Royal College of Nursing

RCN sexual health strategy

Guidance for nursing staff

Sexual Health Strategy

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Scope of the strategy

1.0 Introduction

This RCN sexual health strategy has been developed to help nurses work effectively in the challenging and sensitive field of sexuality and sexual health. It is aimed at nursing staff working across a range of settings from hospital to care home, and is intended to help shape and inform their nursing practice.

The document provides recommendations for future practice development, education, policy implementation and research. These will act as the foundation for the RCN Sexual Health Programme.

The strategy outlines key elements to consider in promoting sexual health nursing and establishes a clear vision for nurses in all fields. It sets out a direction for nursing to promote sexual health and highlights areas where further work is required. Its underpinning principle is based on integrating sexual health across all aspects of nursing philosophy and care.

The document has evolved from previous work undertaken by the RCN and should be considered with other strategies such as the Department of Health's sexual health strategy for England.

The RCN has carried out focus groups with nurses across the UK and their views are incorporated. The strategy has been developed over 18 months and was launched at the RCN Sexual Health conference in June 2001.

1.1 Strategy aims

The sexual health strategy aims to:

- identify the professional role that nurses play in the area of sexual health
- provide information on current RCN policies in sexual health
- identify education and training programmes for nurses
- discuss career pathways for nurses working in sexual health
- enhance clinical practice through research and evidence-based practice
- give clear recommendations for further work to be undertaken by the RCN Sexual Health Programme.

2.0 Rationale for the strategy

The RCN's sexual health strategy is a timely reminder for nurses that sexual health, and ill-health, relate to the holistic care of patients and clients. It is clear that a person's sexual health is as important as his or her physical, psychological and cultural well being – a view supported by the Department of Health's sexual health strategy. This is a time when much of the attention on sexual health is being focused on sexual ill health – HIV, unwanted pregnancies and sexually acquired infections (SAIs).

The following sections spell out why this sexual health strategy is vital for nursing practice:

2.1 Sexual health strategy key priorities

The sexual health strategy's key priorities for nursing are to:

- build policies that promote sexual health at local and national levels that are co-ordinated and address sexual health inequalities
- create environments that are supportive of sexual health
- develop personal and social skills regarding sex, sexuality and sexual health
- ensure that all nursing-led services that contribute to or promote sexual health build on an evaluation and research evidence base
- provide professional education and training in sexual health awareness for all health care professionals.

2.2 Holistic client care

Sexual health is about the holistic care of patients and clients, and the strategy addresses this in the three closely related primary areas: clinical practice, and clinical education and clinical policy development:

1 Clinical practice is at the heart of nursing care. However, there are few examples of excellent sexual health care. The strategy aims to redress this imbalance by illustrating models of good practice.

2 Clinical education practice is an important element of life-long learning. The strategy highlights areas of sound educational practice, and suggests standards of learning for pre-registration nursing, generic nursing care and specialist practice areas including nurse consultancy.

3 Clinical policy development, practice and education are closely linked. Current national, professional strategies emphasise that policy change and development, from local to national level, must support learning and clinical practice.

2.3 Sexual ill health issues

HIV, unwanted pregnancies, sexually acquired infections (SAIs), teenage sexual health, sex education and emergency contraception are major issues with implications for nursing practice, these are some of the sexual health issues facing nurses and other health care professionals today:

- the UK has the highest rates of teenage pregnancies in Western Europe. In 1997 the conception rate for girls under 16 was 8.9 per 1,000. For girls aged 16-19, the rate was 62.3 per 1,000 (PHLS, 2000) (see www.phls.co.uk).
- half of under-16 conceptions and more than a third of conceptions in 16-19 year olds end in termination. There was a rise in the number of terminations in all age groups in 1998. Terminations rose by 11% in the under-20 age group and by 6% in the over-30 age group. Over 20 year olds account for 80% (130,000) of total terminations per year (Office for National Statistics, 1998).
- attendances at genitourinary departments and sexual health clinics now total one million per year, a doubling over the last decade. Most commonly seen cases are genital warts, chlamydia and gonorrhoea. Cases of chlamydia have risen by 21% between 1996 and 1997, and a further 13% from 1997 to 1998 (PHLS, 2000).
- more people were diagnosed with HIV in the UK last year than for any year since HIV testing began in 1985. While highly active anti retroviral therapy (HAART) has dramatically cut the number of deaths from HIV, the number of newly diagnosed cases in 2000 was 3,435 (PHLS, 2000).

3.0 New ways of working

A specially convened expert group, the RCN Nursing Focus Group, was used to feed in specialist advice to the strategy on the following range of nursing practice issues:

- developing new ways of working
- workforce planning
- education, training and professional leadership
- nursing policy and practice development.

From this specialist advice the following nursing practice topics were identified as areas where sexual health care would impact:

3.1 Assessing sexual health needs

Nurses, midwives and health visitors need to have a basic understanding of sexual health so that they are able to identify a patient's sexual health care needs. This impacts on pre and post-registration education, and particularly community specialist nursing programmes.

3.2 Developing nursing roles

The NHS Plan (2000) identifies 10 key roles for nurses. If they are implemented for sexual health care in the UK the demand for services could increase substantially, which means it is even more important to have education programmes in place. The roles include:

- order diagnostic investigations such as pathology tests
- make/ receive direct referrals
- admit/ discharge patients for specified conditions with agreed protocols
- manage patient case loads
- facilitate clinics
- prescribe medicines and treatments with agreed protocols
- perform minor surgery and outpatients procedures such as colposcopy

- triage patients using the latest information technology
- take a lead in the organisation and running of local health services.

3.3 Nurse prescribing

The NHS Plan (*A plan for investment. A plan for reform*, 2000) focus on the need to widen the workforce can already be seen in developments around nurse referral, prescribing and nurse-led services. This raises issues about training and ongoing education, particularly for NHS nurses working in sexual health.

The Department of Health (England) is moving ahead with implementation of the main recommendation of the second Crown Report (DH, 1999), which proposes to extend prescribing rights to nurses. The report also plans to create a new group of independent prescribers, and a new legal status of supplementary prescribing.

The RCN says it is important the implementation proceeds as swiftly as possible and that this progress is repeated in Scotland, Wales and Northern Ireland.

3.4 Nurse-led clinics

Increasing the number of nurse-led clinics will improve access and quality of services to patients, and reducing waiting times.

3.5 The holistic approach

Nurses working in sexual health should provide holistic care, and be able to offer a range of advice and services to meet patients' sexual health needs. Ideally nurses should work in a multi-disciplinary team providing a range of advice and services. Partners could come from primary care, social care, industry and school health.

3.6 Professional leadership

Clinical specialist nurses have an important role to play. There is a need for improved leadership in the nursing, particularly in planning and providing sexual health services. For example, the consultant nurse in sexual health has a key role in improving professional leadership for the future.

3.7 Recruitment and retention

There are often no clearly defined career structure or growth pathways in sexual health nursing. This may adversely affect the recruitment and retention of nurses working in sexual health and the strategy makes recommendations to counteract this (see Chapter 12).

However, career development opportunities and specialist skills training will attract and retain nurses. Flexible working, and job sharing are also examples of working practices that will encourage retention of staff.

3.8 New nursing roles

The new nursing roles in NHS Direct, walk-in services, school nursing, health visiting and midwifery will have an important impact on the delivery of sexual health care provision.

3.9 Research and information

On-going research into lifestyle trends and behaviours informs nursing practice. Clinical staff also need to access the latest information and research evidence and IT resources.

4.0 Education and training needs

(see also Section 2)

The health care staff identified below need specific sexual health care practice education and training programmes:

- nurses, midwives and health visitors
- specialist nurses
- nurse consultants.

The directives in *Making a difference* (DH, 2001) and *Fitness for practice* (UKCC, 1999) provide the ways of introducing the necessary change to education and practice to make this happen.

The RCN will use the sexual health strategy to link into these policies and to provide leverage for implementing good practice in sexual health care. Syllabuses for pre-registration nurse pilot projects must include sexual health. Post-registration nurse education programmes should be flexible to meet local education and training needs.

4.1 Professional development strategies

Staff development strategies and performance reviews need to identify ways in which clinical staff work with patients on sexual health issues. Good practice should be identified, and staff should be supported and trained to deal with sexual health issues in practice.

Staff may undertake additional training – for example modules in teaching and assessing in clinical practice. Staff performance should be regularly reviewed to ensure they are addressing sexual health issues effectively, and working as appropriate role models for students in sexual health care settings.

4.2 Sharing values across professional boundaries

Poor practice will continue unless values are shared across all health care professions and settings.

4.3 Specialist teachers

Teachers in sexual health subjects should be expertly trained so that they can act as role models for other teachers and students.

4.4 Clinical practice educators and mentors

Most teaching is carried out in practice by mentors, assessors and clinical practice educators. There should be training to ensure that they are including effective sexual health teaching in the practice setting. Clinical supervision can be used to explore sensitive issues and offer support to staff.

