring to girls of 16 or 17. Approximately 50% of pregnancies under 18 end in abortion. This figure increases to 61.5% of pregnancies in girls under 16. Infant mortality for babies born to teenage mothers is 60% higher than for babies born to older mothers (DfES, 2006). Teenage mothers are more likely not to finish education and to bring up their child alone and in poverty.

Sexually Transmitted Infections (STIs) are also more common amongst young people than any other group. 16-24 year olds represent 12% of the population but account for more than half of all newly diagnosed STIs.

In 2008, the 16-24 age group accounted for:

65% of new Chlamydia diagnoses

55% of new genital warts diagnoses

47% new gonorrhoea

44% genital herpes (HPA, 2009)

(taken from Sexual Education Forum. Data and Statistics about Sexual Health in Young People.

[http://www.ncb.org.uk/sef/evidence/data\\_and\\_statistics.aspx](http://www.ncb.org.uk/sef/evidence/data_and_statistics.aspx))

## Young People with Chronic Illness and Sex

Young people with chronic illness have been found to be as likely or more likely to be sexually active than those with no such medical history. For some the forming of relationships may also be delayed or prevented altogether through the physical and psychosocial side effects of being chronically ill. As previously outlined, young people with chronic illness or disability often miss out on some of the formal and informal routes to sex education. There is some evidence to suggest that they may furthermore be more likely to engage in risky sexual behaviours stemming from a combination of lack of knowledge and a potentially increased willingness to take risks to challenge life/live life to the full. Those who have not been able to engage in sexual experimentation or experience intercourse may become increasingly more focused on this as part of crystallizing priorities.

## What should be done?

- Appropriate **sex education** is a cornerstone of equipping young people with the information they need to make responsible decisions about the sexual behaviours they engage in and what precautions they take.
- Access to **confidential** information, support and treatment services are equally important. It is the duty of all health and social care providers, including children's and palliative care settings, to work in partnership to ensure all young people have equal access to such information and services.
- To treat all young people, irrespective of disability or health status as **full (and therefore sexual) human beings**.
- To ensure young people with disabilities and chronic illness receive age appropriate information and **opportunities to develop the psychosocial skills** to form healthy relationships and to critically appraise their desire to engage in sexual behaviour and the consequences of doing.
- It is also crucially important that young people with chronic illness have a **full understanding of how to protect themselves and their partners**

**from sexually transmitted infections or unwanted pregnancy.** It may be helpful to allow the opportunity to openly explore their thoughts around the priority safe sex has in their lives at the moment without fear of repercussions.

### **Conclusions:**

Opportunities should be given to discuss sexual health related themes in the paediatric or palliative care setting. Access to contraception, including emergency contraception and wider sexual health services should be facilitated by displaying posters and written information, including sexual health information and information about local services and how to access them. Help with access should be provided where appropriate.

### **Statistics, Sexual Health Guidance & Professional Bodies**

- Sexual Education Forum. Data and Statistics about sexual health in young people. [http://www.ncb.org.uk/sef/evidence/data\\_and\\_statistics.aspx](http://www.ncb.org.uk/sef/evidence/data_and_statistics.aspx)
- Health Protection Agency (2008). Sexually Transmitted Infections and Young People in the UK. [http://www.hpa.org.uk/web/HPAweb&HPAwebStandard/HPAweb\\_C/1216022460726](http://www.hpa.org.uk/web/HPAweb&HPAwebStandard/HPAweb_C/1216022460726)
- BASHH (2002) guidelines for development of comprehensive sexual health services for young people under 25 years. <http://www.bashh.org/documents/24/24.pdf>
- BASHH (2010). Guidelines for Management of STIs and Related Conditions in Children and Young People. <http://www.bashh.org/documents/2674>
- Faculty of Sexual and Reproductive Healthcare (FSRH) (2010) Contraceptive Choices for Young People. <http://www.ffprhc.org.uk/admin/uploads/ceuGuidanceYoungPeople2010.pdf>
- <http://www.chlamydia-screening.nhs.uk/>
- <http://www.nhs.uk/worhtalkingabout/Pages/sex-worth-talking-about.aspx>
- <http://www.hpa.org.uk/Topics/InfectiousDiseases/InfectionsAZ/SexualHealth/SexualHealthPromotion/> Health Protection Agency Sexual Health Information

