Sexual Health

Edited by
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Sexual Health
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List of Contributors

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**Nicola Church**
Nicola Church qualified as a nurse in 1992 and has pursued a career in Sexual Health Nursing and Public Health. She has worked as a Sexual Health Nurse, Sexual Health Promotion Specialist and Sexual Health Specialist Commissioner. More recently she has focused on the wider public health agenda and is currently the Public Health Lead for Lichfield District in Staffordshire. Her areas of interest include sexual health promotion and service redesign.

**Kathy French**
RN, Cert Ed, PG Dip, BSc (Hons), MPhil, NT, ENB 900, 985 A08
Kathy French is a part-time sexual health adviser at the Royal College of Nursing and a member of the Independent Advisory
Group (IAG) for sexual health at the Department of Health. Her background is in contraception and abortion services, and her special interest is in the sexual health needs of young people and the advancement of nurse education.

Kathy has an MPhil in Medical Law and Ethics which is very useful when working within sexual health and she is currently completing her PhD in the invisibility of young men in discourses around teenage pregnancy and sexual health. She was a member of MedFash working party on recommended standards for sexual health, recommended training standards for sexual health, competencies for sexual health nursing and is currently a part of an advisory group on the development of an introductory certificate course for primary care. Kathy was involved in South East London in the training of pharmacists in emergency contraception as the product went from POM to P status. Kathy was an author with Colin Roberts and David Evans in the drafting of the RCN distance learning skills course for nurses in sexual health.

**Wendy Hallows (Nee Hallam)** – Clinical Nurse Lead, Sexual Abuse South Staffordshire and Shropshire Healthcare NHS Foundation Trust.

RN (Mental Health), BSc (Hons)

Wendy Hallows qualified as a registered mental health nurse in 1996 and has worked within various areas of mental health nursing. These have included a functional assessment ward for the elderly, acute admission ward, acute day hospital, community liaison service and crisis intervention service. Wendy joined the Sexual Abuse Service, offering therapeutic intervention to adult survivors of sexual abuse/assault and their families. The service provides a specialist role within South Staffordshire and Shropshire Healthcare NHS Foundation Trust, having been developed in 1993 in response to a previously unmet need within mental health service provision. The service works from a multi-agency perspective in order to deliver holistic care for service users within the locality. The service also provides supervision, support and consultancy to both statutory and voluntary workers. In November 2004 Wendy organised and facilitated, with a colleague, a conference entitled ‘Impact of Violence and Abuse’ and is currently studying an MSc in Sexual Abuse Studies by Negotiated Learning.
at Staffordshire University, where she is currently an honorary lecturer, assisting with the development and presentation of various courses in relation to the specialist arena of sexual abuse; a member of the Staffordshire Safeguarding Children Board Multi-Agency Training team; and a link person to EMERGE (voluntary sector service providing telephone helpline and one-to-one support for survivors of sexual abuse) which includes a responsibility for training and supervision of the volunteers and the facilitation of the monthly Staffordshire Sexual Abuse Forum.

**Tony Proom**

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Tony Proom has been a sexual health adviser in large cities and smaller provincial clinics in Northern England since 1993. He is a registered mental nurse and holds the ENB advanced award/specialist nurse practitioner in HIV and AIDS. He has held both management and clinical positions within Genitourinary Medicine and at present works as a sexual health adviser at Sheffield Teaching Hospitals NHS Trust. Tony has also been a council member of the Society of Sexual Health Advisers (SSHA), involved in promoting sexual health advising nationally. He also lectures on various courses relating to sexual health and partner notification skills.

**Caroline Rowe** – Senior Lecturer in Sexual Health

RGN, Post Grad Dip Gestalt Psychotherapy, Cert (Med) Ed

Caroline has worked in the sexual health field for the past 20 years gaining experience of working in the acute, community and voluntary sector. She has worked at all levels of sexual health nursing from a staff nurse in an urban GUM clinic, a sister and manager of a London GUM clinic to a HIV nurse specialist in the community. She has also worked as a sexual health adviser. Caroline previously worked as a sexual health manager for a Primary Care Trust with the key role of implementing the National Strategy for Sexual Health and HIV. She is currently employed as Senior Lecturer in Sexual Health at Staffordshire University and maintains her clinical practice by working as a sexual health adviser at a local GUM clinic.
Foreword

Nurses’ role in sexual healthcare provision is extremely important, whether it be in GUM clinics, contraceptive clinics or as practice nurses in GP surgeries; the aim of this book is to provide the first stage of their knowledge into the whole area of sexual health, its consequences and its outcomes.

