Young People & Sexual Health

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Are teenagers having less sex?

By Reality Check team BBC News



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Reality Check



Not for the first time, we've been hearing that teenagers now are having less sex than previous generations.

A cursory search of the question "are teenagers having less sex?" throws up 1.5 million results in the UK, including numerous articles categorically stating that the answer is "yes" - and it's probably all to do with social media.

Top Stories

Vaping on buses 'should be considered'

E-cigarettes are much less harmful than tobacco and shouldn't be treated the same way, MPs warn.

() 58 minutes ago

China 'training for strikes' on US targets

() 1 hour ago

Low-carb diets 'could shorten life'

() 17 August 2018

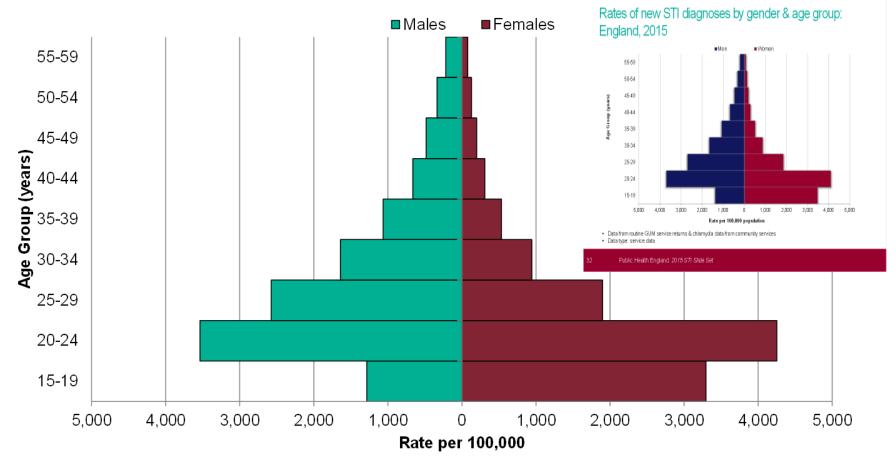
Features



'I run the last Blockbuster'

