

Contents

- 2 A word from the Editor: Ros Delaney
Letter from the Chair: Jacky Rogers
- 3 National Chlamydia Screening Programme: A snapshot five years on ...
Speaking up for forum members at Congress
- 4 RCN annual conference: *Changing attitudes in sexual health – past, present and future*
When is sexual health *not* sexual health? Fabia Brackenbury on vulval health
- 5 *Oxford handbook of reproductive medicine and family planning*. Review by Su Everett
- 6 Rob Irwin: Understanding the importance of psychosexual awareness
- 7 Northern Ireland launches Sexual Health Promotion Strategy
- 8 Pan European petition aims to reduce cervical cancer deaths through screening. Sign here!

Further information

Send contributions for the next issue to the Editor:

Ros Delaney
Email: r.t.delaney@greenwich.ac.uk



This publication is partly sponsored
by an educational grant from Abbott
Laboratories Ltd

Contrary to the advice given to generations of boy scouts, **DAVID T EVANS** suggests a rather more hands-on approach to sexual health.

Are you prepared to suggest a novel way to help prevent testicular and prostate cancer?

It comes as no surprise to hear that boys and men are often resistant to accessing appropriate and timely health promotion initiatives (Serrant-Green and McLuskey, 2008). Many will wait until their problems are chronic, severe or even past the point of no return before finally doing something about it (Evans, 2004; Roberts and Evans, 2007).

So how about bringing some fun into preventative health care, especially concerning testicular and prostate cancer?

Early detection of testicular cancer is key to the high success rates of treatment. Making testicular self examination (TSE) fun – say, as a part of self pleasuring and masturbation – will help shift the balance from all the heavy pathologisation of sex. The idea is to move away from what Michel Foucault (1984) calls the *scientia sexualis* and more towards the joys of sex, Foucault's *ars erotica*.

A bit of scientific research ...

More than this, two major studies indicate that masturbation, especially in the earlier years of life (that is, in the 20s) may help decrease levels of prostate cancer later in life. With headlines like "Masturbating may protect against prostate cancer" (Fox, 2003), Giles, Severi et al. (2003) concluded that "ejaculatory frequency, especially in early adult life, is negatively associated with the risk of prostate cancer". This was confirmed with an even larger study by Leitzmann, Platz et al. in 2004 when they stated that ejaculation frequency is not related to increased risk of prostate cancer.

Obviously, these studies explored a whole lot of methodological issues, such as how well a person remembers back to earlier decades, and they included frequency of masturbation as well as sexual intercourse.

Baden-Powell on 'beastliness'

Robert Lord Baden-Powell, who established the Boy Scouts in 1907, shared his views on masturbation, which he termed "beastliness", in scouting manuals during the first half of the 20th century. Here's an excerpt:

"Some boys, like those who start smoking, think it a very fine and manly thing to tell or listen to dirty stories, but it only shows them to be little fools.

"Yet such talk and the reading of trashy books or looking at lewd pictures, are very apt to lead a thoughtless boy into the temptation to self-abuse. This is a most dangerous thing for him, for should it become a habit, it quickly destroys both health and spirits; he becomes feeble in body and mind, and often ends in a lunatic asylum."

(Stengers and VanNeck, 2001)

A word from the Editor**ROS DELANEY**

Welcome to this spring edition of the Sexual Health Forum Newsletter. I hope you will find it informative and useful for both yourself and your practice. I have brought together some issues in sexual health which are topical, interesting and pertinent to the care of our clients. These include masturbation (page one), vulval health (page four) and psychosexual health awareness (page six).

All three articles have been written by experts in their fields and they have also provided extensive references or website information to complement the articles. I would like to thank all the various contributors for these articles and urge you to consider writing about your own area of special interest next time.

Needlestick injuries – the point of protection

Every day, nurses and other health care workers risk exposure to deadly viruses such as hepatitis and human immunodeficiency virus (HIV) as a result of injury from a used medical sharp, such as a needle or scalpel blade. These injuries expose workers to over 20 different blood borne diseases. However, the reality is that the majority of these injuries could be prevented. The RCN is calling for a legislative solution to this ongoing problem.

Code 003 313. Hard copies will soon be available to order from RCN Direct by emailing publications@rcn.org.uk

The publication is supported by an educational grant from sanofi aventis.