The individual chapters in this book provide a useful resource in raising awareness and understanding of the issues involved across the whole range of the sexual health field, it guides students into the more sensitive areas of the work they will be called upon to undertake as well as providing the latest information on new techniques and methods of working.

The Sexual Health Strategy (2001) defines sexual health as follows:

Sexual Health is an important part of physical and mental health. Essential elements of good sexual health are equitable relationships and sexual fulfilment with access to information and services to avoid the risk of unintended pregnancy, illness or disease.

This definition shows how important it is that sexual health is seen as a key public health priority.

This can only be achieved if there is a clear understanding that sexual health does not only relate to sexually transmitted infections, as is often believed, and the clearly written and concise chapters of the book take the reader through each of the aspects involved.

Sexual health encompasses reproductive health – conception and abortion; transmissible infectious diseases – chlamydia, gonorrhoea, syphilis and HIV/AIDS; herpes and genital warts;
and female genital mutilation. Within all these elements, this valuable reference book provides information and education, the development of treatments and who are the service providers in the many health settings in which they can be involved.

Further to that the book deals with the importance of prevention and the promotion of good sexual health (condoms, HIV vaccine). Chapters discuss how to handle such delicate and sensitive issues as sexual assault and sexual abuse and the absolute crucial need for care, treatment and investigations to be conducted in privacy and with confidentiality guaranteed and the implications of the Sexual Offences Act.

The authors of the book are all extremely experienced and well known and provide a real insight into their many years of practice in the field of sexual health. Great credit must go to Kathy French for initiating this book which will be invaluable to those just starting on their careers in nursing.

Baroness Joyce Gould
Chair, Independent Advisory Group on Sexual Health and HIV
Dedication to Service Users

In planning and writing this book, my mind was focused on the many occasions when young people attended clinics where I worked because they were seeking contraception or abortion. So many of them had no idea about what methods of contraception were available to them and some were very frightened. I do not want to recount the number of times women told me about the difficulties they experienced when they were pregnant and needed advice and help. Some women were denied access and referral to services was often delayed for them. Many of these women lacked the power and were often the most vulnerable in society. This was in the late 1970s and thankfully so much has changed since those days. Change came about because many people fought for better access, for example, the Family Planning Association now the *fpa* and those working in the service acted as advocates and raised the profile of sexual health. Sexual health is a key public health priority; good sex and relationship education matched with good sexual health services is crucial for the population to enjoy safe and healthy sexual lives.
I worked in South East London and learned so much from colleagues, medical, nursing and non-registered staff as we tried to improve the services. Much of this was at a time when sexual health was not fashionable, cool and often stigmatised. Anne-Marie Gutteridge was my inspiration.

In the late 1980s, I was given the opportunity to lead the contraception/sexual health courses at the then Nightingale Institute, part of Kings College, University of London. This was a wonderful experience and I owe a huge debt to the many students who were so interested in the field and directed me to many new avenues of enquiry. Thanks especially to Moyra Heggie for giving me that opportunity.

Over the past 5 years I have had the opportunity to work at the Royal College of Nursing as the Sexual Health Adviser (P/T) and it has been a pleasure to work with and hear from the nurses working within the four countries, hearing about their challenges, great work and efforts in sexual health even when things conspire against them. I have also had the opportunity to serve on the Independent Advisory Group (IAG) for sexual health at the Department of Health (England) and have seen at first hand the commitment of others on the group and the sexual health team at the Department of Health, always keen to listen and look at ways to improve service delivery.

A special thanks to Blackwell publishing for asking me to write this book and in particular Alex Clabburn and Natalie Meylan for the help and direction during the process.

A special thanks to Caroline, Marge, Tony and Wendy from Stafford University for their contribution to the chapters.
A special thanks to David Evans and Colin Roberts my inspirational colleagues and mentors.

Finally and most importantly I could not consider any of the work I had chosen during my sexual health career without the support and understanding of David my husband, Samantha my daughter and Edward my son.
This book has been written with the intention to provide an easy reference for students and those new to sexual health. The chapters are written in small bite sizes in order that the reader can read and digest a chapter at a time. Each chapter has been referenced, has additional material and useful websites for those who want to gain further information about sexual health. The authors are also acutely aware that students in some areas miss out on information and knowledge on sexual health which leaves them ill-prepared to help address the sexual health needs of their clients. Hopefully, this book will act as a source of information for those students and others who want to gain a better knowledge of the speciality.