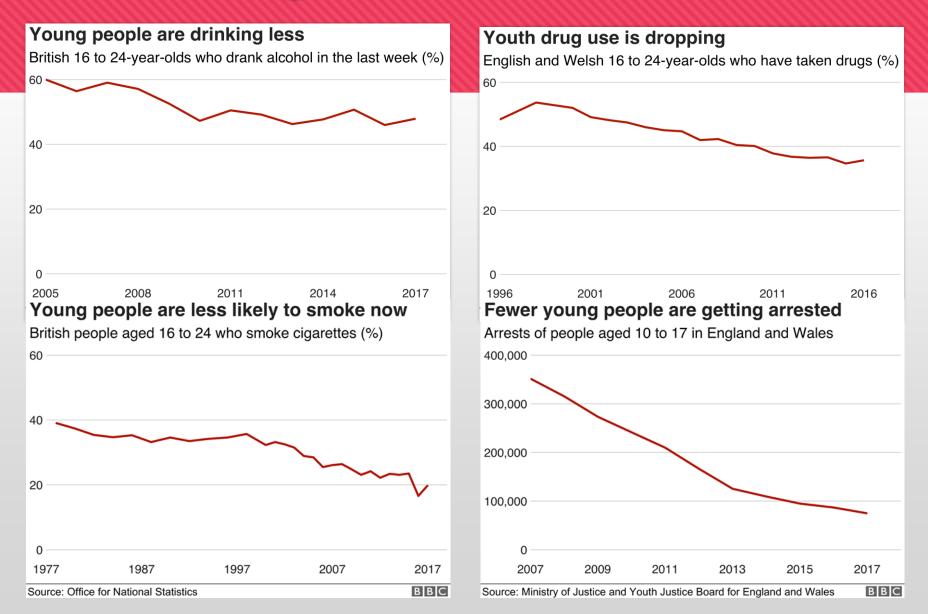


Rates of new STI diagnoses by gender and age group: England, 2017

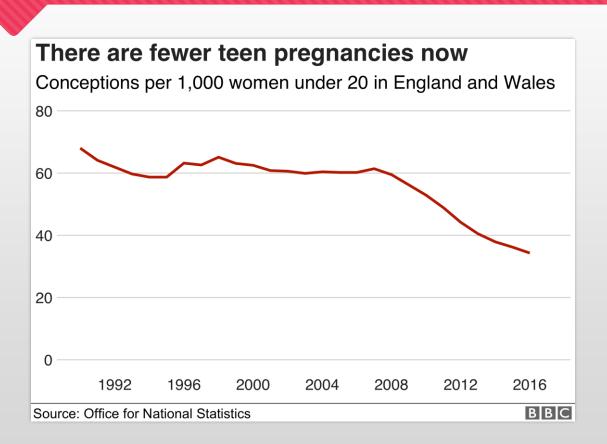


- Data from specialist and non-specialist SHS (GUMCAD and CTAD returns)
- ONS Census mid-year 2016 estimates used for denominators
- Data type: service data

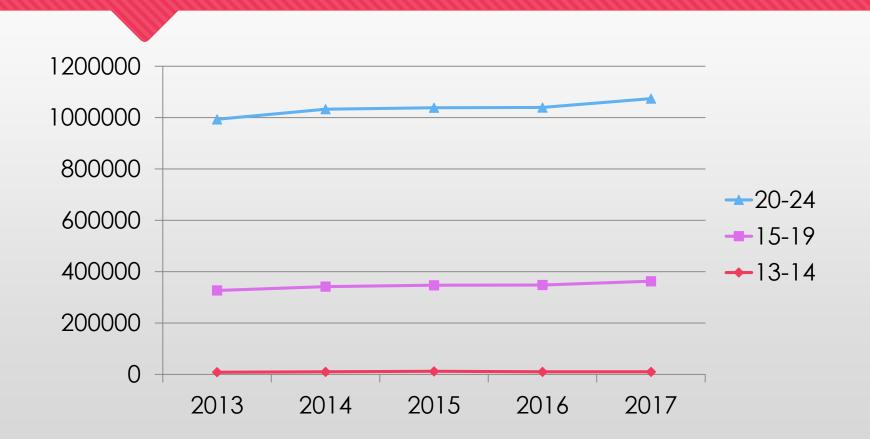
Risk taking behaviour



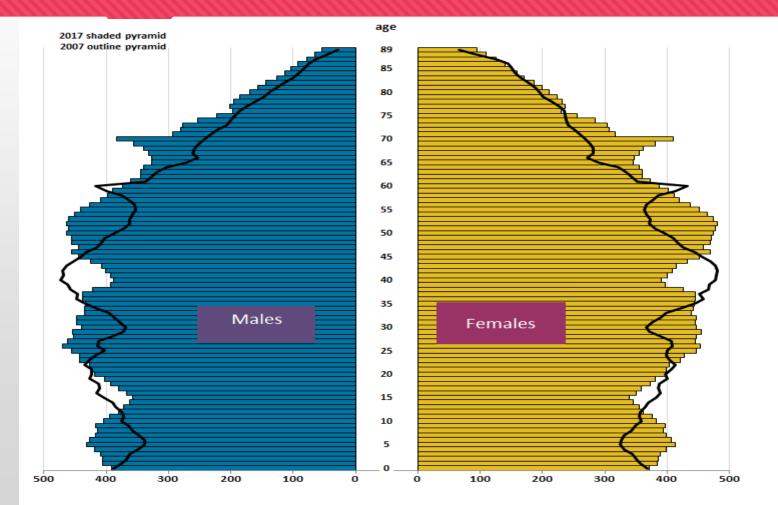
Less sex?



Total number attendances by age at specialist SHS in England 2013-2017

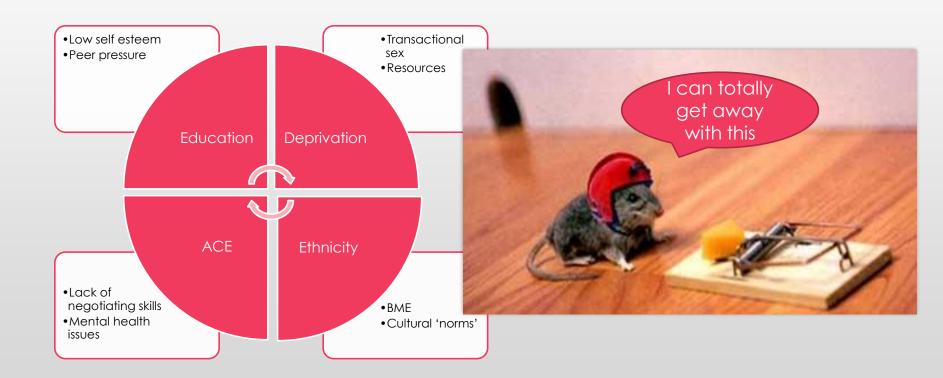


6% fewer 11- to 18-yearolds in the mid-2017 population (350,000 fewer people). ONS



