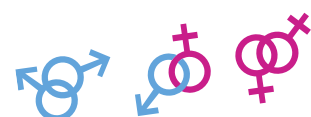




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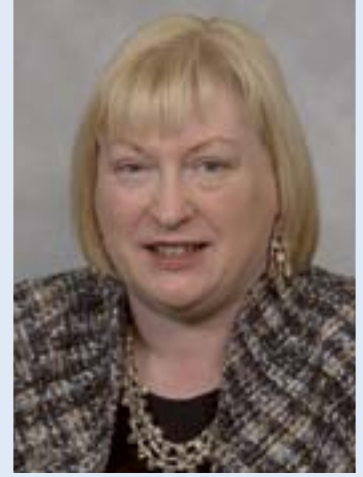
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Sexual Health And Wellbeing Action Plan For Wales, 2010-2015



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Minister's Foreword

I am pleased to present this action plan to improve sexual health and wellbeing in Wales. This plan will build and strengthen the work undertaken as a result of our previous strategic framework for sexual health and the programme to modernise sexual health services. I appreciate the effort that many people have made to move this agenda forward in Wales. The many and detailed responses to the consultation on the draft working paper from front line staff working in the health, education, youth and voluntary sectors demonstrates that commitment. I know that services across sectors associated with improving sexual health have often been described as 'cinderella' services and in times of financial pressure they can feel particularly vulnerable. It is therefore, important that this action plan reinforces the Welsh Assembly Government's commitment to improving sexual health and wellbeing in Wales, reducing inequalities and developing a society that supports discussion about relationships. I have asked Public Health Wales to set up and chair an Advisory Group that will report to me on progress being made on implementation of this action plan.

Of particular concern to me is the need to change the pace of progress in reducing teenage pregnancy in Wales. I recognise that early motherhood can be a positive experience for young women and their children. However, more often than not there are negative consequences. We need to work across sectors, in partnership, to address the myriad of underlying factors associated with teenage pregnancy. Through this action plan I will provide support for a number of evidenced based projects, in areas of high need that will tackle teenage pregnancy.

Having the skills and confidence to communicate is a key factor in promoting good relationships and sexual health. This action plan will support work that promotes communication about relationships and sexual health across individuals, families, and the wider community including health and education services.

I am encouraged to see the significant improvement made in terms of access to sexual health services over the past few years. However, I recognise that in some instances geographic and cultural barriers remain. Within this plan there is action that will outline the quality standards, service specification and care pathways for sexual health services that I expect Local Health Boards to meet.

I look forward to seeing a partnership response to implementation of this action plan and witnessing an improvement in sexual health outcomes over the next five years.

Edwina Hart AM

Minister for Health and Social Services

Introduction

This action plan renews the Welsh Assembly Government's commitment to improve the sexual health¹ and wellbeing of the population, to narrow sexual health inequalities and to develop a society that supports open discussion about relationships, sex, and sexuality. To support these aims, the action plan's objectives are to:

- Increase sexual health and relationships literacy;
- Improve access to good quality sexual health services;
- Reduce the number of unintended pregnancies, particularly among teenage girls;
- Reduce the rates of new Sexually Transmitted Infections (STI) and HIV;
- 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 well-being.

It forms part of Our Healthy Future², the Welsh Assembly Government's strategic approach to improve the quality and length of life and to ensure that everyone has a fair chance to lead a healthy life.

In 2001 the Welsh Assembly Government launched the Strategic Framework for Promoting Sexual Health in Wales. Key objectives associated with the framework included: reducing rates of teenage conception and sexually transmitted infections; improving sexual health services; provision of good quality sexual health information and sex and relationships education.

To update and refresh this work, the Sexual Health and Wellbeing Draft Working Paper was launched for consultation between May – October 2009. In response we received 85 completed consultation questionnaires and 113 letters. Three regional consultation workshops were hosted by the All Wales Sexual Health Network attracting 125 participants from a wide range of backgrounds including healthcare providers, public health, youth, voluntary and education sectors. A separate consultation workshop for young people was facilitated by Funky Dragon. The majority of respondents agreed with the overall aims and objectives of the action plan.

Feedback from the consultation has been used to inform this final paper. A summary of the consultation responses along with the individual responses are published on the Welsh Assembly Government's website at www.wales.gov.uk/consultations/healthsocialcare/sexualhealth/?lang=en&status=closed.

¹ Sexual health can be described as the positive integration of the physical, emotional, mental and social aspects of sexuality.

² Our Healthy Future, <http://wales.gov.uk/topics/health/ocmo/healthy/?lang=en>

Background

Under the 2001 framework, national campaigns to raise awareness of emergency contraception and STIs have been delivered and a programme of HIV prevention work undertaken by the third sector. Also funded have been condom grant schemes, local ring fenced money for sexual health, and HIV and sexual health networks to promote good practice and increase public and professional awareness of HIV and sexual health issues.

In addition, the Welsh Assembly Government undertook a formal review of HIV and Sexual Health Services, following which, in December 2004, it introduced a modernisation programme. This involved the integration of the existing genitourinary medicine and family planning services into a single sexual health service, based as far as possible in the community. The modernisation programme has resulted in more timely access to services, particularly testing for sexually transmitted infections.

Other initiatives have included: the implementation of an antenatal HIV screening programme; the inclusion of Sex and Relationships Education (SRE) within the updated Personal and Social Education Framework for 7-19 Year Olds in Wales; the linking of sexual health with other lifestyle issues, such as with the prevention of alcohol misuse by younger people in the substance misuse strategy, Working Together to Reduce Harm; the introduction of the Human Papilloma Virus (HPV) vaccination programme in 2008; the provision of molecular testing for Chlamydia to all care providers; and the setting of targets to reduce geographic inequalities in teenage (under 16 years) conception rates, as part of the Welsh Assembly Government's commitment to reducing child poverty. Encouragingly, the latest update on the Child Poverty Milestones (April 2010)³ suggests a reduction in inequality between the most deprived fifth of Wales and the middle deprived fifth in relation to underage conceptions.

It is recognised, however, that the current status of sexual health and wellbeing in Wales demonstrates the need for continued action, for example:

- Despite the latest figures for 2008 showing teenage conception rates to be 13% lower than they were in 1999, recent progress has been slow; for under 18 conceptions the rate for 2008 was 44.2 (provisional) per 1000 women aged 15-17 compared to 44.9 in 2007;
- Regional differences in teenage conception rates persist; in 2008 (provisional figures) they vary from 27.1 to 73.5 per 1000 female residents aged 15-17 in Ceredigion and Merthyr Tydfil, respectively;
- In 2008, the number of new chlamydia infections diagnosed in Wales rose by 18 per cent from the previous year and the rate has increased to 144 per 100,000. On the other hand, the downward trend for gonorrhoea continues with an 11 per cent reduction in reported new cases in comparison to 2007. Rates of sexually transmitted infections are highest amongst those aged under 24;
- Estyn's 2007 report on the provision of SRE showing that across Wales there were wide variations in the quality and impact of teaching of SRE, with only a minority of schools teaching it to a high standard;
- The 2006 Health Behaviour in School-aged Children Study showing that Wales had one of the highest proportions of 15 year olds in the 34 European and North American participating countries reporting having had sexual intercourse, at 41% of girls and 30% of boys;
- The prevalence of HIV/AIDS continuing to increase. In 2008, there were 1082 Welsh residents receiving HIV-related care which is increasingly long term;

³ Eradicating Child Poverty in Wales: Child Poverty Milestones and Targets Update, April 2010 <http://wales.gov.uk/topics/statistics/headlines/social2010/100413/?lang=en>

- In 2008, 148 new cases of HIV infection were reported in Wales. This represents a decrease from the previous year which saw the highest number of new cases in Wales since the start of the epidemic. Ninety-one percent reported an exposure category, 51% of whom probably acquired their infection through heterosexual sex and 46% were in men who have sex with men (MSM). Just over half of those diagnosed with HIV in 2008 who acquired their infection through heterosexual sex were from a non-White ethnic group, predominantly those of Black-African ethnicity in whom women continue to be over-represented.

