

# Delivering sexual health services in the community setting: Results from the Sexual Health Centre, Cork (2014-2017)

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## Introduction

Sexuality plays a significant role in people's lives, not only in terms of physical health but also its contribution to overall health and well-being. This is recognised across a multitude of health related disciplines, including nursing, occupational therapy and medicine. Sexuality is regarded as an Activity of Daily Living (ADL) due to its essential role in human life (Roper, Logan & Tierney, 2000). Traditionally, sexual health was primarily concerned with reproductive health and its fundamental contribution to society. However, since 1974 a global shift broadened societies view of sexual health requirements to encompass a more holistic approach. This ideology was supported by the World Health Organisation (WHO, 1975) when they first published and acknowledged sexual health in terms of pleasure, the right to information and the enrichment of personal relationships.

Recently, the Government published their National Sexual Health Strategy from 2015-2020. This strategy focuses on delivering sexual health programmes to people throughout Ireland. This includes sexual health, sexual satisfaction, sexual dysfunction and the diagnosis and treatment of sexually transmitted infections. This strategy is paramount to ensuring Healthy Ireland achieves its goal to "increase the proportion of people who are healthy at all stages of life".

In answering the needs of society for support and information in relation to their sexual health, the role of the community sector has been well documented worldwide. In Ireland, many of the sexual health charities support the Health Service Executive by providing complementary services including education, advice, information, support and testing to the public. In Cork, the Sexual Health Centre has provided information, support, advice and intervention on a range of services to the community for 30 years. These services are requested via e-mail, telephone and individuals visiting the centre. This report aims to examine the range of services requested through the Sexual Health Centre from 2014-2017.

## **Methodology**

### ***Data Collection***

Telephone, e-mail and walk-in enquiries on each individual who makes contact with the Sexual Health Centre are logged anonymously via computerised forms at the centre. The form records information on the gender profile of the client, the method of communication they chose to contact the centre, the type of enquiry they made and any further information they provided. Information pertaining to counselling, health promotion, education and outreach programmes are recorded on an ongoing basis via the centres online forms.

### ***Participants***

The Sexual Health Centre is open for drop in and phone calls from 9:00-17:00, Monday to Friday throughout the year. E-mail enquiries are accepted 365 days per year, however they are only responded to during office hours. All clients who contacted the Sexual Health Centre with queries by phone, email or by visiting the centre between January 2014 and December 2017 are included in this report. Sexual health promotion, outreach and disability programmes are facilitated by members of the Sexual Health Centre team in partner agencies and organisations throughout the year. Numbers availing of these programmes are recorded consistently.

