

# Discussing Sexual and Relationship Health with Young People within an Acute Paediatric Setting

Erica Pritchard, Dr. Caroline Sanders, Dr. Lucy Bray, Jacqueline McKenna  
Children's Nursing Research Unit, Alder Hey and Edge Hill University



# Introduction

- Research suggests > STI's, teenage pregnancies.
- Relationship issues not routinely addressed by healthcare professionals in acute care.
- Current research focuses on primary care and school settings
- When a young person is in hospital are we missing a vital opportunity to talk to them about these issues?



# Our Research Study

- A two staged action research project
- To explore how sexual and relationship health is discussed with young people whilst in an acute paediatric hospital.

# 1<sup>st</sup> Stage-questionnaires

- Questionnaire distributed to young people, aged > 14 and their parents.
- Separate questionnaires for young people and parents.
- Design, content and distribution were made in consultation with the children and young peoples local trust panel, R&D and ethics.
- Distributed in both an inpatient and outpatient setting.



# Response Rate

- Over a 12 week period 100 questionnaires were distributed to parents and young people
- Young people n=63 (63%)
- Parents n=64 (64%)





# Findings (young people)

- Young people obtained their information from schools, outside agencies such as clinics, the internet, medical staff and their parents.
- They preferred the information to be provided either in a leaflet format or by talking to us and would feel most at ease if this came from a nurse on a one to one basis.
- They wanted information on STI's, contraception and condoms.



# Findings (young people)

- Young people generally did not ask or talk to any member of staff about sexual or relationship issues whilst in hospital
- They did not want *us* to ask them BUT they wanted to ask us about these issues but could not.
- Unclear why they could not ask – took to an investors in children workshop for greater clarity.

# Investors in Children Group

In discussion with the young people they highlighted that in order to be able to discuss sexual and relationship issues they;

- Needed to develop a bond and trust the healthcare professional
- Want a place to go and get information – varied formats , no parents, group sessions with ‘alike’ peers would be beneficial
- Staff need to develop communications skills, young people could train them
- Did not want to be asked about these issues directly BUT wanted to know that there was the option and choice to discuss these with the HCP
- The education that they receive in schools was not focused on chronic health and SRE



# Findings (parents)

- 89% of parents did not ask staff anything regarding sexual or relationship issues relating to their child whilst in hospital and they would not have wanted to ask us.
- Some parents felt that their child's medical condition needed to be discussed and treated before entering into conversations of this nature.
- Some parents had a close relationship with their child and would discuss these issues between themselves
- Schools provided SRE information [which was in contrast to what young people believed - school did not provide enough SRE]



# 2<sup>nd</sup> Stage-Focus Groups (professionals)

- 6 focus groups were held (3-8 HCP in each. Total n=25)
- Two research team members moderated the focus groups
- Scenarios used as ice breakers and to aid discussion



# Findings

The ability of HCP's to initiate and discuss SRE with children and young people was found to be influenced by both personal and contextual factors;

- Contextual factors included; the continuity of the relationship with the young person, the locations of the interaction, the focus of the discussion and being able to negotiate time and space.
- Personal factors included; personal characteristics and beliefs of health care professionals and previous experience and training.



# Findings

- Many professionals feel ill prepared to discuss sexual and relationship health with young people
- Concerns related to the possible questions that may arise, how to initiate the discussion, and not knowing how to deal with complex or problematic situations