Population (thousands)

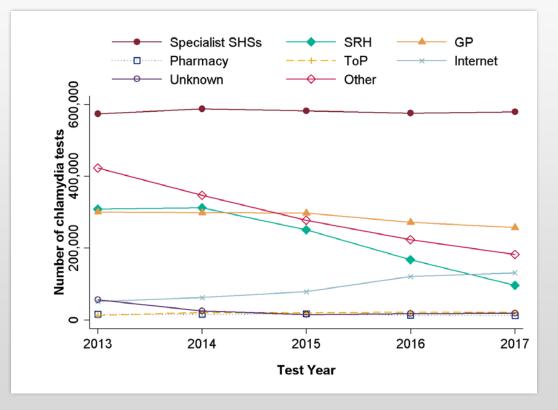
Risk behaviours issues are complex –its not just the 'teenage brain'



You're Welcome

- Involving young people in their care and in the design, delivery and review of services
- Explaining confidentiality and consent
- O Making young people welcome
- O Providing high-quality health services
- O Improving staff skills and training
- O Linking with other services
- O Supporting young peoples changing needs

Chlamydia tests* among 15 to 24 year olds by test setting, 2013-2017, England



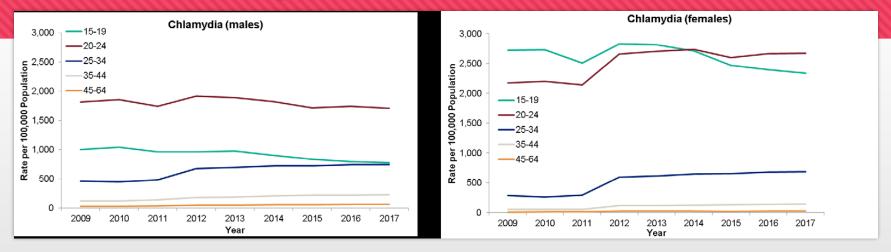
Sexually transmitted infections and screening for chlamydia in England, 2017 Health Protection Report Volume 12 Number 20

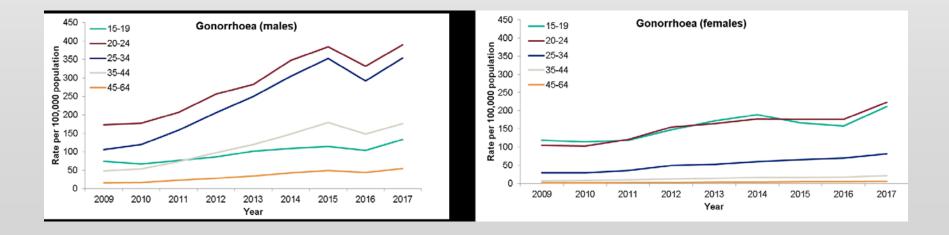
	Tests				Diagnoses				Tests positivity	
Test setting	2016		2017		2016		2017		(%)	
	Number	%of total	Number	%of total	Number	%of total	Number	%of total	2016	2017
Specialist SHSs	575,663	40.6%	579,083	44.5%	64,198	49.7%	68,335	53.9%	2%	11.8%
GP	272,660	19.2%	257,919	19.8%	17,239	13.3%	17,444	13.8%	6.3%	6.8%
SRH	168,340	11.9%	97,098	7.4%	17,488	13.5%	10,931	8.6%	10.4%	11.3%
Internet	121,730	8.6%	132,006	10.1%	10,316	8.0%	11,888	9.4%	8.5%	9.0%
ToP	22,411	1.6%	21,890	1.7%	1,425	1.1%	1,403	1.1%	6.4%	6.4%
Pharmacy	14,335	1.0%	13,030	1.0%	1,304	1.0%	1,277	1.0%	9.1%	9.8%
Other	223,801	15.8%	182,602	14.0%	15,699	12.2%	14,003	11.0%	7.0%	7.7%
Unknown	<mark>1</mark> 8,896	1.3%	19,021	1.5%	1,520	1.2%	1,547	1.2%	8.0%	8.1%
Total	1,417,836	100%	1,302,649	100%	129,189	100%	126,828	100%	9.1%	9.7%