RCN Accreditation

The RCN Accreditation Unit accredits nurses in the insertion and removal of sub-dermal contraceptive implants (SDI) and intrauterine techniques (IUT). If you work at a higher or specialist level within the area of contraception/sexual health and hold a recognised qualification in the specialty our new guidance publications provide information on how to acquire the clinical skills and competence you need to become accredited. They also set out the training requirements needed to undertake this advanced role. The RCN recommends

Letter from the Chair: JACKY ROGERS

A new year and time for me to make you aware of the changes that have been taking place within the RCN and the impact these will have on the forums.

Over the past couple of years, the RCN has been going through a programme of change and, as we all know from experience, change management is never easy! For RCN forums this has been a rollercoaster. The number of forums is being reduced substantially, mainly by a process of mergers and rationalisation, and for us “chairs” it has been a stressful process, with each of us fighting to retain the status quo.

However, we have now emerged on the other side and 2009 will see our energy and commitment thrown into shaping the future.

Joining with our colleagues in public health

Our Sexual Health Forum is now part of a new **Public Health Forum**, merged with our colleagues in travel health, occupational health, health visiting and TB nursing. The new style forums will start to take shape from next October. We can reassure you that we will continue to have an online presence with our online community at www.rcn.org.uk/sexualhealth and encourage you to go online and keep up to date.

Meanwhile there is a transition process which will see the five chairs of the forums which will merge to form Public Health meeting with our new Adviser **Jan Maw**. Our immediate task is to plan and submit proposals to ensure the new steering group will be representative of the various constituent parts.

I hope I haven't lost you! This is a major change both for our forum and for you. We will keep you informed of any changes in structure.

So what about the newsletter and annual conference?

I believe that in the short term these will stay as they are. In fact we have a conference planned in London for June (see page four) and I hope you will make a big effort to come. There will be meetings related to sexual health in the future, of course, but I really don't have the details yet. I do hope you understand.

As part of this brave new RCN world I am delighted to say hello and welcome to our new and very capable Adviser to the Public Health Forum. Jan Maw (jan.maw@rcn.org.uk) has a daunting task ahead!

And though I have introduced her before, I'm sure you will find our new Membership Co-ordinator, Sandra Hall (sandra.hall@rcn.org.uk) a very useful person to know.

Sadly we must say goodbye and thanks to Vanessa Griffiths, a steering group member for several years. Vanessa is resigning as she feels her new career move takes her out of the sexual health field though I'm sure she will continue to carry a banner for us.

Do come and meet us in June at the RCN Sexual Health Conference – who knows what the future will hold!

that nurses follow this guidance to ensure best practice and to protect the safety of women.

Before undertaking any training I advise that nurses clearly identify a clinical need for learning these skills. We also recommend that they are confident that they would have enough women requesting this method of contraception for them to maintain competence in the procedures. In most cases this will mean you will be a nurse or midwife working at a higher

or specialist level within the area of contraception/sexual health.

Our guidance packs, which were updated in November 2008, can be found on our website www.rcn.org.uk/accreditation – please click on 'Implant and IUD Accreditation'. You will also find up-to-date information and a list of frequently asked questions to help guide nurses through the process. For more information please call the Accreditation Unit on 020 7647 3717/3647.

Here's an overview of progress taken from the fifth Annual Report of the National Chlamydia Screening Programme (2007/2008).

National Chlamydia Screening Programme: A snapshot five years on ...

First some background

In 2000, the Department of Health published a pilot study of opportunistic screening for C trachomatis infection for England, conducted in Portsmouth and the Wirral (1999-2000). This confirmed the high disease positivity among those attending health care settings, and the feasibility and acceptability of an opportunistic screening approach.

In 2001, the Government published the National Strategy for Sexual Health and HIV, with a commitment to begin a programme of screening for chlamydia for targeted groups in 2002.

- 2003** In the first year of the National Chlamydia Screening Programme (NCSP), 41 PCTs (27 per cent) came on board, with 50 per cent of patients and partners managed in settings outside genito-urinary medicine (GUM).
- 2005** The DH allocated £80 million for chlamydia screening in *Choosing health* (Monies 2006/2007 and 2007/2008).
The DH launched the Pharmacy Chlamydia Screening Pathfinder.
- 2007** By April 2007, there were 89 PCTs screening for chlamydia.
The DH set a Local Delivery Plan (LDP) target of 15 per cent of young people between 15 and 24 years being screened through the NCSP.
- 2008** All 152 PCTs in England are now reporting data to the NCSP – 11,377 screening venue sites registered. There are 24 different types of venue. The top screeners include community contraceptive services, young persons services, general practice and educational settings. Evidence is growing for the role of pharmacies in chlamydia screening.

