Research on Sexual Health

for GPs & practice nurses

INTRODUCTION

This Research Summary for GPs and Practice Nurses is part of a larger Crisis Pregnancy Agency project aimed at bringing research findings into professional practice and service provision.

Research into Practice leaflets summarise research findings for groups that play a role in crisis pregnancy prevention and support.

The data in this leaflet, focusing on crisis pregnancy prevention, STI services and contraception, are taken from two nationally representative sexual health surveys: The Irish Study of Sexual Health and Relationships (ISSHR), commissioned by the CPA and the Department of Health and Children (Layte et al. 2006), and the Irish Contraception and Crisis Pregnancy (ICCP) study, commissioned by the CPA (Rundle et al. 2004). Unless otherwise stated, findings are from the ISSHR report.

This leaflet is for GPs and practice nurses. It summarises recent Crisis Pregnancy Agency (CPA) research, selecting key findings of relevance to sexual health service delivery.

KEY STATISTICS ON CRISIS PREGNANCY, STIs & CONTRACEPTIVE BEHAVIOUR

Most people use contraceptives effectively to prevent pregnancy and STIs. However, when crisis pregnancy does occur it often has a range of negative health, emotional and social implications for those concerned, and STI diagnoses have increased dramatically in recent years.

- 28% of women who have been pregnant have experienced a crisis pregnancy (ICCP report).
- 56% of pregnancies to those under 25 were experienced as a crisis, compared to 16% of pregnancies to women aged 35 to 54.
- The teenage birth rate in Ireland has been relatively stable over the last 30 years. In 2005 there were 2427 births to teenagers (15-19), equivalent to 3.9% of total births that year (CSO statistical report). The majority of teenage births occur in females aged 18 to 19.
- 5585 women giving addresses in the Republic of Ireland had abortions in UK clinics in 2005. The number of abortions in UK clinics to women giving Irish addresses has decreased in the last 4 years.
- 3.4% of men and 1.8% of women had been diagnosed with an STI. Only around 10% of respondents had ever attended for a sexual-health 'check-up'.
- Between 1998 and 2003 there was a 380% increase in reported rates of notifiable STIs (from 2228 to 10695) (Health Protection Surveillance Centre).

A significant minority in all age groups still fail to use contraception.

- 10% of those under 45 years of age not wanting to become pregnant at last intercourse did not use contraception.
- Around 30% of men and women who had just met their partner or who had no steady relationship with them did not use a condom at last sex.
- The majority of those who did not use a condom on their last occasion of sex said that this was because they trusted their partner not to have an STI.

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PATIENT GROUPS AT RISK OF CRISIS PREGNANCY & STIs

We now have data revealing factors that are strongly associated with risk-taking behaviour. This knowledge can assist GPs in identifying patients at risk of crisis pregnancy or STIs and help GPs to maximise the potential of contraceptive and STI-clinic services in their surgeries.

Young people aged 18-24

- ***Drinking alcohol / taking drugs*** was the most commonly given reason for not using contraception for this age group.
  - 20% of respondents under 25 said alcohol/drug use had contributed to them having unprotected sex. In other age groups substance use was cited by no more than 5%.
  - 12% of those under 30 stated that drinking alcohol had been a factor in their sexual debut.
- ***Access*** – 18% of 18-24 year olds cited 'No contraception available' as a reason for not using contraception at last sex (the second most common reason). In other age groups availability of contraception was cited as an issue by no more than 5% of respondents. Qualitative research shows that young people often feel intimidated using sexual health services (if available) and they are concerned that their sexual activity might be revealed if they go to their local pharmacy or GP. This was of particular concern to young people in rural areas and small towns.
- ***Lack of planning*** around sex and contraception characterises this age-group.
  - 16% of 18-24 year olds said that they had unprotected sex because it was 'not planned' and 15% said they 'didn't think to use' contraception.
- ***Fertility knowledge*** – Younger women are significantly less likely to have accurate knowledge about fertility than older women.
  - 56% of under 25s do not know a woman's most fertile time of the month.

"The first time it [sex] wasn't done properly, like. It was just when I was drunk...And I didn't remember the next morning, I was told a week later, like."
(CPA report 8)

"There is a few discrepancies in the sexual relationships... where you wouldn't use [a condom]... It was basically just testosterone, passion"
(CPA report)

Those who have first sex before age 17

- ***Early first sex*** – Young age at first sex is strongly linked with an increased risk of unintended pregnancy and acquiring STIs. Younger age at first sex is linked to a lower likelihood of using contraception at first sex.
  - Women who have vaginal sex before age 17 are almost 70% more likely to experience a crisis pregnancy and are three times more likely to experience abortion.
  - Men and women who have sex before 17 are around 3 times more likely to report experiencing an STI.

  Qualitative research shows that young people are often confused about the right age to have sex and that they may become sexually active to fit in with friends or to please their partner.

