**Is the sexual health of children and young people adequately protected in contemporary society?**

Emeritus Professor Alan Glasper, from the University of Southampton, discusses the crisis in children’s and young people’s sexual health and how Public Health England aims to improve access to improved management and treatment.

**Introduction**

Public Health England (PHE) have produced a strategic action plan that gives details of its short to medium-term priorities for health promotion for sexual and reproductive health and HIV.

<https://www.gov.uk/government/publications/sexual-and-reproductive-health-and-hiv-strategic-action-plan>

This initiative seeks to help improve the public’s sexual and reproductive health and to reverse the current HIV epidemic. PHE have identified four key priority areas and their strategic action plan aims to reduce the:

* incidence of HIV
* rates of sexually transmitted infections
* unplanned pregnancies
* rates of under 16 and under 18 conception

In this context PHE are committed to working with partners at a national and regional level to improve health and reduce inequalities in access and care delivery. This paper will examine the ramifications of this strategy for children and young people. This is because Rogstad et al (2002) have shown that the sexual health of young people in the UK is amongst the worst in Europe with high prevalence’s of sexually transmitted infections which continues to increase. Furthermore England and Wales have the highest rate of teenage pregnancy in Western Europe.

**Background**

Although the PHE policy report shows that there have been improvements in the quality and scope of sexual and reproductive health promotion and HIV prevention, sustaining and expanding the current interventions to fully address the sexual and reproductive health and HIV outcomes of people have to remain a priority. This is especially true of young people where poor sexual and reproductive health and high levels of transmission rates for HIV have repercussions t on their mortality and morbidity. The report from PHE shows that sexual and reproductive ill health is concentrated in many vulnerable and marginalised communities, and improving sexual and reproductive health and HIV outcomes will address some of the major health inequalities experienced by these groups.

The existing Department of Health’s policy entitled “A Framework for Sexual Health Improvement in England” and published in 2013

<https://www.gov.uk/government/publications/a-framework-for-sexual-health-improvement-in-england>

has already made commitments to achieve a reduction in sexual health inequalities, through a recognition that sexual ill health can affect all ages and parts of society but especially young people. Priorities for sexual health improvement are identified in the frameworks which apply to children and young people. These are to reduce rates of:

* onward HIV transmission, acquisition and avoidable deaths
* sexually transmitted infections (STIs) including chlamydia diagnoses among 15–24 year olds
* teenage conceptions (under 16 and under 18)

**Young people and sexual health standards**

The PHE report reveals that many adverse sexual health outcomes including STI’s occur in young people, regardless of their sexuality. All young people need to have the knowledge and ability to seek help and guidance from sexual health services in a way which recognises that some of the inherent aspects of adolescence may get in the way of accessing optimum support.

Within this context of helping young people get the right service at the right time the Department of Health (DH) published guidance entitled *You’re Welcome - Quality criteria for young people friendly health services* which was first published in 2005 with the objective of helping commissioners and providers of health services to improve NHS and non-NHS health services. This was updated and enhanced in 2011.

<https://www.gov.uk/government/publications/quality-criteria-for-young-people-friendly-health-services>

Glasper reports (2011) that the quality criteria provided in this good practice guidance should facilitate enhancements in local practice and help provide the evidence of what will improve the healthcare journeys and health outcomes for young people especially within the field of sexual health. Viner (2008) has written extensively about the importance of providing appropriate care for young people in the health services as they undergo transition from paediatric to adult health services. It is an age period where young people may receive less than optimum care with the potential of poorly resolved sexual health morbidities.

It is because of these facets of adolescent sexual health which put children and young people in harm’s way that the Department of Health through its *You’re Welcome - Quality criteria for young people friendly health services,* published measurable standards for sexual and reproductive health services.

These standards are applicable to any type of child and young person sexual and reproductive health service, provided either in a specialist setting (e.g. genito-urinary medicine/GUM, contraceptive services) or a more generic setting (e.g. general practice). The embodied standards of the criteria show that for achieving best practice a range of sexual health services should be offered to children and young people, including the following:

1. General sexual health provision including :
* Chlamydia screening: opportunistic chlamydia screening and treatment of young men and women, with referral pathways for partner notification

• Contraception: accurate information about the full range of contraception, including reversible long-acting methods of contraception.

