Top tips for sexual health promotion

leading improvements in health and wellbeing across Cheshire and Merseyside NHS sexualhealthnetwork
The edge to deliver

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Across Cheshire and Merseyside ChaMPs members have the expertise, drive and creativity to deliver the network’s collective goals.

Our conviction is that when everyone contributes, everyone benefits.

Collaboration is cost-effective too, making the most of collective resources to deliver better value and better quality results.

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- Lobbying for change in health policy regionally, nationally and internationally
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For more information visit our website at www.champs-for-health.net or email info@champs.nhs.uk

ChaMPs Public Health Network
Suite 1, Marwood Riverside Park
1 Southwood Road
Bromborough
Wirral, CH62 3QX

Tel 0151 201 4152
Fax 0151 201 4153
Authors

Janet Ubido, researcher, Liverpool Public Health Observatory
j.ubido@liverpool.ac.uk

Matthew Ashton, head of public health strategy and development
NHS Knowsley/Knowsley MBC
matthew.ashton@knowsley.nhs.uk

Simon Henning, network lead, Cheshire and Merseyside Sexual Health Network
simon.henning@nhs.net

Alex Scott-Samuel, director, Liverpool Public Health Observatory
alexss@liv.ac.uk

Penny Phillips-Howard, sexual health and alcohol senior research scientist, Liverpool John Moores University

Wendy Nicholson, regional teenage pregnancy co-ordinator, Government Office North West

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About this guide

This is an executive summary of Top tips for sexual health promotion.

It was commissioned by ChaMPs Public Health Network from Liverpool Public Health Observatory.

This guide is the fourth in a series of Top tips documents aimed at promoting public health. Previous guides were Top tips for healthier hospitals (November 2006; reprinted 2008); Top tips for health in local authorities (January 2008); and Top tips for healthier workplaces (September 2008).

The executive summary and full report of each of the publications can be found at www.nwph.net/champs/publications.

Copies of the full report that informs this executive summary can be obtained by contacting Francesca Bailey at Liverpool Public Health Observatory on 0151 794 5570.

Our partners

Cheshire and Merseyside Sexual Health Network

The Cheshire and Merseyside Sexual Health Network was launched in March 2006. It aims to promote good sexual health through:

- Empowering service users
- Easy and prompt access to services
- Effective prevention
- Equitable, high quality standards of care

The network is striving to promote commissioning of high quality interventions based upon local, national and international intelligence and evidence based practice wherever possible. For more information please visit www.cmshn.nhs.uk or contact the network administrator on 0151 201 4154.

Liverpool Public Health Observatory

Liverpool Public Health Observatory is an NHS research and development unit based in, and closely integrated with, the Division of Public Health at the University of Liverpool.

The observatory was founded in 1990 and was the model for the regional public health observatories established across England in 1998. Its staff consists of a part-time director, three researchers, and an administrator.

The principal purpose of the observatory is the analysis, synthesis, and interpretation of health relevant information for those who make or influence policies affecting public health, whether they are in the public, private or voluntary sectors.

www.liv.ac.uk/PublicHealth/obs
0151 794 5570
Introduction

The promotion of sexual health involves encouraging healthy patterns of behaviour which avoid the damaging effects of poor sexual health.

With that in mind, Top tips for sexual health promotion focuses on positive influences for sexual health in the community and how they can be promoted.

The tips reflect a lifelong approach from childhood through adolescence into adulthood and on to old age. The promotion of positive sexual health is also considered in various settings and among different population groups.

We do not cover information usually provided by sexual health services and in schools, where the promotion of sexual health is part of their normal area of work. There has already been much written on how services can improve, for example in the National Teenage Pregnancy Strategy (Accelerating towards 2010, Department of Children, Schools and Families) and the more recent Department of Health You’re welcome quality criteria (Department of Health, 2006).

Our emphasis is on sex and relationships as a social issue. As the House of Commons Health Select Committee reported in 2003, sex and sexuality need to be “normalised”, and regarded as a fundamental part of what it is to be human, rather than being “smutty or dirty” (House of Commons, 2003).