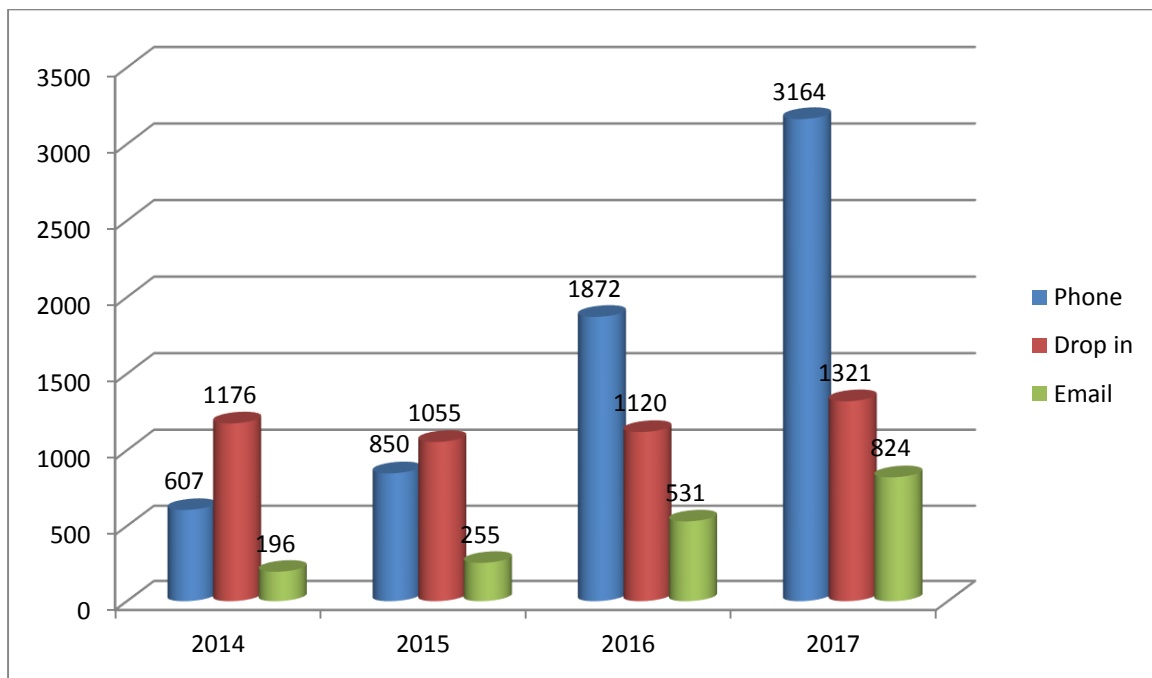
### ***Data analysis***

Data was analysed using *Microsoft Excel*. Demographic information and trends in enquiries to the centre were examined. Further information on STI clinic clients (e.g. sexuality), were examined via the *Access programme*. This programme enables the centre to systematise data from STI clinic forms.

**Results**

Throughout the past four years a range of services were requested via telephone, e-mail and clients visiting the centre. Enquiry numbers have increased fivefold throughout this time. Most enquiries were made by phone but increased interest in Internet (email) communication and drop-in clients is observed (Figure 1).

**Figure 1: Forms of communication with service users - all services**



Since 2015, a sharp increase in the number of helpline calls among males and females has been observed. In 2015, 497 males and 353 females phoned the Sexual Health Centre helpline. This increased to 1,556 males and 1,608 females in 2017. Telephone enquiries were the most common contact point for the Sexual Health Centre each year. Further details on service requests at the Sexual Health Centre from 2015 to 2017 can be seen in **Table 1**.

**Table 1: Service requests received by the Sexual Health Centre from 2015-2017**

	2015		2016		2017	
	Male	Female	Male	Female	Male	Female
<b>Drop in</b>	814 (55.8%)	241 (35%)	910 (42.1%)	375 (24.5%)	998 (33.4%)	323 (13.8%)
<b>Telephone Helpline</b>	497 (34.1%)	353 (51%)	941 (43.6%)	931 (60.1%)	1556 (52.2%)	1608 (69.2%)
<b>Email</b>	148 (10.1%)	94 (14%)	308 (14.3%)	223 (14.6%)	430 (14.4%)	394 (17%)
<b>Total (100%)</b>	<b>1459</b>	<b>688</b>	<b>2159</b>	<b>1529</b>	<b>2984</b>	<b>2325</b>

Service, information and support requests have continued to increase throughout the past four years. The full STI screening provided by Sexual Health Centre clinic is the most common enquiry received (**Table 2**). In 2017, a total of 1,676 individuals contacted the centre in relation to an STI screening service. This represented an increase from 622 in 2014. Similarly, over one thousand enquiries were received in 2017 in relation to sexual transmitted infection information, increasing from 135 in 2014. Since 2014 an increase in enquires related to STI information and contraception has been noted among women. Men are more likely to seek condom demonstrations or free condoms than women. However, a similar proportion of men and women contacted the centre in relation to STI screening and STI information in 2017. Advice on contraception, sexuality, condom demonstration and free condom availability were also sought. Results on information requests can be seen in **Table 2**.