Distribution of infection

Among young people screened outside GUM during 2007/2008, one in 14 young men (7.5 per cent) and one in 11 young women (9.2 per cent) were positive.

Over the past five years positivity among men has decreased each year while among women it has fluctuated around 10 per cent, dropping to 9.2 per cent this year. A decrease was anticipated as screening volumes increased and more people at lower risk were tested.

Differences in positivity between venue types during 2007/2008 were observed. Young people tested by community contraceptive services (10.4 per cent), using postal kits (10.3 per cent) and in youth settings (10.3 per cent) reported the highest positivity, while those tested in educational settings were much lower (4.3 per cent).

Congress voting proposals

SPEAKING UP FOR FORUM MEMBERS AT CONGRESS!

RCN Congress 09 is nearly here and this year a number of proposals are being put on the table to make sure the views of forum members are heard loud and clear at nursing's biggest annual event.

RCN Congress chair Jason Warriner explains: "We want to make sure that those who speak for our members in branches and forums are the voices heard at Congress." He continues: "The decision by RCN Council in October 08 to streamline the number of forums had the potential to impact adversely on the number of forum votes at Congress so we have to take steps to prevent this. We have therefore proposed some changes to the Congress constitution and rules on who votes at Congress."

A vote will take place on the proposals at RCN Congress in May and, if passed, will take effect from Congress 2010.

RCN Council has also changed the way decisions are made about who is funded to attend Congress – one of the aims being to give forum members who may not have attended Congress before a greater opportunity to attend.

For more information about the proposals go to

www.rcn.org.uk/congressproposals

RCN Wales Conference & Exhibition

Aberystwyth University • Thursday 30 July 2009

Education, clinical practice & leadership are the themes of this event.

To add your name to the mailing list for more information contact

Pat Anslow on 029 2054 6492

Email pat.anslow@rcn.org.uk

www.rcn.org.uk/events

From just
£105

**RCN Sexual Health Forum
conference and exhibition**

Saturday 20 June 2009, London

Final Announcement

Changing attitudes in sexual health – past, present and future



This year's conference will explore practices which have provided successful models of care across the broad range of sexual health services. Building on that success we will look at the future direction for sexual health nursing in a competitive market.

Plenary sessions include:

- **Keynote presentation**
Maura Buchanan, President, Royal College of Nursing
- **Equalising the age of consent for gay men and changing attitudes to young gay men through the media**
Euan Sutherland, Student Nurse, London South Bank University
- **Issues and challenges that face Jewish patients and clients**
- **Issues and challenges that face Catholic patients and clients**

There will be a choice of concurrent and workshop sessions.

Further information:

Mirka Ferdosian, RCN Events
20 Cavendish Square, London W1G 0RN
Tel **020 7647 3583** Fax **020 7647 3411**
Email: sexualhealth@rcn.org.uk
Website: www.rcn.org.uk/events



Royal College
of Nursing

Media partner

NURSINGSTANDARD

FABIA BRACKENBURY is 61 and has been living with lichen sclerosus since 1994. She writes about this sensitive subject in her capacity as founder of the Vulval Health Awareness Campaign and the National Lichen Sclerosus Support Group, and as an honorary member of the British Society for the Study of Vulval Disease.

Q When is sexual health **not** sexual health?

A When it is vulval health.

The majority of conditions that affect the vulva are neither sexually transmitted nor infectious.

An enquiry to the Department of Health from the charity, Vulval Health Awareness Campaign, revealed that “sexual health” is defined as conditions that are caused by infection or that are sexually transmitted. A request to the Independent Advisory Group on Sexual Health for vulval conditions to be included was firmly put down as being “inappropriate”.

So what about the thousands of women who suffer vulval disorders – where do they fit in?

Until the formation of the Vulval Health Awareness Campaign in 2000, there was no representation for vulval health as a specialist area – even though lichen sclerosus, lichen planus and extra-mammary Paget's disease are all skin conditions of unknown origin that put a woman at risk of developing vulval cancer.