Background information, national policy and evidence and examples of good practice can be found in the full report, which details, for example, programmes which support parent involvement (Speakeasy and Time to Talk) where parents are encouraged to talk to their children about sexual health.

These Top tips provide common sense, practical suggestions to approaching sexual health issues that will make a positive difference both at home and in the workplace to you and those around you.

What is sexual health?

Sexual health is a state of physical, emotional, mental and social wellbeing related to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled.

1. Childhood and adolescence

Childhood and adolescence is a transient and turbulent period in which physical, cognitive and emotional growth is ever changing.

Not only are children and young people maturing at a younger age, but they face societal pressures to grow up too quickly.

A contributory factor is thought to be lifestyle marketing where clothes, toys, music and the media reflect and promote celebrity-like ‘perfection’ and the sexualisation of childhood.

Sexualisation is a particular pressure on girls. Adolescents in particular increasingly link their personal worth to their ability to be sexually attractive to men.

At the same time, we see increasing numbers of boys attending mental health services who often lack appropriate role models and parental support.

Sexual and homophobic bullying are issues in schools. Children and adolescents who find themselves in care, and those with learning and physical disabilities face particular problems relating to their sexual health needs.

Top tips for effective family, carer, school and community based interventions

Listen to children and young people

- Encourage young people to talk to their parents, family, carers or peers
- All services for young people should ensure they are working towards meeting the You’re Welcome quality criteria and meet local safeguarding children requirements

Develop negotiating skills and build self-esteem

- Develop social skills, including self-esteem, so young people can use the information they have to form more positive relationships
- Use techniques such as role-play, to increase confidence about relationships and decision-making, e.g. developing the skills to be able to say no to sex without condoms and no to unwanted sex
- Involve young people in peer support programmes to encourage open discussions and to gain insight
- In addition to work in schools, target youth services and community-based initiatives to all age groups, to reach vulnerable or at risk groups and communities

Involve parents and carers (including foster parents and corporate parents)

- Encourage parents and carers to talk with their children about relationships, sex and sexuality. This should include issues such as friendship, trust, safety and self-esteem
- Promote parental involvement in controlling media influences, e.g. by watching TV with their children and discussing what they read or hear
- Involve parents in information and prevention programmes, so they are able to complement what is being taught in schools when their children come home, e.g. Time to Talk, Speakeasy and Parent Line

Nine year old girls are being sold lacy, padded underwear

(Mooney, 2007)
• Promote positive role modelling for young people – avoid the ‘do as I say, not as I do’ approach

Consider the needs of looked after children
• Ensure residential and foster carers and professionals working with looked after children and those leaving care are trained to communicate effectively on sexual health issues and signpost to effective services
• Put clear care and referral pathways in place for young care leavers to promote positive approaches to sexual health
• Develop peer support programmes to encourage discussions on sexual health

Consider the needs of children and young people with physical and/or learning disabilities
• Ensure that sex and relationship education (SRE) is part of the overall curriculum for people with disabilities. Provide tailored sexual health promotion education and individualised sex education plans for people with disabilities, to meet their specific needs
• Encourage healthcare professionals and carers to initiate discussions on sexuality, dealing with issues relating specifically to the disability itself
• Consider the fact that children with developmental disabilities are more likely to experience early pubertal changes, and so have to cope with puberty earlier than their able-bodied peers

Provide opportunities for those with disabilities to socialise with their peers:
• Promote typical teenage social activities such as a shopping or cinema trip, nights out or sport. This will provide opportunities for those with disabilities to develop social skills, increase knowledge and self-esteem

Promote independence:
• Provide deliberate training to promote independence in self-care activities. Ensure young people are afforded sensitive and confidential discussions with health professionals with dignity and privacy
• Support parents and carers in recognising the potential of children and adolescents with disabilities to enjoy intimacy and sexuality in their relationships