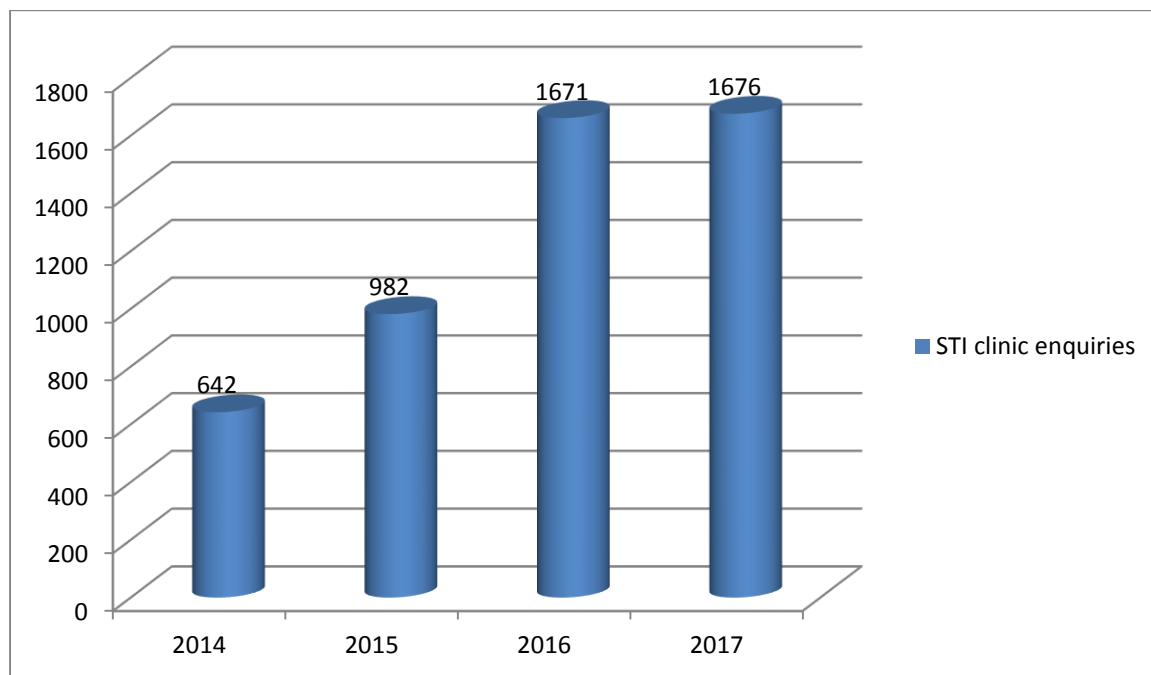
**Table 2: Male and female information requests received by the Sexual Health Centre between 2014 and 2017**

	2014		2015		2016		2017	
	Male	Female	Male	Female	Male	Female	Male	Female
<b>STI Screening</b>	389 (27.5%)	233 (42.2%)	634 (41.2%)	348 (47.2%)	1010 (43%)	661 (42.9%)	956 (30.3%)	720 (29.9%)
<b>STI Info</b>	77 (5.4%)	58 (10.5%)	101 (6.5%)	63 (8.6%)	290 (12.4%)	191 (12.4%)	689 (21.9%)	492 (20.3%)
<b>Contraception</b>	14 (1%)	117 (21.2%)	22 (1.4%)	140 (18.9%)	41 (1.8%)	160 (10.4%)	25 (0.8%)	167 (6.9%)
<b>Sexuality</b>	13 (1%)	1 (0.2%)	0	5 (0.7%)	5 (0.2%)	11 (0.7%)	5 (0.2%)	11 (0.4%)
<b>Condoms</b>	876 (62%)	85 (15.4%)	722 (46.9%)	117 (15.9%)	774 (32.9%)	135 (8.8%)	732 (23.2%)	258 (10.7)
<b>General*</b>	48 (3.1%)	58 (10.5%)	61 (4%)	64 (8.7%)	229 (9.7%)	385 (24.8%)	743 (23.6%)	773 (31.8%)
<b>Total (100%)</b>	<b>1417</b>	<b>552</b>	<b>1540</b>	<b>737</b>	<b>2349</b>	<b>1543</b>	<b>3150</b>	<b>2421</b>

\*all other requests, including centre address, opening hours, schools and outreach bookings, interagency networking, cervical checks queries, infertility issues etc

The number of enquiries regarding the screening available in the area in 2014 and 2015 resulted in opening an asymptomatic STI clinic in the centre in 2016. The Sexual Health Centre has provided a screening service only one evening a week. The amount of requests for STI screening is consistently increasing (**Figure 3**) and in 2017 the centre could offer the full screening to 16% of the 1676 concerned clients enquiries. There were a total of 256 clients attended the Sexual Health Centre STI clinic in 2017. Some clients identified the need of expanding clinic hours. Individuals noted a long waiting list. In service users' opinion the clinic should be open more often than one evening a week. Requests relating to the out-of-hours STI clinic from 2014 to 2017 are seen in **Figure 2**.

