



SOUTHERN
COUNCIL

Southern Health & Social Services Council

Response to

A Five Year Sexual
Health Promotion
Strategy and Action
Plan

March 2004

INTRODUCTION

The Southern Health and Social Services Council was established as an independent statutory body in 1991. The Council has a statutory remit to represent the views and interests of consumers of health and social services in the Southern Board's area; to keep under review the work of health and personal social services, and to make recommendations for improvement where it thinks fit.

The Council welcomes the development of **A Five Year Sexual Health Promotion Strategy and Action Plan** and this opportunity to comment on it. The Council's response will address the questions outlined in the questionnaire which accompanied the consultation document.

AIM OF THE STRATEGY

Q1 – Do you agree with the overall aim of the Strategy set out in paragraph 2.1? If not, what do you think the overall aim should be?

The Council supports and agrees that the overall aim of the Strategy should be to **improve, protect and promote** the sexual health and well-being of the population in Northern Ireland. The Council endorses the sentiments set out in paragraph 1.1 of the consultation document that *“sexual health is not just about the absence of disease or dysfunction of sexual or reproductive function, but also embraces the capacity to enjoy relationships and express sexuality without feelings of guilt or shame...”*

Q2 – Do you agree with the objectives set out in paragraph 2.3? If not, why?

The Council broadly supports the objectives outlined for the Strategy in paragraph 2.3. The Council agrees with Objectives 1,2 and 4.

However in relation to objective 3, the Council suggests that this should be reworded to “**increase the provision** of appropriate, effective, accessible and equitable information and education to enable people to make informed choices about their sexual health and personal relationships”. This would acknowledge and recognise that there are at present some examples of good practice in relation to the provision of information such as the www.coolsexinfo.org.uk website aimed at enabling young people to make informed choices about their sexual health and personal relationships.

In addition to the 4 objectives outlined, the Council would argue that an additional objective is required in relation to addressing problematic attitudes towards same sex relationships which are evident in Northern Ireland society. The consultation document highlights various research which has indicated problems in Northern Ireland in relation to attitudes to same sex relationships. Schubotz et al. (2002)¹ reported that over half of all respondents said that sex between men was always or mostly wrong. Queiry (2002)² found that 46% of lesbian and bisexual women had experienced discrimination at work and 20% had experienced

violent assaults. Also Sneddon and Kremer (1990-1991)³ found that homosexuality is more covert in Northern Ireland due to the generally negative and discriminatory attitudes towards it.

In addition to the research quoted in the consultation document, Action 4 of the Strategy proposes to tackle the discrimination and stigma associated with HIV, sexually transmitted infections (STIs) and sexual orientation by a phased accessible sexual health public information campaign. The Council is of the opinion that this aspect of the Strategy on changing attitudes towards same sex relationships and reducing the stigma associated with STIs should be made an explicit objective of the Strategy.

Q3 – Do you agree with the priority groups set out in paragraph 2.6? If not, why?

The Council agrees that the groups identified in paragraph 2.6 are priority groups. However an additional group should also be prioritised. Paragraph 1.2 of the consultation document states that *“many factors adversely impact on people’s sexual health including poverty, unemployment, poor education, poor living and working environments and social exclusion.”* And the consultation document further highlights the strong links between social deprivation and STIs, abortions and teenage pregnancies. The DHSSPS (2001)⁴ found that respondents from a partly skilled socio-economic group background were twice as likely as those from a professional/managerial background to have had sexual intercourse before the age of 16 years.

As such, the Council is of the opinion that the people living in poverty, lower socio-economic groups and social deprivation should also be highlighted as a priority group for the Strategy and Action Plan.

**Q4 – Do you agree with the targets specified in paragraph 2.7?
If not, why?**

The Council welcomes the 2 targets set out in paragraph 2.7 of the consultation document. However these two targets are related to disease and unwanted teenage pregnancy prevention and address only one aspect of sexual health. The Council is of the opinion that targets should be established in relation to promoting the capacity to enjoy relationships and express sexuality without feelings of guilt or shame. Targets should be considered in relation to: -

- Attitudes – in particular promoting tolerance within Northern Ireland society of same sex relationships.
- Increasing the provision of objective, accessible information to allow people to make informed decisions and choices.

ACTION PLAN

Q5 – Do you agree with the proposed actions for prevention set out after paragraph 3.6 of Chapter 3? Are there other actions you consider should be included?

The Council agrees with proposed actions 3, 4, 5 and 6 for prevention of sexual ill-health.

In addition the Council is of the opinion that an additional action to ascertain the prevalence of STIs outside of the Genitourinary Medicine (GUM) setting in Northern Ireland should be undertaken. The results of the pilot study in England, as quoted in the consultation document, which found a prevalence of chlamydia in 10% of 16-25 year old women is concerning - considering the potential for ill-health for this group at a later date and also the potential transmission to others.

Q6 – Do you agree with the proposed actions for education and training set out after paragraph 3.9 of Chapter 3? Are there other actions you consider should be included?

