Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

sexual**health**strategy

An Straitéis Um Shláinte Gnéis

Promoting Sexual Health and Well-Being in the Midland Area

Sláinte agus Folláine Gnéis a chur chun cinn sa Limistéar Lár Tíre

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SEXUAL HEALTH STRATEGY
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The World Health Organisation (WHO) has defined sexual health as:
**"A capacity to enjoy and control sexual and reproductive behaviour in accordance with a personal and social ethic;
Freedom from fear, shame, guilt, false beliefs and other psychological factors inhibiting sexual response and impairing sexual relationships;
Freedom from organic disorders, diseases and deficiencies that interfere with sexual and reproductive functions."** (WHO, 1986)

There are four major components of human sexuality:

Moral: involving behaviour, religion, feelings and decision making.

Social: involving relationships, marriage, dating and media influences.

Biological: involving reproduction, birth control, growth and development.

Psychological: involving learned behaviours, attitudes, education and expression.

Foreword to Sexual Health Strategy

The Health Service Executive Midland Area Sexual Health Strategy sets out to improve sexual health in the midland area over the next five years and beyond. The Strategy was developed by a multi-disciplinary group that drew on the expertise of professionals in the area and outside. The Strategy takes account of social as well as medical and epidemiological trends.

Traditionally, the perceived importance of sexual health derived from problems such as unwanted pregnancies, crisis pregnancies and sexually transmitted infections (STIs).

In recent years, however, there has been a growing awareness of other issues that can profoundly affect an individual's sexual health, such as the impact of sexual abuse in all its forms on both adults and children. Societal attitudes towards sexual activity have become more tolerant, but this presents challenges such as rising rates of certain STIs. Society is increasingly recognising the right of minority groups of various kinds to have fulfilling sexual relationships.

The Health Service Executive Midland Area Sexual Health Strategy seeks to improve sexual health in its broadest sense. The Strategy therefore seeks to empower the public by increasing their knowledge of matters which influence sexual health, to improve access to existing services, particularly for those groups who may not currently see the services as being sufficiently friendly in terms of their needs. Also, it aims to develop services in areas where needs are not currently being adequately met.

Arising from this Sexual Health Strategy more detailed and costed action plans will be developed to address the important issues identified and focus on the needs of individual groups within society.

I want to thank all the participants in the group, which developed the strategy, led by Dr. Phil Jennings.

Dr. Patrick Doorley,
Director of Public Health and Planning.

Vision

Sexuality is an integral element of the human personality and good sexual health is an important part of a person's physical and mental health. It impacts on one's gender, gender identity, body image, sexual orientation, sexual behaviour, relationships and intimacy. The decisions people make about their sexuality, the behaviours they engage in, the values and attitudes they hold are all shaped by the particular context in which they live their lives. Other factors outside the control of the person, for example age, disability, sexual orientation, cultural differences and residing in a remote area can also influence the decisions people make.

The Health Service Executive Midland Area takes a holistic approach to the health and well-being of all people in the area. This approach considers all aspects of the physical and emotional health of the individual.

Our vision is one where people are empowered to make the healthy choice. They have the autonomy, knowledge, confidence and responsibility to be sexual in a way that helps realise fulfilment in life without exploiting or adversely affecting any other person. They have access to the services and supports for their complete well being.

Within the context of this vision people with positive sexual health:

- ✓ Have the capacity for healthy, equitable and responsible relationships, sexual fulfilment and experience healthy sexual development and maturation.
- ✓ Achieve their reproductive intentions (the desired number and timing of children) with safety and in good health.
- ✓ Avoid illness, disease, injury, violence and disability related to sexuality and reproduction and receive appropriate counselling, care and rehabilitation when needed.

SEXUAL HEALTH STRATEGY

Background

An essential element for positive sexual health is the ability to enjoy sexual fulfilment within an equitable relationship that is within the law. This requires access to information about the risks of unintended pregnancies and STIs, methods of prevention, and access to services for the effective management of these conditions should they occur.

