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Advice about sexual health for young people

Local service needs to provide confidentiality, support, time, and information

The Department of Health has recently updated guidance that clarifies the duty of confidentiality, care, and good practice in providing advice to young people under the age of 16. What are the implications of the new guidance for your sexually active 15 year old daughter or son and for your local general practice, contraceptive service, or sexual health service?

According to the new guidance, if your daughter or son is sexually active he or she can be reassured that any healthcare professional seen for sexual health advice or treatment will maintain confidentiality. They
should be aware of this through prominent advertising of confidentiality policies in clinics. All staff at the clinic will receive training regarding confidentiality, and action will be taken regarding any breaches.

If a doctor or service is not prepared to offer services to people who are younger than 16 this will be prominently advertised in the clinic, with information outlining where and how advice on contraceptives and sexual health can be obtained locally. Each of these components of the guidance aims to encourage your sexually active son or daughter to seek advice and treatment.

What kind of service will they receive? According to the new guidance, when they attend a service they should be given the support and time they need to make an informed choice. The emotional and physical implications of sexual activity will be discussed, covering the risk of pregnancy and sexually transmitted infections. The healthcare professional will check that the relationship is mutually agreed and there is no coercion or abuse. The doctor or nurse will talk with your son or daughter about the benefits of letting you, the parent, and their general practitioner know. They will also discuss any other counselling or support needs. None of the above will diminish the importance of parents talking with their children about sex and sexual health.

For your local surgery or contraceptive or sexual health clinic the clarification of the duty of confidentiality in the guidance is unlikely to result in a change in clinical practice. Young people are concerned about the confidentiality of services, especially those provided by general practitioners. Yet cross sectional research shows that by far most general practices are already willing to provide confidential contraceptive services to young people aged under 16. Your local service may already meet guidance regarding the development of confidentiality policies, staff training, and the provision of information, and if not, could draw on the experience of others in addressing these factors.

Meeting the guidance regarding good practice in providing advice may be more challenging. Young people can feel judged. Good communication, a good relationship with a doctor or nurse, and non judgmental attitudes in all staff can help encourage young people to use services. Some healthcare professionals will feel confident in providing advice to under 16s, whereas others may feel uncomfortable dealing with issues of sexuality in young people and may wish to have further training. Time can be a further constraint. Teenagers have reported feeling rushed and not having the time to ask questions.

Even when the healthcare professional can provide a supportive environment and time there remains a lot to discuss and relevant information to convey. Qualitative studies show that young people feel that healthcare professionals generally assume too much existing knowledge and underestimate the desire for more information. They would welcome information on more general sexual health matters and value information materials specifically designed for them. Young people report wanting oral information supplemented by written information materials. Only a small amount of new information given at any one time is likely to be retained, and some young people report being overwhelmed by too much information. Others have wanted more technical information with statistics. Young people's information needs vary. Pitching information at the appropriate level and quantity is challenging. Healthcare professionals should make sure that young people have understood the information provided and ask about wishes regarding further information.

Randomised controlled trials of consultation based sexual health interventions in primary care have been successful in increasing knowledge about contraceptives and the distribution of condoms but have not been specifically directed to adolescents or shown an impact on behaviour. More intensive service based interventions directed at adolescents have increased self reported use of condoms.

To maximise the impact of services in promoting sexual health in adolescents, more innovative means of offering advice and promoting sexual health will be needed. Services need to offer advice and interventions that deal with the needs of young men, improve compliance with the use of oral contraceptive pills, inform young people about long acting contraceptives, and promote dual use of contraceptives and condoms. Interventions addressing these factors should be developed and robustly evaluated. The potential of new technologies in promoting sexual health, such as DVDs or CD ROMs, which are popular with young people, should be explored. More than a quarter of young people are sexually active before they are 16. Hopefully all of the above will help these young people enjoy caring and safe relationships.

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