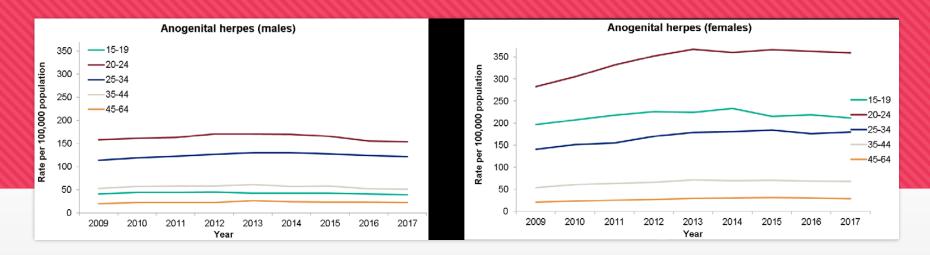
Table 1. Chlamydia tests, diagnoses, and test positivity* among 15 to 24 year olds by test setting, 2016-2017, England

* Data from specialist and non-specialist sexual health (including community based) services (SHSs) GP: General practice; SRH: Sexual and reproductive health service; ToP: Termination of pregnancy service.

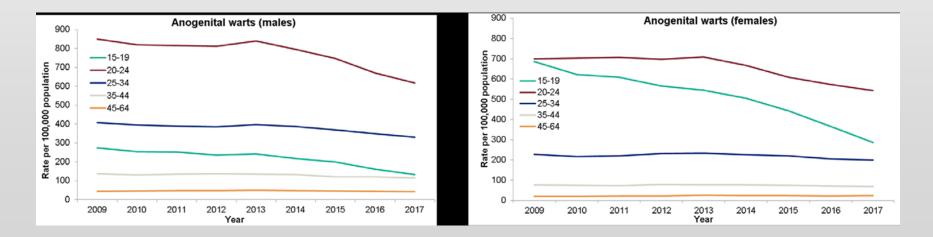
Rates of new sexually transmitted infection diagnoses among people attending sexual health services† by age-group and gender, 2009-2017, England



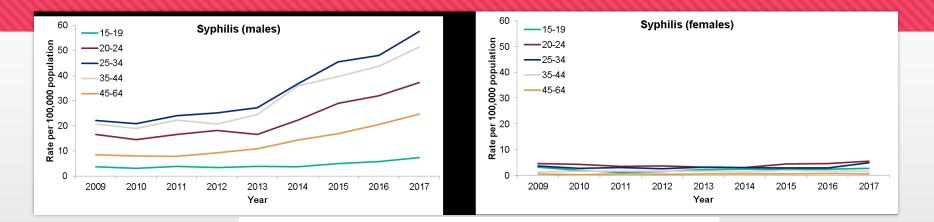




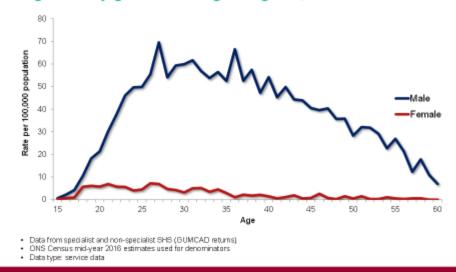
There were 441 diagnoses of first episode genital warts in 15 to 17 year old girls in 2017, a 90% decrease relative to 2009; this decrease is largely due to the high coverage National HPV Immunisation Programme in school-aged girls



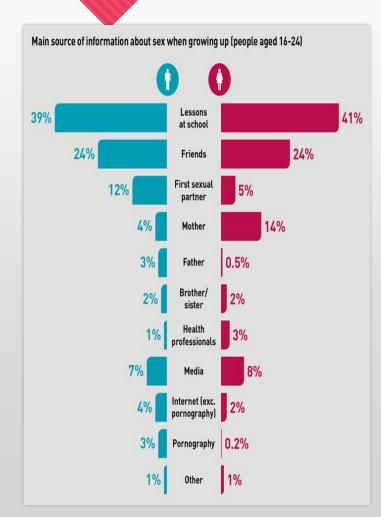
Worrying



Rates of syphilis (primary, secondary & early latent) diagnoses by gender and age: England, 2017



Where young people get info



Relationship and Sex Education

Tanton C, Jones KG, Macdowall W, et al Patterns and trends in sources of information about sex among young people in Britain: evidence from three National Surveys of Sexual Attitudes and Lifestyles BMJ Open 2015;5:e007834. doi: 10.1136/bmjopen-2015-007834



What's it like to have an STI?