Poor sexual health can affect all age groups and sections of society but has a greater impact on the more vulnerable groups within that society, such as young people and the socially excluded.

A number of factors have been identified which have militated against positive sexual and reproductive health. These include a lack of openness about sex in Irish society, restrictions on available information and lack of services.

The Midland Health Board (MHB) commissioned two reports in 1995-1996 on sexual health needs and services available in its area. The results of this research, together with more recent local studies of young people and the recommendations of the National Health Promotion Strategy 2000-2005, highlighted the need to develop a strategy for the promotion of sexual and reproductive health.

In 2002 a working group was established to develop a strategy to promote sexual health in the Board's area. The group's remit was to develop a sexual health strategy to promote sexual health among the entire population of the Board. This strategy would apply to both genders, all age groups, ethnic backgrounds and sexual orientations. To ensure wide representation the working group was drawn from various disciplines in the Board. Members of the working group consulted widely outside the Board to ensure that all views were taken into consideration (see Appendix 1).

The Working Group's Terms of Reference:

1. To review the available national and international literature on sexual health and its promotion.

2. To review the current situation with regard to sexual health in the Midland Health Board area including:
   - knowledge, attitudes and practices of different groups in the region;
   - the current situation regarding the promotion of sexual health among the different groups in the region;

- available data on STIs in the region;
- availability of treatment for STIs in the region;
- needs of the different groups if they are to achieve optimum sexual health.

3. To consult widely, both within the Board and elsewhere, regarding the sexual health needs of specific groups and best practice in the promotion and delivery of sexual health.

4. To develop a strategy for the promotion of sexual health among all groups in the region based on this process of review and consultation.

5. To develop an action plan and time-scale for the implementation of that strategy.

Midland Health Board Research

The development of this strategy was informed by the findings of international, national and local research. The key findings from local research are highlighted below.

Family Planning Services

- *In 1995 a family planning survey of 503 women of childbearing age was conducted.* This survey was commissioned to evaluate the current range of family planning services in the Board's area and to determine to what extent current needs are being met. There was a significant degree of dissatisfaction with the availability of services and 50% of those surveyed had a preference for a female doctor while only a quarter of all GPs in the region at the time were female.
- *A 1996 survey of family planning services as provided by GPs in the region was undertaken*. The purpose of this survey was to ascertain the range of family planning services provided in the area. There was a high level of provision of hormonal contraception and advice, however less than 50% of GPs provided instruction on the fitting of diaphragms/caps. It highlighted the need for family planning and contraception training for GPs. There was also a desire for an increase in the number of female doctors.
- *A 2002 survey of family planning services as provided by GPs in the region was undertaken*. This study was a repeat of the 1996 study. The research indicated that GPs have responded to the deficits and there is an increase in the provision of services particularly Mirena and implant insertion. Currently in the Board's area over 30% of the GPs are women.

Sexually Transmitted Infections (STIs)

- *GP study, Department of Public Health and Planning, 2000, Review of STI services in the MHB*. This outlined the level of service provision by GPs. It identified the high demand for services, the resources required by GPs for the diagnosis and treatment of STIs and the need for a specialised service in the region.

Travellers

- *'The Voice of Traveller Women through Research', A Health Needs Assessment of Traveller Women by Traveller Women, 2000.* This research highlighted the impact of cultural beliefs and traditional practice on Travellers' sexual health. Travellers source much of their knowledge on sexual health, family planning and contraception 'through word of mouth' within their own community. The GP was identified as the next most likely source of information on contraception and family planning. Traveller women identify the lack of choice in relation to female GP services as a barrier to their access and use of women's health services within the region.