5.0 Sexuality and sexual health in nursing practice

Most people who come into a health care setting are not there because they have sexual ill-health problems. Yet their illness or disability may well have an impact on their sexual health and/ or sexuality, and nurses need to have the expertise to offer help or know how to find the right support.

Helping patients deal with issues around sexuality and sexual health is a relatively new area of work for nurses. Some nurses have developed specialist expertise in this area, but many are for the first time considering how a patient's sexuality and sexual health needs relate to their nursing practice.

There are limited resources available for nurses to help them meet these needs in a professional, sensitive, legal and practical way. As a result some nurses are confused, embarrassed, and often unsure what to do when patients ask for information or advice.

Nurses must understand the professional issues in this area. Without this nurses run the risk of unintentionally exploiting or abusing vulnerable people. The groups who are most at risk are children, older people, people with a learning or physical disability, and people with mental health problems. New UKCC guidance on the prevention of exploitation and abuse of patients by nurses (UKCC, 1999) provides a valuable framework for nurses.

5.1 Sexuality and sexual health: a legitimate area of nursing activity

Nurses need to recognise that sexuality and sexual health are legitimate areas of nursing activity, and that nurses have a professional and clinical responsibility to address them.

It is possible for nurses to work with patients on these issues without feeling embarrassed, ill-equipped or ill-informed. Nurses vary in skill levels, but all have a duty to work at their level of competence using evidence-based practice.

There may be particular issues for nurses working with patients in long-term residential care. Older people's desire for sexual expression may not be acknowledged at all. This can have terrible consequences for both residents and care staff. For example, nurses could fail to recognise signs of sexual abuse, or take precautions to prevent it, because they believe older people are not at risk.

All patients will have individual wishes and needs, and there has to be a balance between respecting their rights to confidentiality while sensitively exploring their needs and helping to meet them. At the same time nurses must safeguard from sexual abuse or exploitation.

5.2 Professional issues

Sexuality and sexual health are important elements of patient care, and employers should ensure that nurses are competent to deal with them by providing training and support. To prevent potential abuse of the nurse/ patient relationship, employers must also have clear policies for nurses to identify levels of competence and the professional boundaries of their work (UKCC, 1999). The policies should look at how to equip nurses with skills, knowledge, structures and procedures.

There have been cases where nurses have been reported to the UKCC for sexual activity with patients (Gulland, 1998). Nurses who act without clear guidelines, or referral to the employer, run the risk of stepping beyond the remit of the UKCC Code of Conduct (1992) and

could be referred to the UKCC Professional Conduct Committee. The potential outcome is a caution, or being struck off the register. Recent changes in the law – the Sexual Offences (Amendment) Act (2000) – creates a new offence for sexual relations between a carer of 18 or over with a client of under 18.

5.3 Employment issues

Where nurses have to provide practical sexuality and sexual health care, this must be made explicit in a job description. For example, a nurse may have to educate a person with a learning disability to buy and use a condom. The situation has the potential for abuse, and for nurses to act outside the law.

To avoid this employers and nurses need to draw up clear care plans and contracts with patients, with set objectives that are evaluated regularly. It is important for the nurse to share the care plan with the health care team. This ensures a multi-professional approach to patient care, and allows team members to support the nurse.

All health care employers must have sexuality and sexual health policy guidelines in place to inform best practice. Employment policies and individual job descriptions should have a requirement for staff to complete ongoing training that includes sexual health. The extent and quality of clinical supervision should also be written into the policy and employment contract.

5.4 Legal issues

In the past there has been a confused legal response to creating a balance between protecting vulnerable members of society, and giving people the right to access support for sexual health problems. The legal structure in the UK divides into civil law and criminal law. Legislation can place boundaries on the extent to which health care workers may become involved in promoting the sexual health of an individual. The introduction of the Human Rights Act (enacted in 2000) has an impact on the rights of the individual and the provision of health care.

Civil law

Nurses caring for patients with sexuality and sexual health needs must carry out their duty of care towards those patients. This calls for nurses to act in a reasonable manner to the standard of another similarly qualified professional. For example, if a nurse is supporting a person with learning disabilities and advising on the use of condoms, it is possible the duty of care may involve protecting that person from exploitation and harm. This may well require teaching the person how to respond assertively to sexual approaches.

Consent is the legal means by which a patient authorises treatment or care. It is also a professional requirement for nurses before they can begin treatment programmes. The case law on consent has established three requirements:

- consent should be given by someone with the mental ability to do so
- information should be given to the patient
- consent must be freely given.

Nurses have a duty not to carry out nursing care or treatment that involves physical contact with the patient's body unless consent has been given. If a nurse does not have consent, then touching a patient's body is illegal.

An adult with a learning disability may have a limited capacity to give consent, and it depends on their ability to understand what is involved that determines whether informed consent has been given. However, if a patient cannot give consent at all, it may be necessary to refer the decision to the courts to determine whether treatment is in their best interest. The legal principles can be found in cases such as Re F (1990) 2 Appeal Court Reports, page 1 and Re A, Times Law Report 15 March 2000.

Criminal law

Criminal law governs people's sexual behaviour by making some activities unlawful. The purpose of the legislation is to prohibit certain sexual activities and prevent exploitation.

The Sexual Offences Act (1956) is the main piece of legislation that defines which sexual activities are prohibited, and the situations in which they occur. The latest amendments to the Act can be found in the Sexual Offences (Amendment) Act (2000).

Where a patient is vulnerable because of age or mental disability, nurses need to be certain that their job description sets out the parameters for the health care activities that they can lawfully provide. For example, a nurse may be aiding and abetting a criminal activity if he or she assists two people to have sexual intercourse if

one of the patients has severe learning difficulties. The law may regard this person as being unable to give consent, and if this is the case the courts may rule that a criminal activity has taken place.

An example of sexual health care that is less likely to be unlawful is where a health care organisation provides accommodation for people with learning disabilities, and has an agreed policy to support them explore sexual activity with privacy and dignity.

It is essential that nurses working in this area are absolutely certain of the legal limits placed on their practice.

6.0 Health promotion

Sexual health promotion and HIV prevention actively support the Government's commitment in the NHS Plan to improving the prevention of ill health. Nurses play a key role here through primary care, and in the delivery and support of secondary and specialist care.

Sexual health is one of the few health issues that affects most people and is relevant throughout most of a person's life. This makes it even more important that all nurses develop the necessary practice skills needed to reduce ill health in this area.

The areas of mental health and learning disabilities have not, until recently, been proactive in the issue of sexual health care as they could have been. However, this is changing with the development of specific education and training courses for nurses working in these.

Nurses play a vital role in sexual health promotion and HIV prevention, and use a wide range of skills in this work. They build awareness of sexual health and help individuals access the information and services they need. This contributes to what is believed to be the low prevalence of HIV in the UK compared with other parts of the world.

However there are improvements nurses need to make:

- sexual health promotion is not always co-ordinated or targeted where it is most needed
- information is not consistently accessible or available through the variety of new technologies.

Nurses working in all areas of health care are responsible for ensuring that they know what specific services are available, and making their patients and clients aware of the sexual health support and promotion available.

6.1 Prison nurses

Nurses working in prisons frequently provide sexual health promotion and treatment programmes. It is clear that many prisoners need education on blood borne viruses and SAIs and their treatments.

6.2 Health visitors

Health visitors work both in the hospital and community setting, often with GPs and primary health care teams. In *Saving Lives* (DH, 2000) they are identified as public health professionals and as having a key role in the delivery of health improvement.

Health visitors help individuals, families and communities by providing health needs assessments and planning effective interventions based on evidence-based practice. They also provide information, advice and support on issues such as parenting, personal relationships, healthy lifestyles, and sexual health.

6.3 School nurses

Saving lives and *Making a difference* (DH, 2001) identify and support a comprehensive programme of action for developing the public health role of school nurses. School education offers an invaluable opportunity for nurses to promote healthy living that can set the pattern for lifestyle and health in adulthood. The role of school nurses already includes exploring the health-related learning needs of children, adolescents and their families. They also carry out diagnostic health screening, health surveillance and provide individual therapeutic interventions.

The NHS Plan (DH, 2000) gives school nurses an expanded role in smoking reduction, teenage pregnancy, reducing child and infant morbidity and mortality rates, as well as the opportunity to make a major contribution to the new national inequality targets in health, including sexual health.

6.4 Midwives

Midwives are essential service providers of sexual health education. They carry out antenatal education initiatives, parental education, nutritional advice and healthy living activities, as well as playing a crucial role in antenatal HIV testing. They also provide care in non-traditional pregnancies through IVF, for example, and in lesbian partnerships (Dunne, 1998).

6.5 Other services

The nurse-led NHS Direct telephone helpline (available in England and Wales, NHS Helpline in Scotland) is an easily accessible 24-hour information and advice service with comprehensive information on local services and emergency contraception. Training and nurse education needs to include accurate information on sexual health advice to support NHS Direct nurses.