Around a thousand women die of vulval cancer each year

Although it's promoted by the medical profession as an “old woman's cancer”, vulval cancer has also claimed the lives of younger women in their thirties.

Women present late with advanced symptoms and are shocked to find that their genitals can be prone to cancer. “We have never heard of it,” they say. “Why isn't there more awareness?”

Women need to be informed and valued at any age, but creating awareness of vulval health is extremely difficult. While the media are happy to talk about the clitoris in terms of pleasure, they shy away when faced with the truth about vulval cancer, vulvar intraepithelial neoplasia (VIN) and lichen sclerosus – all conditions through which the clitoris can be lost.

Not always ‘non-infectious’

VIN, a pre-cancerous condition, is thought to be caused by the same virus responsible for cervical cancer (HPV)

and therefore is an exception to the “non-infectious” category in vulval health.

While no official statistics are available, doctors nationwide are reporting an increase in cases of VIN at their clinics. One gynaecologist runs a special VIN clinic every week as a result of the increase in diagnosed cases of this condition at her clinic.

There is no national screening programme to detect vulval cancer or to warn women about VIN. Treatment involves mutilating surgery or topical treatments that burn, causing severe breakdown of the skin and raw soreness that patients describe as torturous agony. Patients have little or no support.

VIN is a condition that will certainly recur and there's a seven per cent risk of it becoming vulval cancer. However,

many vulval health conditions start with either soreness or vulval itch and women will self-treat with over the counter products for thrush for months before asking for help from their GP. It's “social conditioning” regarding vulval itch that often delays correct diagnosis and treatment.

Dozens of conditions

Vulval health is a huge subject with over 25 conditions ranging from common to extremely rare. They are complex, often difficult to diagnose and challenging to treat. Patients suffer isolation, embarrassment, lack of support and little information. Often sexual function is impaired. Marriages and relationships are lost; psychological and emotional problems develop.

Sadly, GP and primary care knowledge

of vulval disorders is very limited. A GP may receive only a few days of training in skin conditions – probably less than that in vulval skin conditions – and may never see a case of vulval cancer in clinic.

That's why the Vulval Health Awareness Campaign aims to raise awareness among both women and the medical profession. It promotes vulval self-examination and has produced a leaflet (available on the VHAC website). The need for education is very important in this neglected area of women's health. The VHAC offers support to women with any vulval condition and operates a health awareness month in March every year.

Web-based resources:

- The Vulval Health Awareness Campaign: www.vhac.org
- National Lichen Sclerosus Support Group: www.lichensclerosus.org
- British Society for the Study of Vulval Disease: www.bssvd.org
- The Vulval Pain Society: www.vulvalpainsociety.org
- UK Lichen Planus: www.uklp.org.uk
- Vulval self-examination video: www.channel4embarrassingillnesses.com/video/how-to-check-yourself/how-to-check-your-vulva

(All accessed 10 March 2009)

BOOK REVIEW: Su Everett

Oxford handbook of reproductive medicine and family planning

Enda McVeigh, Roy Homburg and John Guillebaud (2008), Oxford University Press.

ISBN 978 0 19 920380 2. Price: £24.95.

This is a useful pocket-sized handbook covering a wide area from puberty to the menopause, including infertility. Contraception is examined in detail with the latest issues discussed and relevant references are included for further reading.

I liked the accessibility of this book. It is easy to follow and I loved the two integral bookmarks to keep all those vital pages you need to refer to!

CONTINUED FROM PAGE ONE

Pardon?

But despite Dimitropoulou, Lophatananon et al. (2008) stating that “our findings ... [are] in agreement with Leitzmann and Giles,” they go on to assert the exact opposite when they state: “the risk of prostate cancer ... is associated with high sexual activity in earlier life (20s).”

This confusing statement spawned the recent BBC News headlines “Sex drive link to prostate cancer” (BBC News Online, 2009). What's the bet that this is the message health carers cling to as their excuse for *not* promoting masturbation as a healthier life option!

David T Evans is an independent educational consultant in sexual health.