**Figure 2: STI clinic enquiries from 2014-2017**



The Sexual Health Centre offers counselling free-of-charge to clients experiencing a crisis pregnancy, their partners and family members, those who are post-abortion and people living with HIV, their partners and significant others. The total number of counselling clients for post-abortion counselling and HIV counselling have remained relatively similar from 2014 to 2017. In relation to crisis-pregnancy counselling the centre has provided an overall increasing number of sessions to clients since 2014. The number of HIV clients have remained relatively stable during this time. Results on counselling client numbers can be seen in **Table 3**.

**Table 3: Total counselling clients attending the Sexual Health Centre from 2014 to 2017**

	Crisis pregnancy	Post abortion	HIV
<b>2014</b>	69 (49%)	39 (29%)	32 (22%)
<b>2015</b>	87 (52%)	45 (27%)	34 (21%)
<b>2016</b>	114 (47.5%)	98 (41%)	28 (11.5%)
<b>2017</b>	84 (58%)	25 (17%)	35 (25%)



The Sexual Health Centre has offered sexual health promotion workshops to marginalised, isolated, vulnerable and 'othered' groups of society since 2014. Numbers of those attending outreach workshops and disability group workshops have grown since 2014. In 2017 Over 1,000 individuals were supported through sexual health promotion workshops delivered by the Sexual Health Centre. The number of individuals availing of these workshops are detailed in **Table 4**.

**Table 4: The number of contacts in relation to individuals accessing Sexual Health Promotion workshops in outreach settings from 2014 to 2017**

	Outreach programme			Disability programme		
	Male	Female	Total	Male	Female	Total
<b>2014</b>	77 (39%)	119 (61%)	196	17 (68%)	8 (32%)	25
<b>2015</b>	307 (44%)	385 (56%)	692	26 (40%)	39 (60%)	65
<b>2016</b>	542 (44%)	691 (56%)	1233	115 (54%)	100 (46%)	215
<b>2017</b>	543 (46%)	629 (54%)	1172	76 (52%)	71 (48%)	147

In addition, the Sexual Health Centre has offered sexual health promotion workshops to young people in school settings across Cork for the past number of years. Numbers of those availing of these workshops have continually increased. In 2017 Over almost 5,000 young people were supported through sexual health promotion workshops delivered by the Sexual Health Centre. Unfortunately, following a funding cut this service is no longer available from the Sexual Health Centre. The number of young people who were supported throughout these workshops are detailed in **Table 5**.

**Table 5: The number of individuals accessing Sexual Health Promotion workshops in schools from 2014 to 2017**

	Schools programme		
	Male	Female	Total
<b>2014</b>	1047 (50.3%)	1035 (49.7%)	2082
<b>2015</b>	1462 (52%)	1342 (48%)	2804
<b>2016</b>	1994 (50.4%)	1964 (49.6%)	3958
<b>2017</b>	2551 (53%)	2242 (47%)	4793

## Discussion

Traditionally, sexual health was primarily concerned with reproductive health and its fundamental contribution to society. However, since 1974 a global shift broadened societies view of sexual health requirements to encompass a more holistic approach. This ideology was supported by the World Health Organisation (WHO, 1975) when they first published and acknowledged sexual health in terms of pleasure, the right to information and the enrichment of personal relationships. The requirement for sexual health education, advice, information, support and testing to the public has been well documented (Arnett, 2000; Impett et al., 2006). The current report outlines the number and range of service requests from the Sexual Health Centre from 2014-2017. In total, over 5,000 information requests were received by the Sexual Health Centre in 2017, an increase from 1,949 in 2014. Information requests included contraception, sexuality, condom - and demonstration requests, interagency work, STI information, Rapid HIV testing and screening requests. - This complements the broad range of requests received via the centre helpline annually.