There are excellent health promotion models around the UK. For example, a sexual health nurse-led service for teenagers in Grimsby called CHOICES has made a dramatic impact on sexual health problems.

6.6 Conclusion

Nurses, midwives and health visitors can make a significant contribution to improving poor sexual health care services through research and evidence-based practice. They have a pivotal role in ensuring that the services they provide are efficient and of a high standard.

The sexual health strategy will be of help to nurses in the process of accessing sexual health care and improving their delivery of services. The document also provides opportunities for nurses to work in new ways.

2

Education for practice

1.0 Introduction

The first part of this strategy emphasised how sexual health in nursing practice needs support from policies. It also demands appropriate education and training to ensure the success of the strategy.

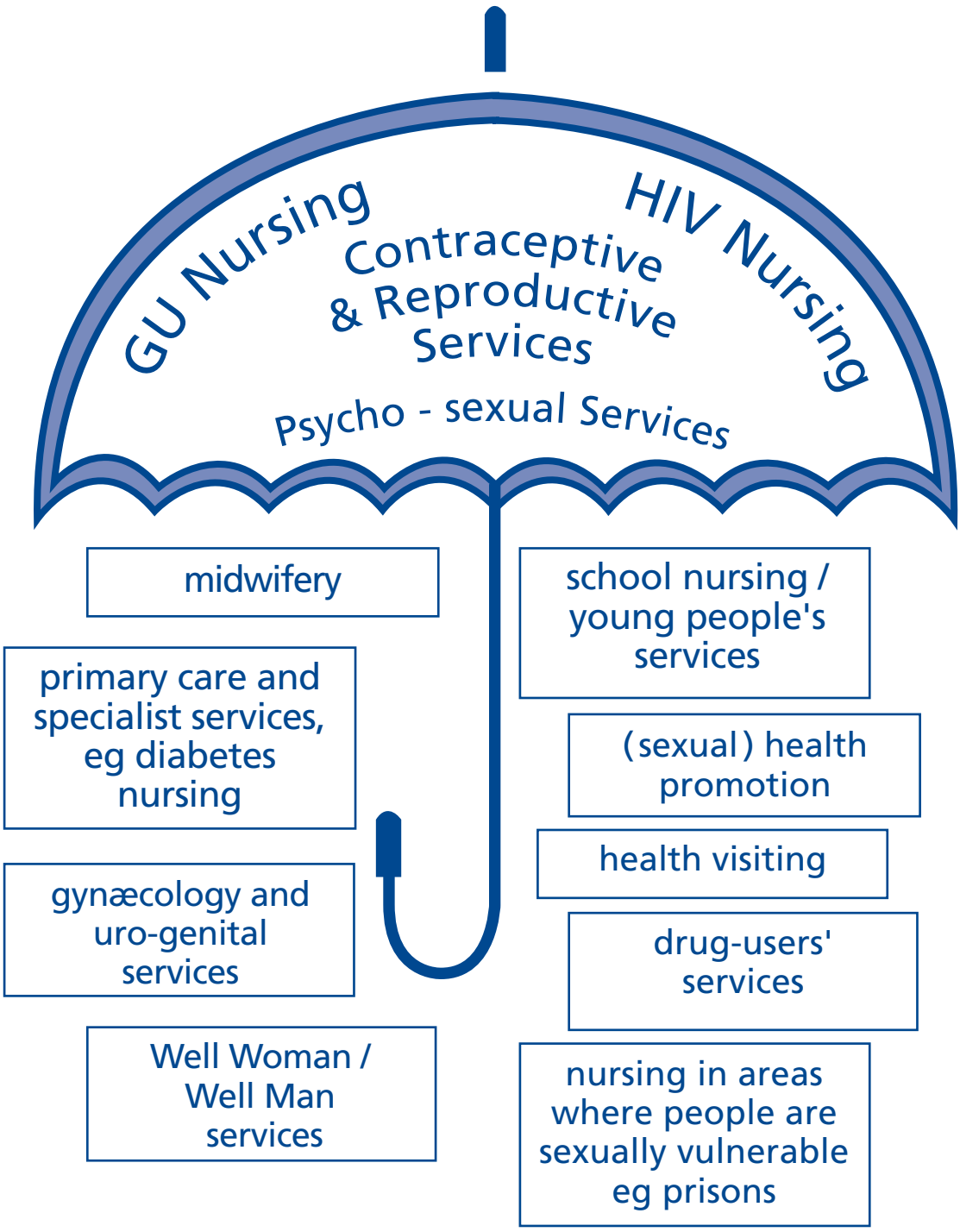
1.1 Nurses have a duty to care for patients, including their sexual health needs when appropriate. But they cannot be expected to give a professional level of care in this new and developing area without commensurate learning taking place.

1.2 As with all areas of professional development, sexual health education and training are expected to be part of a nurse's life-long learning achievement.

1.3 Patients do not cease to be sexual beings or to have sexual health needs. The more nurses deliver holistic care, the more it is likely that patients' sexual health needs will become apparent.

This section will look at education issues for all nurses, including those working in generic fields of care and branches of the sexual health specialty (see Diagram 1), as well as generic and specialist nurse educators. It will tackle questions from both a pre-registration and post-registration perspective.

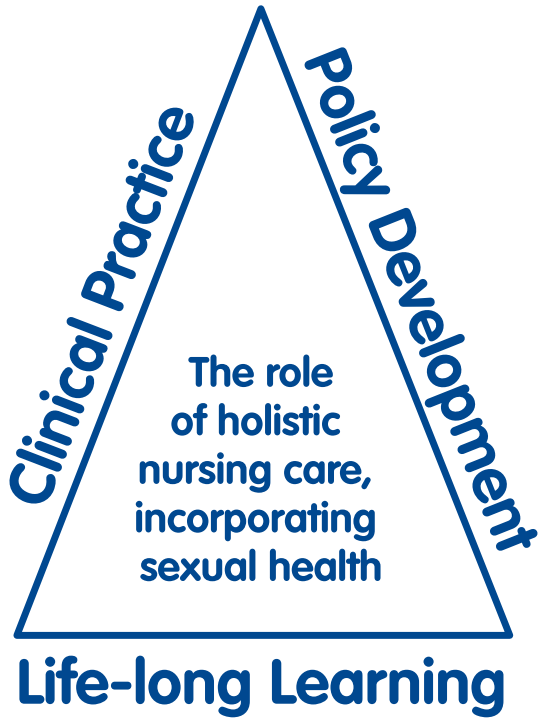
Diagram 1: The sexual health umbrella



2.0 The rationale for life-long learning incorporating sexual health

Sexual health education and training are clearly integral to holistic patient care, and are preferably supported by policies that enrich and enhance the sexual well-being of individuals and groups (Diagram 2).

Diagram 2: A model of holistic sexual health care



2.1 The rationale for incorporating sexual health in life-long learning is summarised under the following headings:

- patient-focused reasons
- nursing initiatives and requirements
- wider professional issues: local and national policy.

3.0 Patient-focused reasons

3.1 Reducing the harmful effects of sexual ill-health

This is a starting point in sexual health care for many nurses. It conforms to clear targets to reduce quantifiable ill effects in sexual health. It includes reducing teenage and unwanted pregnancies (Social Exclusion Unit (SEU), 1999), the high numbers of SAIs in the UK (PHLS, 2000), and the ever-increasing cases of HIV infection (PHLS, 2001).

3.2 Adapting a section from the progress report of the Department of Health and HIV/ AIDS Strategy Steering Group (DH/ HASSG, 2000) on reducing the ill-effects on sexual health, our aims include:

- a reduction in the numbers of unwanted and teenage pregnancies, and SAIs including HIV
- a reduction in the prevalence of undiagnosed SAIs and HIV, particularly in women, many of whom may have no visible signs or symptoms of infection
- the promotion of good health and social care for people living with any of the above
- a reduction (preferably an elimination) in the stigma associated with the above.

These aims are impossible without professional carers improving their self-awareness of negative attitudes towards sexual issues, and patients taking on board health promotion and disease prevention strategies.

3.3 Facilitating good sexual health requires a proactive approach to pre and post-coital contraception that avoids viewing it solely from the narrow perspective of pregnancy control, or family planning. If someone has unprotected sex that could lead to pregnancy, then they are also at risk from certain SAIs.

3.4 The oral contraceptive pill (OCP) and 'morning after pill' are no protection against SAIs. As Berkowitz and Callen (1983) state: "Sex doesn't make you sick: diseases do." Unfortunately, many people do not appreciate the risk certain SAIs pose; or take adequate precautions in avoiding infection.

3.5 Special attention needs to be made of recent changes in the law. The Sexual Offences (Amendment) Act 2000 (enacted 8 January, 2001) equalises the ages of sexual consent for everyone in the UK, including anal intercourse, at 16 years-of-age (17 in Northern Ireland). These changes pose a number of major challenges for this strategy:

- to promote good health education, as well as social and health care provision, for young men who had not been legally permitted to have same-sex sex. These young men must be given the sex and relationship education, skills, personal esteem and empowerment that only heterosexuals previously

had. They also need to be protected from discrimination and homophobia. (Note: the RCN is committed to the urgent repeal of Section 28 of the Local Government Act (1998), and its equivalent, where it still applies).