References

- BBC News Online (26 January 2009) Sex drive link to prostate cancer. Available from: <http://news.bbc.co.uk/1/hi/health/7850666.stm> (Accessed 10 March 2009) (Internet).
- Dimitropoulou P, Lophatananon A et al. (2008) Sexual activity and prostate cancer risk in men diagnosed at a younger age, *British Journal of Urology International*, 103, pp.178–185.
- Evans DT (2004) The trouble with men is ... Raising the profile of men's sexual health, *Nursing in Practice Journal* 17, pp.36–38.
- Foucault M (1984) *The history of sexuality: an introduction*, London: Penguin Books.
- Fox D (2003) Masturbating may protect against prostate cancer, *New Scientist*, 16 July 2003. Available from: www.newscientist.com/article/dn3942 (Accessed 10 March 2009) (Internet).
- Giles GG, Severi G et al. (2003) Sexual factors and prostate cancer, *British Journal of Urology International*, 92, pp.211–216.
- Leitzmann MF, Platz EA et al. (2004) Ejaculation frequency and subsequent risk of prostate cancer, *Journal of the American Medical Association*, 291 (13), pp.1578–1586.
- Roberts C and Evans DT (2007) “Male health” in Cross, S and Rimmer, M (editors) *Nurse practitioner manual of clinical skills*, pp.253–270, Edinburgh and London: Elsevier Publications.
- Serrant-Green L and McLuskey J (editors) (2008) *The sexual health of men*, Oxford: Radcliffe Publishing.
- Stengers J and Van Neck A (2001) *Masturbation: the history of a great terror*, New York: Palgrave/St. Martins.

Dr ROB IRWIN, Chair of the Association of Psychosexual Nursing, examines an essential skill for any practitioner who aims to promote sexual health.

Understanding the importance of psychosexual awareness

Although the prevalence of sexual problems in the community is difficult to gauge accurately, the “self reported problems related to sexual function” of participants in the Natsal 2000 survey suggest that short-term sexual problems are relatively common with over a third of men and half of women experiencing at least one sexual problem of at least one month’s duration in the previous year.

Persistent sexual problems were less frequently reported, with 6.2 per cent of men and 15.6 per cent of women indicating sexual difficulties that had lasted more than six months in the previous year (Mercer et al., 2003: p.427).

However, among participants who did report sexual problems over 30 per cent of men and 60 per cent of women indicated that they avoided sex because of their problems. Given this, it could be argued that psychosexual awareness is an essential skill for any health care practitioner concerned with the promotion of sexual health.

More than simply dysfunction

Sexual problems are often equated with sexual dysfunction, yet the concept of dysfunction does not adequately capture the full spectrum of anxieties, distress and dissatisfaction experienced in relation to sex (Bancroft et al., 2003; Richters et al., 2003). As Bancroft (2009: p.55) notes: “the sexual experience is par excellence psychosomatic.”

Problems related to sexual interest and function are often multi-factorial in origin and the possibility of underlying physical pathology must always be excluded. However, emotional distress may be both a cause and consequence of sexual symptoms.

As a cause of sexual symptoms, such distress may not relate directly to sex, but instead may occur as a result of loss, a reaction to a life event or some sense of personal inadequacy (Wells, 2000). Recognition of emotional distress and timely intervention may prevent such sexual symptoms becoming intractable sexual problems.

Sexual health clinics in particular tend to be seen by service users as places to which “the emotional baggage of sex gone wrong” can be brought and, if circumstances are conducive, unpacked (Crowley, 1997: p.6). No matter how impeccably carried out, the intimate nature of the examination and treatment provided at such clinics may potentially disturb “a patient’s sense of their own private space” (Nicholson, 1998: p.144). In doing so, anxieties and distress associated with recent or past sexual experiences may be revealed.

For some patients, the diagnosis of a sexually transmitted infection may also have psychosexual sequelae (Green, 2002).

Discussing sexual problems is seldom easy

The presentation of sexual anxieties and difficulties is often covert – sometimes partially revealed in a patient’s reaction to intimate examination, the questions asked (or not asked), or the disturbance a patient causes to the practitioner’s own feelings and sense of professional self. Even when such problems are disclosed, it can be difficult to stay with patients’ emotional pain and distress – to provide them with the space they require to begin to unpack and make sense of their feelings (Penman, 1998).

While some patients will need referral

to specialist psychosexual services, all many require of practitioners is just that their sexual anxieties and distress are heard and acknowledged.