The Councils supports Actions 7, 8, 9 and 10 in relation to education and training. In relation to Proposed Action 9, the Council feels that the issue of sexual orientation should be addressed in schools as research by Queiry (2002) has found that coming out can be an isolating and difficult experience and that the issue of sexual orientation is often ignored in schools. This is particularly relevant in the rural areas such, as the Southern Board, where feeling of isolation and confusion may be exacerbated and lead to possible mental ill-health.

There is a substantial body of research which has indicated higher levels of mental ill-health among the homosexual population. Remafedi et al (1998)⁵ found that suicide attempts among homosexuals were 6 times greater than the average. Similarly Herrell et al (1999)⁶ concluded that on average male homosexuals

were 5.1 times more likely to exhibit suicide-related behaviour or thoughts than their heterosexual counterparts. And Fergusson et al (1999)⁷ found that there was a significantly higher occurrence of depression, anxiety disorder, conduct disorder, substance abuse and thoughts about suicide amongst those who were homosexually active.

Q7 – Do you agree with the proposed action for services set out after paragraph 3.15 of Chapter 3? Are there other actions you consider should be included?

The Council agrees with proposed Action 11.

In order to improve services it is imperative that the views of sexual health service users should be sought. While the principle of **Involving People** set out in paragraph 2.5 is welcomed, the Council feels strongly that the experiences of service users in accessing these services and their views as to how services could be improved would provide very valuable information in order to develop and tailor services to better meet the needs of those who use the services.

Q8 – Do you agree with the proposed actions for data collection and research set out after paragraph 3.16 of Chapter 3? Are there other actions you consider should be included?

The Council supports the proposal to commission a pilot survey of sexual attitudes and lifestyles in Northern Ireland. This information

could then be used as baseline figures for the development of targets (as highlighted in Q.4 above) in order to address the issue of negative attitudes towards same sex relationships which are prevalent in Northern Ireland society.

EQUALITY IMPLICATIONS

Q9 – The process of equality impact assessment is a new field of work for most statutory organisations. Do you agree with the assessment as set out in Annex 1?

The Council does not have anything further to add to the assessment set out in Annex 1.

Q10 - Do you think the Strategy and Action Plan will have an adverse impact on any of the groups identified in paragraph 1.1 of Annex 1? If yes, please state the group or groups and any adverse impacts that you feel the proposals are likely to have on them.

The Strategy and Action Plan recognises and acknowledges that sexual ill-health is not evenly distributed. As such a number of groups including young people, gay and bisexual men and commercial sex workers have been prioritised. In addition the Council has suggested that people living in poverty, in lower socio-economic groups and social deprivation are also prioritised because of the links referred to earlier in this response.

While the Council agrees that services should be targeted at those most in need, and that education and information should be part of

these services, the Council would be concerned that depending upon how and what information is presented in any promotion campaigns in relation to the prevalence of sexual ill-health, this may have an adverse impact in reinforcing negative perspectives of the gay community.

Q11 - Please state how these adverse impacts could be reduced or alleviated in the proposals.

In order to avoid any adverse impact of this nature, representatives of the gay community and the other prioritised groups should be closely involved in implementation of the various actions of the Strategy and Action Plan.

HUMAN RIGHTS

Q13 – The Strategy and Action Plan are intended to contribute to the promotion of rights. Do you think that the Strategy and Action Plan promotes human rights?

The Council agrees that the Strategy and Action Plan contributes to the promotion of human rights.

Q14 – Are there any aspects where potential violations may occur? Please indicate whom this impacts upon.

The Council does not see any aspects of the Strategy and Action Plan where potential human rights violations may occur.

- ¹ **Schubotz D, Simpson A & Rolston B (2002).** Towards Better Sexual Health: A survey of sexual attitudes and lifestyles of young people in Northern Ireland. HPA(NI) & University of Ulster.
- ² **Queiry M (2002).** A Mighty Silence. A report on the needs of lesbians and bisexual women in Northern Ireland. Lesbian Advocacy Services Initiative.
- ³ **Sneddon I & Kremer J (1990-1991).** Aids and the moral climate in:- Stringer P & Robinson G (eds) Social attitudes in Northern Ireland. Blackstaff Press Ltd.
- ⁴ **DHSSPS (2001).** Health and Well-being Survey.
- ⁵ **Remafedi G, French S, Story M, Resnick MD & Blum R (1998).** The relationship between suicide and sexual orientation: Results of a population-based study. *American Journal of Public Health* 88, 57-60.
- ⁶ **Herrell R, Goldberg J, True WR, Ramakrishnan V, Lyons M, Eisen S & Tsuang MT (1999).** Sexual orientation and suicidality: a co-twin control study in adult men. *Archives of General Psychiatry* 56, 867-874.
- ⁷ **Fergusson DM, Horwood LJ & Beautrais AL (1999).** Is sexual orientation related to mental health problems and suicidality in young people? *Archives of General Psychiatry* 56, 876-880.