- the myths and negative stereotyping around gay men and anal intercourse need to be challenged. They should be replaced with accurate understanding that anal intercourse, for example, is not an activity practised by all gay, bisexual or other men who have sex with men, and that many heterosexuals also participate in anal sex (Wellings et al., 1994)
- anyone who considers and/ or participates in anal sex – oro-anal stimulation ('rimming'), using fingers or sex toys, and penetrative anal intercourse – needs accurate and unbiased information on ways to protect themselves from physical harm and infections such as hepatitis A virus (HAV), gonorrhoea and HIV.

4.0 Sexual health as an element of holistic care

Sexual health and spirituality can claim that they are routinely not addressed in health and social care. Numerous publications in nursing often decry how a patient's mental health needs are ignored or incorrectly treated. Even mental health is held in enviously high regard when compared to sexual health. Unless a person presents with an unwanted pregnancy, HIV or an SAI, many clients will find their sexual health needs unmet. Anecdotal evidence even shows how the sexuality box of numerous nursing care notes are routinely left blank, or filled in with meaningless innuendo, for all but a few clients (Evans, 2000a).

4.1 The philosophies of holistic care cannot be complete without integrating the sexual health dimensions of an individual's life (Jamieson et al., 2000). Of course there will be times when sexual health is genuinely not an issue. But evidence would suggest that 'not applicable' or 'not relevant' are used far more often than can be justified. Figure 3 shows an example of how poor documentation in practice can lead to numerous missed opportunities for addressing the wider aspects of a patient's sexual health.

Figure 3: An example of poor documentation

Surname
Maiden name
Christian name
S/M/W/D
Partner's age
Partner's occupation

And the section entitled social history:

Cigarettes
Alcohol
Diet
Rubella vaccine

4.2 Figure 3 highlights wider implications on access to services for neglected or discriminated groups of people. Asking for a maiden name when a high proportion of women in the UK have non-married partners, or have been married on more than one occasion, can miss out on the true reason for asking for a previous name. For example, a health care provider may have stored an individual's notes under another name

4.3 Also to refer to first name(s) as Christian name pays no regard to people who are not Christian. In a multi-faith society like the UK this is blatantly insensitive.

4.4 To give relationship status options as only S/M/W/D reduces all non-legally married individuals to single, which denies the validity of all other types of partnership. This type of form misses out on separated individuals, and on other sexual relationships that patients may be engaged in, and assumes that an individual's marital status is equivalent to a monogamous union. It does not see any sexual health implications wider than the one relationship catered for on such a form.

To follow S/M/W/D immediately with the question about partner's age and occupation again presumes that all patients already have a partner, and presumably

equates this with a married, monogamous relationship. Knowledge of the partner's occupation may be important to family planning services, for example where a job/ industry may place someone at risk of infertility. But nowhere on the form is this notion explored. The form can miss out on the bigger picture, for example, a woman may require contraceptive services for a relationship other than her spouse.

4.5 Under social history the health care worker needs to explore the relevance of asking questions on smoking, alcohol consumption and diet. It may be more productive to ask about smoking cigarettes as well as other products or substances. As Giddens (1997) says, lifestyle choices are constitutive of the reflexive narrative of self. Some people, who are at risk of ill health from smoking, alcohol or drug consumption and poor diet, may also have low self-esteem, which may predispose them to sexual risk taking and poor screening and follow-up services.

4.6 Finally, to include rubella vaccine under social history appears to be totally misplaced. Social history might more profitably include life-style patterns that put the individual at risk of unsafe sex and unwanted pregnancies, SAIs or HIV. There is no place given on this form to explore other sexual practices or the need for advice on oral or anal sex.

This type of form is geared exclusively for heterosexual women and proves uninviting to women having same-sex relations (either exclusively lesbian or bisexual) as well as being discouraging to men attending these health services. The Department for Education and Skills (formerly the Department for Education and Employment) is trying to redress the balance of the invisibility of men in sexual (health) education by highlighting the equal needs of boys in *Sex and relationship education guidance* (DfEE, 2000).
If you require further advice on developing forms, plaese contact the RCN Sexual Health Adviser on 020 7647 3750.

5.0 Sexual health on a par with other nursing developments

This is a prime area where both pre and post-registration professional education can influence clinical care. Articles in the nursing press are never far away from examining the theory/ practice gap. Sexual health is an obvious area where theory and practice can develop and inform each other. The more clinicians work with patients around sexual health issues, the more they can bring these examples and reflection into their professional development and academic courses. Likewise nurse educators and theorists have numerous opportunities to include sexual health studies in education for practice development.

5.1 Courses that address the health care of children, older people, people with mental health, learning and/ or physical disabilities, may fail to tackle the sexual health needs of people in those groups (Crouch, 1999a). More often than not the underlying reason is that sex and sexual health needs are presumed not to be an issue for individuals in these groups. The invisibility of a patient's sexual health denies that the person is a sexual being with needs and feelings, wants and desires (Scott, 1998; Aylott, 1999). For many, this negativity may also exacerbate mental health problems from low self-esteem, stigmatisation and discrimination, and actual clinical illness.

5.2 All of this diminishes the whole person, and de-personalises them. This is a clear example of stigmatising individuals – such a mark, or stigma, identifies a person as different to others, and subsequently makes them vulnerable to prejudice and discrimination (Mason et al., 2001).

6.0 Nursing initiatives and requirements

6.1 To equip nurses with sexual health skills in generic areas of care and education, there is a need to identify and address the sexual health needs of individual clients. These may run from the psychological care of a person hospitalised and separated from a partner, through to addressing patient fears about having sex if they or their partner have a long-term urinary catheter in situ.

6.2 Each nurse should be able to identify attitudes and beliefs that will hinder and/ or enhance sexual health in these, and similar, scenarios. Attention needs to be paid to individual client differences, which may be influenced by gender, sexual orientation, culture-ethnicity, socio-economic status, mental wellbeing, age and the experience of being intimately cared for by another (Adams, 2000).

Crouch (1999b) refers to relevant learning at basic, intermediate and advanced levels. Each particular health care arena, and each client encounter, has the potential for at least a minimum or basic level of related sexual health learning. Ideally, the ethos of life-long learning would encourage the individual nurse to go far beyond the basic level, and strive for the higher levels of intermediate and advanced.

No two clients are the same. While nurses perform certain aspects of daily living (such as bathing) on numerous occasions, each client encounter brings new opportunities for developing learning and skills in holistic care.

6.3 Sexual health is more than the absence of disease. It can incorporate the way a person feels about her or himself and contribute to self-esteem. It can influence the way we dress, or behave, or relate to others. Sexual health – or rather, a lack of it – can frequently be an underlying source of trouble that affects the whole of a person's life: physical, psychological, social and even spiritual.

Figures 4a and 4b are two examples:

Figure 4a: A man in his 20s, with a learning disability and physical deformity to his hands

Each morning the carers would take the client to have a shower. He would get an erection and become very excited about it. Due to his physical disability, he was never able to masturbate, and the carers felt it was not their job to consider this issue but felt that something should be done – but by whom? As the day progressed, the man would become more frustrated and angry, and difficult to relate to. The carers put this down to a deepening sexual frustration, which no one was prepared to deal with.

Figure 4b: A 'beautiful young woman'

This 18-year-old woman took pride in enhancing her natural beauty, in the way she dressed and groomed herself. However, she wore her hair with a central parting, so that an extra long fringe on one side could cover half her face, and hide the signs of a repaired congenital cleft palate/ lip.

Her self-esteem was dangerously low, despite the façade of being the 'life and soul' of every party. She told a nurse how this compensated for all the years of being bullied, and called nasty names by other children in school. She was desperate to be loved, and would take any risks in sex that came her way. "With my face, it's better than nothing," she said.

6.4 Nurses are often keen to enhance the clinical care they provide with counselling skills (Bor and Watts, 1993). Sexual health is one area where such skills would be of immense help and support. Asking about a person's sexual health cannot simply be to fill in a box: "no problems/ not applicable". It is a way of reaching out to the client, and being willing to help. Sometimes help may not be required, and the client may say so. Other times, they may be too shy or embarrassed to talk about the problem. Some may even fear being judged and condemned, or stigmatised and discriminated. Each of these encounters offers numerous perspectives for associated learning.

6.5 From each individual nurse-client encounter, there are three steps, an A-B-C, so to speak, to enhance sexual health learning (Figure 5). These steps will contribute to personal and professional development, and at the same time, maximise the outcomes of the therapeutic relationship.