In line with other specialities, sexual health care and treatments change in light of new research and those reading this book should check the web pages of the many relevant organisations listed throughout the book for new information. The term nurse will be used throughout the book but includes all registered nurses, midwives and community health practitioners.

The terminology used in the book may include sexually transmitted infections (STIs) but the preferred term sexually acquired infections (SAIs) will be used except when used as part of a reference or as part of a statement by others. Client will be used where possible as those accessing services are not patients in the true sense of the word. By referring to them as patients renders them the subject to the ‘expert’ opinion when in fact many of them may be very up to date with their condition. The effect of the Internet has provided many service users with knowledge and information not available even 10 years ago.
Introduction to the Book

It is hoped that those reading this book will think of the service user almost like a customer, often attending with researched information and expecting a professional service from staff.

In writing this book it was decided to present sexual health in a way that covers topics which nurses and others could or may encounter in their professional lives. This book does not intend to skill those reading it to be competent in providing sexual health care but aims to provide them with the knowledge to appreciate the importance of sexual health in the lives of their client group, regardless of the specialist area where they practise. After reading this book, professionals should be able to signpost those needing care/treatment to the appropriate service in a timely way and to access further information for themselves. It is also hoped that sexual health will be seen as a basic right for all individuals regardless of sexual orientation, ethnicity, colour, religion or otherwise.

It is, however, a sad fact that even today, some people suffer stigma from both members of the public and unfortunately also from some healthcare professionals if they have an SAI, teenage pregnancy, abortion or HIV. Employees are sometimes victimised if they are diagnosed with HIV and some employers may be ignorant about what to do with staff with HIV or a blood-borne infection like Hepatitis C. Employers should be aware of the guidelines around infected healthcare workers (DH, 2003).

Clients/patients who are diagnosed with HIV in some non-HIV settings may suffer from ignorance because some staff do not know how to care for them, still believing that these individuals pose a ‘risk’ to staff and others. Measures are then put in place to reduce the ‘risk’ to self and others by the wearing of ‘special’ gloves and gowns and often the client/patient is singled out for ‘special’ measures because of this proposed ‘risk’. Relatives may not know of the HIV status of their relative and notice these additional ‘measures’, all this clearly compromising that individuals’ confidentiality. Nurses and others who lack a clear understanding around HIV transmission should avail themselves of the help of their local HIV services and insist they are given the opportunity to attend lectures, otherwise patients will continue to be stigmatised by health providers who are following practices of the 1980s. The incidence of HIV is upwards
and those in healthcare settings should be aware of all the guidelines available to them in order to treat all patients with respect and dignity. Having an HIV diagnosis is a major burden for any individual, but having to cope with stigma and discrimination from staff adds to that burden.

This book is laid out in chapters relevant to the speciality giving a definition of sexual health, brief mention of health promotion principles, chapters on SAIs, including HIV, abortion, contraception, cervical screening, consent and confidentiality, sexual assault, female genital mutilation, teenage pregnancy and information on training for nurses and others wanting to get into sexual health.

It is hoped that after reading each chapter, the reader will have an understanding of each topic, appreciates the importance of interventions if needed, recognise the need for referral and finally be aware of services locally. We acknowledge that sexual health training is often denied to many students, whether nursing, teachers or others, and hope that those reading this book will be enlightened enough to see sexual health as a public health as important. Poor sexual health is generally preventable and that they will be able to have the confidence to deal with sexual health questions raised that those using their services. Hopefully, they will also take time to find out what services are available locally and be able to signpost individuals to them. Sexual health services are generally able to see individuals without an appointment and would never turn someone away who has an emergency. For example, a woman needing emergency contraception can access evening clinics and in some areas those open on Saturday.
How to Use the Book

This book is presented in chapters, providing the reader with small sizes of material to digest easily over a short period of time. The book provides factual information on each topic with research papers referenced, additional resources and websites listed for further reading. It is strongly recommended that the reader views the listed web pages frequently for up-to-date information, for example, the Health Protection Agency (PHA) for latest STI and HIV figures, the Faculty of Sexual and Reproductive Healthcare (FSPRH) for information on contraception, Department of Health for policies and recommendations. Other excellent sources include the fpa, Royal College of Nursing, Brook, NANCyS, GUNA and NIVHNA; all these organisations are listed with their websites throughout the chapters and separately at the end of this book on page 217.

