

# Health promotion regarding STIs in young people

**Sarah Simons**

Faculty of Education, Health and Community  
School of Nursing and Allied Health  
Liverpool John Moores University

## **Abstract**

This article explores health promotion techniques regarding STIs in one of the highest risk age groups, young people under 25 years of age. The article also explores the link between socioeconomic deprivation and poor sexual health. The role and responsibility of the nurse in promoting holistic wellbeing and sexual health is examined.

## **Keywords**

Sexual Health, Socioeconomic, Deprivation, STI, Young People, Health Promotion,

*Please cite this article as:*

Simons, S. (2017) Health promotion regarding STIs in young people. *Links to Health and Social Care* Vol 2 (1), pp. 49- 62



This work is licensed under a [Creative Commons Attribution-NonCommercial-NoDerivatives 4.0 Licence](https://creativecommons.org/licenses/by-nc-nd/4.0/). As an open access journal, articles are free to use, with proper attribution, in educational and other non-commercial settings.

## Introduction

This article will discuss Sexually Transmitted Infections (STIs) with particular focus on one of the highest risk groups; young adults under 25 years old. Rates of STI diagnosis are high in the 15-24 age bracket, with women aged 20-24 most at risk (over 4000 cases per 100,000 population) (PHE, 2015b). Rates of certain STIs such as Syphilis and Gonorrhoea are rising (PHE, 2016). As STIs can be asymptomatic there could be an even greater public health issue than is known. There is also a strong link between socioeconomic deprivation and poor sexual health (PHE, 2016). The Department of Health (2013) has issued a policy but from 2013 services have been commissioned locally by Clinical Commissioning Groups (CCGs) monitored by Public Health England (PHE) potentially risking geographical variation. Health is 'not merely the absence of disease' (Naidoo and Wills, 2009, p.4) but also the ability to express one's sexuality without harm. Sexuality should be considered by all nurses to be essential for holistic wellbeing.

## Background

Young people as a whole are classed as a 'vulnerable group' in terms of STI likelihood (DoH, 2013), however a young person's background and geographical location can increase their risk (Coleman, 2007). Young people may lack the skills and confidence to negotiate the sexual world (MacRae & Ladlow, 2011). This could be due to a myriad of challenging factors, such as lack of experience and education, peer pressure, online exploitation, media portrayals of sex, confusion regarding sexual preference/identity, learning disabilities and cultural or religious factors.

The Marmot Review, requested by the Secretary of State for Health to advise upon health

inequalities, found that there was a 'social gradient' in health and 'the lower a person's social position, the worse his or her health' (Marmot, 2010, p.16). The review argues that reducing health inequalities will benefit society both economically and socially. One key recommendation of the review was to enable young people 'to maximise their capabilities' and 'have control over their lives' (Marmot, 2010, p.16), this includes control over sexual health. The Review highlights the importance of investing in early childhood education for an enduring impact upon health. Young people can gain in self belief via engagement both at school and in the community, for example skill acquisition via education both in formal and non-formal settings (Marmot, 2010).

Health inequalities have been linked to income inequalities, with the UK having the joint 6<sup>th</sup> most unequal incomes in the developed world (The Equality Trust, 2016). Furthermore, UNICEF (2013) found that out of 29 rich countries, the UK ranked 16<sup>th</sup> for child well-being and 15<sup>th</sup> for risk-taking behaviours (including smoking, alcohol use and teenage pregnancy). The DoH (2013, p.41) states the importance of addressing these wider determinants of health as they form a 'strong link' to sexual health. STI rates vary geographically; for example in Liverpool the rate of new STI diagnosis was higher than average for England (PHE, 2015a).

Education is a major determinant of health and school experience integral to the '...development of self-esteem, self-perception and health behaviour' (Barnekow et al, 2012, p.45). Brook (2016), the UK's leading sexual health charity for young people, believes in the need to provide 'good quality sex and relationships education' as part of a

broader health and wellbeing message. Currently Sex and Relationships Education (SRE) is not legally required in schools, however following pressure from advocacy groups such as Brook Advisory, it will become compulsory in UK schools from 2019. However, concerns remain regarding equipping teachers with the necessary skills to deliver this training (Corteen, 2017).