Figure 5: The A-B-C of sexual health learning in nursing

For the nurse, it begins with becoming aware of, and reflecting on, their attitudes and feelings to certain sexual (health) issues. The next step is to examine and work through their beliefs and feelings. Some attitudes and beliefs may lead to pre-judging a client, and subsequently discriminating against them 'in word, deed or omission'. Step C is to progress through learning about the clinical issues. Sadly, there are too many examples of nurses rushing in to step C, all the while contaminating the therapeutic encounter with unfinished business from steps A and B.

6.6 Evidence and research-based education and training need to be at the heart of sexual health advancement in clinical practice. The progress brought to client care through courses is sometimes diminished when nurses see the extent of their learning as co-terminus with the care they offer. For example "I haven't done the HIV course, therefore I cannot care for people with HIV", or "I can't do that: we never covered it in our training!" The whole thrust of contemporary learning philosophies is geared towards the ideal of life-long learning. As far as sexual health is concerned, many nurses rightly agree that they have some catching-up to do – but this is a challenge, and not a reason to be excused from sexual health care.

7.0 The pivotal role of nursing in improving current levels of sexual ill-health

There are three tiers of sexual health learning in practice:

- generic services
- sexual health services but with non-specifically qualified staff members
- sexual health services with specialist qualified staff.

All those involved in the education and training of staff need to have the appropriate level of learning and expertise to facilitate effective learning in others. This is especially so considering some of the sensitive issues relating to attitudes and beliefs, and associated feelings and behaviours.

7.1 Whatever the stage of a nurse's professional development, sexual health is integral to holistic nursing care. Just as mental health is an integral aspect of every client's life and well being, so is sexual health. Whether a nurse works in pædiatrics or geriatrics, in acute care, primary care, schools or prisons, sexual health will have differing levels of importance for each client.

All nurses are able to think of an anecdote or experience relating to sexual health. Often the sexual health issues are seen as unimportant, not relevant, or even, not dealt with. Frequently the reason for this is that the sexual health issue is not the presenting health problem. However, this is no reason for it to be ignored.

7.2 Figure 6 highlights a few common ways in which sexual health is ignored, or bypassed, for whatever reason. There may be clear ways in which nursing input to the client's sexual health might prove immensely beneficial.

Figure 6: Missed opportunities for sexual health care

A teenager with occasional nocturnal enuresis frightened of peer pressure to have sexual relations

A person with paraplegia and an in-dwelling catheter

A person with learning disabilities 'frustrated' at not being able to express themselves physically in a sexual way – eg by masturbating or in sexual relations with another person

A gay or lesbian person being ridiculed, and not having their partner made welcome and treated equally to hetero-sexual clients' partners

An elderly person distraught after their long-time partner is admitted to a residential home, with dementia, and no longer recognising them

An individual with self-harming behaviours, and low self-esteem, predisposing to unsafe sexual risk taking

7.3 Gaining the confidence to address these issues therapeutically in the clinical arena will take a concerted approach to life-long learning. It is unsatisfactory for nurses to claim they cannot deal with sexual health matters because they were never trained to do so. Equally, it is unsatisfactory that many nurses are not afforded the opportunities to achieve a level of learning commensurate with their clients' needs, and their own skills and professional developments. A sexual health educational input is essential if nurses are to address this important aspect of holistic care. Such an educational input can be conceptualised as in the Figure 7 series.

Figure 7a: Sexual health in life-long learning

Initial encounter

with sexual health education and training

Generic:

pre-registration* post-registration**

through reflective practice and clinical supervision of holistic client care

Specific:

related to particular issues of sexual health/ illness

Continuous sexual health learning

Generic:

clinical practice and post-registration courses; wider appreciation of sexual health needs in society

Specific:

sexual health clinical encounters and courses; contemporary issues in the wider environment affecting area of health care (e.g. rising numbers of teenage pregnancies, changes in the sexual age of consent, free availability to post-coital contraception)

* = pre-registration / ** = post registration, as shown in diagrams below

Figure 7b: * Pre-registration learning opportunities for sexual health (overview)

Common Foundation Course

Sexual Health Contributions

Generic Specific

Individual Branch Pathway Courses

Sexual Health Contributions

Generic Specific

Figure 7c: * Pre-registration learning opportunities for sexual health (example)

Generic modules looking at:

life, growth, development, personal and social relations,psychological wellbeing, self-esteem, communication, assertiveness and negotiation skills

Specific modules relating to sexual health

from a primary, secondary and tertiary focus eg

Primary focus:

- sexual health and wellbeing, including puberty and issues of sexual development and relationships; safer sex; contraceptive services; sexual health promotion (eg teenage pregnancies); HIV; SAIs; reproductive health; sexual abuse; legal and child protection issues.

Secondary focus:

- gynæcology; termination of pregnancy; psychosexual counselling; maternity; sexual problems related to mental health.

Tertiary focus:

- body image disorders and surgery; coming to terms with changed sexual expression due to illness or disability; infectious diseases; sexual function and dysfunction.

7d: **Post-Registration learning opportunities for sexual health

Generic

Sexual health aspects relating to particular courses eg in care of elderly people, issues to sexual physiological changes; relationship changes.

Specific / specialist

Various introductory modules (usually at academic level II) eg HIV and GU nursing; contraceptive include body image and services (Family Planning); obstetrics and gynæcology

'Advanced'

eg professional development / advanced nursing care / specialist practice / long courses especially at academic level III or above

7.4 A checklist of sexual health issues relevant to all generic nursing courses might profitably include:

- ☑ being able to identify and work on the learner's own attitudes, beliefs, feelings and prejudices on issues of sexual health appropriate to the specific learning encounter
- ☑ working through embarrassment in talking about sexual matters, and exploring ways of talking to clients about these issues therapeutically
- ☑ becoming more aware of sexual diversity in practice and orientation to avoid discriminating out of ignorance and fear
- ☑ working through issues of personal, moral or ethical concern
- ☑ examining the sexual health related topics that might be of relevance to a particular client/ group, and being aware of differences due to age, gender, sexual orientation, culture, psychosocial implications, and issues of poor health choices (eg unsafe sex)
- ☑ understanding the role of the law in relation to sexual matters
- ☑ enhancing skills base and level of knowledge, including resources and referral agencies in the local area
- ☑ being able to carry out personal nursing functions of care with respect for the client's dignity
- ☑ always aiming to promote the client's sexual health and wellbeing

- ☑ exploring the primary, secondary and tertiary implications for sexual health promotion of individual clients (including understanding the detrimental effects of some medications or treatments on a person's sexual health)
- ☑ attending study days and courses relevant to enhancing the sexual health input of nursing care
- ☑ encouraging education providers to include sexual health dimensions on all courses
- ☑ being prepared to share new learning with colleagues in the multi-disciplinary arena (BMA-FA, 1997)
- ☑ encouraging service providers to develop non-discriminatory practices, as well as using more inclusive language – eg in official documentation

Figure 8: A spectrum of sexual health courses

Short study opportunities
eg basic issues/ attitudes awareness days; anti-discrimination sensitisation; specific issue-focused study days

Short certified/ accredited courses
eg university modular courses and National Board validated courses, which may be taken either as a stand-alone unit, or as part of a developed pathway

Diploma/ degree pathways in sexual health
comprising of at least 60% specifically sexual health modules

Advanced specialist studies in aspects of sexual health
eg taught Masters degrees (sexual health; sexual health promotion/ education; reproductive health; psycho-sexual counselling)

Higher degrees
Specialist focused research studies (eg MPhil / PhD)

8.0 Enhancing the career profile and pathways of nurses in sexual health care

Enhancing the career profile and pathways of nurses in sexual health includes the enhancement of sexual health per se. This can be achieved by three stages:

Stage one

Stage one encompasses sexual health aspects in generic areas of care (as shown in the Figure 7 series above), especially where there are clearly identified sexual health components related to the job profile or practice area, for example:

- positive attitudes and anti-discriminatory policies towards issues of sexual health, sexuality and sexually related conditions
- sexual health promotion
- school/ young people's nursing (Harrison, 1998)
- primary health care settings
- drug users' services
- gynæcology and termination of pregnancy services
- prison and other public health nursing
- uro-genital surgery
- sexual abuse/ rape care (eg in A&E departments)
- clinical supervisors, mentors and teachers of any of these areas.

Stage two

Stage two encompasses education and professional development for (generic) nurses working in sexual health services. For example, nurses new to post, who are without specific qualification in:

- introductory HIV and genito-urinary (GU) nursing
- safer sex and contraceptive services
- reproductive health and maternity
- sexual health promotion facilities
- sexual health advisers (may also include the ability to exercise nurse-prescribing regulations).

The various national boards approve many courses currently available for nurses working at this level.

Courses may be offered at academic levels II and / or III – that is diploma or Bachelor degree.

Stage three

Stage three encompasses education, professional and career development for specialist qualified nurses working in their specialist sexual health field. For example, all of stage two above, and including:

- relevant higher or advanced professional/ academic qualifications
- psychosexual counselling
- gender reassignment services
- various nurse-led sexual health clinics or facilities (including the ability to exercise, and possibly develop enhanced protocols, for nurse-prescribing regulations).