Sexual Activity of Young People

- *In 1996, the Department of Public Health and Planning undertook a quantitative survey of 1,654 students, sixteen to eighteen years old*. Fifty percent believed that at least half of those aged 16-18 years old had sexual intercourse; however only 32% of the respondents had sexual intercourse. Of those who had had sexual intercourse 75% had their first experience between 15 and 17 years. Only 70% used contraception the first time.
- "*Life As It Is: Values, Attitudes and Norms from the Perspective of Midlands Youth."* This qualitative study (fifteen focus groups, eight female, seven male) of marginalized young people was conducted in Athlone, Mullingar, Tullamore, Mountmellick/Portlaoise and Birr. These young people demonstrated specific needs in relation to increasing their knowledge and awareness of issues relating to sexual health. The quality and quantity of formal sex education were very low and knowledge of contraception and STIs was limited. Barriers preventing young people from approaching healthcare professionals on sexual matters were identified, notably confidentiality issues and feelings of intimidation. Participants clearly expressed a need for sexual awareness programmes through schools, workshops and youth projects, a counselling service and a confidential telephone Helpline.
- *"Athlone Institute of Technology Lifestyle Survey", The Department of Public Health, 1998/99*. Overall 74.3% of students reported that they had sexual intercourse. The percentage of students who have had sexual intercourse increases with each academic year. Younger students were more likely than older students to use contraception.
- "*Vulnerable Because of their Ignorance" A Qualitative Evaluation of the Sexual Health of Young People in the Midland Health Board Region (2002)*. This qualitative work built on previous research. The majority of respondents (74%) were aged 16 to 18 years. The aim of this study was "to examine the sexual health attitudes and behaviour of young people in the Midland Health Board region". This work indicated that many young people in the Midlands are poorly educated about the risks of sexual activity and ignorant of how to protect themselves. It clearly highlights the need and value of quality Relationship and Sexuality Education (RSE).

Aims and Objectives

The aim of this strategy is to promote positive sexual health in the population of the midland area of the Health Service Executive (HSE). The main priorities are to:

I. Increase awareness of sexual health issues.
II. Increase access and availability of information, support and advice.
III. Reduce unplanned pregnancies and abortions.
IV. Reduce STIs through prevention, screening and treatment.
V. Develop sexual health services in line with best practice.

The complex range of individual conditions and environmental factors influencing sexual and reproductive health means that a multi-faceted approach involving all sectors is necessary. The aim is to focus action on sexual health across the whole population, however specific groups will require a more targeted approach. A variety of evidence based approaches in line with best practice will be required to enhance effectiveness.

The Health Service Executive Midland Area mission statement adopted eight hallmarks of quality:

- Equity
- Accessibility
- Effectiveness
- Efficiency
- Appropriateness
- Responsiveness
- Dignity
- Farsightedness

These hallmarks of quality will inform the Health Service Executive, when developing services for the midland area, to positively support the sexual and emotional health and well-being of individuals, groups, communities, and the wider public and to reduce the inequalities in sexual health.

Strategy Implementation

The following actions have been prioritised and a strategy implementation group will progress them in consultation with the relevant stakeholders and service providers.

Increase awareness of sexual health issues

- Increase awareness of the health and social benefits of pre-conceptual care.
- Identify the specific needs of certain population groups, for example people with disabilities, people with mental ill-health, disadvantaged groups, Travellers, Cared for Children and asylum seekers.
- Continue to provide training to health professionals, including GPs.
- Design a local promotion campaign to increase awareness of the importance of regular breast and cervical screening.
- Highlight the link between unsafe sexual practices and misuse of alcohol and other substances through awareness raising, education and the implementation of the Midland Health Board's Substance Misuse Policy.
- Encourage a positive attitude to sexuality at a personal and societal level.
- Continue to support the introduction and delivery of Social, Personal and Health Education in the school setting. This will be supported through the provision of education programs in community groups.

Increase access to information, support and advice

- Support parents as the primary sex educators.
- Provide language appropriate materials.
- Provide leaflets and posters promoting positive sexual health including information on contraception, menopause, infertility, STIs and available services.
- Review and evaluate current information to ascertain literacy, age appropriateness and effectiveness.
- Develop a website to deal specifically with sexual health.
- Raise awareness of cancer self-checks for both men and women.
- Increase the uptake of BreastCheck.
- Improve the provision of cervical screening.
- Disseminate throughout the region '*Your Guide to Contraception*' containing a directory of services.
- Work collaboratively with the media to provide accurate information.
- Strengthen the links between the Health Service Executive and agencies/ organisations providing sexual health services.