In England, 32% of girls and 26% of boys aged 15 (below the legal age of consent) state that they have had sexual intercourse (Barnekow et al., 2012). Early intimacy is linked to increased risk of STIs, which can have devastating consequences such as pelvic inflammatory disease, miscarriage, infertility, recurring infection, stigmatization, embarrassment and significant emotional impact (Coleman, 2007). Successful schemes which target young people specifically include 1.5 million Chlamydia tests carried out among the 15-24 age group in 2015, as part of the National Chlamydia Screening Programme (PHE, 2016). The 'C-Card Scheme' for condom distribution that entitles young people to free condoms, is also proving to provide easy access to sexual health resources in information and advice services (Brook & PHE, 2014).

Despite the intrinsic role that sexuality plays in physical and mental wellbeing, Peate (2010) argues that it is often overlooked by nurses. The Nursing and Midwifery Council (NMC) Code (2015) emphasises 'treating people as individuals' and ensuring that 'physical, psychological and social needs' are responded to; addressing sexuality is also required. The World Health Organisation (WHO, 2010) states that sexual rights are akin to human rights. The impact of good practice is not only to reduce the number of STIs, but also to promote fulfilling relationships and reduce health inequalities (Peate, 2010).

Furthermore, MacRae and Ladlow (2011) emphasise the consequences of poor sexual health advice as ranging from physical issues, to low self worth, to social issues such as exploitation or violence.

Sexual health nursing is an evolving speciality in the UK in a wide variety of settings, (Melville, 2015). An outreach service may be provided at schools and hostels or youth offending centres (Prospects 2016). A concise history is fundamental to the nurse's role, Duffin (2005, p.388) emphasises 'time, space and a private place' to conduct the assessment as essential prerequisites. In addition to health promotion, it is also the role of a sexual health nurse to undertake diagnostic tests (STI swabs, pregnancy tests), offer pre- and post-test counselling and onward referrals; they may also be registered to provide contraception.

Barriers to the promotion of sexual health may include nurse's attitudes and personal values (Peate, 2010). The nurse may project preconceived ideas on to the client or feel uncomfortable discussing sexuality particularly if this is not their specialty. Peate (2010) recommends increasing one's knowledge base to instill confidence, and self-discovery; for example reflecting on one's own sexuality. Wakley and Chambers (2002, p. 114) stress the importance of expressing the enjoyment of sex to clients, as over emphasising the negatives can be 'counter-productive.'

Health promotion may also include challenging the client's prior knowledge and perspectives. Young people learn about sexuality from a variety of sources, including

parents, friends and the media (Sutherland, 2005). Increasingly in the digital age, young people look to the internet for answers regarding sex and 23.9% of young males listed pornography as a source of information (Clifton et al., 2015). This highlights the necessity for the nurse to provide evidence based information, as many of the aforementioned sources may be inaccurate, unrealistic and biased. British Association for Sexual Health and HIV (Bacon et al., 2013) guidelines advocate the use of language that is clear and easy to interpret for both the practitioner and the client. Additionally, it is important to teach practical skills such as effective condom use to reduce risk and for nurses to be competent in clinical skills such as venipuncture, injection technique and potentially advanced skills such as insertion of Intrauterine Devices (IUD) for example. Nurses should be comfortable discussing psychosexual matters such as sexual preference, gender identities, saying 'no' to sex, and how to make sex enjoyable (Clifton et al., 2015, p.5). Educating young people on these topics will empower and promote the confidence to resist 'peer pressure' or to become involved in behaviour they may not be ready for.

When designing services for young people, it is important to stage consultations to prioritise what matters to them. Commonly cited barriers to accessing primary care include lack of information (e.g. where to go), concerns about low visibility and ensuring confidentiality, for example not been seen by a parent or relative. Therefore, it is crucial to provide specific services designed for young people, and services that values young people's views (Macfarlane & McPherson, 2007, p.131). Confidentiality is a tenet of the NMC Code (2015) and is crucial to sexual health services.