Watch to find out.

If you're 16-24, you're more at risk of getting an STI

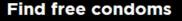
\rightarrow	You don't need	to hav	e sex with	lots of	people to	get an	STI
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PROTECT AGAINST STIS

USE A

- → Many STIs are symptomless and, if left untreated, can cause long-term health problems
- \rightarrow STIs like gonorrhoea are becoming harder to treat or may not be treatable at all
- \rightarrow 59% of people who got chlamydia or gonorrhoea in 2016 were aged 16-24

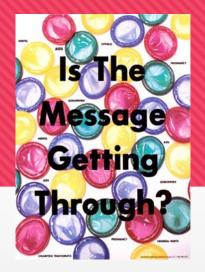
Protecting yourself is as simple as using a condom.



Search

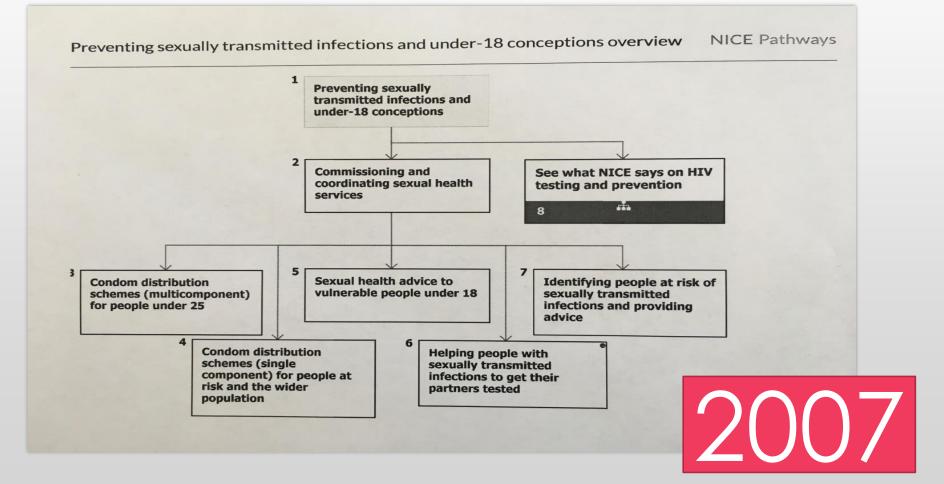
Use my location

Health promotion



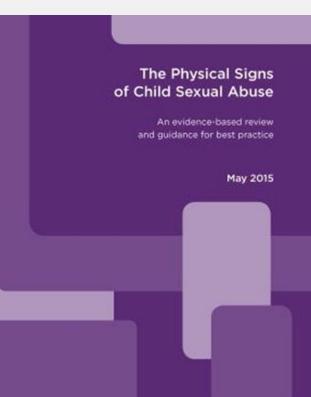
- Public Health England 'Protect against STIs', campaign to reduce rates STIs among 16 to 24-year-olds through condom usage. The campaign is the first government sexual health campaign in 8 years.
- YouGov survey 2,007 young people.
- almost half (47%) of sexually active young people said they have had sex with someone new for the first time without using a condom; whilst 1 in 10 sexually active young people said that they had never used a condom cf NATSAL2000 80%
- 56% men & 43% of women said that it is difficult to talk about STIs with friends. 58% said that if they had an STI they would find it difficult to talk to their sexual partner about it

NCE National Institute for Health and Care Excellence



Its not all about STIs

- O Prevention of unintended adolescent pregnancy
- O Inappropriate Sexual Behaviours
- O Child Sexual Exploitation/ Abuse
- O FGM/C
- O Intimate partner violence
- O LBGTQIA
- O HIV positive Young people
- O Mental Health & Wellbeing
- O Looked After Children