Reduce unplanned pregnancies and abortions

- Address the information deficits and myths on the basics of human reproduction through the development and identification of education resources.
- Increase access and availability of contraception including emergency contraception.
- Encourage personal responsibility for sexual behaviour through the use of *Life Skills* programmes.
- Through the Crisis Pregnancy Counselling Service, continue to provide counselling and support to those presenting with an unplanned pregnancy and to explore all options available.
- Develop post-crisis pregnancy medical and counselling services.
- Ensure the sexual health and education of children in the care of the Health Service Executive Midland Area.

Reduce STIs through prevention, screening and treatment

- Increase the awareness and knowledge of STIs and how they are acquired.
- Disseminate the *'Black and White Guide to Sexually Transmitted Infections'*.
- Increase availability and access to screening services and address associated stigma.
- Encourage people to access treatment.

Develop sexual health services in line with best practice

- Promote access to cervical screening.
- Establish a multi agency project team to review the current treatment of victims of rape and sexual assault, develop protocols and establish an appropriate service.
- Seek funding for the establishment of a specialised STI screening and treatment service.
- Develop protocols for GP practices for the management of STIs.
- Promote a teen friendly health service in line with the recommendations of the national adolescent health strategy '*Get Connected*'.
- Continue to increase the range of contraceptive services including choice of service provider.
- Support the ongoing training of health professionals in family planning.

Discussion

Population Groups:

Young People*

Globally, nationally and locally various studies have been conducted looking at sexual knowledge, attitudes and practices among youth. These have shown increasing levels of sexual activity among youth over time with more young people becoming sexually active between 11 to 14 years of age. Increased use of alcohol and drugs is perceived to be a contributory factor towards the earlier initiation of sexual activity. It should be noted that, for the purposes of the criminal law, the age of consent to sexual intercourse is 17 years.

Despite these high levels of sexual activity, other research has shown that there is a significant lack of knowledge about sexual health and the services available to young people. Barriers to utilisation of services included fear of a lack of confidentiality, feeling intimidated by health care professionals, fear of being seen or recognised attending a service, feeling intimidated by older people using the service, not understanding the language used by the doctors treating them, embarrassment and fear of reproach.

Ireland has a higher proportion of young people in its population than any other country in the European Union. The attitudes and behaviours that they are developing are amenable to influence. This is particularly true of sexual practices, where knowledge and awareness of issues relating to sexual health are crucial in encouraging the adoption of safer practices from the beginning and for the maintenance of those practices in the longer term.

Children are exposed to sexuality and sexually explicit material at a much younger age. Parents may not be aware of what is appropriate sexual behaviour in front of their children or what material it is appropriate to expose them to. There is an important role for parents in promoting good sexual health among their children and in being able to discuss sexual matters frankly and provide accurate information in response to their children's questions. Youth and sports clubs should also be utilised to reach young people with appropriate messages. Peer education, such as is being developed in the United Kingdom, can be very effective, if the trainers from the peer group have been well trained and receive continuing support.

*Note: For the purposes of this document, 'young people' will be taken to include youth and young adults up to the age of 24 years.

Child sexual abuse occurs when a child is used by another person for his or her gratification or sexual arousal or for that of others. There were 205 referrals of child sexual abuse to the Midland Health Board in 2003.

Child prostitution is an on-going issue in society. Children can become involved in prostitution in the context of homelessness, drug dependency, sexual abuse, dysfunctional family background, intellectual disability and lack of parental support and guidance. *It is important that social and health care professionals, teachers, An Garda Síochána, youth workers etc. are in a position to recognise the signs and symptoms of sexual abuse and involvement in prostitution by a child and to act appropriately by following Children First National Guidelines for the Protection and Welfare of Children.*

Sexually Active Adults

In an increasingly mobile population, where life-long relationships are no longer necessarily the norm and indeed monogamy within a relationship is not always assured, adults need to be able to talk frankly about sexual matters with their partners and to negotiate safer sex. Adults also need education, access to appropriate information and support.