Conducting an assessment of sexual health may not be easy; patients and young people in particular, may be embarrassed to discuss their sexuality. Peate (2010, p.243) advocates using the assessment as a 'fact-finding activity' whereby the practitioner tries to gain context of the person's life; for example age, relationship status, home living arrangements. This helps the practitioner to build a picture of the person's situation and provide holistic care. Nurses should speak in a manner which avoids technical jargon and should respond to patients in 'a positive, relaxed' tone, perhaps paraphrasing their language to show they have listened and understood what has been said (Peate, 2010, p.243).

It may be helpful to use an assessment model to provide a framework. For example, the PLISSIT model; to ask Permission to discuss the issue, give Limited Information, make Specific Suggestions, and then offer more Intensive Therapy (Peate, 2010, p.245). There is also the BETTER model (Mick et al., 2003, cited in Peate, p.245). This involves Bringing Up the topic, Explaining, Telling (what you have understood, giving information), Timing (is the timing for advice appropriate?), Educating, and Recording (documenting the consultation). However, frameworks should be used as guidance and the nurse must be flexible and bring their own knowledge and skills to the assessment (Peate, 2010, p.245).

Additionally, nurses are well placed to improve patients' health via 'Brief Interventions.' This is an intervention technique 'taking up to two minutes' which follows an "ask, advise, assist" structure (Fuller 2015, p.23). This technique is designed to be built into the nurse's

everyday work. The nurse should be aware of opportunities to give brief advice in a non-confrontational manner and to signpost the client to further information. This could take the form of discussing smoking or alcohol use with a young person for example, even if the primary reason for their visit to clinic was regarding STIs. NICE guidelines (2007) emphasize that 'interventions to change behaviour have enormous potential' and that appropriate training in these strategies will enable nurses to be more effective in their interactions with patients.

Although all nurses should recognise the importance of sexual health, specialities such as Sexual Health Nurses (SHN), school nurses, midwives, prison nurses and health visitors are most likely to be providing education and interventions regarding STIs. In 1985, Lord Fraser published the 'Fraser Guidelines', to support nurses in providing sexual health advice and treatment to under 16s; assuming that they are satisfied that the young person is competent, aware and consenting (MacRae & Ladlow, 2011, p.225).

As is always the case with any medical intervention, the benefit must outweigh the risk, for example, considering whether the young person will continue to have unprotected sexual intercourse without care. The basic principle of 'beneficence' (doing good) and non-maleficence (avoiding harm) can be applied to health promotion (Naidoo & Wills, 2009). Although confidentiality should always be employed, if a professional identifies a risk in terms of health, safety or welfare, then local child protection protocols should be followed (MacRae & Ladlow, 2011). Ideally the young person should be informed and consulted first, unless the circumstances mean the nurse is unable to do this. Nurses

must be aware of Child Sexual Exploitation (CSE), and high profile media cases, such as occurred in the Rotherham grooming scandal (Jay, 2014). Screening for CSE should be carried out routinely, by considering physical injuries, recurring STIs, pregnancy and unexplained relationships with older adults (Rogstad & Johnston, 2014).

## **Conclusion**

The transmission of Sexually Transmitted Infections is a significant public health issue which affects all age groups; however young people are particularly at risk due to a number of factors including increased sexual activity and lack of knowledge and skill surrounding sexual health. As discussed, socioeconomic deprivation is linked to poorer sexual health, which has negative consequences in terms of physical, psychological and social impact for both the individual and society. The role of education, both at the level of Government policy regarding school SRE lessons, and particularly for nurses working with young people, cannot be underestimated. NICE (2017) guidelines for example suggest that condom distribution schemes can function as an introduction to wider health and wellbeing education for young people. The nurse must act to empower and educate young people in a broader psychosocial sense, using a variety of methods, including assessment of needs and brief interventions. Confidentiality and safeguarding are paramount to working in sexual health, particularly when dealing with under 24 year olds. The nurse must be vigilant in safeguarding and spotting signs of abuse, the Department of Health (2015) published guidelines to assist school nurses in tackling sexual exploitation. Nurses must reflect upon their own values and attitudes towards sex in order to practice in a practical, non-judgmental and sensitive manner which is in keeping with

the NMC Code to value people as individuals and not discriminate (NMC, 2015). Additionally, both national and local policy makers and commissioning groups should consult with young people regarding what they desire from services, and target services and campaigns at young people as a specific demographic with specialised needs.