8.1 Universities and faculties of nursing frequently have set criteria for accessing particular modules on one level, before attending a higher level. This is usually referred to as prior (experiential) learning. As far as sexual health is concerned, one issue often missed in this process is the de-sensitisation and anti-discriminatory training needed by learners before they progress to look at clinical issues.

For example, a module on HIV studies may cover epidemiological data, pathophysiology and treatment regimes. But if it does not challenge negatively held perceptions, and even hostilities, towards people most affected by HIV – that is gay and bisexual men, black African people and injecting drug users – then the study of clinical and scientific material is useless.

8.2 Programmes of learning must take this wider perspective into consideration, as the clinical component alone would simply mean reductionistic care, the direct opposite to holism. McHaffie (1993) has admirably addressed research studies on negative attitudes towards sex and sexuality issues in learning. McFarlane (1998) has highlighted issues of negative mental health care for gay, lesbian and bisexual clients.

8.3 It is imperative that teachers preparing nurses to work at these specialist levels are:

- motivated to work in the specific area of education and not simply there because 'someone has to do it'
- trained and experienced in facilitating learning in this area – including having reflected on, and worked through, areas of their own negatively held attitudes, beliefs and feelings.

8.4 For curriculum developers, sexual health courses should consider contemporary and local demographic needs, and ways to encourage service provision. For example, issues not routinely addressed include:

- certain parts of the UK with a high percentage of women from particular ethnic groups who have experienced female genital mutilation
- other areas with local prisons, where there may be issues of shared needles in drug use, unprotected sex (eg situational homosexuality) and rape.

Other local demographic issues might include:

- young people/ teenage pregnancies
- SAIs and HIV (especially important for young people's workers, school, college/ university and armed forces' nurses)
- minority client groups, such as people with learning and/ or physical disabilities
- young men – high risk-taking mentalities; testicular self examination/ cancer prevention
- older men – issues of lifestyle problems leading to poor health in general, and sexual health in particular (eg erectile dysfunction, prostatic cancers)
- HIV prevention – especially with men who have unprotected sex, whether at home, or abroad on holidays and business travel (NAT, 1999; Weatherburn et al., 2000; Foreman, 2001)
- people with mental illness, their treatment options, and sadly, sometimes negative images of health care providers to clients' sexual health issues (McFarlane, 1998)
- differing sexual health needs for marginalised and socially excluded people, including those from ethnic minorities, all people with multiple forms of oppression – eg based on gender, age, culture, language, citizenship, refugee status (NAT, 2000), homeless and dispossessed people with drug and alcohol dependency problems, young people bullied by others (Douglas et al., 1997; DfEE, 2000).

As the PHLS (2000) shows, in the light of increasingly high numbers of newly acquired sexual infections, including HIV, many of the safer sex strategies employed to date may have lost much of their preventive effectiveness. New ways of addressing these issues are urgently needed (SEU, 1999; Lipley, 2001).

8.3 Many nurses with sexual health qualifications (see the Sexual health umbrella, Diagram 1) wish to move beyond introductory and basic awareness courses, frequently offered at academic level II. Various universities and institutes of higher education provide modular courses, either as stand-alone units, or as part of a wider sexual health portfolio of studies. Addresses for some of these courses are shown in Appendix 1, courtesy of the Genito-Urinary Nurses Association (GUNA). Others may be found through the clearing houses for entry to nursing and higher education institutions (see www.nmas.ac.uk and www.ucas.ac.uk).

The opportunities that midwives and health visitors have to broaden the scope of their care into wider sexual health concerns is often unparalleled for many generic nurses. However, the opportunities for learning how to deal with these broader issues are not always maximised to the client's benefits and the carer's potential (McHaffie, 1993; Evans, 1997).

Figure 9: Essential preliminaries to sexual health modules

- ☑ anti-discriminatory aspects of care, targeted at the specific client groups
- ☑ desensitisation of learners from the prejudices and personal moral baggage they bring to the learning environment
- ☑ identifying and overcoming stigma, prejudice and discrimination (including racism, sexism, heterosexism, homophobia and biphobia) in all parts of care and learning
- ☑ specific training in the therapeutic ways to talk with clients about sex/ sexuality/ sexual health
- ☑ awareness of the discriminations clients may receive within the health care system, and the detrimental affects this can have on mental health and wellbeing
- ☑ exploring ways to encourage policy makers to guarantee anti-discriminatory practices to include matters of sex, sexuality and sexual health – for example, to change forms such as those mentioned in Figure 1.

8.6 Many degree courses offer specific sexual health modules, such as HIV or GU nursing, as part of a wider qualification, eg BSc in Professional Studies in Nursing. Others have created a specific sexual health degree pathway that relates to an aspect of sexual health care (eg midwifery, or a recognised Family Planning Association course). Others refer to the broader arena of sexual health, as in the philosophy of sexual health, with introductory studies into its various branches – HIV, sexually shared infections, safer sex and contraceptive advice.

There are limited examples of courses that combine sexual health in a framework recognised by the UKCC for the award of a degree in Specialist Nursing Practice. These courses allow the graduate to record the Specialist Nursing Practice element against their entry in the Professional Register. One of the first such innovative courses was the BSc (Hons) in Specialist Nursing Practice (Sexual Health), offered by the University of Hertfordshire. Lack of uptake on many of these courses for numerous reasons, not excluding lack of funding and the low priority sexual health is frequently given, mean that courses of this calibre are few and far between (see Figure 10).

Figure 10: Barriers to accessing sexual health courses or modules

- ☒ no local availability of relevant courses
- ☒ not seen as a priority by (funding) managers
- ☒ staff shortages in the clinical arena
- ☒ cost in money and time to individuals wishing to study
- ☒ discontinued courses due to poor uptake
- ☒ personal lack of desire to study
- ☒ certain modules may be at the wrong academic level for individuals wishing to study them
- ☒ inability to fulfil the entrance criteria for particular courses (eg applicants must have a certain amount of experience, or working in the field prior to studying)
- ☒ courses given poor evaluations because of certain inexperienced or de-motivated teaching staff
- ☒ courses usually only available in one format, eg attendance modules, and not through distance learning, individualised learning contracts, or via the Internet.

8.7 There are a limited number of taught Masters degrees (eg MA, MSc) that contain components of sexual health as part of related studies (such as health promotion, or gender issues in health). Others have specific sexual health modules. And there are a few courses focusing on particular aspects of sexual health, such as an MSc in psychosexual counselling.

8.8 There are also the higher degrees of MPhil and PhD/ DPhil (Master and Doctor of Philosophy), which are traditionally research studies undertaken in a specific area. Many of these research degrees now include skills training in research methods, as well as philosophical underpinning in appropriate methodologies – eg gender studies, health promotion.

Research degrees of MPhil and PhD (traditionally a thesis of up to 60,000 and 100,000 words respectively) are gradually becoming more popular in clinical nursing and nurse education (Johnson, 2000). In the light of recent government initiatives, including nurse prescribing, nurse-led clinics, and the development of the nurse consultant role, research degrees may offer numerous benefits (Figure 11).

Figure 11: Some benefits of nursing research degrees

- to create greater parity among senior professionals
- to enhance specialist areas of knowledge, and the ability to contribute to other research-based programmes (on a multi-disciplinary level)
- to raise the academic profile of sexual health nursing
- to act as an incentive to achieve academic excellence
- to imbue the post of nurse consultant with traditional academic credibility
- to ensure the post is clearly situated in a research framework
- to develop and enhance further studies into this relatively new area of health care and education.

8.9 For the new posts of nurse consultant, there are certain factors about learning levels that need to be examined. Firstly, compared to other disciplines, there are relatively few nurses with an MPhil / PhD in the relevant subject area, who are applying for these posts. Certainly not all nurse consultant posts will require or benefit from such a focused research degree. In that case, an alternative qualification will be needed to afford nurse consultants the intra- and inter-disciplinary credibility their role requires. In favour of an MPhil/ PhD or comparable studies will be the enhanced clinical expertise accredited to the role, along with the ability to contribute to policy development at significant level. Secondly, the post will enjoy the academic credence and respectability it deserves. Thirdly, it will enable the post holder to be treated as an equal among highly qualified consultants of other health care professions.

As the need for courses develops – for example with the role of the nurse consultant – there is little reason against institutions of higher education designing a customised course. Such a course might be a Doctor of Nursing, in line with other professional doctorates such as the EdD and DClinPsy.

9.0 Wider professional issues: local and national policy

9.1 The three integral areas of clinical practice, policy development and life-long learning, are also the means by which contributions can be made to local and national policy. The epidemiological statistics referred to earlier in 2.2 show how certain quantifiable aspects of sexual ill health are deteriorating (SEU, 1999; PHLS, 2000 and 2001). Many people at the receiving end of the burden of largely preventable conditions have numerous encounters with health care professionals. With nurses working at the direct interface between clients and their sexual health needs, it would seem a lost opportunity not to engage these nurses in more proactive sexual health strategies which are relevant to both the local and national arenas.