In the area of sexual health, women are generally seen to be more willing than men to seek advice and/or treatment. Various factors will influence this willingness, including the educational level achieved and their access to appropriate and acceptable sexual health services. Overall women are likely, in any case, to have had more contact with the health services, be it in relation to obtaining contraceptives or in relation to pregnancy and childbirth. Conversely, men are generally less likely to consult health service providers, again also influenced by their education and by the accessibility and appropriateness of the services on offer.

Sexual health promotion should empower everybody in their relationships. This should focus on the different aspects of their lives where they may be more vulnerable or have particular responsibilities, for example childbirth and parenting. It also needs to provide information about the services available and how to access those services.

It is important that questions about sexual activity during pregnancy and after the delivery are addressed as part of antenatal and post-natal care. Part of this advice should also relate to the benefits of birth spacing and suitable and effective methods of contraception for post-natal use.

Infertility is becoming an increasing problem with one in six couples experiencing difficulty conceiving. There are many possible reasons for this including blocked fallopian tubes, ovarian failure, hormonal imbalances, poor knowledge of when ovulation occurs and low sperm count. For many this can lead to severe stress.

Older People

The elderly constitute an increasing proportion of the population in Ireland. Most older people will continue to desire intimacy or to be sexually active throughout their lives, though the expression of this desire may change. It is important that these needs are recognised and accepted, particularly by health care workers who work with older people. Societal attitudes also fail to acknowledge this. This presents a challenge for the health services in acknowledging the reality of the sexuality of older persons and including it in individual care plans.

Parents

Parents have an important part to play in the education of their children in the area of sexual health. However, parents need to be empowered to educate their children effectively. Many will need to acquire the knowledge and skills to be able to do so. Educating the parents would also help them to overcome their embarrassment in talking with their children about sexual matters. A wide range of parenting programmes are available and there is a need to consider a number of aspects of these programmes, for example, their target audience, content and effectiveness. Most important is the need to support parents in their parenting, recognising the skills and knowledge already possessed by parents. All parents will require support at some time, thus any service provided needs to be non-stigmatising and accessible.

People with disabilities

People with disabilities are often perceived as being non-sexual. Everyone is a sexual being whether one has a disability or not. Denying people with disabilities the freedom to express their sexuality can be seen as a denial of a basic human right.

People with disabilities may not have been provided with basic sex education. This education would support people with disabilities to recognise situations where they are open to exploitation or abuse.

People with disabilities may not have had opportunities for the sexual exploration that most adolescents engage in and there may have been a lack of socialisation and privacy in their lives. The legal position on ability to consent causes great difficulties for service providers.

Parents are highly protective of their children and anxious to protect them from unwanted sexual advances. In the area of relationship and sexuality education, even if the reservations

are overcome, it may be difficult to get the necessary information across and to assess its effectiveness. Therefore, people with disabilities often lack information and are vulnerable to abuse.

The needs of the parents and carers of disabled people must be identified and addressed. One of the greatest needs is for clear, precise and concrete information. In addition there is a need for training in the skills and methods of communicating this information.

Victims of rape and sexual assault

Currently the treatment of victims of rape and sexual assault in the midland area is not standardised and requires further supports. Although a victim may be seen in an Accident and Emergency Department they may be transferred to the Rotunda, Dublin for full assessment. Female doctors may not be always available to assess female victims. The current lack of appropriate services increases the trauma for the person involved. There is a need to develop and standardise protocols for victims presenting to midland area services. Where children are the victims, protocols will be guided by *Children First National Guidelines for the Protection and Welfare of Children*.

Travellers

It is estimated that there are, approximately, 28,000 Travellers living in Ireland. Nationally the midland area has the highest proportion of Travellers, (Central Statistics Office 2002) with approximately 626 families made up of 4,600 individuals.

There are clear gender divisions within Travellers' sexual health. Contraception and family planning are essentially seen as female issues, men play a very passive role in these areas. Travellers have a low level of awareness of the male and female reproductive anatomy, safer sexual practices and knowledge of STIs. The use of condoms is not normalised behaviour.