Psychosexual awareness is a skill that, once developed, needs to be constantly honed. One way in which some practitioners chose to do this is through regular attendance at Balint-style psychosexual seminars organised by the Association of Psychosexual Nursing (Clifford, 1998; Wells, 2000).

Psychosexual seminars provide an opportunity for guided reflection on recent clinical encounters and they also facilitate experiential learning. Seminar training does not aim to turn practitioners into “experts” in sexual problems, but to support and enhance the psychosexual care they provide in the course of their everyday practice.

Ultimately what many patients are seeking are practitioners with the courage, sensitivity and skills to listen.

Psychosexual Awareness module

(30 credits at level 3)

This module is offered by the Association of Psychosexual Nursing and validated by the University of Greenwich. It can be undertaken in various parts of the country, facilitated by course leaders from the Association. For details, see www.gre.ac.uk/schools/health or contact the Association directly at www.psychosexualnursing.org.uk Alternatively write to the Association at: **PO Box 2762, London W1A 5HQ.**

Northern Ireland launches its Sexual Health Promotion Strategy and Action Plan 2008-2013

References

- Bancroft J (2009) *Human sexuality and its problems* (third edition), Edinburgh: Churchill Livingstone Elsevier.
- Bancroft J, Loftus J and Long JS (2003) Distress about sex: a national survey of women in heterosexual relationships, *Archives of Sex Behaviour*, 32(3), pp.193–208.
- Clifford D (1998) "Psychosexual nursing seminars" in Barnes, E; Griffiths, P; Ord, J and Wells, D (editors) *Face to face with distress: the professional use of self in psychosocial care*, Oxford: Butterworth Heineman.
- Crowley, T (September, 1997) Psychosexual medicine in a genitourinary medicine clinic, *Institute of Psychosexual Medicine Journal*, 16, pp.5–9.
- Green J (2002) "Psychological factors in sexually transmitted diseases" in Miller, D and Green, J (editors) *The psychology of sexual health*, Oxford: Blackwell.
- Mercer CH, Fenton KA, Johnson AM, Wellings K, Macdowall W, McManus S, Nachahal K and Erens B (2003) Sexual function problems and help seeking behaviour in Britain: national probability sample survey, *British Medical Journal*, 327, pp.426–427.
- Nicolson P (1998) "Talking about sexuality and sexual problems" in Bayne, R; Nicolson, P and Horton, I (editors) *Counselling and communication skills for medical and health practitioners*, Leicester: BPS Books.
- Penman J (1998) Action research in the care of patients with sexual anxieties, *Nursing Standard*, 13 (13–5), pp.47–50.
- Richters J, Grulich AE, deVisser RO, Smith AMA and Rissel CE (2003) Sexual difficulties in a representative sample of adults, *Australian and New Zealand Journal of Public Health*, 27, pp.164–170.
- Wells D (editor) (2000) *Caring for sexuality in health and illness*, Edinburgh: Churchill Livingstone.

This exciting and challenging new document was released on 1 December 2008, coinciding with World Aids Day. The strategy aims to improve, protect and promote the sexual health and wellbeing of the whole population in Northern Ireland

Objectives

- Enable all people to develop and maintain the knowledge, skills and values necessary for improving sexual health and wellbeing.
- Promote opportunities to enable young people to make informed choices before engaging in sexual activity and, especially, empowering them to delay first intercourse until an appropriate time of their choosing.
- Reduce the number of unplanned births to teenage mothers by seeing that all people have access to sexual health services.
- Reduce the incidence of sexually transmitted infections, including HIV.

The strategy has identified several target groups:

- young people under 25, especially those who are looked after or leaving care
- gay and bisexual men
- commercial sex workers.

Particular attention should be applied to those with a disability, those from an ethnic minority community and persons diagnosed as HIV positive outside of the UK as these may have special

requirements in accessing information, advice and services.

Approach to sexual health promotion

- a co-ordinated partnership approach involving statutory and voluntary organisations and communities
- education and information programmes that promote openness about sexual issues (including sexual orientation and informed choices) and that tackle discrimination associated with HIV, STIs and sexual orientation
- services that are accessible and responsive to need
- actions that tackle the determinants of sexual health based on an evidence-based approach and link in with other healthy lifestyle strategies.

