



A STRATEGY TO PROMOTE THE SEXUAL HEALTH AND WELL-BEING OF YOUNG PEOPLE IN NORTH AND WEST BELFAST

SUMMARY

Introduction

The Eastern Health & Social Services Board (EHSSB) has the highest number of teenage births as a percentage of total births (8.1% in 2005) compared to the other three Health and Social Services Boards (HSSBs) in Northern Ireland (Western 6%; Northern 6.1% and Southern 4.5%).

As the following evidence shows in 2005 within the EHSSB area, North & West Belfast Health and Social Services Trust area (NWBHSST) has a significantly higher number of teenage births, as a percentage of total births in that area.

- North Belfast – 12.5%
- West Belfast – 14.4%

1 INTRODUCTION

In 2002 North and West Belfast Health Action Zone (HAZ) developed **“A Strategy to Promote the Sexual Health and Well-being of Young People in North and West Belfast”**. The purpose of this document is to provide a synopsis of that Strategy by:

- Outlining the background to and process involved in its development;
- Detailing the aims and objectives; and
- Reviewing the implementation plan.

The document also includes an update of relevant research and statistics.

2 BACKGROUND

2.1 Health Action Zone

HAZ was set up in 1999 in recognition of the persistent inequalities in health in North and West Belfast and the difficult issues faced by local communities. HAZ works in partnership with the community, voluntary and statutory sectors and is now in its second phase of activity. HAZ takes a broad social, economic, physical and cultural view of health and well-being, one which focuses on the importance of the determinants of health.

2.2 HAZ and Sexual Health and Well-Being

Sexual health and well-being has been a recurring theme in HAZ since its inception

in 1999. In addition, it has been well-documented that teenage pregnancy is often a cause and consequence of social exclusion and may have profound effects on the mother and child's health, education and socio-economic environment (Social Exclusion Unit, 1999). Thus HAZ recognised that sexual health and well-being is an important issue for young people in North and West Belfast.

The development of the HAZ strategy was founded on a review of the evidence of effective interventions and best practice, together with professional and lay knowledge and experience. Specifically, research evidence suggesting that comprehensive education and information on relationships and sexuality does not lead to early sexual initiation or increased sexual activity was acknowledged (Kirby, 1994; Fullerton, 2004). Relationships and Sexuality Education (RSE) should include the option of delaying sexual activity, or non-engagement in sexual activity, as well as enabling young people to make choices according to their own judgement and needs. However, to be effective, RSE should take account of the particular needs of young people, including those young people with a disability, those who are homeless and those with mental health difficulties.

The HAZ strategy supports the Council for the Curriculum and Examinations and Assessment (CCEA) guidance documents, which were issued for schools on Relationships and Sexuality Education (RSE) in 2002.

3 DEVELOPMENT OF THE STRATEGY

3.1 The process

A cross-sectoral group was brought together in May 2000 from which a multi-agency writing group was established to develop a strategy, framed within the context of social exclusion. The primary focus was to tackle inequality in and improve the sexual health of young people in North and West Belfast.

The process of developing the strategy was important. A crucial concern was to ensure that it was based on the evidence of effective interventions, and that it respected and was sensitive to the diverse perspectives of all partners and the wider community. Throughout the developments the writing group incorporated the professional knowledge and expertise of the cross-sectoral group.

The document was disseminated widely for consultation. It was considered vital that the agreed strategy would ensure commitment from a range of bodies to address common goals, including those with diverse perspectives. The document was therefore re-written to reflect the comments received and HAZ Council accepted the final draft in 2002.

3.2 Aims and Objectives of the Strategy

The aim of the strategy is to promote the sexual health and well-being of young people in North and West Belfast. The key purpose is to enable young people to develop the knowledge and skills to make informed decisions and choices about personal relationships and sexual health. Central to this work is the need to develop a co-ordinated and integrated approach to promoting the sexual health and well-being of young people.