Improve public awareness:
• Encourage positive attitudes to disability and sexuality, including challenging negative stereotypes such as misconceptions that disabled individuals are either child-like and asexual, or aggressively sexual with uncontrollable urges
Top tips for sexual health promotion

Provide comprehensive SRE which is age appropriate, consistent, credible and delivered at school and supplemented at home

- Provide a dedicated SRE programme within the context of broader personal social and health education (PSHE) which is age appropriate and which is delivered seamlessly in primary, secondary and further educational settings
- Ensure that SRE teachers and partners within schools and colleges are supported in delivering holistic SRE, appropriate to the needs of their pupils
- Use appropriately trained teachers to deliver the curriculum. Ensure each primary and secondary school has a dedicated, trained SRE teacher, with pooling of resources between schools and updated support structures where necessary
- Use a range of external partners and agencies to support teachers as required in giving advice on sexual health promotion in schools, e.g. school nurses, Brook and youth workers
- Ensure that boys and young men have access to SRE delivered by males, using outside agencies if necessary
- Include information about how alcohol and drugs can heighten sexual attraction to those they might not normally be attracted to, and have a negative effect on:
  - Negotiation skills and keeping safe messages
  - Ability to practice safer sex
  - Ability to repel unwanted sexual attention
- Ensure school IT systems have full access to approved websites providing quality information on sexual health, such as www.ruthinking.co.uk and any locally developed resources

- Schools and colleges should provide access to onsite services or be able to signpost young people to sexual health services
- Parents should receive information about what is taught at school and college so they can continue the discussions at home
Tackle sexual bullying

- Take action to prevent homophobic and other sexual bullying behaviour, as well as responding to incidents when they occur, using government guidance. There are many steps that can be taken, including challenging the use of inappropriate language, providing training/briefing for staff and providing information and support including peer support for pupils.
- Through SRE, help young people to understand human sexuality and to respect the sexual orientation of others.

Combat gender stereotypes

- Encourage debates on gender issues and sexual health in schools, provide resources to enable young people to discuss issues such as the use of sexual imagery to promote products and behaviours and challenge the impact of pornography, of masculinity and of peer pressure/expectations.
- Encourage young people to think critically, helping to guide them around the issues. Use media literacy programmes in schools, which have been shown to be effective in promoting positive body image among teenagers.
- Emphasise gender equity issues in teacher training, especially in the training of child carers/childminders, pre-school teachers and head teachers. There should be at least one teacher specially trained in gender issues in each large school.
- Encourage more male nursery teachers, by encouraging boys to take up work experience placements in pre-school settings.
- Encourage gender equity awareness in pre-schools: adopt an explicitly gender-conscious approach in pre-schools and include assessments of gender equity in school inspections.

Increase school and community sexual health advice and clinic services

- Increase the provision of community-based sexual health advice and clinic services, including school sexual health services, ensuring they meet You’re welcome standards (Department of Health, 2006). Such clinics provide a closer point of contact, ensuring young people can easily access services they may not be able (or want) to access in traditional clinical settings.

Provide sexual health awareness and communication training for youth workers and teachers, etc

- Provide training in SRE for youth workers, teachers and others working with children and young people.
- Include sexual health communication as an essential component in job descriptions and training programmes of all people working with young people. This would include communication on risk taking behaviours that could affect sexual health, such as alcohol and drugs.

People call me ‘gay’ every day, sometimes people kick me and push me, they shut me out of games during school gym and they steal my belongings.

(Hunt and Jensen, 2007)
Encourage positive extracurricular activities

- Encourage involvement in after school sports, other supervised extra-curricular activities and positive activities
- Encourage youth development programmes that focus on education, employment and/or life options, including skills and self-esteem building, sports and arts activities and voluntary work

Be aware of the possible signs of child sexual exploitation

- All those who work with children or related services need be alert to possible signs of sexual exploitation. They will require mandatory training in safeguarding, which includes information about how to identify the warning signs of, and vulnerabilities to, sexual exploitation

- Check to ensure that staff working with young people have been CRB (Criminal Records Bureau) checked and trained in safeguarding and are aware of local policies and procedures

Average age of first sexual intercourse

(Wellings et al., 2001)
Sexual health is relevant at all stages of life, with many issues such as self-esteem affecting older as well as younger people. It needs normalising by encouraging active and open discussion rather than being dealt with solely as a clinical issue.