9.2 Nurses are in schools with young people, part of the UK's most sexually active age group. Nurses are present in primary care settings and in outreach work to dispossessed and socially excluded individuals/ groups. Nurses are also there in health care settings, when clients present with worries and anxieties, sexual health problems and difficulties. Nurses are therefore in a prime position to be with clients.

9.3 Many nurses are also found in the proactive arenas of developing care. These include nurse-led facilities and clinics, in out-reach work with commercial sex workers and injecting drug users, in facilities offering new and innovative services (such as nurse prescribing, NHS Direct and contraception administration), as well as in the newly developing roles of nurse consultant. Educational initiatives therefore need to clearly reflect not only national epidemiological targets, but also local and particular initiatives.

9.4 The nursing profession has long prized its good rapport with clients, supported by various communication and counselling skills. It would not take a quantum leap, therefore, to harness many of nurses' acquired skills and potential, and redirect them towards sexual health promotion, care and policy development. Nurses need to be realistic, however, on the various barriers to their clients realising a full sexual health potential – whether these barriers are within the client, the nurse, or in a lack of learning and policies to support the health encounter.

10.0 Nurses at the heart of policy-making

The Department of Health (DH) for England has set a clear example to local services and educational providers by incorporating a sexual health advisory group (nursing) into the sexual health strategy process. The outcomes of this nurse involvement are clearly evidenced in the DH strategy for England.

10.1 The RCN has also set a lead with its publications on sexual health in nursing care and with policies that, if implemented to the full, would provide wide-ranging benefits in client care. These policies and publications can help RCN Council to set clear goals for implementing the sexual health strategy in nursing practice and education. Educational development is also found in the recently restructured RCN Sexual Health Forum, comprising the former RCN HIV, GU Nursing and Family Planning Forums, and in the RCN sexual health conferences.

11.0 The content of learning

The RCN recommends that education and training to enable nurses to address the sexual health needs of clients should be:

- on the wider focus of sexual health for all
- with specific focus on safer sex and contraception, for people who require these services
- proactive in sexual health promotion, specific to individuals, groups, and their targeted needs, without leading to stigmatisation (eg in various sexual risk or vulnerable groups)
- capable of addressing specific sexual problems and illnesses
- instrumental in developing practice and enhancing related (local and national) policy issues.

Needless to say, these issues will have various levels of requirements, in accordance with the three levels of professional care delivery:

- generic nursing services (ie non-primarily sexual health)
- generic nurses in sexual health environment
- specialist nurses in sexual health environment.

Figure 12: An example of nursing's response to clients' sexual health needs

Client's sexual health requirements	Nursing role		
	Generic nursing	Specialist area with generic nurse	Specialist nursing
	Essential		***Desirable***
Sexual health (general)	eg sexual health history taking	Increasing service delivery as learning develops	Higher and advanced specialist practice
Safer sex and contraceptive requirements	Discussing options and referral, seeing wider safer sex issues	Provision of care and resources, to protocol	Developing autonomy in expert, professional practice

12.0 Sexual health learning recommendations

12.1 At the level of the nurse in practice

All nurses should be able to:

- show evidence of experience and understanding of sexual health issues, ranging from sexual health in generic services (life-changes such as puberty, menopause, male impotence, preventive screening for related cancers and conditions) to sexual health specific conditions (safer sex, SAIs and HIV)
- look at wider issues of sexual health in general, including the role of stigma and discrimination, and the relevance of psycho-social, cultural and ethical considerations for individual clients and groups
- encourage clients considering forms of contraception to see the wider implications of safer sex (eg to avoid SAIs and HIV), and related issues such as self-esteem, personal choices and freedom to consent
- encourage sexual health promotion in ways that validate the clients, and their motivating factors for healthy living
- discuss general issues of sex, sexualities and sexual health in a therapeutic manner, devoid of discrimination
- be knowledgeable of services and sources of referral for clients seeking a more specialist encounter
- show a contemporary depth of learning and understanding commensurate to the individual practitioner's client group needs (eg relating to issues of age, abilities, culture, socio-economic and health statuses)
- understand the implications of poor sexual health on individuals and the wider environment (society).

12.2 At the level of the educational providers

All practice-focused nursing courses should include a sexual health element. This may range from:

- gender issues in relation to care/ access to care
- gender or sexuality related conditions
- issues for differing sexualities
- safer sex, and its meaning to the individual
- sexual illnesses related to the particular course's focus (eg mental health, coronary care)
- effects on mental health of broader aspects of sexual ill-health (eg low self-esteem and risk-taking behaviours)
- on courses where sexual health issues do not seem readily visible, explore the absence of sexual health evidence in studies of anecdote and clinical experience (an example of this, in relation to homophobia in evidence-based practice, is found in Evans 2000b, on the meritocracy of evidence)
- courses should clearly identify the effects of medication and medico-surgical procedures on aspects of sexual health (including dry vagina, pruritis, lack of sexual desire, body image changes, mental health implications) and the ability for the nurse to communicate on these therapeutically
- most courses should include implications of sexual health issues in a percentage of case studies, scenarios, role-play or group work
- validating authorities should formally require faculties of nursing to show clear evidence of sexual health education being effectively taught in the curriculum, including: expertise of educational facilitators; outcomes of evaluations in line with learner's expectations, and local and national client needs
- validating authorities should also be encouraged to standardise the rating of similar courses for academic level, credits and costing
- courses for facilitators, mentors and clinical supervisors should incorporate elements of sexual health, and give experience to participants on how to deal with these issues with their clients (either patients, or clinical colleagues in supervision)
- institutes of higher education that provide UKCC recordable teacher training courses, such as the PGCE, or MA(Ed) - with Qualified Teacher Status - should:
  - incorporate elements of sexual health appropriately
  - offer optional modules on teaching sexual health issues for those who desire or require them
- trusts should pay more attention to sexual health issues and provide adequate resources for staff education, research and development
- nurses should be encouraged to participate in learning encounters to explore the relevance of

theory to practice, and disseminate their learning to a wider audience – eg to interdisciplinary meetings, conferences and writing for academic publications

- elements of sexual health learning should be customised to local demographics, including differences in approaches to (sexual) health and learning for people of differing ages, cultural-ethnic groups, sexual diversities, health status, psychological and socio-economic variables
- nursing professional bodies and educators should proactively explore how best to meet the needs of clients by developing nursing practice – eg broadening the scope of nurse-prescribing to include nurses who routinely work with women seeking post-coital contraception.

The opportunities for all nurses to develop learning around sexual health care are immense. This section of the strategy has highlighted numerous needs for clients and learners, as well as proposed some suggestions for addressing these needs. The consequences of missing these opportunities will be reflected in the continuing poor show of statistics for the UK on the numbers of unwanted and teenage pregnancies, and increased prevalence of SAIs and HIV disease. But far more than that, nursing will have missed a unique opportunity to address effectively an aspect of holistic care that is unquestionably an element of every human being's life.

13.0 Recommendations

Clearly highlighted throughout this strategy are numerous areas for action. These are based on:

- the client's sexual health needs
- the proactive initiatives and requirements of the nursing profession
- local and national needs and related policies.

Addressing client's needs

- be proactive in approaching the sexual health needs and deficits of current and potential clients, from every day issues of personal care through to specialist care encounters
- incorporate the wider aspects of sexual health promotion and service delivery, into the theory and practice of holistic nursing care.

Addressing nursing initiatives and requirements

- fully integrate sexual health into all aspects of nursing care, research and education
- explore ways of improving sexual health care delivery through staff recruitment, development and retention initiatives, such as one-stop shop for multiple aspects of shared care, nurse-led services, and clearly identified career pathways.

Addressing local and national policy development

- incorporate practices that include all people, and discriminate against none
- situate nursing practice, education and research into the framework of local and national policy initiatives aimed at: improving sexual health; removing fear, prejudice and discrimination; and tackling all forms of sexual ill health and associated problems.

14.0 Conclusion

This sexual health strategy has been written at a significant point in time. Three main influences have affected its development. Firstly, the UK's quantifiable problems, such as teenage and unwanted pregnancies, and SAIs including HIV, are all on the increase. Secondly, individual nurses, as well as the nursing profession, are identifying numerous ways in which holistic care is not adequately addressing the sexual dimensions of a person's being. Finally, there are many nurses who are proactively raising the profile of sexual health nursing, from initiatives which tackle local demographic problems, through to academic degree and career development pathways which clearly situate sexual health as an integral area of client care.

The RCN's sexual health strategy has translated these issues, many of which are also important in the Department of Health's strategy for England, into practice guidelines for developing and enhancing nursing care.

Our clients, or patients, deserve expert care that is able to address their health care needs holistically. They also deserve levels of proactive health promotion that will allow them to make positive choices in life, thus enabling them to avoid many of the unwanted consequences of poor sexual health.

The RCN wishes to see this strategy used as a template to guide and influence practice – not as the last word on the subject, but as a major contribution to the art and science of nursing.