The six key objectives are to:

1. Ensure that children and all young people have access to high quality Relationships and Sexuality Education (RSE) appropriate to their age and needs reflecting the guidance set out by the Department of Education in 2001 which recognises a moral framework for such education;
2. Increase the availability and accessibility of sexual health services which meet the needs of young people;
3. Ensure that young people have access to accurate information through existing and innovative methods of information dissemination;



4. Promote a social climate which is supportive of young people and their sexual health needs;

5. Encourage research on sexual health services and education initiatives aimed at young people; and

6. Encourage evaluation and promote good practice in the field.

3.3 Target Groups

Whilst the strategy aims to include all young people in North and West Belfast it also recognises that there are a number of specific groups who may have particular needs at different times during their life. These will include young people:

- In primary and post-primary education;
- Excluded from formal education, including non-attenders;
- Engaged in further and higher education;
- Looked - after and leaving care;
- Within the criminal justice system;
- Who are homeless or with no fixed abode;
- With a physical impairment or learning disability;
- With mental health difficulties;
- Whose background includes family conflict;
- From all racial and ethnic backgrounds and
- Regardless of sexual orientation.

The strategy also recognises that in the past young men have not always been afforded the same attention as young women and often have received criticism for not assuming their responsibilities in relation to sexual relationships. They were therefore also recognised as having specific needs.

4 SEXUAL HEALTH OF YOUNG PEOPLE IN NORTHERN IRELAND

It is widely accepted that the sexual health of the population of Northern Ireland is relatively poor. This is evident in the high numbers of teenage births, as well as increases in HIV/AIDS and other Sexually Transmitted Infections (STIs). The sexual

health of young people in particular has been a key concern for health promotion in recent years and is now a priority issue for government.

4.1 Research evidence

The following provides an overview of the current Northern Ireland wide research with regard to sexual activity. More detailed information is contained in all of the reports, which are referenced at the end of this summary.

4.1.2 Health Behaviour of School Children in Northern Ireland (HBSC) - 2000

The questions in this survey relating to sexual behaviour were asked only of young people in Years 9-12 who had indicated that they had (at some point) had a boyfriend or girlfriend. This group constituted a sample of 3,450 young people, 14.9% of whom reported that they had experienced sexual intercourse at the time of the survey. The average age of first sexual intercourse for boys was 13 years and that for girls was 14 years.

4.1.3 Towards Better Sexual Health - 2002

This survey carried out by the Family Planning Association (fpa) produced data about the sexual attitudes of young people aged 14 to 25 years of age throughout Northern Ireland. Key findings included the following:

- Approximately one third (36.7%) of all respondents were sexually active before they were 17 years old, which is the legal age of consent in Northern Ireland.
- First intercourse was most likely to occur at 15 or 16 years (20% and 18.7% of respondents respectively).
- Males indicated that they had experienced sexual intercourse on average one year earlier than young women (14.9 years and 15.9 years respectively).

4.1.4 ARK - 2005

A random sample of 854 16 year-olds surveyed in Northern Ireland showed that

21% reported they had had sexual intercourse on at least one occasion. Once more, a higher percentage of males (20%) than females (15%) reported having had sexual intercourse a few or many times.

4.1.5 Risk Behaviours in Northern Ireland - 2005

Research conducted by "Love for Life" in 117 schools in Northern Ireland showed that 14% of 14 year-olds and 22% of 15 year-olds answered 'yes' to the question 'have you ever had sexual intercourse?' Marginally more males than females answered positively to this question and this difference was noted at both age levels.

4.1.6 The Young Life and Times Survey - 2005

This is an annual study that surveys a sample of 16 year olds in Northern Ireland. Responses to questions asked concerning sexual behaviour have shown some marked differences in relation to sexuality. In 2005, it revealed that 10.2% of those who were only attracted to the opposite sex showed signs of a mental health problem on the GHQ12 scale (GHQ12 score above four) compared to 28.6% of the young same-sex attracted men.

4.1.7 Out on Your Own - 2006

Research by the Rainbow Project revealed that the average age for respondents' first same-sex sexual experience was 15.7 years. This research highlighted the mental health needs of young same-sex attracted men and showed that over one quarter (27.1%) of the respondents had attempted suicide and over two thirds (71.3%) of those surveyed had thought about taking their own life. Four out of five (80.5%) of the respondents who had suicidal thoughts indicated that this was related to their same-sex attraction. This further illustrates the inextricable link between sexual health and mental health.

4.2 Statistical evidence

Statistics for North and West Belfast are provided where they are available.