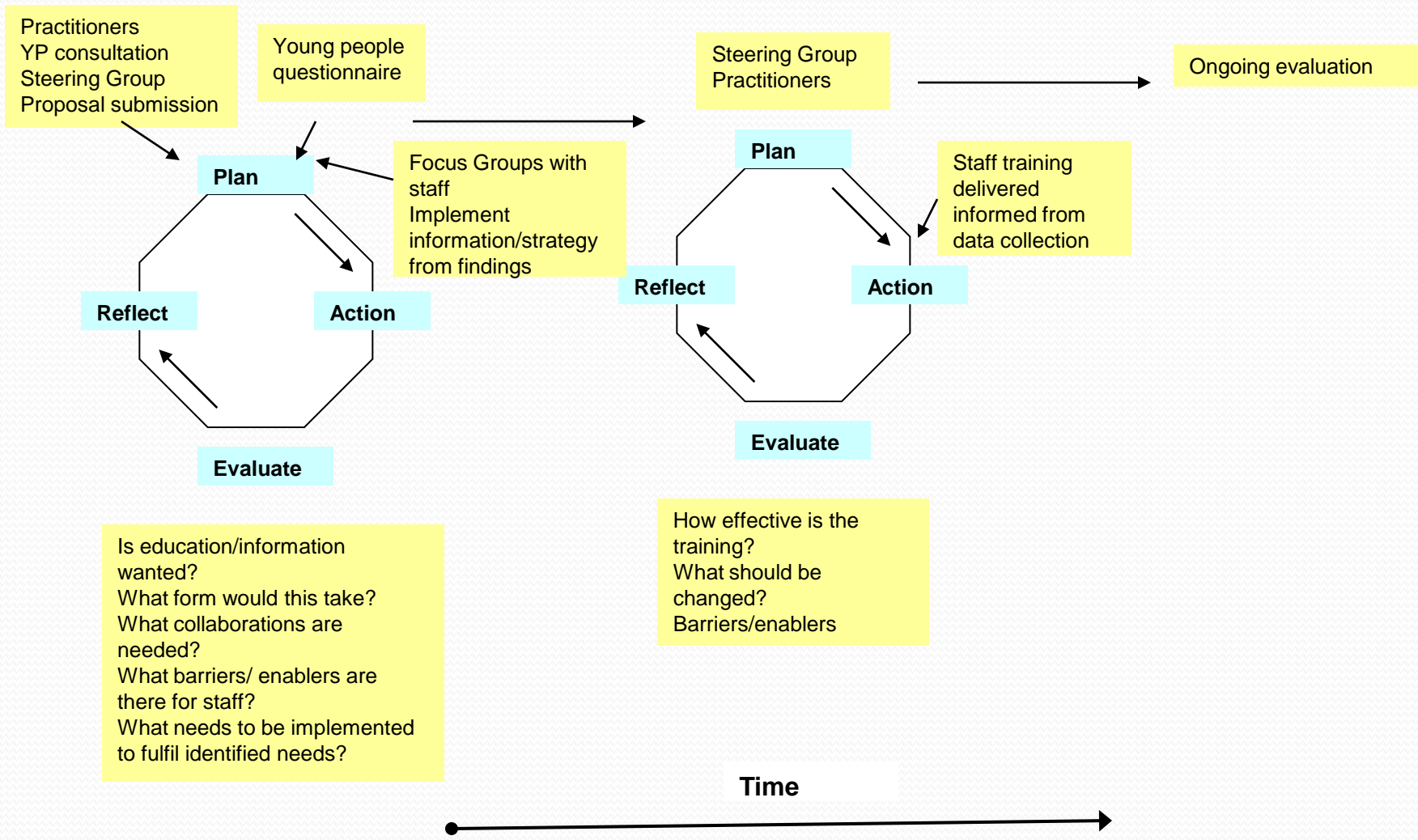
# Limitations

- Focus groups; the number of participants at each focus group was less than anticipated.
- The participants were mainly female, despite males being invited
- Low number of medical staff
- Under representative sample (night staff, possible SRE discussed at quiet times on wards)



# Conclusion

- The focus groups identified that > education is needed for staff to feel more confident to engage and discuss sexual and relationship health with young people
- The acute trust has a role in providing sexual and relationship information to YP
- An e-learning package / resource tool and face-to-face sessions are being developed to address training needs specific to this context



# Thank you

- [Erica.pritchard@alderhey.nhs.uk](mailto:Erica.pritchard@alderhey.nhs.uk)
- [Lucy.bray@alderhey.nhs.uk](mailto:Lucy.bray@alderhey.nhs.uk)
- [Caroline.sanders@alderhey.nhs.uk](mailto:Caroline.sanders@alderhey.nhs.uk)
- [mckennj@edgehill.ac.uk](mailto:mckennj@edgehill.ac.uk)