The National Traveller Health Strategy identifies the need for peer-led sexual health promotion programmes and culturally appropriate sexual health information materials.

Other ethnic minorities, migrants, refugees and asylum seekers

Significant numbers of foreign nationals now live in the midland area. There are many issues in relation to sexual health arising out of this increasing cultural diversity. People from diverse cultural backgrounds may have different sexual practices rooted in religious beliefs. They may have difficulty accessing the health services because of language problems or because they deem them to be culturally inappropriate. Health service messages targeted at these population groups will also need to be culturally and linguistically appropriate.

Homosexuals, Lesbians, Bisexuals and Transsexuals

With increased awareness and education, Irish society is gradually becoming more understanding of homosexual, lesbian, bisexual and transsexual issues.

Homosexual, lesbian, bisexual and transsexual people may avoid discussing their sexual orientation with health professionals as they have a fear of isolation and judgmental attitudes. For some their lifestyle is hidden which leads to social isolation and social rejection leading to depression, negative self-image and sometimes suicide. (Mooney-Somers and Usher 2000). This in turn can lead to risk taking sexual behaviour for some. Findings from the All Ireland Gay Men's Sex Survey 2000 found that men with lower levels of formal education were more likely to be lacking in the basic knowledge of biology and an understanding of HIV transmission.

Many lesbian women have children and increasingly they are choosing insemination and intentional pregnancy by brief heterosexual encounters. The risks of contracting STIs amongst lesbians are the same as for heterosexual women but the woman rarely considers this factor when engaging in sexual activity.

It is critical that health professionals take these issues into consideration when taking a sexual history. They need to address sexuality with an open, confidential approach so that patients are reassured and comfortable discussing their lifestyle and sexual behaviour.

Prostitutes/Sex Workers

The current legislation in Ireland covering prostitution is the Criminal Law (Sexual Offences) Act 1993. Women in prostitution operate on the streets, in brothels and in rented apartments. Men in prostitution work in public parks, streets, clubs, toilets, bars and saunas. Men and women involved in prostitution are generally with a Dublin based agency and travel to different towns in Ireland to “work”.

As sexual health screening is currently unavailable in the midland area, prostitutes probably attend the Women’s Health Project or the Gay Men’s Project. However, as addresses are not asked for at these services, it is not possible to estimate the number of people actually working in prostitution.

Sexually Transmitted Infections (STIs)

Sexually transmitted infections are one of the biggest and most common public health challenges of the new millennium. There has been a significant increase in the incidence of STIs globally with the highest rates of transmission among 16-24 year olds. There are inequalities in the rates of transmission in different communities and sections of society. This global increase is also reflected in Ireland. Under the Infectious Diseases Regulations, the Health Service Executive is notified of cases of STIs by clinics and occasionally by GPs. Aggregate data on the number of legally notifiable STIs are reported to the National Surveillance Disease Centre by the Departments of Public Health and reports are published quarterly. Between 1989 and 2002 the number of STIs notified increased by 370%.

During 2002, 42.4% of all notifications were from the Eastern Region Health Authority and 0.07% were from the Midland Health Board. There is currently no STI clinic in the midland area and patients have to attend clinics in either the eastern or western region of the Health Service Executive. These patients would not be identified with the midland area; this, therefore, distorts the true extent of the problem in the midlands.

Nationally, where the age group is known, 61.3% of all notified STIs in 2002 were in the 20-29 age group.

The three most commonly notified STIs in 2002 were ano-genital warts, non-specific urethritis and chlamydia trachomatis. The increase in chlamydia infection is especially worrying, as it is a leading cause of infertility in women. Of particular interest is the increase in infectious hepatitis B, syphilis and HIV. Between 1989-1999 the number of cases of sexually acquired

infectious hepatitis B reported nationally through the STI notification system ranged from zero to four per year compared to 57 cases in 2002.