* Free condoms: with information and guidance on correct use.
* Emergency hormonal contraception.
* Pregnancy testing: free and confidential pregnancy testing and the opportunity to obtain accurate and unbiased information about pregnancy options and non-directive support.
* Abortion: referral for NHS-funded abortion services.
* Antenatal care: referral for antenatal care.
1. Ensuring that sexually transmitted infection (STI) testing and treatment are offered. Where STI services are not available on-site, there should be clear, integrated care pathways for seamless referral to other services or clinicians.
2. Making sure that young people are offered appropriate information and advice to help them develop their ability to make safe and fully informed choices. This includes advice to help them develop the confidence and skills to delay early sexual experiences and to develop the resilience to resist peer pressure.
3. The provision of appropriate, easy-to-understand information which is available on a wide range of sexual health issues, including contraception, STIs, relationships, use of condoms and sexuality. The information offered should make it clear that prescriptions for contraception are free of charge.
4. Marking certain that all appropriate staff receive training, supervision and appraisal to ensure that they are confident and have the right skill set to :
* talk to young people about sexual health issues, including delaying sex
* fully appreciate the complete range of contraceptive options, promoting positive sexual health, and have the information about prevention of pregnancy and minimizing STI risk.
* Be clear about what they can and cannot do to help young people with sexual health issues and have clarity about who they are able to help.
* Be able to recognise and respond to different sexual health needs such as those relating to gender (especially female genital mutilation), sexual orientation, ethnicity and age.
* Be knowledgeable about recognising and facilitating informed consent using both Gillick and Fraser guidelines. (Cornock 2007) (NB Fraser Guidelines apply to children under-16 specifically related to consent and confidentiality in sexual health contraceptive services.)
1. Ensuring that the service will see young people who are not ordinarily registered with them in order to provide sexual health advice and contraception, including emergency contraception. Activities should promote and enable access to appropriate contraception, screening for STIs (especially chlamydia via the National Chlamydia Screening Programme) and condom use. This is because the highest rates of STIs diagnoses are among young women, who may also experience adverse outcomes associated with teenage pregnancy.

<https://www.gov.uk/government/publications/quality-criteria-for-young-people-friendly-health-services>

**Young people, sexual health and teen pregnancy**

The PHE report shows that children and young people young people can suffer a range of adverse sexual health outcomes regardless of their sexuality. It is important to stress that all young people should be empowered to acquire the knowledge and ability to seek appropriate help and guidance should the need arise. In particular it is young people from the black African and black Caribbean communities who are disproportionately affected by HIV and STIs. PHE is stressing that health services must promote activities that promote condom use and address stigma and discrimination in both of these communities. Therefore one of the priorities emphasised by PHE is to increase HIV testing, and to address and seek to reduce sexual risk behaviours among these communities.

PHE emphasise that the majority of STI diagnoses made among heterosexual Genito Urinary Medicine clinic attendees in 2014 were among those aged 15 to 24, . This age group accounted for 63% (57,558/91,901) of chlamydia diagnoses, 55% (8,722/15,814) of gonorrhoea, and 42% (12,223/29,240) of genital herpes.

<https://www.gov.uk/government/publications/sexual-and-reproductive-health-and-hiv-strategic-action-plan>

If not successfully treated, STIs can lead to a number of medical complications such as pelvic inflammatory disease, ectopic pregnancy, infertility and cervical cancer. Worryingly some STIs, but most notably gonorrhoea, have shown increasing levels of resistance to contemporary antibiotics.

Importantly the national vaccination programme for human papillomavirus (HPV) now offers all 12–13 year old girls the vaccine that protects them against the most common strains that cause cervical cancer. It is believed that up to 400 lives could be saved every year in the UK as a result of vaccinating girls before they are infected with HPV.

<http://www.nhs.uk/conditions/vaccinations/pages/hpv-human-papillomavirus-vaccine.aspx>

This notwithstanding PHE highlight that young women aged 16–19 have the highest proportion of pregnancies that are unplanned (45%) and this new report is stressing that there should be targeted support for those at greatest risk of unplanned pregnancy. This includes young women less than 20 years of age and especially those from black and minority ethnic groups and young women with lower educational attainment who may in addition be subject to sexual exploitation. In this context Coy (2008) has noted that a disproportionate number of young women with backgrounds of local authority care are involved in commercial sex and that an analysis of their life story narratives shows that this background was instrumental in making them vulnerable to sexual exploitation through prostitution. Furthermore, teenage mothers, young fathers and their children are known to experience disproportionately poor health, emotional wellbeing and economic outcomes. Infants of teenage mothers have a 41% higher infant mortality rate than those born to older mothers and teenage pregnancies also lead to increased rates of low birth weight, pre-term birth and asphyxia, which are associated with long-term complications

**Conclusion**

PHE Health promotion for sexual and reproductive health and HIV: strategic action plan, 2016 to 2019 seeks to consider how best to prevent disease and promote good sexual health at different stages of life.

Crucial to PHE’s aspirations for universal sexual health is the delivery of high quality personal, social, health and economic education (PSHE) and sex and relationships education (SRE) in schools. PHE believes that this targeted education will help to ensure that all children and young people acquire age-appropriate knowledge, understanding and skills in managing their own optimum sexual health.

Good sexual and reproductive health is important for everyone, but sexual ill health can affect some groups such as young people more than others. This means that many sexual health promotion activities for young people need to be underpinned by accurate information on sexual and reproductive health to reach this key component of the population who have a high risk of adverse sexual health outcomes. This will also help reduce rates of teenage pregnancy and improve the public health outcomes for the school age population.

**Key points**

* Public Health England (PHE) have designed a strategic action plan to determine priorities for health promotion for sexual and reproductive health and HIV
* The sexual health of young people in the UK is amongst the worst in Europe with and England and Wales have the highest rate of teenage pregnancy in Western Europe.
* All young people need to have the knowledge and ability to seek help and guidance from sexual health services.
* Targeted education will help to ensure that all children and young people acquire age-appropriate knowledge, understanding and skills in managing their own optimum sexual health.

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