Attached at Annex 1 are selected sexual health statistics relating to Wales.

It is also recognised that economic, social and cultural influences all impact on sexual health and wellbeing and often give rise to inequalities. There is a strong link with social disadvantage and early initiation into sexual activity. Young people with lower aspirations are more likely to experience sexual ill-health or an unplanned pregnancy than those with good educational and employment prospects. Cultural and social influences, such as the media, peer pressure and drug and alcohol use can all influence sexual behaviour. Consequently, the Welsh Assembly Government's wider policies on child poverty, lifelong learning, including parenting skills, equity, and substance misuse all have an effect on sexual health and wellbeing.

In times of economic pressures, it is important to note that preventing unplanned pregnancy and STIs provides a high rate of return to the NHS; it is estimated that for every £1 spent on contraception, £10 is saved for the public purse⁴. When the resource consequences of a pregnancy are taken into account, the costs of providing full contraceptive and advice services are far less than the health and social costs of an unplanned pregnancy. In addition, HIV is associated with high costs of treatment and care and STIs can give rise to health complications and affect fertility, placing increasing demands and cost on clinical services.

This Action Plan

This Action Plan will build on the 2001 Strategic Framework for Promoting Sexual Health in Wales and subsequent work, but will adopt a more broadly based and integrated approach covering both the promotion of positive sexual health and wellbeing and the delivery of sexual health services. To achieve the aims outlined above, four strategic action areas have been identified which will set a clear agenda for the Welsh Assembly Government and our partners in the NHS, local government and the third sector. The action areas are:

1. Developing a culture to support sexual health and wellbeing
2. Better prevention
3. Delivering modern sexual health services
4. Strengthening health intelligence and research

Action Area 1: Developing A Culture To Support Sexual Health And Wellbeing.

In the UK, messages about sex are very mixed. On the one hand, young people receive highly sexualised messages through the advertising and entertainment industries which are often sensationalised and ignore the associated risks. On the other hand, parents and public institutions are often reluctant to address the subject. The social stigma associated with sexual ill health

⁴ Hughes D, McGuire A. (1996) The cost-effectiveness of family planning service provision. *Journal of Public Health Medicine*, 18(2): 189-196

continues to persist. Fear of being judged or embarrassment can prevent people seeking advice when they need it. If we are to tackle the current sexual health challenges we need to shift towards a culture that is more comfortable talking about relationships, sexuality and sexual health.

Along with the interventions proposed throughout this action plan, 3 broad themes have been identified to support this: a rights-based approach to sexual health and wellbeing; participation; and providing leadership to ensure that the needs of different groups are being met.

Rights based approach to sexual health and wellbeing

Everyone deserves equal access to sexual health information and services regardless of age, race, disability, gender, sexual orientation or religion.

In relation to young people, the Welsh Assembly Government is committed to driving forward its commitment under the United Nations Convention on the Rights of the Child (UNCRC) in particular Articles 13, 17 and 24. 'Rights to Action' sets out the Seven Core Aims developed for children and young people. Core aims 2 and 3 outline young people's entitlement to access educational and health services that prepares and helps them to make responsible decisions about their relationships and sexual health. Core Aim 5 addresses the right to be listened to and to participate in the decisions that affect them, this includes being given the necessary information to make choices.

Some groups need special consideration because they are at higher risk, are particularly vulnerable or have particular access requirements. Planning of services needs to take account of the specific needs of local populations, including: young people; young carers and those in or leaving care; older people; black and minority ethnic groups; gay, bisexual and transgender people; people misusing drugs and alcohol; people living with HIV and other people affected by HIV; people with physical disability; people with learning difficulties; people with mental health problems; people living with chronic conditions; sex workers; people in prisons and youth offending establishments; people with any specific cultural or language needs, including refugees and asylum seekers; and people living in rural areas where long journeys and patchy provision often restrict access.

This action plan recognises that there are many different faiths and cultures in Wales, and it is essential that all service providers and service users recognise and respect this diversity.

Participation

Sexual health information and services need to be developed in partnership with those using them to ensure that their needs are being met.

The All Wales Sexual Health Network was set up in 2002 to share information and promote good practice in sexual health interventions. Young people have often been involved in the events of the Network. They have provided some of the most powerful and convincing presentations, performances and workshops around issues such as teenage pregnancy and negotiating relationships. This type of involvement needs to continue and be strengthened, in line with the Welsh Assembly Government's approach to young people's participation and with Article 12 of the UN Convention, to support them and others to contribute more fully to setting the agenda for the network and its activities.

The All Wales HIV Network was set up to bring together people living with HIV with policy makers and service providers. This dialogue has contributed to service development across Wales. It is important that this element of the network continues and is strengthened.

Leadership for Sexual Health

Clear, strong leadership for sexual health and wellbeing at all levels is necessary to drive forward change.

At a national level Public Health Wales will set up and Chair the Advisory Group for Sexual Health and Wellbeing. This Group will provide advice to the Welsh Assembly Government on progress being made towards implementation of the Strategy and provide advice on future priorities. It will publish an annual report and provide formal feedback to the CMO through the Health Protection Committee.

At a local level, sexual health and wellbeing is a clear responsibility of Local Health Boards and Local Authorities. Health, Social Care and Wellbeing Partnerships (HSCWB) and Children and Young People Partnerships (CYPP) must continue to ensure that their responsibilities for improving sexual health and wellbeing outcomes of their local population are shared and met through cooperation, based on their respective plans. Opportunities for such shared action are set out throughout this action plan, in particular across Schools, Health Services and voluntary organisations, working with young people and, where appropriate, their families.

Reducing rates of teenage conception is one of the key priorities for public health outlined in Our Healthy Future. The HSCWB plans will be required to respond to the priority outcomes and themes in Our Healthy Future at the local level. These responses will be aggregated at Local Health Board level into seven Local Public Health Strategic Frameworks (LPHSF). The twenty two HSCWB plans and the seven LPHSF will support alignment and integration of the key planning and outcome focused processes.

The All Wales Sexual Health Network will continue and strengthen it's role in providing a hub for all sectors of the sexual health workforce to share and disseminate evidence and good practice.

