Sexual Health Strategy in Wales
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Introduction
• Sexual health in Wales.
• Overview of Welsh Assembly Government’s strategic direction for sexual health.

Teenage Conceptions
Teenage conception rates by age group, Wales, 1992-2007

Conception rates for under 18s by region, England and Wales, 2007

Teenage Conceptions

Conception rates for under 18s by Unitary Authority, Wales, 2005-2007 average

Teenage Conceptions
Sexually Transmitted Infections

Total number of cases and rate of chlamydia infection in Wales, 1991-2007

Sexually transmitted infections

Rate of chlamydia infection across UK countries, 1997-2007

Sexually transmitted infections

Main risk factors for HIV transmission in patients diagnosed in Welsh clinics in 2008, by age group

Sexually transmitted infections

Sexual Behaviour

Percentage of 15 year olds reporting ever having had sexual intercourse, Health Behaviour in School Children Survey, 2006
Reported contraception use by 15 years olds who reported ever having had sexual intercourse, HBSC, 2006

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<tr>
<th>Country</th>
<th>Condom Use (%)</th>
<th>Contraceptive Pill (%)</th>
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<td>Wales</td>
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<td>England</td>
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<td>Netherlands</td>
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Aims
- Improve the sexual health and wellbeing of the population
- Narrow sexual health inequalities
- Develop a society that supports open discussion about relationships, sex and sexuality

Objectives
- Increase sexual health and relationships literacy
- Improve access to good quality sexual health services
- Reduce the rates of teenage conception
- Reduce the rates of new STI and HIV infections
- Improve the health and social care for people living with HIV
- Reduce the number of new diagnoses of sexually transmitted Hepatitis B and the number of people at risk
- Strengthen the monitoring, surveillance and research of the population’s sexual health and wellbeing

Action Areas
- Develop a culture to support sexual health and wellbeing
- Better prevention
- Delivering modern sexual health services
- Strengthening health intelligence and research

Developing a culture to support sexual health and wellbeing
Developing a culture to support sexual health and wellbeing

- Rights based approach
- Participation
- Leadership for sexual health
- Improve sex and relationships education

Better Prevention

- Access to information, advice and contraception
- Social marketing – STI prevention
- Integrated approach to risk
- HIV
- Teenage Pregnancy

Teenage Pregnancy

Risk factors
- Low educational attainment
- Disengaged from school
- Living in care
- Daughter of a teenage mum
- Low parental aspirations for their children
- and belonging to a particular ethnic group
- Early onset of sexual behaviour
- Poor contraceptive use
- Mental health problem
- Conduct disorder and/or involvement in crime
- Alcohol and substance misuse
- Already a teen mother or had an abortion

Evidence Base
- Strategic leadership for teenage pregnancy
- Supporting parents to discuss SRE in schools and out of school settings
- Building aspirations and self esteem
- Effective use of local data
- Targeted SRE work with young people at risk
- Strong youth service; things to do; places to go
- Workforce training on SRE
- Strong messages to young people and partner agencies
- Young people friendly contraceptive services

Teenage Pregnancy

Other considerations
- Disadvantage
- Education (low educational attainment and low parental aspiration)
- Culture of teenage pregnancy
- Gender equality

Delivering modern sexual health services

- Sexual health services modernisation project
- Integrated services
- Nurse led care
- Greater community provision
- 48 hour access

Strengthening Health Intelligence and Research

- Improve surveillance using patient level data from clinical management systems and laboratory pathology systems.
- Review current data collection in light of integrated services and develop future capture systems.
- Review methods of feeding back current sexual health information to services and agencies involved at improving health at a local level.
- Develop a proposal for surveillance of sexual health in general practice.
- Construct a minimum data set for collection of standardised sexual health data.
- Continue to include sexual health in the HBSC study.
- Develop high level indicators for sexual health.
Conclusion

- Rights based approach will help develop a supportive culture for sexual health.
- Need leadership.
- Moving in the right direction with HIV and STI prevention – consistent safer sex messages.
- Sexual health services are more accessible and will continue to improve and be based further in the community.
- Need targeted sexual health work with high risk groups and tackle wider inequalities to reduce rates of teenage conception.
- Will have better surveillance and intelligence but need to ensure evaluation of interventions.