Since 2014, an increasing number of information requests have been received in relation to STI screening services available at the Sexual Health Centre. In relation to STI clinic enquiries, clients noted the benefit of an out-of-hours service to support their need for discretion, privacy and confidentiality. Recent research notes the impact of societal stigma in relation to sexual health. The stigma acts as a barrier for clients in accessing services. Clients wanted a sense of privacy, impartiality and acceptance (Cook et al, 2014). The out-of-hours clinic at Sexual Health Centre in Cork was an oversubscribed service, especially for MSM members of the community. Responding to the needs of less than one-fifth of our enquiries highlights the need for expanded out-of-hours STI screening services in the community setting.

This report demonstrates a need for information and support services in relation to sexual health. Queries in relation to sexuality, contraception, condoms, STI information and screening are most common. Specifically, the current research indicates an increasing number of sexual health education contacts via schools from 2014 until the funding for this programme was cut in 2017. There is considerable Irish and international evidence that suggests those who receive good quality RSE are more likely to delay their sexual debut. (Kirby 2007, UNESCO 2009). Comprehensive sex education provides young people with the opportunity to explore the advantages of waiting until

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they are ready for sex. Research suggests young people strongly favour classes which are delivered by external partners and deal with relationships, sexuality and sexual health (Hyde and Howlett, 2004; Mayock and Byrne, 2004). Others suggest the inclusion of information on condoms and where to access services. (UNFPA,2012). It is important to note that:

- The Health Protection Surveillance Centre reports that Sexually Transmitted Infections are a growing public health concern amongst young people in recent decades. In parallel, research has shown that the age of first intercourse has fallen. The likelihoods of contracting chlamydia are higher amongst those whose sexual debut is earlier than the norm (O'Connor, 2015).
- Adults and young people in the out of school setting are particularly vulnerable to models presented as 'legitimate' sexuality, the portrayal of men as sexual predators and lack of acknowledgement of the diversity of sexual feelings and practices. As a result, they are likely to disengage from the programmes. (Pound et al 2016).
- Contextual factors and their effects are important and include: new population groups (religious and cultural differences), the influence of the media and social media, concerns about sexual abuse of children, changing patterns and attitudes to sexuality, the growing acceptance of diversity.

While many believe that teachers should deliver RSE because they know their students, research notes this was actually a barrier due to the level of embarrassment among students and a breach of their boundaries (Pound et al 2016). Students wanted a sense of privacy, impartiality and acceptance. The research found that there were dangers of "blurred boundaries" and that teachers may be inherently unsuitable because of the nature of the relationships. The report recommends highly trained, specialist RSE teachers. In addition, teachers' belief systems, their personal attributes, teacher training, school policies, schools support for the adoption and implementation of RSE, other curriculum pressures and inconsistent monitoring of delivery and implementation all impact on the quantity and quality of relationships and sexuality education present in our schools. Many studies caution against the implementation of uncoordinated, fragmented interventions.

The Sexual Health Centre remains focused on its vision of a society where (i) people are able to understand, acknowledge and express their sexuality, (ii) people are able to understand, acknowledge and respect the sexuality of others and (iii) fewer people experience STIs and crisis pregnancies. In recognising people's fundamental human right to good healthy relationships and

sexual health support services, the centre delivers health promotion workshops and interventions centred on education, support and facilitation. It continues to work with a broad spectrum of society including but not limited to young people, people living with a disability, LGBTQ+ community, sex workers, addiction service users, vulnerable adults and migrants. We believe that (i) sexuality is an integral part of everyone, (ii) that everyone has the right to feel confident, assertive and safe to express their sexuality and (iii) that being listened to in confidence and accepted without prejudice can alleviate feelings of shame and isolation. The number of individuals availing of the Sexual Health Centre services have continued to increase highlighting the need for further health promotion, support and intervention in the community.

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