4.2.1 Teenage Pregnancies

In 2005 teenage births, as a percentage of total births, are higher in the Eastern Health and Social Services Board (EHSSB) at 8.1%, compared with the other three Health and Social Services Boards (HSSBs) in Northern Ireland (See Table 1). Within the EHSSB, there is a marked difference in the figures across the district council areas but significantly North and West Belfast not only has the highest percentage in the area of EHSSB (12.5% & 14.4% respectively) but also the highest in Northern Ireland (See Table 2).

4.2.2 Sexually Transmitted Infections (STIs)

STIs are diagnosed and treated primarily in Genito-Urinary Medicine (GUM) clinics, however, other services contribute to this process e.g. General Practice, hospital departments (such as gynaecology) and family planning clinics. The most comprehensive source of surveillance data for STIs in Northern Ireland is provided by the KC60 statutory returns made each quarter from the four GUM clinics and is based on the whole population. This uses the same format as England and Wales, by recording the numbers of new diagnoses for

a range of STIs. The Communicable Disease Surveillance Centre (CDSC) in Northern Ireland has responsibility for collating this surveillance data and compiling quarterly and annual reports. Table 3 summarises figures for some of the main STIs reported in Northern Ireland from 2000 to 2005.

Chlamydia

Chlamydia is one of the most common STIs, which can cause serious health problems if left untreated, including infertility. Northern Ireland has not been included in the National Chlamydia Screening Programme (NCSP) that has been introduced in England and Wales, yet Chlamydia is on the increase. Compared to 2004, the numbers of new diagnoses of Chlamydia in Northern Ireland in 2005 increased from 1453 to 1631 cases. In North and West Belfast Health and Social Services Trust (NWBHSST) provisional figures from the Family Planning Clinics for 2006 are as follows:

Table 1: Northern Ireland Teenage Pregnancies by HSSB area in 2005

HSSB	Teenage Births	Total Births	Teenage Births as % of Total Births
Eastern	8023	653	8.1
Northern	5734	349	6.1
Southern	4803	215	4.5
Western	3911	233	6

Source: Sexual Health Information Factsheet (2006)

Table 2: Total Live Births to Teenage Mothers in the Eastern HSSB by Residence Area in 2005

HSSB	Teenage Births	Total Births	Teenage Births as % of Total Births
Ards	899	53	5.9
East Belfast	702	58	8.3
North Belfast	913	114	12.5
South Belfast	733	58	7.9
West Belfast	964	139	14.4
Castlereagh	689	38	5.5
Down	820	56	6.8
Lisburn	1485	90	6.1
North Down	818	47	5.7
TOTAL	8023	653	8.1

Source: Sexual Health Information Factsheet (2006)

Table 3: Some of the main STIs reported in Northern Ireland from 2000 to 2005.

STI	2000	2001	2002	2003	2004	2005
Gonorrhoea	143	148	117	154	124	182
Syphilis	0	11	19	10	41	34
HIV	19	19	27	32	62	63
Chlamydia	963	947	1170	1308	1453	1631

Source: Communicable Disease Surveillance Centre (2006)

Chlamydia Statistics January – December 2006

549 tests
21 positive

Source: Family Planning Clinics, NWBHSST (2007).

The vast majority of results were from tests carried out pre-coil insertion; a few were opportunistic screening of those categorised as high-risk and some were the result of testing symptomatic patients.

Chlamydia testing also takes place in a number of settings outside of the family planning clinics (NWBHSST). For example, since July 2005 Chlamydia tests are now carried out in Brook Northern Ireland. Figures for young people from the NWBHSST area are as follows: of the 42 tests that were carried out from July to December 2005, three were positive for chlamydia. In 2006, there were 55 positive chlamydia results, out of a total of 348 tests. Source: Brook Northern Ireland (2007).



5 IMPLEMENTING THE STRATEGY

The HAZ Sexual Health Project Board was set up in January 2005, to take forward the Strategy (See Appendix for a full list of members). Its membership reflects the multi-sectoral partnerships that exist within the HAZ structure and includes representatives from the following organisations:

Belfast Education and Library Board (BELB), Brook Northern Ireland, Eastern Health and Social Services Board (EHSSB), fpa, North and West Belfast Health and Social Services Trust (NWBHSST) [Primary Care, Aftercare, Family Planning, Health for Youth through Peer Education (HYPE) and The Sexual Health Team], Opportunity Youth, the “shOUT” Project and West Belfast Partnership. This group manage the implementation of the Action Plan. This work will progress on a short, medium and long-term basis of one year, two to three and five years respectively.