Targets by 2013:

- 92 percent of 11-16 year olds should not have experienced sexual intercourse
- a reduction of 25 per cent in the rate of births to teenage mothers under 17
- a reduction of 25 per cent in the number of new episodes of gonorrhoea.

Future working

The strategy calls for the establishment of a Sexual Health Promotion Network to consider and advise on the approach to encouraging better sexual health in Northern Ireland. So far £900,000 has been made available in 2008/2009 to support the Action Plan.

Download *Sexual Health Promotion Strategy and Action Plan 2008–2013* (PDF, 2MB) at: www.dhsspsni.gov.uk/dhssps_sexual_health_plan_front_cvr.pdf



Royal College
of Nursing

counting
on care

RCN Congress and Exhibition 2009

The countdown has begun...

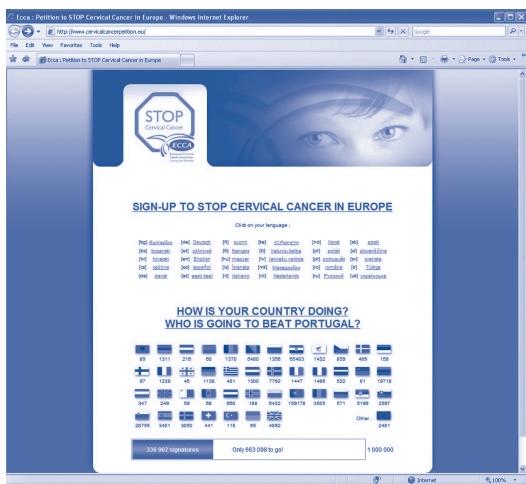
'Counting on Care' RCN Congress and Exhibition 2009

Harrogate International Centre 10–14 May

Free entry www.rcn.org.uk/congress2009

With the unfortunate twist in the fate of reality show celebrity, Jade Goody, awareness of the importance of cervical screening has increased dramatically in the UK, especially among younger women. Within that context, you might be interested in pointing your colleagues and patients towards a European charity which is counting on “people power” to influence health policy via the European Parliament.

Pan European petition aims to reduce cervical cancer deaths through screening



The European Cervical Cancer Association wants a million electronic signatures to take to the European Parliament to try and get rulings implemented that will bring about improvements in cervical cancer prevention programmes across the continent.

The ECCA petition states: “Every year in Europe, 50,000 women develop and 25,000 women die from cervical cancer. Effective prevention programmes could prevent almost every case.

“I support the STOP Cervical Cancer Petition and call upon the European Parliament, the European Commission and all national governments of Europe to implement the effective organised cervical cancer prevention programmes

that will provide the optimal protection against cervical cancer for all the women of Europe.”

To sign the petition, go to www.cervicalcancerpetition.eu and click on the UK version. Running totals of signatures are being kept for 44 countries with Portugal inexplicably leading by a mile.

Web-based information and materials

The European Cervical Cancer Association was founded in 2002 by 15 different organisations from across Europe, including cancer charities, cancer treatment centres, university teaching hospitals and health education organisations.

The ECCA was established specifically to co-ordinate a Europe-wide public health education programme that would raise awareness of cervical cancer and how it can be prevented.

The charity’s educational programme delivers a wide range of factually correct and consistent information about cervical cancer and its prevention, structured to reach three main target audiences:

- the general public
- health professionals who act as a source of additional information or advice for the general public

- public health officials who are responsible for the development and implementation of cervical cancer screening or health educational programmes.

All information is available in English and a range of other languages, in each instance adapted to reflect current practice in the relevant country.

This includes brochures on:

- cervical cancer screening
- human papilloma virus (HPV) and cervical cancer
- follow-up and treatment of an abnormal cervical smear
- vaccination against HPV and cervical cancer.

All material can be downloaded free on the ECCA website at: www.ecca.info/webECCA/en

Printed copies of these brochures are available in quantities of 50 to 300,000 for the cost of printing and shipping.



Subscribe to **Primary Health Care** from just **£3.50 a month!**

Primary Health Care is the best selling journal in primary care nursing*. This dedicated source helps you face your challenges confidently.

Benefit from free access to the RCN Publishing online archive which covers thousands of clinical and research articles.

Visit www.primaryhealthcare.net for further information, or to subscribe and **receive a 10% discount, quote ref. PHCFNE8.**

Primary Health Care... the complete view of community health nursing

*ABC 2006-2007