Action	Lead	Timing
Set up the Advisory Group for Sexual Health and Wellbeing as a sub-group of the Chief Medical Officer's Health Protection Committee	Public Health Wales	January 2011
Health, Social Care and Wellbeing Partnerships and Children and Young People's Partnerships must demonstrate that the sexual health and wellbeing needs of their local population are met in their delivery plans	Health, Social Care & Wellbeing Partnerships / Children and Young People's Partnerships	On-going
Local Public Health Strategic Frameworks must reflect how teenage pregnancy is being tackled as one of the key priorities of Our Healthy Future	Local Health Boards	March 2012
Explore with young people how better to actively involve them with the All Wales Sexual Health Network e.g. a young people's panel	All Wales Sexual Health Network / Funky Dragon / Schools councils /local young people's forums	July 2011
Continue to provide a forum for people living with HIV through the All Wales HIV Network	All Wales HIV Network	On-going
Continue the All Wales Sexual Health Network	All Wales Sexual Health Network	On-going

Action Area 2: Better Prevention (SRE)

Improving sexual health and wellbeing requires a holistic approach that takes into account the physical, mental, social and economic factors that all influence sexual behaviour. It is important that individuals have the information, knowledge, skills and accessible services that allow them to make healthy choices about the sexual lives. Alongside this the wider determinants of sexual behaviour need to be addressed including, positive mental wellbeing, substance use (particularly alcohol), aspirations for the future and equality. A life long learning approach is required, where appropriate information and services are provided from childhood through to older age.

2.1 Sex and Relationships Education (SRE)

2.1.1 School Based SRE

The Welsh Assembly Government recognises that sex and relationships education is an important part of growing up and young people need to understand the physical and emotional aspects of sexual relations. Schools play an important role in promoting young people's sexual health, the most obvious being in the delivery of SRE. It is also recognised that the wider school curriculum and environment contribute to this agenda. Policies and programmes that promote the emotional wellbeing of young people, such as School Based Counselling and the Welsh Network of Healthy School Schemes and those that address poor educational attainment, such as the Schools Effectiveness Framework make a crucial contribution in their own right to supporting this Action Plan.

Provision of sex and relationships education in schools can have beneficial effects in terms of sexual health behaviour e.g. by delaying sexual activity, reducing the number of partners and increasing knowledge about methods and availability of contraception⁵.

For young people to move with confidence from childhood through adolescence into adulthood, it is important that school-based sex and relationships programmes are relevant and sensitive to learners' needs and reflect the character and ethos of the school.

Primary schools are required to have a policy on sex education. Governing bodies should consult with parents / carers and the wider community to ensure that the policy takes account of parental wishes and meets the needs of the community the school serves. Primary schools must provide sex education as contained within the national curriculum for Wales, for example in science. Primary schools can provide a broader SRE programme but whether they do so is at the discretion of the school. The Welsh Assembly Government recommends that all primary schools have a graduated, age-appropriate SRE programme emphasising the social and emotional aspects of relationships.

Secondary schools and other educational settings that cater for learners of secondary school age, e.g. Pupil Referral Units must have an up-to-date policy on sex education and include, as part of the basic curriculum, sex education for all registered pupils.

SRE is mainly delivered through science and personal and social education (PSE). High quality SRE delivered as part of planned PSE provision, contributes positively to a young person's wellbeing by equipping them with the skills and knowledge to make safe and responsible choices regarding their sexual behaviour. It also helps develop behaviours and attitudes in relation to associated issues such as drugs, alcohol, bullying, and homophobia. SRE should meet the needs of all young people and

⁵ Kirby 2007. Emerging Answers: Research findings on Programs to reduce teen pregnancy and sexually transmitted diseases.

schools need to take account of pupils' views on what content they need at different key stages. SRE should be inclusive and delivered within a clear and explicit values framework of mutual respect, rights and responsibilities, gender equality and acceptance of diversity.

The school nurse and appropriate outside agencies will play an important role in supporting the delivery of SRE.

Schools need to involve parents, so that they fully understand what is being taught in terms of SRE at each key stage, can supplement this with discussion at home and are reassured that their children will gain the knowledge, skills and confidence to make informed, safe, responsible choices

Guidance on assessment for the Welsh Network of Healthy Schools Scheme (WNHSS) National Quality Award has clear indicators for work on personal development and relationships.

The publication, In Perspective, Personal Development and Relationships provides case studies from schools around Wales.

2.1.2 SRE in the wider community

SRE in schools needs to complement the wider provision of information, support and advice to young people on sex and relationships by parents and other professionals whose work involves supporting children and young people's personal development.

Some parents want to discuss sex and relationships with their children but feel uncomfortable and embarrassed about it. Consideration needs to be given on how best to support parents who wish to tackle this subject with their children but lack the confidence to do so.

Some of the young people most vulnerable to teenage pregnancy or sexual ill health may not attend school or may respond better to SRE delivered in a community based setting. Training and guidance needs to be developed to support those delivering SRE outside the school setting. For example, Young Offenders Institutions, residential homes, Further and Higher Education settings, and the youth sector.

Action	Lead	Timing
Develop and publish updated web-based guidance for sex and relationships education in schools	Welsh Assembly Government	October 2010
Updated guidance to be supported by provision of web-based support materials and effective practice case studies	Welsh Assembly Government	October 2010
Continue to work with practitioners to identify bilingual resource needs for SRE in primary and secondary schools	Welsh Assembly Government	On-going
Teachers provided with support to implement updated SRE guidance	Healthy Schools Co-ordinators	From October 2010
Develop local directories of statutory, third and community sector organisations who can support schools in the delivery of SRE	Healthy school coordinators	December 2010
School nurses to have SRE included in their role as part of a healthy schools approach	Welsh Assembly Government / Local Health Boards / Local Authorities	On-going
Develop downloadable resources to support parents in the delivery of sex education	All Wales Sexual Health Network	September 2011
Develop guidance for delivering SRE in community based settings	All Wales Sexual Health Network	March 2012

2.2 Access to information, advice and contraception

Throughout life individuals need access to good quality information, advice and services delivered in an appropriate manner to maintain their sexual health and wellbeing. This includes not only sexual health specific information on contraception and sexually transmitted infections but on wider issues such as emotional wellbeing, communication skills and managing relationships.

There are numerous providers and sources of information on sexual health targeting different groups. It is essential that this type of information and advice is appropriately tailored for its target audience and is available in accessible formats. Social marketing techniques can provide an effective way of ensuring that sexual health messages are targeted at the right audience, in the right place, at the right time, and by the right method.

Relationships and sexual health are an important aspect of general wellbeing. Where appropriate, opportunities to promote and integrate the benefits of positive sexual relationships in wider wellbeing messages should be sought.

The Welsh Assembly Government funds the National Information and Advice Project for 11-25 year olds, ClicOnline (www.cliconline.co.uk) and will work with it to maximise its potential as a means of providing accessible sexual health information.

The accessibility and range of contraceptive methods available, including long acting reversible contraception (LARC) and NHS funded sterilisation, vary widely. LARC methods have been shown to be cost effective and increased use will reduce the number of unintended pregnancies. The full range of contraceptive methods should be available for all age groups according to need.