5.1 The policy context

Implementation of the Strategy has been informed by the following regional policy documents (See “References” for further details):

- HIV and AIDS in Northern Ireland: A Strategy (DHSS) 1993.
- New Targeting Social Need (2004).
- Teenage Pregnancy and Parenthood Strategy and Action Plan (2002-2007).
- Draft Sexual Health Promotion Strategy (2003).
- Investing for Health (2002).
- Area Child Protection Committee [ACPC] Regional Policy and Procedures (2005).

In 2001 the Council for the Curriculum and Examinations and Assessment (CCEA) published guidance documents for schools on Relationships and Sexuality Education (RSE).

5.2 Progress and priorities

In 2005 a Sexual Health Co-ordinator was appointed to co-ordinate the implementation of the Strategy.

The action plan is based on the premise that young people need to have confidence and

self esteem if they are to make informed decisions about their personal and sexual lives. Of particular concern are those who are sexually active, without regular partners, who may be vulnerable for a range of reasons. Their needs must be addressed urgently, using innovative approaches to the provision of services and education regarding sexual health.

Improvements in meeting the needs of pregnant and parenting schoolgirls are also required including access to education, support provided by health and social care practitioners, quality of relationships and sexuality education, and the importance of a range of informal supports.

The role of education providers in addressing the need for high quality RSE is key. It is recognised that much good work has taken place over the years to advance this agenda, however, it is also clear that the pattern has varied in individual schools/colleges and has often been poorly co-ordinated.

Before and since the strategy was implemented a range of information, education and clinical initiatives have been available in schools, Further Education Colleges and at a community level throughout North and West Belfast. These include:

- Delivery of training by the Sexual Health Team for teachers in primary and post-primary schools in the Eastern Health & Social Services Board area;
- Training of school nurses to enable them to contribute to RSE in schools and drop-in centres;
- Peer education initiatives have been provided by the HYPE Team, Opportunity Youth and the Yahoo project; and
- Sexual Health Information has been delivered in schools by the HYPE team, Opportunity Youth, Love for Life, ACET, school nurses and fpa.

Other initiatives include training and education of young people excluded from

school, homeless outreach drop-in services, family planning clinic sessions for under 25s; special support for groups such as those with learning disabilities, the young lesbian support group and young men and gay men. Priorities also include:

- Partnership working with all agencies to ensure high quality best practice and user friendly services and
- Ensuring that the requirements of Section 75 are met.

Further work is also underway as part of the implementation of this strategy to understand better the gaps in current service provision for young people. To this end, work has been commissioned to explore sexual health services and existing and planned arrangements for Personal Development and Relationships and Sexuality Education (RSE) in schools in North and West Belfast.

6 ORGANISATIONS LINKED TO SEXUAL HEALTH IN NORTH AND WEST BELFAST

The HAZ Sexual Health Strategy involves the following partners: The Belfast Education and Library Board (BELB), Brook Northern Ireland, Eastern Health and Social Service Board (EHSSB), Family Planning Association (fpa), HIV Support Centre, Investing for Health (IFH), the former Local Health and Social Care Group (LHSCG), North and West Belfast Health and Social Services Trust (NWBHSST); Opportunity Youth, Rainbow, the Simon Community, the Probation Board for Northern Ireland (PBNI) and the Yahoo Project.

The full strategy document entitled “A Strategy to Promote the Sexual Health and Well-being of Young People in North and West Belfast” (including Action Plan) will be available from the HAZ Office.