We all have a potential role in achieving better sexual health for the population, ensuring information is available to everyone at home and at work.

Sexual health information and services should be available to all those who need them. They should be tailored to individuals’ needs, including those of students, older adults, adults with disabilities and medical conditions, ethnic minorities, transient populations, homeless people, gay and lesbian people and sex workers.

**Top tips for effective community-based interventions**

**Promote sexual health**
- Make local sexual health service information available through a range of locations including student unions, pharmacies, workplaces, sports clubs, night clubs and other community settings for people of all ages, sexualities and ethnic backgrounds, in culturally appropriate ways
- Offer sexual health awareness and communication training to workers in community and health and social care settings, so they can become more alert to the sexual health needs of their clients and reach vulnerable individuals or groups
- Consider the special needs of refugees and asylum seekers, and promote early HIV testing and access to health services for people who originate from areas of the world with high incidence
- Ensure those who are homeless and those involved in selling sex have easy access to sexual health promotion information, free condoms and sexual health services

**Use the media**
- Use the wide range of media available for providing information on sexual health. Repeat and adapt media messages to suit changing cultural attitudes, considering collaboration with other local health and social care organisations to raise the profile of media messages. Messages need to be consistent, credible and visible

**Raise awareness of the effects of alcohol and drugs**
- Encourage increased awareness that excessive alcohol (and drugs) can:
  - Increase sexual desire but diminish performance
  - Heighten sexual attraction to people not normally attracted to
  - Affect judgement, leaving individuals vulnerable to physical and sexual violence as well as becoming the victim or perpetrator of a crime
  - Be symptomatic of poor self-esteem and poor communication skills

**Stamp out homophobia and sexual harassment**
- Deal with homophobia and all forms of sexual harassment in the workplace and elsewhere. Measure the outcomes of an organisation’s equality and diversity initiatives against individual experience

**Tackle sexual violence**
- Sexual violence is strongly associated with domestic violence and needs to be considered in the assessment of domestic violence cases
- Promote awareness of the sexual assault referral centres (SARCs) and how people of all ages can access them

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Only a third of couples who meet in their thirties or forties use a condom with a new partner, compared to two-thirds of those in their late teens

(Mercer et al, 2008)
Acknowledgements

Job titles at June 2009

Tony Ellis, communications manager, ChaMPs Public Health Network

Tim Blackstone, service manager, So To Speak, Liverpool

Maria Caves, clinical lead nurse for mental health, Knowsley Health and Wellbeing (mental health)

Terrol Evans, network administrator, Cheshire and Merseyside Sexual Health Network

Martin Fenerty, deputy manager, Armistead Centre, Liverpool

Colette Greaves, You’re Welcome implementation lead, Cheshire and Merseyside Sexual Health Network and Government Office North West

Suzy Hargreaves, researcher in sexual health, Liverpool John Moores University

Johanna Lee, clinical lead nurse learning disabilities, Knowsley Health and Well-Being (learning disabilities)

Mark Limmer, deputy regional teenage pregnancy co-ordinator, Government Office North West

Lorraine Lighton, consultant in communicable disease control, Greater Manchester Health Protection Unit

Jenny Mason, public health project officer, North West Public Health Observatory

Margaret McGovern, information and library manager, fpa, London

Catherine Mercer, lecturer, Centre for Sexual Health and HIV Research, University College London

Frances Owen, associate professor, Centre for Applied Disability Studies, Brock University, USA

Jessica Ringrose, lecturer in sociology of gender and education, Institute of Education, University of London

Maureen Sinclair, director, Clapperboard UK, Merseyside

Lyn Winters, researcher, Liverpool Public Health Observatory
References