To help provide protection against STIs, as well as unintended pregnancy, condom use should be promoted and they should be easily accessible. Dental dams to reduce the transmission of infection through oral sex should also be available.

Action	Lead	Timing
Review provision, suitability and accessibility of existing sexual health information, including leaflets, posters, helpline and websites and make recommendations for future provision to ensure accessible information for all	All Wales Sexual Health Network in collaboration with a range of statutory and third sector organisations representing those with sexual health information needs	September 2011
Linking to the action above, develop proposals for a social marketing approach to promote messages about communication and behaviour that supports positive relationships and sexual health	Public Health Wales / Welsh Assembly Government	November 2010- March 2013
For all age groups, review the availability of condoms, LARC and other relevant initiatives and make recommendations for action	Public Health Wales	September 2011
Develop All Wales standards for c-card schemes across Wales	All Wales Sexual Health Network	September 2011
Ensure sexual health information and advice and adequate supply of condoms are available to students attending FE and HE institutions	Local Health Boards / NUS Wales	January 2011
Ring-fenced monies to Local Health Boards for sexual health promotion to be reviewed and proposals for future use of this funding developed	Welsh Assembly Government	September 2011
Consider links with the National Service Framework (NSF) for Older People in particular standard 3, promoting health and wellbeing for phase 2 of the NSF	Welsh Assembly Government	April 2011
Develop guidance for delivering SRE in community based settings	All Wales Sexual Health Network	March 2012

2.3 Sex, drugs and alcohol.

Drugs and alcohol are used for sexual activity – for a number of reasons ranging from ‘Dutch courage’ as an excuse for risky behaviour, to enhancing the sex act.

When people get drunk it may be their choice, it may be coercion and peer pressure, or it may be against their will as a result of someone spiking their drink. Possible outcomes are that they lose willpower or inhibitions and have sex, often unprotected sex, or they don’t know they have had sex, or they become a victim of a sexual attack. Continued abuse of alcohol can lead to increased numbers of sexual partners and high risk sexual behaviour leading to STIs, unintended pregnancy, and physical and mental health problems.

Drugs have a real effect on people’s inhibitions and judgement, leading to risky sexual behaviour, while there are also serious physical and mental side effects to their use. Research also shows that there is a strong correlation between STIs, people’s sexual behaviour and type of drug used.

To be in a position to determine and manage their lifestyle choices people need factual information, advice, support and services targeted to their needs while recognising the complexities and interrelationship of behaviour risk.

Action	Lead	Timing
As part of Our Healthy Future, scope an integrated prevention framework for young people (sexual health, alcohol, drugs and tobacco)	Welsh Assembly Government/Public Health Wales	September 2011
Take opportunities in alcohol and drug prevention initiatives to raise awareness of unsafe sex as one of the vulnerabilities associated with substance misuse	Welsh Assembly Government / Local Authorities / Local Health Boards / Public Health Wales / Third sector / NUS Wales	On-going
Engage sexual health services in the delivery of screening and brief interventions, supported by appropriate training and resources	Welsh Assembly Government / Local Health Boards / Public Health Wales	January 2011
Consider and make recommendations about strengthening links between substance misuse and sexual health services	Welsh Assembly Government / Advisory Group for Sexual Health	December 2011
Increase the uptake of the WNHSS National Quality Award which requires schools to take a whole-school approach to both personal development and relationships and substance use and misuse as well as other health topics	Welsh Assembly Government / Public Health Wales / Local Health Boards / Local authorities/	On-going

2.4 Teenage Pregnancy

It is important to note that for some young people, becoming a parent is a positive experience that can provide the impetus to do well and provide a good life for their children. However, teenage pregnancy is more often associated with poor health and social outcomes for both the mother and the child. Young mothers are more likely to suffer postnatal depression and less likely to complete their education. Children born to teenage parents are less likely to be breastfed, more likely to live in poverty and more likely to become a teenage parent themselves.

A number of risk factors have been identified that increase the likelihood of teenage pregnancy: early onset of sexual behaviour; poor contraceptive use; a mental health problem; conduct disorder and/or involvement in crime; alcohol and substance misuse; already a teen mother or had an abortion; 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.

A recent review acknowledges that sex education and sexual health services are not on their own effective strategies for encouraging teenagers to defer parenthood; they need to be complemented by early childhood and youth development interventions that tackle social disadvantage⁶. The Welsh Assembly Government supports an approach that continues to improve the universal provision of sex and relationships education and sexual health services alongside targeted intervention for those most vulnerable to teenage pregnancy as recommended by the National Institute for Clinical Excellence (NICE) public health guidance⁷, while addressing the wider determinants of teenage pregnancy through the reduction of child poverty, raising the standard education and the provision of good quality youth services.

Action	Lead	Timing
Reducing teenage conceptions included as a priority area for action in the Public Health (Our Healthy Future) Annual Operating Target for NHS Wales	Local Health Boards	On-going
Grant funded projects to reduce teenage pregnancy in areas with high teenage conception rates. These will work with local communities and young people to identify and strengthen assets that promote sexual health and wellbeing. They will focus on multi-agency working and evidence based targeted interventions with those most vulnerable	Public Health Wales / Children and Young People's Partnerships / Local Health Boards	January 2011 - January 2014
Guidance to be produced on multi-agency working to reduce teenage conception rates based on the outcomes of grant projects	Welsh Assembly Government	December 2013

⁶ Harden, A., Brunton, G., Fletcher, A., Oakley, A. (2009). Teenage pregnancy and social disadvantage: a systematic review integrating trials and qualitative studies. *British Medical Journal*

⁷ PH3: Preventing sexually transmitted diseases and under 18 conceptions, <http://guidance.nice.org.uk/PH3>

Action	Lead	Timing
Implement NICE ⁸ guidance on the provision of maternity services for the under 20s	Local Health Boards	On-going
Linking with Flying Start and Cymorth, young parents to be engaged in parenting programmes	Children and Young People's Partnerships	On-going
Continue to address the needs of young mothers in breastfeeding initiatives such as National Breastfeeding Awareness Week, the UNICEF UK Baby Friendly Initiative, and the Breastfeeding Support Grant Scheme	Welsh Assembly Government	On-going
As part of wider review on local sexual health information (see section 4.2), consider local information needs on teenage conception data	Welsh Assembly Government / Public Health Wales	March 2011
Ensure that new child poverty duties to be placed on public agencies in Wales through the Children and Families (Wales) Measure 2010 supports action to reduce conception rates in girls aged under 16	Welsh Assembly Government / Local Authorities / Local Health Boards	Welsh Assembly Government Child Poverty Strategy January 2011; Children & Young People's Partnership to include action on child poverty in their new plans April 2011

⁸ Pregnancy and Complex Social Factors, CG110, <http://guidance.nice.org.uk/CG110>

2.5 HIV and AIDS

HIV is an infection associated with serious morbidity, high costs of treatment and care, significant mortality and high number of potential years of life lost. Prevalence of HIV/AIDS in Wales continues to increase. It is estimated that one third of those living in the UK with HIV do not know their status. Early diagnosis of HIV is essential to increase the chance of effective treatment and reduce the chance of onward transmission.