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Appendix 1

Resource list of sexual health education providers

All nursing, midwifery and health visitor courses can be found on the following two Internet sites:

The Universities and Colleges Admissions Service
www.ucas.com

The Nursing and Midwifery Admissions Service
www.nmas.ac.uk

Many short courses, such as sexual health modules, do not come listed separately through the search engines.

Information on courses validated by National Boards, and accredited to the UKCC, can be found from:

United Kingdom Central Council for Nursing Midwifery and Health Visiting
73 Portland Place, London W1N 4JT
www.ukcc.org.uk

English National Board for NMHV
East Villa, 109 Heslington Road, York YO1 5BS
www.enb.org.uk

National Board for NMHV for Scotland
22 Queen Street, Edinburgh EH2 1NT.
www.nbs.org.uk

Welsh National Board for NMHV
2nd Floor Colgate House, 101 Saint Mary Street, Cardiff CF10 1DX
www.wnb.org.uk

National Board for NMHW for Northern Ireland
Centre House, 79 Chichester Street, Belfast BT1 4JE
www.n-i-nhs.uk/NBNI/index.htm

The following list of institutes of higher education has been compiled by GUNA, the Genito-Urinary Nurses' Association. This refers to centres offering various sexual health modules and courses as part of their wider remit of health care studies.

University of ABERTAY Dundee
School of Social and Health Sciences
Marketgait House
158 Marketgait
Dundee DD1 1NJ
Telephone 01382 308700

ANGLIA POLYTECHNIC UNIVERSITY
School of Health Care Practice
3rd Floor, Ashby House
Brook Street
Chelmsford CM1 1UH
Telephone 01245 493131 Ex 4958

University of Wales BANGOR
School of Nursing, Midwifery and Health Studies
Faculty of Health
Fron Heulog
Ffriddoedd Road
Bangor
Gwynedd LL57 2EF
Telephone 01248 351151

Queen's University BELFAST
School of Nursing and Midwifery at Altnagelvin
Multi-Disciplinary Education Centre
Altnagelvin
Londonderry BT47 1SB
Telephone 01504 611349

University of BRADFORD
School of Health Studies Unity Building
25 Trinity Road
West Yorkshire
Bradford BD5 0BB
Telephone 01274 236300

The University of BRIGHTON
Institute of Nursing and Midwifery
The District General Hospital
King's Drive
Eastbourne BN21 2UD
Telephone 01323 417400

University of Wales CARDIFF
College of Medicine
The Grange
Velindre Road Whitchurch
Cardiff CF14 2TP
Telephone 02920 529587 or Bridgend 01656 662179

CANTERBURY Christ Church University College
Faculty of Nursing, Midwifery and Social Work
Canterbury
CT1 1QU
Telephone 01227 782379

University of Central England in Birmingham (For Family Planning Course enquiries)
School of Women's Health Studies
4th Floor, Baker Building
Perry Barr Campus
Perry Barr
Birmingham B42 2SU
Telephone 0121 331 5595

University of Central England in Birmingham
(For STIs and HIV/ AIDS Course enquiries)
Faculty of Health and Community Care
Westbourne Campus
Edgbaston
Birmingham B15 3TN
Telephone 0121 627 2030

CITY UNIVERSITY London
St. Bartholomew School of Nursing and Midwifery
20 Bartholomew Close
London EC1A 7QN
Telephone 020 7505 5827/28/29/30/31

DE MONTFORT University Leicester
Faculty of Health and Community Studies
Charles Frears Campus
266 London Road
Leicester LE2 1RQ
Telephone 0116 270 0661

UNIVERSITY OF EAST ANGLIA
School of Nursing and Midwifery
Peddars Centre
Hellesdon Hospital
Drayton High Road
Norwich NR6 5BE
Telephone 01603 421503

THE GARDEN CLINIC
Upton Hospital
Albert Street
Slough
SL1 2BJ
Telephone 01753 635302 or 635314

GLASGOW CALEDONIAN University
Department of Nursing and Community Health
City Campus
Cowcaddens Road
Glasgow G4 0BA
Telephone 0141 331 3000

University of GLAMORGAN
School of Care Sciences Continuing Education
Department
Glyntaff Campus
Treforest
Pontypridd
Rhondda Cynon Taff CF37 1DL
Telephone 01443 483059

The University of GREENWICH
Avery Hill University Campus
Mansion Site
Bexley Road
Eltham
London SE9 2PQ
Telephone 020 8331 8000

HOMERTON COLLEGE, Cambridge
School of Health Studies
Education Centre
Addenbrooke's Hospital
Hills Road
Cambridge CB2 2QQ
Telephone 01223 216216

University of HUDDERSFIELD
School of Human and Health Sciences
HW 3-35, Harold Wilson Building
Queensgate
Huddersfield HD1 3DH
Telephone 01484 473015

The University of HULL
School of Nursing East Riding Campus
Beverley Road
Willerby
Hull HU10 6NS
Telephone 01482 466700 or 01482 466786

ISLE OF MAN Centre for Nurse Education
4th Floor, Hilary House
Prospect Hill
Westmoreland Road
Douglas Isle of Man
Telephone 01624 685163

KING'S COLLEGE LONDON
Florence Nightingale School of Nursing and Midwifery
Franklin-Wilkins Building
150 Stamford Street
London SE1 8WA
Telephone 020 7848 3500

KINGSTON University and St. George's Medical School
Faculty of Healthcare Sciences
St. George's Hospital
2nd Floor Grosvenor Wing
Blackshaw Road
London
SW17 0QT
Telephone 020 8725 2247

University of CENTRAL LANCASHIRE
Faculty of Health
Preston
PR1 2HE
Telephone 01772 893805

LIVERPOOL JOHN MOORES University
School of Health and Human Science
79 Tithebarn Street
Liverpool L2 2ER
Telephone 0151 231 4139

University of LUTON
Faculty of Healthcare and Social Services
Education Centre
Luton and Dunstable Hospital NHS Trust
Lewsey Road
Luton LU4 0DZ
Telephone 01582 497171

The University of MANCHESTER
The School of Nursing, Midwifery and Health Visiting
Gateway House
Piccadilly South
Manchester M60 7LP
Telephone 0161 237 2317

MIDDLESEX University
School of Health, Biological and Environmental Sciences
Whittington Centre
Highgate Hill
London N19 5NF
Telephone 020 8362 6780

NAPIER University
Faculty of Health Studies
Canaan Lane Campus
74 Canaan Lane
Edinburgh EH10 4TB
Telephone 0131 536 5649

University of NORTHUMBRIA at Newcastle
School of Nursing Practice Development and Midwifery
Coach Lane Campus
Benton
Newcastle upon Tyne NE7 7XA
Telephone 0191 215 6081 or 6139

University of NOTTINGHAM
School of Nursing and Academic Division of Midwifery
Queen's Medical Centre
Nottingham NG7 2UH
Telephone 0115 924 9924

OXFORD BROOKES University
School of Health Care, Academic Centre Level 4
John Radcliffe Hospital
Headley Way
Oxford OX3 9DU
Telephone 01865 483769 or 221576

University of PAISLEY
Department of Applied Social Studies
High Street
Paisley PA1 2BE
Telephone 0141 848 3782

University of PLYMOUTH
Institute of Health Studies
Drake Circus
Plymouth PL4 8AA
Telephone 01752 233253

University of PORTSMOUTH
King Edward VII Hospital
Department of Staff Development
Midhurst
West Sussex GU29 0BL
Telephone 01730 811190

University of READING
Department of Professional Education in Community Studies
Bulmershe Court
Earley
Reading RG6 1HY
Telephone 0118 931 8849

ROBERT GORDON University
School of Nursing and Midwifery
Hilton Campus Northern College
Hilton Place
Aberdeen AB24 4FP
Telephone 01224 262619

The University of SALFORD
School of Nursing
Eccles Campus
Peel House
Albert Street
Eccles
Manchester M30 0NN
Telephone 0161 295 2999

University of SHEFFIELD
The School of Health Care Studies
14 Favell Road
Sheffield S3 7QX
Telephone 0114 276 8555

SUFFOLK College
School of Health and Applied Sciences
The Ipswich Hospital NHS Trust
Heath Road
Ipswich IP4 5DP
Telephone 01473 702507

University of SURREY
Healthworks Training
European Institute of Health and Medical Sciences
Duke of Kent Building
Guildford GU2 5THE
Telephone 01483 876754

University of Wales SWANSEA
School of Health Science
Singleton Park
Swansea SA2 8PP
Telephone 01792 518531

University of TEESSIDE
School of Health
Borough Road
Middlesbrough TS1 3BA
Telephone 01642 384176

THAMES VALLEY University
Wolfson Institute of Health Sciences
Westel House
32-38 Uxbridge Road
Ealing
London W5 2BS
Telephone 020 8280 5344

University of YORK
Department of Health Studies
Innovation Centre
York Science Park
University Road
York YO10 5DG
Telephone 01904 435222

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