## References

Bacon, L., Brook, G., Evans, C., McClean, H., Roberts, C., Sullivan, A.K., Tipple, C., Winter, A.J. (2013) British Association for Sexual Health and HIV. *2013 UK national guideline for consultations requiring sexual history taking*. [Online] Available at: <https://www.bashh.org/documents/Sexual%20History%20Guidelines%202013%20Ofinal.pdf> [Accessed 13 April 2017]

Barnekow, V., Currie, C., Currie, D., De Looze, M, Morgan, A., Roberts, C., Samdal, O., Smith, O.R.F., Zanotti, C. (eds.) (2012) *Social determinants of health and well-being among young people. Health Behaviour in School-aged Children (HBSC) study: international report from the 2009-10 survey*. Health Policy for Children and Adolescents, No.6. Copenhagen: WHO Regional Office for Europe.

Brook (2016) *Education* [Online] Available at: <https://www.brook.org.uk/our-work/category/education> [Accessed 13 July 2016]

Brook and Public Health England (2014) *C-card distribution schemes: Why, what and how*. London: Ayedear Productions Ltd.

Brook, PSHE Association and Sex Education Forum (2014) *Sex and Relationships Education (SRE) for the 21<sup>st</sup> Century: Supplementary advice to the Sex and Relationship Education Guidance DfEE (0116/2000)*. London: Department for Education and Employment.

Clifton, S. Datta, J., Field, N., G Jones, K.G., Johnson, A.M., Lewis, R., Macdowall, W., Mercer, C.H., Mitchell, K.R., Sonnenberg, P., Stevens, A., Tanton, C., Wellings, K. (2015) Patterns and trends in sources of information about sex among young people in Britain: evidence from three National Surveys of Sexual Attitudes and Lifestyles. *BMJ Open* (2015), 5.

Coleman, L. (2007) Chapter 5: Sexual Health. In: Coleman, J., Hendry, L.B. and Kloep, M. (eds.) *Adolescence and Health*. Chichester: John Wiley & Sons Ltd. pp.83-106.

Corteen, H. (2017) *Schools need brave teachers for sex and relationships education*. [Online] Available at: <http://schoolsweek.co.uk/schools-need-brave-teachers-for-sex-and-relationships-education/> [Accessed 12 April 2017]

Department of Health (2013) *A Framework for Sexual Health Improvement in England*. London: Department of Health.

Department of Health (2015) *Helping school nurses to tackle child sexual exploitation*. London: Department of Health.

Duffin, A. (2005) Chapter 14: Sexual Health and Sexually Transmissible Infections,. In:

Andrews, G. (ed.) (2005) *Women's Sexual Health* 3<sup>rd</sup> edn. London: Elsevier. pp.385-424

Fuller, S., (2015) *Building brief intervention into your everyday work*. [Online] Nursing Times Vol.111, No.5 [Online] Available at:

<http://www.nursingtimes.net/Journals/2015/01/23/s/k/d/280115-Building-brief-intervention-into-your-everyday-work.pdf>

[Accessed 15 July 2016]

Jay, A. (2014) *Independent Inquiry into Child Sexual Exploitation in Rotherham 1997-2013*. Rotherham: Rotherham Metropolitan Borough Council.

Macfarlane, A. and McPherson, A. (2007) Chapter 7: Getting It Right in Health Services for Young People. In: Coleman, J., Hendry, L.B. and Kloep, M. (eds.) (2007) *Adolescence and Health*. Chichester: John Wiley and Sons Ltd. pp.123-142

MacRae, S. and Ladlow, J. (2011) Improving sexual health. In: Linsley, P., Kane, R. and Owen, S. (eds.) (2011) *Nursing for Public Health: Promotion, Principles, and Practice*. Oxford: Oxford University Press. Pp.206-230.

Marmot, M. (2010) *The Marmot review final report: Fair society, healthy lives*. London: University College London.