Those who experience menarche before age 13

- ***Early menarche is linked to early initiation into sexual activity.*** Menarcheal age is falling.
  - Two-fifths of women aged 25 and under had experienced menarche before they were 13, compared to less than a third of those aged 55-64. Women for whom menarche occurred before age 13 were more than twice as likely to have had early vaginal sex.

"I was fourteen and she was fifteen Just all came too fast. [First sex] just happened."
(CPA report 8)

Women aged 35-44

- ***Ambivalence to pregnancy*** – A significant proportion of women aged 35-44 who stated they were not trying to become pregnant seemed to be leaving their family-planning decisions to chance:
  - 'Not minding if became pregnant' was the most commonly-cited reason for non-use of contraception at last sex among 35-44 year olds. (18% gave this reason).
- ***Contraceptive use***
  - 19% of women aged 35-44 did not use contraception on the most recent occasion of intercourse (double the average).
- ***Poor fertility knowledge*** – confusion about identifying and confirming menopause - is one factor that puts this group of women at risk of crisis pregnancy. 14% of women who reported a crisis pregnancy were over 35 and 4% were over 40.
  - 15% of women in this age group reported not using contraception at most recent vaginal intercourse because they believed they were post-menopausal.
- ***Attitudes to contraceptive methods*** – 58% of women agreed or strongly agreed that the possible side-effects of the pill would discourage them from using it.
  - Around 65% of women aged 35-44 expressed concerns about possible side-effects of the pill. The proportion was similar for women aged 45 to 55.
- ***STI risk*** – STI diagnoses are rising fastest in the 35-44 age-group, perhaps due to the breakdown of long-term relationships or low condom use in this age group. 37% in this age group used condoms at last intercourse, versus 71% of 18-25 year olds (ICCP report). The rise in STI diagnoses in this group may also be due to delayed identification of long-standing infections.

"It's like being in school and being sent to the headmaster's office. That's the kind of feeling you have [in family planning clinic]".
(CPA report 6)

Patients with low socio-economic status (SES) and/or low educational attainment

Across all social spectra factors leading to risk-taking behaviour were identified; however, socially or economically disadvantaged groups or those who had limited exposure to the formal education system were particularly vulnerable to certain risk factors with regard to sexual behaviour and contraceptive use. Low SES and low educational attainment are linked with early first sex (before age 17), which in turn is linked to many risk factors (see above).

- ***Knowledge of fertility/contraceptives/STIs*** – Limited educational attainment is linked to poor knowledge of fertility and knowledge about the use of the emergency contraceptive pill (ECP). Lower levels of education for women and lower professional social class for men and women are linked to poor knowledge about STIs. Those with low educational attainment are also less likely to have received sex education in school or at home.
- ***Lower condom use*** – Low levels of education are linked to being less likely to use contraception at first sex and on the most recent occasion of intercourse:
  - Women with third-level qualifications are almost four times more likely to have used a condom at last sex than women with primary education only.
- ***Early first sex*** – Low levels of education and being in manual - particularly unskilled manual - social class are linked to a greater probability of having sex before age 17:
  - 29% of men with lower secondary education only report vaginal sex before age 17, compared to 16% of men with third-level education. The proportions for women are 14% and 9%.

"[What do you know about condoms?]" – "Not much; that they're just rubber."
(CPA report 8)

"The first time we had sex like ... it was kind of scary afterwards [...] 'Oh, my god we didn't even plan this.' ... We had no contraception or nothing like that."
(CPA report 8)

RISK FACTORS – IMPLICATIONS FOR GENERAL PRACTICE

GPs are the most used and preferred source of information and advice about STIs for both men and women, and women overwhelmingly opt for GP contraceptive services above any other. The robust data now available on sexual attitudes and behaviour will be of use to GPs and practice nurses in supporting patients at risk of negative outcomes.

KNOWLEDGE OF FERTILITY/SEXUAL HEALTH

Fertility knowledge – Those with poor fertility knowledge may lack the motivation to prevent conception. Knowledge about women's fertility and menstrual cycle has reduced significantly over the past 30 years. The majority of men (69%) and a substantial minority of women (44%) do not know the most fertile period in a woman's cycle.

Confusion also exists around perimenopausal symptoms and the effect of the perimenopause on fertility. 21% of respondents aged 36-45 who had not used contraception at last sex failed to do so because they believed they were unlikely to conceive because of the menopause. (ICCP report) Being post-menopausal/ unlikely to conceive was the most common reason respondents gave for not using contraception in the ISSHR survey (age range 18-64).

STI knowledge – While many (especially younger) respondents had good basic knowledge of STIs, ignorance about STI transmission or one's own or a partner's STI status may lead to a casual attitude to condom use. 69% of ISSHR participants reported not using condoms at last sex because they trusted their partner not to have an STI.

In sexual history-taking GPs/practice nurses should ascertain patients' level of knowledge around these fertility/sexual health issues.