In Wales, HIV disproportionately affects men who have sex with men and people living in Wales from high risk countries (mainly sub-Saharan Africa) who account for the majority of heterosexual transmission.

There is no room for complacency. A renewed focus on HIV prevention and protection is required to reduce the spread of infection. Efforts must be made to raise awareness of HIV and its prevention, particularly amongst the groups most affected. The National Assembly for Wales Equality of Opportunity Committee inquiry into discrimination against people living with HIV by healthcare professionals and providers⁹ highlights the need to tackle the misperceptions and stigma still associated with HIV. This can lead to those infected experiencing discrimination in service provision, being marginalised or rejected from the wider community and can prevent people coming forward from testing.

Action	Lead	Timing
Improve access to and/or provide HIV testing to hard to reach groups through the provision of HIV testing outside clinical settings	Local Health Boards	On-going
Ensure delivery of targeted HIV prevention programmes	Welsh Assembly Government / Public Health Wales / Local Health Boards / Third Sector	On-going
Review and re-launch All Wales HIV Network	Public Health Wales	Autumn 2010
Complete a needs assessment of people living in Wales with HIV, including experience of discrimination	All Wales HIV Network	January 2011
Work in partnership with people living with HIV to develop action to tackle stigma	All Wales HIV Network / third sector	On-going

⁹ <http://www.cynulliadcymru.org/bus-home/bus-committees/bus-committees-other-committees/bus-committees-third-eoc-home/bus-committees-third-eoc-inquiry/eoc3-dhsinq.htm>

2.6 Immunisations

2.6.1 Hepatitis B

Hepatitis B is a blood-borne virus that infects the liver and can lead to serious liver disease. The main ways that infection is spread from one person to another are:

- through unsafe sexual activity;
- from an infected mother to her baby;
- sharing drug injecting equipment (including needles, syringes, spoons, water and filters);
- sharing toothbrushes, razors or equipment used for tattooing or body piercing or
- by blood to blood contact e.g. receiving contaminated blood or blood products.

Most people infected as adults recover fully from infection. Children infected with the disease are more likely to become carriers but less likely than adults to show any immediate signs of infection. Often an infected child will carry the virus for the rest of his/her life and is more likely to develop serious liver disease in the longer term.

About 50 – 60 new cases are reported in Wales each year. The number of reported cases is relatively low compared however many more people will have the disease and not know about it if they are symptom-free. Infection is usually identified by a blood test.

There is a highly effective vaccine available against Hepatitis B and normally three doses are needed. The vaccine is very safe and most countries worldwide include it in the routine baby vaccination schedule.

Brief interventions such as contingency management may be a useful tool to encourage patients to comply with vaccination programmes to prevent or address physical healthcare problems.

2.6.2 Human papillomavirus (HPV)

Human papillomavirus (HPV) vaccination of 12 – 13 year old girls was introduced into the routine childhood vaccination schedule in September 2008. Separately, one-off catch-up campaigns offered vaccination to older girls and young women.

More than 99% of cervical cancers are caused by HPV infection that is spread primarily by sexual contact (intercourse and non-penetrative genital contact). Persistent infection is the most important factor for the development of cervical pre-cancerous and cancerous lesions. In Wales, data provided by the Welsh Cancer Intelligence & Surveillance Unit shows that between 1997 and 2006, a total of 1694 new cases of cervical cancer were diagnosed. This represented an average of 169 new cases each year with most cases occurring in women in their 30s and 40s.

HPV infection itself cannot be treated but the diseases it causes can often be treated successfully. The Cervical Cancer Screening programme has led to a significant fall in the incidence and death rate from cervical cancer. Death rates in 2004 were about 60% lower than 30 years before. Some groups of women are less likely to attend for cervical screening and health professionals need to have plans in place to offer support to these women.

The HPV vaccine used in the national programme and catch-up campaigns protects against the two most common HPV types (16 & 18) that cause cervical cancer and is more than 99% effective in preventing pre-cancerous lesions in women who have not already been infected by these types. It will be some years before the impact of the vaccination programme on cervical cancer rates can be evaluated.

Action	Lead	Timing
Hepatitis B testing and vaccination should be considered and discussed with the following groups of individuals; sex workers of both sexes, gay and bisexual men, HIV patients, injecting drug users, sexual assault patients, needle stick victims, sexual partners of positive individuals, and high risk individuals	Local Health Boards	On-going
Contingency management should be considered for hard-to-reach groups where such additional support will improve compliance with the three dose schedule of the Hepatitis B vaccination programme, or other relevant interventions and treatments	Local Health Boards	On-going

Action Area 3: Delivering Modern Sexual Health Services

The NHS in Wales provides a comprehensive range of sexual health services in integrated sexual health clinics (formally Genitourinary Medicine (GUM) and family planning clinics), GP practices and pharmacies. Part of the Welsh Assembly Government's drive to improve sexual health services in Wales has been the development of Quality Requirements for Sexual Health. These have been consulted on and when published will promote a framework for care based on shared values that can be adopted universally, ensuring that quality services are provided equitably, robustly, and ethically across the full range of services.

A Task and Finish Group has been established to guide policy in Wales on the management of chlamydia and gonorrhoea infections in a wide range of settings. The current policy in Wales is to maximise the opportunity for preventative health checks and prompt diagnosis of infections such as Chlamydia.

3.1 Integrated sexual health services

Sexual health services in Wales have changed considerably since the review of services published in December 2004. At that time Family Planning and GUM services worked in parallel, patients accessing services for management of STIs were seen by doctors, and waiting times of up to 15 weeks for appointments were reported. Now: family planning services and GUM services are integrated. This approach maximises the opportunity for preventative health checks, allows for prompt diagnosis and treatment of infections, and provides a more effective, efficient and acceptable service for both patients and staff.

The Welsh Assembly Government is committed to building on this success and to further strengthen nurse led services, and community care provision through partnership working between sexual health services, primary care, social care and the third sector.

Services will be required to make best use of both physical premises and human resources, with geographical outreach and extended user-friendly opening becoming the norm. Opening times, geographical locations, availability of public transport, suitability of premises, including physical access, and perception of the services by users may limit accessibility. This is a particular issue for young people of school age who find it difficult to take time out during school hours without written parental support, which they may not wish to seek, and who do not have ready access to transport.

Confidentiality is a critical factor in ensuring young people take the opportunity to access advice and support. Service providers should seek to identify and address barriers to access for their communities, whether attitudinal or physical, actively involving users in this process.

3.2 Primary Care

There is potential for increasing the role of other professionals, for example nurses and GPs, in the provision of services to improve access, flexibility and reactivity of service provision.

Improving access to general practice is a high priority for the Welsh Assembly Government, extending practice opening hours and increasing availability in routine hours. This will benefit those seeking contraceptive services or sexual health advice. A number of GP practices are delivering a Sexual Health Enhanced Service which provides an increased range of services in the GP surgery. This may be of particular relevance in rural areas and in areas of highest need, and can be extended to more practices to meet local service development plans. Enhanced services allow accreditation of practices and particular training, and audit standards which support the development and maintenance of consistent standards across the services.