Available at: <http://www.instituteoftheequity.org/projects/fair-society-healthy-lives-the-marmot-review/fair-society-healthy-lives-executive-summary.pdf>

[Accessed 13 July 2016]

Melville, C. (2015) *Sexual and Reproductive Health at a Glance*. West Sussex: John Wiley & Sons Ltd.

Naidoo, J. and Wills, J. (2009) *Foundations for Health Promotion* 3<sup>rd</sup> ed. Oxford: Elsevier Health.

NICE (2007) NICE guidelines [PH6] *Behaviour Change: general approaches*. [Online]

Available at: <https://www.nice.org.uk/guidance/ph6>

[Accessed 15 July 2016]

NICE (2017) NICE guidelines 68 *Sexually transmitted infection: condom distribution schemes*. [Online] Available at:

<https://www.nice.org.uk/guidance/ng68/chapter/Recommendations>

[Accessed 13 April 2017]

NMC (2015) *The Code: Professional Standards of Practice and Behaviour for Nurses and Midwives* [Online] Available at: <https://www.nmc.org.uk/standards/code/read-the-code-online/>

[Accessed 14 July 2016]

Peate, I. (2010) Chapter 13: The Sexual Being. In: Peate, I. (ed.) (2010) *Nursing Care*

*and the Activities of Living* 2<sup>nd</sup> edn. Chichester: John Wiley & Sons Ltd. pp.236-254

Prospects (2016) *Sexual health nurse: Job description and activities* [Online] Available at: [http://130.88.36.167/p/types\\_of\\_job/sexual\\_health\\_nurse\\_job\\_description.jsp](http://130.88.36.167/p/types_of_job/sexual_health_nurse_job_description.jsp) [Accessed 14 July 2016]

Public Health England (PHE) (2015a) *Public Health Profiles: Sexual and Reproductive Health Profiles* [Online] Available at: <http://fingertips.phe.org.uk/profile/sexualhealth/data#page/0> [Accessed 12 July 2016]

Public Health England (PHE) (2015b) *Sexually Transmitted Infections in England, 2015*. London: Public Health England. Available at: [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/535085/England\\_STI\\_Slide\\_Set\\_2015.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/535085/England_STI_Slide_Set_2015.pdf) [Accessed 14 July 2016]

Public Health England (PHE) (2016) *Health Protection Report: Weekly Report, Infection Report*, Volume 10 Number 22. London: Public Health England. Available online at: <https://www.gov.uk/government/publications/health-protection-report-volume-10-2016/hpr-volume-10-issue-22-news-8-july> [Accessed 15 July 2016]

Rogstad, K. and Johnston, G. (2014) *Spotting the Signs: A national proforma for identifying risk of child sexual exploitation in sexual health services*. London: BASSH/Brook.

Royal College of Nursing (RCN) (2014) *Safeguarding children and young people – every nurse's responsibility: RCN guidance for nursing staff*. London: Royal College of Nursing.

Sutherland, C. (2005) *Young People and Sex*. In: Andrews, G. (ed.) *Women's Sexual Health* 3<sup>rd</sup> edn. London: Elsevier.

The Equality Trust (2016) *Scale and Trends: The Scale of Economic Inequality in the UK* [Online] Available at: <https://www.equalitytrust.org.uk/scale-economic-inequality-uk> [Accessed 12 July 2016]

UNICEF (2013) *Child Well-being in Rich Countries: A comparative overview, Innocenti Report Card 11*. Florence: UNICEF Office of Research. Available at: [https://www.unicef-irc.org/publications/pdf/rc11\\_eng.pdf](https://www.unicef-irc.org/publications/pdf/rc11_eng.pdf) [Accessed 15 July 2016]

Wakley, G. and Chambers, R. (2002) *Sexual Health Matters in Primary Care*. Oxon: Radcliffe Medical Press Ltd.

World Health Organisation (WHO) (2010) *Sexual and Reproductive Health: Defining Sexual Health* [Online] Available at:  
[http://www.who.int/reproductivehealth/topics/sexual\\_health/sh\\_definitions/en/](http://www.who.int/reproductivehealth/topics/sexual_health/sh_definitions/en/)  
[Accessed 14 July 2016]