Although this book might appear to be focused on woman’s health, this is not the intention as it is intended to highlight sexual health which affects men and women. Men are often forgotten in discussions on sexual health, this book does not aim to exclude men. Since the writing of this book the Faculty of Family Planning and Reproductive Health Care has changed name, now known as The Faculty of Sexual and Reproductive Healthcare.
Introduction to Sexual Health

Kathy French

Sexual health is defined by the FPA, formally the Family Planning Association as:

the capacity and freedom to enjoy and express sexuality without the fear of exploitation, oppression, physical or emotional harm (FPA, 2005).

Sexual health is not simply the epidemiology of sexually acquired infections (SAIs) but wider, encompassing contraception, teenage pregnancy, HIV infection, gynaecology, menopause, sexual assault, male and female sexuality and reproduction. Sexual health discourses are many and we are drawn to these by either elements of the media with messages to inform us that young people are ‘out of control’ in terms of their sexual activity or by the publication of rates of SAIs, abortions and conception.

These messages frequently highlight the fact that when most people talk of ‘sexual health’, they actually refer to it when things go wrong: to sexual problems and/or illnesses (Wilson and McAndrew, 2000).

That said, it is a positive step to hear sexual health mentioned at all because anything to do with sexual health has often been a taboo, silenced or invisibilised, something not to be discussed in public. More recently and for various reasons, publications in journals have been calling for nurses and other healthcare professionals to talk to their client groups about sex. Reasons for
this action include the need to reduce the high rates of SAIs, HIV infections and teenage pregnancies. It is frequently argued that the rates of infection and teenage pregnancy in the United Kingdom are much higher than that of the rest of Western Europe and action is needed to address these serious but preventable conditions. Despite these calls, it is important to note that not all nurses are equipped with the language and skills to address the sexual health needs of their client groups. Many professionals have had limited or, in some cases, no input during their training in matters of sexual health and if nurses do not have the language to help them, it is no wonder the issue never gets raised. Problems around the language of sex and how it is ‘medicalised’ and ‘pathologised’ are rife within health care. The client group may use terms such as ‘down there’ when the professionals may use vagina and the same applies to male anatomy with the lay population talking about ‘manhood’ and the professionals talking about penis or reproductive organ. Others, both clients and professionals, may adopt the language of silence and not refer to anything sexual at all. The client believing that the professional will be shocked if they ask a question relating to sexual health and the professional simply burying their head in the sand and thinking this needs to be talked about ‘elsewhere’, both leading to much confusion all around. Nurses and others often speak of holistic care but may not see the ‘personal’ issue of sexual health in this way. For example, a man in the medical ward who has had a heart attack may be very concerned about when to resume sexual activity, a valid request, after recovery or a woman who has had a hysterectomy or breast removed, all linked to how they are as sexual beings and the body image.

There has been, however, some major changes over the past few years with sexual health being discussed openly and with drivers put in place to improve sexual health for the population. For example, in July 2001 the Department of Health (DH) (England) published the first-ever sexual health strategy with the key aims to:

- Reduce the transmission of HIV and STIs (sexually transmitted infections)
- Reduce the relevance of undiagnosed HIV and STIs
● Reduce unintended pregnancy rates
● Improve health and social care for people living with HIV
● Reduce the stigma associated with HIV and STIs (DH, 2001).

The English strategy followed the Welsh Assembly Strategy that was published in 2000 and the Scottish Executive followed with theirs in 2003. A sexual health promotion strategy for Northern Ireland is expected soon. This has been delayed by the dissolved government in Northern Ireland.

High rates of SAIs continue to be reported in the United Kingdom, especially among young people, homosexual men and some ethnic minority populations (Miles, 2006). It is also estimated that some 63,500 adults are now living with HIV in the United Kingdom and this figure may be much higher as many individuals may not be aware of their status (French, 2007). The Chief Medical Officer (CMO) and the Chief Nursing Officer (CNO) asked in September 2007 for HIV tests to be more readily available, in effect to ‘normalise’ HIV tests with the aim to diagnose more people before they reach a much advanced phase in their condition when treatment options are less effective.

Teenage pregnancy rates have been a concern for the UK government as well as those of other countries for quiet some time and was first highlighted as a problem in the Health of the Nation document in 1992. The Teenage Pregnancy Strategy published in 1999 set key targets to halve teenage conceptions by 2010 (DH, 1999). Whilst teenage pregnancy rates are declining overall, there are areas where rates continue to rise, mainly where social deprivation and where lack of opportunity exist for young people.