The GP Quality and Outcomes Framework is promoting the increased provision of information for patients and contraceptive registers which can be used to review and improve services. Agreed referral pathways between the various local services should ensure that service providers promote access to specialist services required where gynaecological side effects and complications or underlying medical conditions make use of contraception more complex.

Community pharmacies have traditionally provided a range of sexual health services and these have developed over time to include the: supply of contraceptives; devices and drugs for impotence and the treatment of infection; sale of condoms and pregnancy testing kits; supply of Emergency Hormonal Contraception; and provision of Chlamydia testing and treatment.

Work on developing a national template for a Pharmacy sexual health enhanced service has been taken on by the Pharmacy Strategic Delivery Group (formerly the Pharmacy Task and Finish Group). The Group is currently developing proposals on community pharmacy Directed Enhanced Services to ensure equitable access to standardised services across Wales, including an emergency contraception service and provision of sexual health advice. A template Patient Group Direction has also been drafted and both elements are being consulted on currently with the aim to have these in place from autumn 2010 (subject to agreement).

3.3 Abortion Services

There are wide variations in access to abortion services and in the method of termination. The availability of medical abortion, which can be used early on in pregnancy and avoids the need for anaesthesia and surgery, also varies. The earlier in pregnancy an abortion is performed, the lower the risk of complications. Service providers should provide appropriate access to NHS funded abortions, with further development of nurse led services, and ensure that information about local pregnancy counselling and termination services is readily available and widely publicised.

3.4 Treatment and social care for people with HIV/AIDS

The needs of people with HIV infection are different now to when services were first established over 20 years ago. HIV is a complex, chronic medical condition and the challenges for patients include maintaining a good quality of life, helping them to adjust to their diagnosis, building empowerment, increasing self-esteem and skills for living with a chronic illness. Many with HIV infection will require little support while a few may require a considerable amount. In addition to the care provided by the NHS, the third sector plays an important role in the provision of care for people with HIV/AIDS.

People working within health and social care should receive training on HIV awareness training to ensure that people with HIV/AIDS do not encounter discrimination.

'Providing for the needs of people living with HIV/AIDS in Wales: National Care Pathways and Service Specification for testing, diagnosis, treatment and supportive care', was issued by the Welsh Assembly Government in August 2009. This outlines the multi-disciplinary care required for the effective management of HIV/AIDS.

3.5 Psychosexual and sexual dysfunction services

A wide range of practitioners provide psychological and sexual dysfunction services in the private, third and NHS sectors. General practice and specialist sexual health services need to make patients feel that they can discuss problems about their sex lives. Services need to be able to assess patients and refer them on to specialist services when that is appropriate.

The training of clinical staff needs to ensure that a wide range of practitioners are able to recognise and assess sexual health problems like impotence. Policies in areas of significant sexual health morbidity, such as diabetes, should include good practice guidelines on the recognition, assessment and management of sexual health problems. The Designed for the Management of Adults with Diabetes Mellitus across Wales: Consensus Guidelines were published in September 2008.

Action	Lead	Timing
Update and Publish Quality Requirements for Sexual Health Services in Wales	Welsh Assembly Government / Public Health Wales	June 2011
Services for HIV/AIDS to be aligned with Providing for the needs of people living with HIV/AIDS in Wales: National Care Pathways and Service Specification for testing, diagnosis, treatment and supportive care	Local Health Boards	On-going
Develop and publish a revised service specification and care pathways for sexual health, including options for delivery through primary care.	Welsh Assembly Government / Public Health Wales	June 2011
Publish a national template for a Pharmacy sexual health enhanced service	Welsh Assembly Government	October 2010
Work with the Deanery to include sexual health in CPD programmes for GPs and protected learning time events for GPs Practice Nurses and practice administration staff	Welsh Assembly Government	On-going
Incorporate advice on policy for the management of chlamydia and gonorrhoea infections into service specification development for sexual health and enhanced services	Welsh Assembly Government / Public Health Wales	June 2011
Develop local sexual health service development plans which take account of the action and guidance arising from this action plan and published guidance, such as, quality requirements, service specifications and care pathways	Local Health Boards	March 2011

3.6 Associated Issues

There are a number of Welsh Assembly Government strategies and policies which will need to be considered as part of the development and planning of services including: ‘The Right to be Safe’,¹⁰ a 6 year integrated strategy for tackling all forms of violence against women, including domestic violence and forced marriage/honour based violence; child protection; and protection of vulnerable adults.

3.6.1 Female Genital Mutilation (FGM)

Female genital mutilation (FGM) – sometimes known as female circumcision – is illegal, unacceptable, and a violation of the human rights of the children and young girls (usually aged between four and ten) who suffer it. All procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs, whether for cultural or other non-therapeutic reasons, have been illegal in the UK since 1985. Wherever there are people from cultures with a tradition of FGM there is a need to raise the awareness and skills of health, education and social services professionals.

Action	Lead	Timing
Local services, including sexual health services, need to support community and police initiatives aimed at stopping female genital mutilation	Local Health Boards working with the Local Safeguarding Children Boards	On-going

3.6.2 Sexual Assault Referral Centres (SARCs)

Sexual Assault Referral Centres (SARCs) are an important and effective tool in delivering enhanced victim care to those who have experienced rape and serious sexual assault. Victims who receive good immediate care and counselling are found to recover more steadily, and are less likely to need ongoing counselling and long-term mental health care.

A cross Welsh Assembly Government officials working group on SARCs has been established to develop a strategy for Wales. A service specification for adults, young people and children is being developed for use by those coming into contact with a SARC.

Action	Lead	Timing
Develop and publish a service specification for adults, young people and children who come into contact with a Sexual Assault Referral Centre	Welsh Assembly Government	December 2010

¹⁰ <http://new.wales.gov.uk/topics/housingandcommunity/safety/domesticabuse/publications/besafe/?lang=en>

Action Area 4: Strengthening Health Intelligence And Research

Health intelligence and research are essential components of the Sexual Health and Wellbeing action plan. They underpin all aspects of the paper: defining the characteristics of the population being served; both young and old; providing an evidence base for proposed action; and ultimately evaluating the success of the programme.

4.1 Health intelligence

There are currently a number of schemes for gathering data on the sexual health of the population of Wales. Whilst surveillance of STIs is well developed, further improvements are being put in place to address the lack of timely, residence based data on STIs by using patient level data from GUM clinical management and laboratory pathology systems. However, the implementation of this new surveillance scheme presents a number of challenges including: information governance issues; collaboration with GUM software suppliers; implementation of the system in clinics without an electronic patient management system; and training of clinic staff.

With improved surveillance comes the possibility of timely detection and description of clusters of STIs by time, place and person. Consideration needs to be given to the appropriate public health response to these clusters. Improved surveillance will also allow the evaluation of local and national STI interventions. Health information requirements should be considered at an early stage in the design of such interventions.

Surveillance of other sexual health indicators is however less well developed and needs to be improved. Challenges, as well as opportunities, will also be posed for data provision by the move to integrated sexual health services and the increasing involvement of GPs and pharmacies in the management of sexual health, as will changes to data collection systems in England in terms of maintaining standardisation of coding between England and Wales.

