

SEXUAL HEALTH AND YOUNG PEOPLE IN ENGLAND

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Sexual Health and Young People – the context

- Young people live in an increasingly sexualised and alcohol driven media and youth culture and face a number of challenges when it come to sexual health:-
- In 2007, there were 41.9 conceptions for every 1,000 girls under 18 (compared to 46.6 in 1998 – a decrease of 10.6%)
- In 2007, there were 8.3 conceptions for every 1,000 girls under 16 (a decrease of 6.4% since 1998)
- During the first three quarters of 2008 there were 4,300 abortions among young women under 18 (compared to 4,300 in the first three quarters of 2007)
- Young people represent only 12% of the population but account for nearly half of all STIs diagnosed in GUM clinics in 2007
- HIV diagnoses remain low in young people, 702 new diagnoses in 2007 (10, per 100,000)

Sexual Health and Young People – the Government's response

- The **National Strategy for Sexual Health and HIV** was published in 2001. It set out a ten-year programme to modernise sexual health services and tackle sexual ill-health by
- Reducing transmission of HIV and sexually transmitted infections (STIs)
 - Reducing the prevalence of undiagnosed HIV and STIs
 - Reducing unintended pregnancy rates
 - Improving health and social care for people living with HIV
 - Reduce the stigma associated with HIV and STIs
- The **Teenage Pregnancy Strategy** was published in 1999 and aimed to tackle the causes and consequences of teenage pregnancy by
 - Reducing the rate of under-18 conceptions by 50% by 2010
 - Increasing the proportion of teenage parents in education, training or employment to 60% by 2010
 - However, the NHS is a locally managed organisation where priorities and decisions are largely made at local level. The Department seeks to persuade the NHS to adopt sexual health as a priority.

Key Actions to date – education and interventions in schools and colleges

- Sex and Relationships Education (SRE) encourages young people to delay sex and gives them knowledge and skills to make informed choices when they do become sexually active.
- As well as SRE, many schools and colleges are seeing the value of providing health services, including sexual health services, on-site. Nearly 30% of secondary schools now provide access to a health professional.
- The “You’re Welcome” quality criteria set out a number of principles for providing young-people friendly health services in both traditional and non-traditional settings, including schools and colleges.
- Roll out of National Chlamydia Screening Programme – opportunistic testing in health and community-based settings, including Further Education colleges.

Key Actions to date – improved access to contraception and abortion

- DH invested £26.8m in contraceptive services in 2008/08, and this funding will continue in 2009/10 and 2010/11. This funding is focused on improving access to all contraceptive methods to reduce teenage conception, abortion and repeat abortion rates.
- Long Acting Reversible Contraceptives (LARCs) such as the IUD, IUS and sub-dermal implant have better success rates than short acting methods that require frequent user intervention, such as the pill. DH hopes to ensure that LARCs can be more widely offered to all women, and particularly younger women.
- New contracts for NHS abortion services will ensure that women are offered post-abortion advice on contraception, to cut the numbers of repeat abortions.
- 68% of abortions carried out in the NHS took place before 10 weeks in 2007 – compared to 51% in 2002
- 89% of abortions were funded by the NHS in 2007, compared to 78% in 2002
- 35% of all abortions were medical abortions in 2007, compared to 14% in 2002

Key Actions to date – improved access to GUM services

- Well documented public health reasons why GUM access should be improved – unmet demand can lead to high transmission rates of STIs including HIV.
- All GUM services are provided on a self-referral basis (no referral needed from a GP) and services are strictly confidential.
- Strategy highlighted the need to improve and modernise services.
- May 2005 only 45% of people were offered an appointment within 48 hours.
- Led to DH setting a national target for GU services to offer an appointment to be seen within 48 hours.
- 48-hr access for all by March 2008. 98.9% of first attendees were offered an appointment, need to sustain success.
- Priority also to offer more convenient options for screening and testing including non-healthcare community settings to relieve the burden on more traditional services.

Key Actions to date – National Chlamydia Screening Programme

- Genital chlamydia infection most commonly diagnosed STI among young people. 2007, nearly 80,000 diagnoses of chlamydia made in young people attending GUM clinics (16-24 years)
- National Strategy for Sexual Health and HIV commitment to introduce a National Chlamydia Screening Programme in England.
- “Control Chlamydia through the early detection and treatment of asymptomatic infection; to prevent the development of sequelae; and to reduce onwards disease transmission”
- National roll-out, opportunistic screening programme, excluding GUM, all areas running programmes by March 2008.
- DH set challenging targets for screening 15-24 yr olds: latest data 9.5% coverage of target population though variations in performance across areas.

Key Actions to date – Health Promotion Campaigns

- The Government has developed a number of health promotion campaigns aimed at young people. These campaigns provide young people with information and advice about sex and relationships, as well as details of where to get more help locally:-
- “Condom Essential Wear” is aimed at the 18 – 24 year olds and provides advice and information about condoms and aims to embed condom use as a natural and essential part of a young person’s lifestyle.
- “Want Respect? Use a Condom” is aimed primarily at 16-18 year olds with a focus on socially excluded young people. Promotes condom use to reduce STIs and unintended pregnancies.
- The “R U Thinking?” campaign targets under 16s and aims to help young people resist pressure to have early sex, while informing them on the risks of unprotected sex.

Looking to the Future

- Teenage pregnancy rates rose slightly in 2007, but the long-term trend is still downwards. We will be asking local partners to redouble their efforts to implement the Teenage Pregnancy Strategy locally;
- We will be spending £7 million on a new contraceptive choices campaign which will help to ensure that young people are aware of the full range of contraceptive choices available to them;
- We will be spending £3.5m to support further education colleges to develop and expand on-site sexual health services, and to help all college-based services to meet the “You’re Welcome” standards.
- We intend to make Sex and Relationships Education a statutory requirement in the school curriculum.
- Develop and review our campaign strategy (Condom Essential Wear), develop and make better use of Social Marketing approaches.
- Develop the evidence base on prevention.
- Support for health care professionals on sexual health issues.
- Improve local commissioning of sexual health services.

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