The cost of poor sexual health could be reduced if young people were informed about sexuality, contraception and preventive measures to reduce the risk of SAIs and HIV. Frequently parents, policy makers and public opinion believe that if they withhold information from young people, this will deter them from becoming sexually active. It is estimated that in the United Kingdom alone the average cost of contraception for a young person under 18 years is around £18, whereas the cost of abortion and maternity services is nearly £750 for each unwanted pregnancy (DH, 2000). This figure does not take into account the emotional cost to the young woman and her family.
Sexual health has been highlighted in several helpful publications which address this public health issue, for example the Select Committee Report (SCR) (2003) commented on the poor sexual health of the nation and recognised the importance of targeted community-based initiatives, peer education programmes and outreach work. It was suggested by the SCR that Primary Care Trusts (PCTs) should ensure a range of interventions as a central part of any local HIV and sexual health prevention procedure (HCHC, 2003). Prior to that publication the Medical Foundation for AIDS and Sexual Health (MedFash), part of the British Medical Association (BMA), published standards for HIV/AIDS in 2002 and these standards offered recommended guidance for commissioners, providers and people living with HIV to help them plan, develop and audit HIV services. In 2005, MedFash also published recommended standards for the wider sexual health which outlined recommended waiting times for all areas of sexual health and these have been used to improve standards nationally. In 2007, we saw the publication of the Standards for HIV Clinical Care, a collaborate partnership between the Royal College of Physicians (RCP), British Infection Society (BIS) and British Association for Sexual Health and HIV (BASHH) and initiated by the British HIV Association (BHIVA). This document sets standards of care for HIV, regardless of the service where care is provided and provides guidance on the patient journey, record keeping, commissioning, training, networks and audit. Such is the interest in sexual health that the DH in partnership with others published Recommended quality standards for sexual health training—striving for excellence in sexual health training in 2005. The aim of that document was to ensure that anyone providing sexual health training adhered to those standards.

Sexual health was one of the five priority areas for improving public health in the government’s public health White Paper, Choosing Health: Making Healthy Choices Easier (DH, 2004). Sexual health is included in Local Delivery Plans (LDPs) ensuring that it has a priority at a local level and that funding is protected. Unfortunately in some areas, funds allocated for sexual health do not always reach the intended target and the funding diverted to other areas at a time when financial budgets need to be balanced, again leaving sexual health in some areas a neglected state. Sexual health and the stigma attached to it renders it an area of health
care which has been neglected over the years but the present government and those in power in Wales and Scotland have taken major steps in recognising the problem and provided funding to address the imbalance and making sexual health a public health priority. The fact remains that SAIs, including HIV infection, teenage pregnancies and abortions are on the whole preventable conditions. The provision of sexual health services and health promotion which meets the needs of the population is vital to address the issue. Sexual risk taking is often linked to the use of drugs and alcohol amongst young people and although many of them may be very knowledgeable about preventative measures, this can change under the influence of other circumstances. The Independent Advisory Group (IAG) for sexual health published a report on the impact of drugs and alcohol and recommended that any work on drugs, alcohol and sexual health should be linked together when addressing preventable measures for all three (IAG, 2007).

Baroness Joyce Gould who chairs the IAG at the DH and a wonderful advocate for sexual health states that:

...good sexual health matters. It is a crucial ingredient in the overall good health of the nation. If we are to see a downward trend in the level of STIs and HIV, we have to ensure that money is ring fenced; that there is targeted intervention, targeted health promotion and early testing; and that we increase awareness of the dangers of unprotected sex (Baroness Gould of Potternewton, House of Lords, December 2006).

Nurses can be a force in challenging the stigma associated with sexual health as highlighted by Evans (2004) when he stated that:

nurses can never be immune to the influences of these sexual stigmas because they, too, are part of the culture and societies from which these stigmas emanate (Evans, 2001).

Sexual health nursing is experiencing a time of long-overdue attention and growth and this is not a minute too soon with many nurses extending their roles within the speciality. The first-ever competency standards were published by the Royal College of Nursing in collaboration with all the key nursing bodies (GUNA, NANCSH), the fpa, and in consultation with the Faculty of Sexual and Reproductive Healthcare (FSRH) and BASHH in 2003. These have been updated in 2007 and they assist nurses to progress from novice to expert, following a career trajectory (RCN, 2007). Unlike