New approaches to health information will also need to be considered. These might include: GIS-based analysis (attendance patterns, determinants etc) and social network analysis. Health bodies and academic institutions in Wales have expertise in health record linkage. Linkage of national data sets has potential in answering focused research questions, for example, linking GUM and PEDW records to assess long-term sequelae of acute STI. The Wales Office of Research and Development (WORD) funds the Health Information Research Unit (HIRU) at Swansea University which has considerable expertise in data linkage. This could be utilised for this agenda with HIRU encouraged to address sexual health related areas of health information.

Such developments will place greater emphasis on better co-ordination of sexual health datasets which are held in different places. The development of the Public Health Observatory can contribute to improved co-ordination and analysis of these sexual health datasets to inform different information needs and to improve feedback to services and agencies involved in improving health at a local level and provide appropriate published information to a wider audience. This feedback needs to be timely, appropriate and relevant.

4.2 Research

Expertise in evaluation can be accessed through the WORD funded Public Health Improvement Research Network (PHIRN), a thematic research network which draws together policy makers, service providers and researchers for a collaborative and co-ordinated response to meet policy and service development needs in public health research in Wales. Considerable strength also exists in the area of the design and evaluation of complex interventions in public health through the Centre of Research Excellence: DECIPHer (Development and Evaluation of Complex Interventions) based at Cardiff University. PHIRN and DECIPHer could play an important part in building understanding of successful strategies for improving sexual health and wellbeing.

The Welsh Assembly Government also funds the Health Behaviour in School-aged Children (HBSC) Study which provides data on contraceptive use by 15 year olds in Wales with the ability to make international comparisons across Great Britain, Europe and North America.

Action	Lead	Timing
Profile the sexual health of the population of Wales, and identify inequalities	Public Health Wales	March 2011
Develop high level indicators for sexual health (in particular for evaluating interventions)	Public Health Wales	March 2011
Complete project to improve surveillance using patient level data from GUM clinical management systems and laboratory pathology systems	Public Health Wales	March 2011
Review KC60 and KT31 in light of the integration of services and develop future capture systems	Public Health Wales / Welsh Assembly Government	March 2011
Review methods of feeding back current information on sexual health to the services and agencies involved in improving health at a local level	Public Health Wales / Welsh Assembly Government	March 2011
Construct a minimum data set for collection of standardised sexual health data across genitourinary medicine, community clinics, general practice and pharmacy ensuring that requirements for secondary use information are met	Public Health Wales / Welsh Assembly Government	March 2012
Develop a proposal for surveillance of sexual health in general practice	Public Health Wales	December 2011
Continue to include sexual health questions in the HBSC study	Welsh Assembly Government	June 2010
Determine future publication of sexual health data to a wider audience	Public Health Wales / Welsh Assembly Government	March 2011

Sexual Health in Wales

1. Sexual behaviour in school aged children

The Health Behaviour in School Children (HBSC) Survey makes comparisons between 34 participating European and North American countries.

In 2006, Wales had one of the highest proportions of 15 year olds reporting ever having had sexual intercourse (41% of girls and 30% of boys). Amongst those who reported having had sex, 32% girls and 30% of boys reported that the contraceptive pill was used the last time they had intercourse. A higher proportion reported using condoms at last intercourse (71% girls and 82% of boys).

Wales is amongst the top three countries with the highest proportions of young people reporting other selected risk behaviours associated with teenage pregnancies:

- 13 year olds reporting being drunk at least twice (26% of girls and 27% of boys);
- 15 year olds reporting being drunk at least twice (54% of girls and 52% of boys);
- 15 year olds reporting ever having used cannabis (32% of girls and 30% boys).

The full report can be accessed at

http://www.euro.who.int/InformationSources/Publications/Catalogue/20080616_1 <http://www.euro.who.int/InformationSources/Publications/Catalogue/20080616_1>

Table 1. Conceptions by age groups 1992-2008p

Numbers					Rates			
Year	Under 16	Under 18	Under 20	All ages	Under 16 (a)	Under 18 (b)	Under 20 (c)	All ages (d)
1992	470	2,387	5,766	43,175	9.5	48.0	66.5	73.9
1993	465	2,307	5,477	42,244	8.9	47.5	65.6	73.1
1994	505	2,297	5,331	41,214	9.3	46.4	64.2	71.7
1995	567	2,509	5,528	40,319	10.3	48.0	65.8	70.5
1996	644	2,932	6,104	42,375	11.7	53.5	71.0	74.1
1997	564	2,895	6,086	40,855	10.4	52.2	69.2	71.7
1998	597	3,030	6,502	39,970	10.8	55.0	72.9	70.3
1999	537	2,781	6,340	38,460	9.6	51.1	69.3	67.6
2000	495	2,649	6,184	37,892	8.8	48.0	67.4	66.1
2001	496	2,529	5,770	37,413	8.7	45.5	62.8	65.2
2002	480	2,601	5,898	38,445	8.4	46.0	63.2	66.9
2003	466	2,609	5,985	39,003	8.1	45.7	62.8	67.8
2004	434	2,605	6,207	40,301	7.5	45.1	64.2	69.8
2005	457	2,521	6,111	40,930	7.9	43.6	63.1	71.0
2006	496	2,598	6,320	42,287	8.6	44.9	64.5	73.1
2007	482	2,622	6,421	43,755	8.5	44.9	64.9	75.6
2008p	454	2,575	6,339	43,655	8.2	44.2	64.3	75.5

(a) Rate per 1,000 female residents aged 13-15

(b) Rate per 1,000 female residents aged 15-17

(c) Rate per 1,000 female residents aged 15-19

(d) Rate per 1,000 female residents aged 15-44

p provisional

Source: Office for National Statistics. Further information on conception rates can be obtained from: www.wales.gov.uk/topics/statistics/theme/health/conceptions/?lang=en

Table 2. Conceptions and conception rates for under 18s by unitary authority, Wales, 2005-2008.

Unitary Authority	Number				Rates (a)			
	2005	2006	2007	2008p	2005	2006	2007	2008p
Isle of Anglesey	41	55	51	58	31.1	40.9	36.7	41.5
Gwynedd	85	91	106	82	40.4	43.1	49.2	38.0
Conwy	100	110	85	93	49.4	52.5	40.0	43.2
Denbighshire	82	80	95	95	44.6	42.6	49.7	48.5
Flintshire	115	100	124	104	40.5	34.2	41.1	35.1
Wrexham	152	145	111	116	62.6	58.9	44.1	47.0
Powys	67	79	99	71	26.9	31.8	38.4	27.2
Ceredigion	41	44	44	37	33.4	35.5	32.9	27.1
Pembrokeshire	90	113	105	115	38.2	46.6	42.7	46.1
Carmarthenshire	122	112	123	127	35.6	33.5	35.9	36.2
Swansea	160	159	177	158	38.5	38.7	43.6	39.7
Neath Port-Talbot	125	126	118	140	46.2	46.6	45.1	53.2
Bridgend	124	117	119	131	46.6	44.5	45.2	51.5
The Vale of Glamorgan	91	109	85	104	34.3	41.4	32.3	39.5
Cardiff	245	263	289	286	41.3	44.4	49.5	48.7
Rhondda, Cynon, Taff	247	252	269	273	52.7	53.9	57.2	59.2
Merthyr Tydfil	62	68	82	85	52.2	56.8	69.5	73.5
Caerphilly	188	190	153	161	53.0	55.0	43.6	46.3
Blaenau Gwent	77	65	75	65	49.8	42.3	48.5	42.2
Torfaen	116	107	99	96	59.7	56.1	52.1	51.4
Monmouthshire	53	62	65	51	29.5	35.0	35.8	28.1
Newport	138	151	148	127	46.9	50.3	49.0	42.2
Wales	2,521	2,598	2,622	2,575	43.6	44.9	44.9	44.2