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Glossary of Terms

ACET	Aids Care Education and Training
ACPC	Area Child Protection Committee
AIDS	Acquired Immune Deficiency Syndrome
BELB	Belfast Education and Library Board
CCEA	Council for the Curriculum Examinations and Assessments
CCMS	Council for Catholic Maintained Schools
CDSC	Communicable Disease Surveillance Centre
DHSSPS	Department of Health, Social Services & Public Safety
EHSSB	Eastern Health and Social Services Board
fpa	Family Planning Association
GUM	Genital Urinary Medicine
HAZ	Health Action Zone: name given to geographical areas which bring together all those who can contribute to improving the health of the local population, in this case in North and West Belfast.
HAZ Council	The decision-making body of the Health Action Zone made up with senior officials from eighteen formal partners from the statutory, voluntary, community and private sectors working in North and West Belfast.
HBSC	Health Behaviour of School Children
HSSB	Health and Social Services Boards
HIV	Human Immunodeficiency Virus
HPANI	Health Promotion Agency for Northern Ireland
HYPE	Health For Youth Through Peer Education
LGBT	Lesbian/Gay/Bisexual/Transgender
LHSCG	Local Health and Social Care Group
NCSP	National Chlamydia Screening Programme
NTSN	New Targeting Social Need
NWBHSST	North and West Belfast Health and Social Services Trust
PBNI	Probation Board for Northern Ireland
RSE	Relationships and Sexuality Education
STI	Sexually Transmitted Infection

Appendix



HAZ Sexual Health Project Board Membership

The Project Board membership for the HAZ Strategy to Promote the Sexual Health and Well-being of Young People in North and West Belfast is as follows:

Mary Black (Chairperson)	HAZ
Dr Bernadette Cullen	EHSSB
Mary Crawford	Brook, Northern Ireland
Cathy Curry	HYPE
Peter Dornan	BELB
Dr. Olga Elder	NWBHSST
Beth Gilhooly	HAZ
Billy Graham	NWBHSST
Joanna Gregg	Sexual Health Team Eastern Area
Joe Harris	Sexual Health Team Eastern Area
Stiofan Long	West Belfast Partnership
Jackie McBrinn	NWBHSST
Elaine McCarthy	HAZ
Anne-Marie McClure	Opportunity Youth
Sam McDermott	BELB
Audrey Simpson	fpa
Amanda Stephens	shOUT Project
Jackie Walker	NWBHSST

References

- Area Child Protection Committees (2005). "Regional Policy and Procedures".
- Council for the Curriculum and Examinations and Assessment (2002). Guidance documents for schools on Relationships and Sexuality Education (RSE).
- Department of Health and Social Services (1993). HIV and AIDS in Northern Ireland: A Strategy.
- Department of Health, Social Services and Public Safety (2002) on behalf of the Ministerial Group on Public Health. "Investing for Health".
- Department of Health, Social Services and Public Safety (2002). "Teenage Pregnancy and Parenthood Strategy and Action Plan (2002-2007)".
- Department of Health, Social Services and Public Safety. The Five-year Sexual Health Promotion Strategy (soon to be published).
- Hannahford, S. (2005): Drinking, Smoking, Drugs and Sexual Intercourse - Education and Influences for Young People in Northern Ireland. ARK Research Update Nr. 37. Belfast. ARK
- Fullerton, D. (2004). Promoting Positive Adolescent Sexual Health and Preventing Teenage Pregnancy – A Review of Recent Effectiveness Research. Crisis Pregnancy Agency Report – No.2.
- Health Promotion Agency for Northern Ireland/fpaNI (2006) Sexual Health Information Factsheet: "Sexually Transmitted Infections".
- Health Promotion Agency for Northern Ireland/fpaNI (2006) Sexual Health Information Factsheet: "Teenage Pregnancy".
- Kirby, D., Short, L., Collins, J., Rugg D., et al (1994). School Based Programmes to Reduce Sexual Risk Behaviours: A Review of Effectiveness, Public Health Reports, 109(3): 339-360, In: Teenage Pregnancy, Report by The Social Exclusion Unit, June 1999.
- Love for Life (2005): Risk Behaviours in Northern Ireland 14-15 year old School children. Portadown. Love for Life.
- North & West Belfast Health Action Zone. (2002): A Strategy to Promote the Sexual Health and Wellbeing of Young People in North and West Belfast.
- Office of the First Minister and Deputy First Minister (2004). New Targeting Social Need.
- Schubotz, D., Simpson, A. & Rolston, B. (2002). 'Towards Better Sexual Health: A Survey of Sexual Attitudes and Lifestyles of Young People in Northern Ireland'. University of Ulster/FpaNI: London.
- Social Exclusion Unit (1999). Teenage Pregnancy Report. The Stationery Office.
- The Young Life and Times Survey (2005). Findings of the Young Life and Times Survey 2005. An Annual Study Recording the Views of Sixteen-year-olds in Northern Ireland accessed at www.ark.ac.uk/ylt

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