- Department of Education. Teenage Pregnancy guidance. <http://www.education.gov.uk/childrenandyoungpeople/healthandwellbeing/a0066808/teenage-pregnancy-guidance>
- Manual of the Society of Sexual Health Advisers (2004) <http://www.ssha.info/resources/manual-for-sexual-health-advisers/>
- Faculty of Sexual and Reproductive Health. <http://www.ffprhc.org.uk/>
- British Association for Sexual Health and HIV <http://www.bashh.org/>
- Society of Sexual Health Advisers [www.ssha.info](http://www.ssha.info)
- Health Protection Agency [www.hpa.org.uk](http://www.hpa.org.uk)
- **Birmingham Links**
  - [http://www.sexualhealthpromotionbirmingham.info/assets/pdfs/sti\\_files.pdf](http://www.sexualhealthpromotionbirmingham.info/assets/pdfs/sti_files.pdf)
  - <http://www.sexualhealthpromotionbirmingham.info/resources/res.html>
  - [http://www.healthysex.bham.nhs.uk/Sex\\_Directory\\_07.pdf](http://www.healthysex.bham.nhs.uk/Sex_Directory_07.pdf)

### **Sexual Health Information for Young people**

- Like it is – [www.likeitis.org.uk](http://www.likeitis.org.uk)
- NSPCC – [www.there4me.com](http://www.there4me.com)
- Family Planning Association – [www.fpa.org.uk](http://www.fpa.org.uk)
- Brook Centers <http://www.brook.org.uk/>
- Gay Youth UK <http://www.gayyouth.org.uk>
- BPAS “You think you may be pregnant?” information sheet for young people  
[http://www.bpas.org/js/filemanager/files/young\\_persons\\_low\\_resfinal\\_issue\\_3.pdf](http://www.bpas.org/js/filemanager/files/young_persons_low_resfinal_issue_3.pdf)

### **Where to find Sexual Health Services**

- NHS Choices for listing of Sexual Health Clinics for Young People  
<http://www.nhs.uk/ServiceDirectories/Pages/ServiceResults.aspx?Name=young%20people&ServiceType=SexualHealthService&JScript=1&Filter=13090&PageNumber=1>

- Brook Centres <http://www.brook.org.uk/find-a-centre>
- BPAS – leading private provider of abortion services, [www.bpas.org](http://www.bpas.org)

## Genetic Testing

Young people diagnosed with conditions with a known genetic component should be offered access to genetic counseling and testing to help them in their decision-making around

- sexual risk taking and contraception (ie accidental pregnancy)
- their or partner's wish to have a baby (planned pregnancy)

Since “genetic counselling” is primarily focused on information-giving about the genetic risks involved and processing of such information cannot be achieved in a single meeting, additional support and opportunity to digest information and make decisions should be given in the young people's or palliative care setting as appropriate.

### Resources:

- UK Network for Genetic Testing <http://www.ukgtn.nhs.uk/gtn/Home>
- Database of Genetic Testing Services  
<http://www.ukgtn.nhs.uk/gtn/Search+for+a+Test>
- Association for Genetic Nurses and Counsellors  
<http://www.agnc.org.uk/index.htm>

## Confidentiality in Health Care & Sexual Health Settings:

In principle, the duty of confidentiality owed to a person under 16 is the same as that owed to any other person. Specific regulations are found in individual professional codes of conduct.

Unlike teachers in schools, doctors or health professionals in health care settings are able to provide contraception, sexual and reproductive health advice and treatment, without parental knowledge or consent, to a young person aged under 16, provided that:

- he / she understands the advice provided and its implications
- his or her physical or mental health would otherwise be likely to suffer and so the provision of advice or treatment is in their best interest

These criteria are enshrined in the Fraser Guidelines (see resources). Even if a decision is taken not to provide treatment the duty of confidentiality still applies. The duty of confidentiality is not, however, absolute. In cases where the health care professional believes there may be a risk to the health, safety or welfare of the young person, agreed child protection protocols should be followed. This applies particularly to any sexual activity involving children under 13 or where information is obtained about abusive or seriously harmful sexual activity.

### Confidentiality Resources:

General Medical Council. 0-18. Guidance for all doctors. [http://www.gmc-uk.org/static/documents/content/0-18\\_0510.pdf](http://www.gmc-uk.org/static/documents/content/0-18_0510.pdf)

Feming, (2006), C. Risk Management and the Fraser Guidelines. Confidentiality and Consent. <http://onlinetog.org/cgi/reprint/8/4/235.pdf>

Department of Health (2004) Best Practice Guidance for Doctors and other Health Professionals on the Provision of Advice and Treatment to Young People under 16 on Contraception, Sexual and Reproductive Health. [http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/@dh/@en/documents/digitalasset/dh\\_4086914.pdf](http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4086914.pdf)