(a) Rate per 1,000 female residents aged 15-17

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Note: the relatively low numbers by Unitary Authority will lead to fluctuations year on year

Source: Office for National Statistics. Further information on conception rates can be obtained from:
<http://wales.gov.uk/topics/statistics/theme/health/conceptions/?lang=en>

Table 3. Rates of sexually transmitted infections.
Rates (per 100,00 population) of laboratory reports* of gonorrhoea and anogenital chlamydia by sex by age group, 2004-2008.

			Age-group						
Organism	Year	Sex	15-24	25-34	35-44	45-54	55-64	Total**	
Neisseria gonorrhoea	2004	F	73.89	17.00	3.71	1.16	0.53	12.09	
		M	102.21	49.66	20.47	9.02	0.51	23.60	
	2005	F	50.57	14.42	1.39	3.53	1.05	8.98	
		M	70.25	39.03	20.46	8.45	4.50	18.70	
	2006	F	48.19	23.46	4.17	0.60	0.00	9.86	
		M	67.59	41.38	22.98	12.79	0.98	19.10	
	2007	F	46.69	14.06	2.79	0.60	1.51	8.52	
		M	51.87	34.03	15.78	6.73	2.87	14.65	
	2008	F	41.91	10.86	5.20	1.20	0.00	7.70	
		M	42.36	22.71	9.03	13.92	1.42	11.56	
	Anogenital chlamydia***	2004	F	1,231.17	263.25	40.79	13.34	1.59	194.23
			M	428.53	185.30	36.56	15.64	4.08	86.58
2005		F	1,203.83	234.39	43.97	11.19	2.62	190.34	
		M	468.14	205.86	39.46	12.67	2.00	94.80	
2006		F	1,146.23	238.69	36.56	10.13	2.05	184.34	
		M	473.64	197.87	55.74	15.84	4.42	98.22	
2007		F	1,096.80	223.93	30.71	8.43	2.02	176.35	
		M	479.96	204.72	45.85	18.96	4.30	99.04	
2008		F	1,156.81	237.43	42.58	7.83	1.50	187.87	
		M	578.93	236.36	52.16	19.97	4.73	117.14	

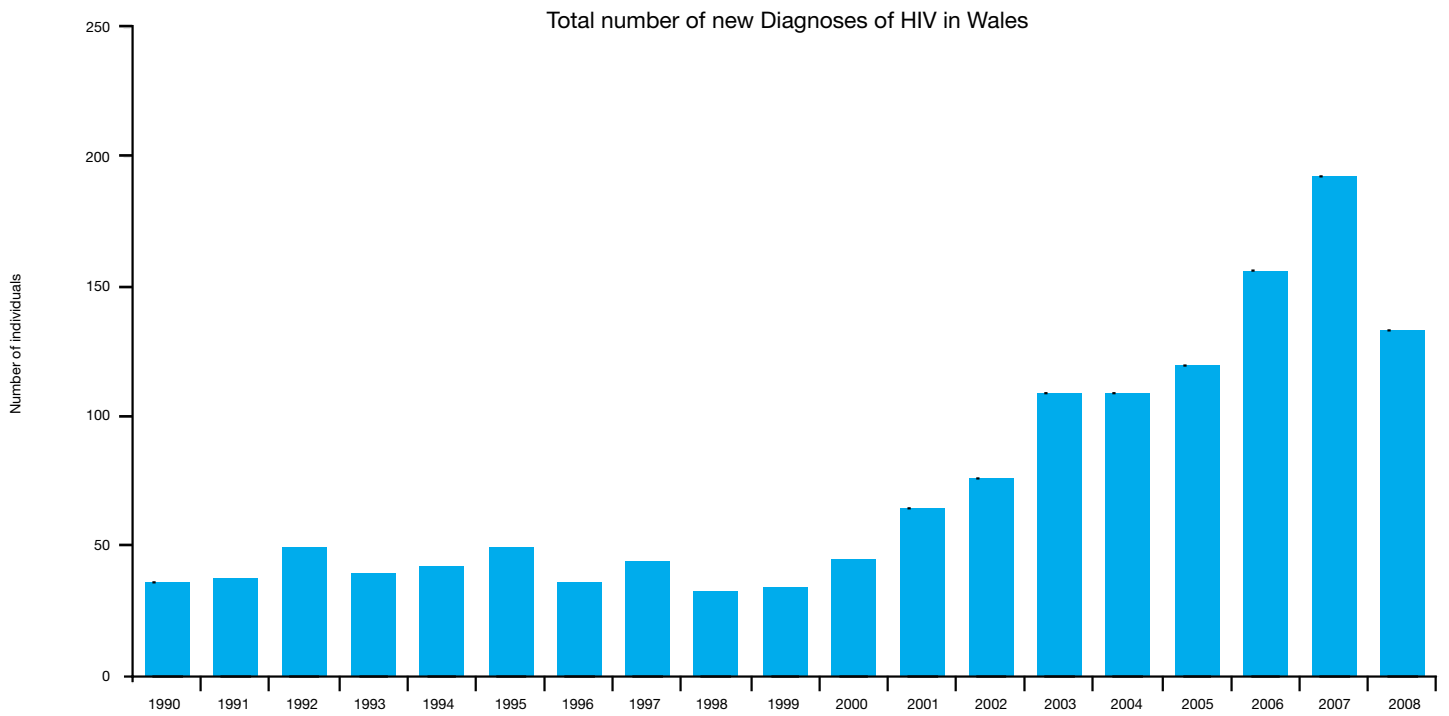
* Excludes laboratory reports of Neisseria gonorrhoea and anogenital chlamydia from Newport Royal Gwent, and reports of anogenital chlamydia from Wrexham, Bridgend and Abergavenny hospitals.

** Total ONS population of females/males was used as denominator for total rate.
 To calculate rates, the mid-year estimates corresponding to each particular reporting year were used.

*** Includes all anogenital specimens positive for Chlamydia trachomatis or Chlamydia spp.

Source: Public Health Wales. Further information on STIs can be accessed at:
www.wales.gov.uk/topics/statistics/theme/health/conceptions/?lang=en

Diagram 1: Number of new diagnoses of HIV in Wales



Source: National Public Health Service for Wales. Further information on HIV can be accessed at: <http://www.wales.nhs.uk/sites3/page.cfm?orgid=457&pid=27685>