Key messages for patients

- *All pre-menopausal women who are sexually active need to use contraception every time they have sex*
- *Menopause is not confirmed until 1-2 years after the last menstrual period*
- *Only barrier methods help to protect against most STIs*

PLANNING FOR/ATTITUDES TO PROTECTION

Casual attitudes to protection were a major reason for non-use of contraception in all age groups. A significant minority 'didn't think to use' contraception or had 'unplanned' unprotected sex. Drink/drug use also led to unsafe sex. 58% of women agreed or strongly agreed that possible medical side-effects of the pill would discourage them from taking it.

Patients should be given full information on a range of contraceptive choices, to allow them to choose, in consultation with a health professional, the method that best suits their lifestyle.

Key messages for patients

- *Contraceptive methods are available that do not require daily administration, offering protection where unplanned sex occurs*
- *New low-dose oral contraceptive pills are safe for most women, including many older women*

PROBLEMS ACCESSING CONTRACEPTION

While practical barriers to accessing contraception and other sexual health services (such as the lack of local clinics, transport costs) are difficult to address (although later surgery hours can help in this regard) GPs and practice nurses can assist patients with barriers such as embarrassment, fear of judgement or concerns about confidentiality.

Key messages for patients

- *Contraceptive and other sexual health consultations are totally confidential, unless there are legal issues involved*
- *It is responsible to seek professional sexual health advice if one is sexually active*

AMBIVALENCE TO PREGNANCY

A significant number of women report 'not minding if they became pregnant', even though they had stated that they were not intending to do so.

In qualitative research the phenomenon of 'progressive remissness' is also evident, whereby contraceptive (and particularly condom) use declines as a relationship becomes more stable and higher risk sexual behaviours such as withdrawal or non-use of contraception become more prevalent.

GPs should discuss a patient's relationship status and the advantages of planning reproductive decisions and recommend contraception accordingly.

EMERGENCY CONTRACEPTION (EC)

The ICCP survey found that 43% of women who had had a crisis pregnancy stated that they became pregnant because of contraceptive pill or condom failure. Qualitative research by the CPA found that most women requesting EC at one clinic had used a primary method of contraception. (Report 14) These findings suggest that some individuals may not be using their chosen method of contraception correctly.

Very high proportions of men (79%) and women (58%) have incorrect knowledge about the recommended time limit for effective use of EC, especially those with low SES.

Key messages for patients

- *Contraceptive methods only offer their maximum protection when they are used according to the instructions*
- *If a primary method of contraception fails or if unprotected sex occurs women can protect themselves by a secondary method: the emergency contraceptive pill*
- *EC is effective for up to 72 hours after sex, although the sooner it is taken the more effective it is*
- *If unprotected sex has occurred a patient may be at risk of having contracted an STI*

All resources pictured are available from the Crisis Pregnancy Agency and full research reports are available online for download at www.crisispregnancy.ie

USEFUL INFORMATION AND CONTACTS

Crisis Pregnancy Agency

The Crisis Pregnancy Agency is a statutory body set up to formulate and implement a strategy to address the issue of crisis pregnancy.

Tel: **01 814 6292** Email: **info@crisispregnancy.ie**

Keep up to date with the Crisis Pregnancy Agency

Check out the Crisis Pregnancy Agency's website: **www.crisispregnancy.ie** You can see the latest Irish research on crisis pregnancy and related areas and find out about resources available to those in a crisis pregnancy situation. Sign up to receive our free newsletter, which has information on new research and useful resources. **www.crisispregnancy.ie/newsletter.html**

Research on sexual health in Ireland

Research reports and research summaries on crisis pregnancy and related areas are available free of charge from the Crisis Pregnancy Agency and for download at **www.crisispregnancy.ie/research.html**

Contraception and sexual health

Think Contraception – The 'Think Contraception' leaflet and website provide information for young men and women who want to learn more about sexual and reproductive health, especially contraception. The leaflet is available from the Crisis Pregnancy Agency, or log on to **www.thinkcontraception.ie**

Contraception 35-55 is a leaflet on fertility, sexual health and contraception for women aged 35-55. It gives information on choosing contraception, fertility and contraceptive options. Leaflets free from the Crisis Pregnancy Agency or download a PDF at **www.crisispregnancy.ie/33-55.pdf**

Resources for patients with a crisis pregnancy

Positive Options is a directory of agencies skilled in the area of crisis pregnancy counselling. The Positive Options leaflet is available from the Crisis Pregnancy Agency, or log on to **www.positiveoptions.ie** Agencies are listed by region, to allow easy identification of local services.

Resources for service providers

Key Contact – The Crisis Pregnancy Agency has commissioned a range of information resources for individuals or organisations that may encounter women experiencing a crisis pregnancy.

Key Contact – Responding to Crisis Pregnancy: Information and Service Directory for Community and Health Professionals gives information on how to support a client with a crisis pregnancy and includes a directory of agencies and support services for those experiencing crisis pregnancy.

Key Contact – Directory of Supported Accommodation for Women Experiencing Crisis Pregnancy provides information on supported accommodation services for women experiencing crisis pregnancy and their children.

Key Contact – Reproductive Health Information for Migrant Women is a crisis pregnancy information booklet and CD-ROM with information in six languages for members of ethnic groups.