An outbreak of syphilis among men who have sex with men (MSM) commenced in 2000. During 2002, 303 cases of syphilis were reported compared with six cases in 1999. In 2002 the number of cases in men decreased when compared with 2001 however, the number of cases in women increased by 85%. The highest percentage of syphilis cases (41%) occurred in the 30-39 age group, which is different to the other STIs.

In Ireland, from 1994 to 2002, the number of newly diagnosed HIV infections per year increased almost five-fold. During 2003, there were 399 newly diagnosed HIV infections, 55% of which were in heterosexuals. The cumulative total of HIV cases reported to the end of December 2003 was 3,408. The rising trends in STIs nationally reflects an increase in the number of people of all ages engaging in unsafe sexual practices.

There is currently a lack of specialised services for the treatment of STIs in the midland area. As a result, many cases may go undetected and therefore untreated. This creates the potential for many more infections. A study undertaken of GPs in 2000 indicated that over 40% of GPs had seen more than 10 patients with symptoms of STIs in the previous year with eight percent of these having seen 30 patients. Only 44% of GPs referred to a specialist centre. The Health Service Executive is actively seeking funding from the Department of Health and Children for the development of a specialised STI service in the midlands. Without this local service, many GPs in the region have to deal with this problem without the ancillary supports required.

Post Surgery

Many survivors of serious medical illnesses realise that it does not mean the end of their interest in sex. Patients will have concerns about resuming sexual activity particularly after surgery. Medical or nursing staff should address these concerns before the patient is discharged.

Psycho sexual services/counselling

Sexual practices among men and women seem to be more diverse today than they were in the past. Therefore, our concept of what is ‘normal’ has broadened while our concept of sexual disorder and dysfunction has narrowed.

Sexual problems usually occur in the whole context of a relationship between two human beings. When there are difficulties with sexual function, it impinges on many other aspects of the relationship. Psycho-sexual therapists often find that sexual problems are indicative of more basic problems in the relationship and when these are overcome, a fuller sexual relationship may follow.

Alcohol, Drugs and Sexual Health

The causal relationship between substance misuse and poor sexual health is well established and has been extensively documented both nationally and internationally. The "*Interim Report of the Strategic Taskforce on Alcohol*" highlighted the link between alcohol use and unprotected sex. Alcohol use has been identified as a factor in teenagers engaging in early sexual behaviour, teenage pregnancy and unplanned pregnancies. Unprotected sex, which is often alcohol related, is a well-established risk factor in the transmission of STIs. The incidence of STIs and the consumption of alcohol have both increased significantly in the last decade.

The Sexual Assault Treatment Unit, Rotunda Hospital, Dublin has highlighted the link between excessive alcohol intake and sexual assault.

The ingestion of illegal drugs has also been shown to be associated with an increase in risk taking behaviour.

Concluding Comment

During the consultative stage of this strategy consistent messages emerged concerning the need for the provision of education, prevention initiatives and appropriate services. The challenge is to respond through the enhancement of current best practice in the region. The home, school and wider community provide opportunities for a collaborative approach to address the complexities associated with the promotion of positive sexual health.

In comparison with other areas the Health Service Executive Midland Area has a higher level of deprivation. Lower disposable income impacts on a person's ability to purchase or access services such as cervical screening, STI services or contraception, especially when a person has to travel to avail of these.

Appendix 1

Thanks to all who participated in the Sexual Health Consultative Workshops in Mullingar on 29th March 2001 and 7th November 2002 and in Portlaoise on 5th November 2002. Appreciation also to the various health care disciplines who contributed to this strategy.

The following people and organisations also made submissions:

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Sr. Kathleen, St. Mary's, Delvin, Co. Westmeath
Ms. Jacqueline Carey, NAD, Offaly
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Ms. Mary Friend, St. Cronan's Roscrea, Co. Tipperary
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Multiple Sclerosis Society of Ireland
Ms. Dervilla Keegan, National Council on Ageing and Older People
Mr. Will Peters, Gay HIV Strategies
Dr. Mary Cronin, NDSC
Ms. Claire McTiernan and Nicola Johnston, Partnership for Youth Health

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