Good practice

- A holistic sexual risk assessment including recreational drug and alcohol misuse.
- Vulnerability assessment for self-harm, mental health and special educational needs [SEN] and physical disabilities.
- Assessment of safeguarding risks using <u>'Spotting the Signs proforma</u>' or a modified version.
- Services should have a confidentiality policy, which is clearly displayed and routinely discussed with young people during their consultation.
- Sexual health consultations for young people should include a sexual health risk assessment and have a discussion about contraception options including LARCs
- Staff working with children and young people should have Level 3 safeguarding training. They should discuss safeguarding concerns with their lead and named safeguarding professionals and use referral pathways for support agencies.
- Brook / BASHH Spotting the Signs: A national proforma for identifying risk of child sexual exploitation in sexual health services [April 2014] https://www.brook.org.uk/our-work/spotting-the-signs-cse-national-proforma

5 to 9 years

9 to 13 years

13 to 17 years

🔵 Green behaviours

- solitary masturbation
- sexually explicit conversations with peers
- obscenities and jokes within the current cultural norm
- interest in erotica/pornography
- use of internet/e-media to chat online
- having sexual or non-sexual relationships
- sexual activity including hugging, kissing, holding hands
- consenting oral and/or penetrative sex with others of the same or opposite gender who are of similar age and developmental ability
- choosing not to be sexually active



- accessing exploitative or violent pornography
- uncharacteristic and risk-related behaviour, e.g. sudden and/or provocative changes in dress, withdrawal from friends, mixing with new or older people, having more or less money than usual, going missing
- concern about body image
- aking and sending naked or sexually provocative images of self or others
- single occurrence of peeping, exposing, mooning or obscene gestures
- giving out contact details online
- joining adult- only social networking sites and giving false personal information
- arranging a face to face meeting with an online contact alone

Red behaviours

- exposing genitals or masturbating in public
- preoccupation with sex, which interferes with daily function
- sexual degradation/humiliation of self or others
- attempting/forcing others to expose genitals
- sexually aggressive/exploitative behaviour
- sexually explicit talk with younger children
- sexual harassment
- non-consensual sexual activity
- use of/acceptance of power and control in sexual relationships
- genital injury to self or others
- sexual contact with others where there is a big difference in age or ability
- sexual activity with someone in authority and in a position of trust
- sexual activity with family members
- involvement in sexual exploitation and/or trafficking
- sexual contact with animals

SEXUAL BEHAVIOURS

On-line services & Safeguarding

Standards for Online and Remote Providers of Sexual and Reproductive Health Services.

 Joint BASHH/ FSRH Standard Sept 2018 –out to consultation

2018 UK National Guideline on the Management of Sexually Transmitted Infections and Related Conditions in Children and Young People

• ASIG CEG Spring 2019

and what about PrEP in under 16yr olds ?



4.5 Evidence for safety and efficacy in young people (15–25 years): recommendations

- 11. We recommend that PrEP with daily or on-demand oral TD-FTC should be offered to young MSM (15–25 years) who are identified as being at elevated risk of HIV acquisition through condomless anal sex in the previous 6 months and ongoing condomless anal sex. (1A)
- 12. We recommend that PrEP with TD-FTC should be offered to young people having condomless anal sex with partners who are HIV positive, unless the partner has been on ART for at least 6 months and their plasma viral load is <200 copies/mL. (1A)</p>
- 13. We recommend that PrEP with daily oral TD-FTC should be offered to young HIV-negative trans women who are identified as being at elevated risk of HIV acquisition through condomless anal sex in the previous 6 months and ongoing condomless sex. (1A)
- 14. Routine BMD scanning in young people initiating PrEP is not recommended. (1D)

Good practice points

- Consider PrEP with daily oral TD-FTC on a case-by-case basis in young people with current factors other than condomless anal sex that may put them at increased risk of HIV acquisition. See Section 5.
- In young trans people who are having only anal sex, on-demand PrEP could be used as it is likely to have the same biological efficacy as seen in MSM.
- The risks and benefits of providing PrEP for adolescents should be weighed carefully in the context of UK laws and judgements about autonomy in healthcare decision-making (e.g. Fraser competency), and balanced against protecting young people from harm.

- BHIVA/BASHH guidelines cover over 16 year olds
 - Any different to offering contraception ?
 - Discuss with safeguarding ?

Adolescent SIG meeting

- O The Law and Emerging Clinical Topics
- O Sept 27th Senate House ,London
- O Places still available



Questions

