

National Institute for Health and Care Excellence

PUBLIC HEALTH GUIDANCE – Prevention of sexually transmitted infections and under 18 conceptions

Consultation on the Review Proposal
21 October 2013 – 4 November 2013

Comments on the Review Proposal to be submitted
no later than 5pm on 4 November 2013

Stakeholder Comments

Please use this form for submitting your comments to the Institute.

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2. Please insert the **section number** in the 1st column. If your comment relates to the document as a whole, please put '**general**' in this column
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Name:	Philippa Taylor Head of Public Policy
Organisation:	Christian Medical Fellowship
Section number Indicate section number or ' general ' if your comment relates to the whole document	Comments Please insert each new comment in a new row.

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General	<p>There is no evidence (of NICE quality) that not being sexually active has any adverse health consequences. However, the 4,000 doctor members of CMF recognise the reality described in the 2007 guidance of 'early onset of sexual activity' and 'unprotected sex and frequent change of and/or multiple sexual partners'.</p> <p>We note that the 2007 guidance concentrates almost exclusively on secondary one-to-one interventions with individuals in groups already exhibiting at-risk behaviour.</p> <p>We urge that far more emphasis be given to primary prevention strategies – empowering individuals to delay first intercourse and to avoid 'unprotected sex and frequent change of and/or multiple sexual partners'.</p> <p>Partner reduction education would help to reduce risky behaviour and the consequences of multiple sexual partners:</p> <p>The STI situation has worsened since 2007 with latest figures showing that the increased availability of contraception has not led to a significant reduction in pregnancy rates but <u>has led to increased STI rates</u>. Paton found that where there was an emergency birth control scheme operating, STI rates for under 16s increased by 12%. Young people aged 16-24 are the most affected group, accounting for 50-65% of all newly-diagnosed STIs in the UK in 2007 http://www.hpa.org.uk/web/HPAweb&HPAwebStandard/HPAweb_C/1216022460726)</p> <p>There is more recent evidence proving that social factors encouraging virginity and delaying first intercourse do show health benefit (the RAND Corporation study – <i>Journal of Adolescent Health</i> 2008; 43, 4, October: 341-348, and the Rosenbaum study analysed comprehensively and carefully – <i>Pediatrics</i> 2009; 123 No 1 January: e110-e120. doi:10.1542/peds.2008-0407).</p> <p>Contraception has a high failure rate among teenagers (http://www.bmj.com/content/310/6995/1644). This may partly explain why, despite the vast amounts of money spent, the rate of conceptions to under-16s in England and Wales was almost exactly the same in 2009 as forty years previously.</p> <p>Research in the <i>Journal of Health Economics</i>, on the effect of promoting emergency contraception found that widely promoting it to youngsters did <i>not</i> lead to any reduction in pregnancy or abortion rates. Unfortunately however, it <i>did</i> increase STI rates amongst teenagers. (http://www.ncbi.nlm.nih.gov/pubmed/21288585) This same research shows that easier access to family planning reduces the effective cost of sexual activity and makes it more likely (at least for some teenagers) that they will engage in underage sexual activity. http://sheu.org.uk/sites/sheu.org.uk/files/imagepicker/1/eh302.pdf</p> <p>This is known as 'risk compensation'. This is a phenomenon where applying a prevention measure results in an <u>increase</u> in the very thing it is trying to prevent.</p>
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	<p>It does then seem ironic that an approach based on encouraging young people to exercise self-control attracts so little support, and indeed sometimes outright opposition, from many official sources.</p> <p>We therefore need a shift in focus from policies aimed at reducing the <u>risks</u> associated with underage sexual activity to those which are aimed more directly at reducing the <u>level</u> of underage sexual activity. We challenge the widely promoted idea that teenage relationships are incomplete without sex.</p> <p>This would fit with DfEE guidance ‘Sex and Relationship education’ which clearly states the value of delaying sexual activity and the benefits to be gained from delay. (SRE guidance, DfEE 0116/2000, page 5, para 9.)</p> <p>Finally, we recommend that policies on reducing STI’s consider linked risk taking, in particular the link between alcohol misuse and sexual risk taking. In a Health Survey, for Northern Ireland, 2011-12, 32% of respondents said that drinking alcohol has contributed to them having sex without using condoms. (http://www.dhsspsni.gov.uk/health_survey_northern_ireland_-_first_results_from_the_2011-12_survey.pdf)</p>
<p>Recommendation 1</p>	<p>Action must include emphasis on primary behavioural change – delaying first intercourse and encouraging premarital abstinence.– especially in schools. Given the current relentless media encouragement for more people to be more sexually active more often, this will be difficult. <i>Young people live in a highly sexualised culture and are sexualised by companies wanting them to buy their products.</i> All too often teenagers are the ones who are blamed as being solely responsible for embarking on sexual relationships and for becoming pregnant. This happens regardless of the fact that it is <u>adults</u> who have exposed children of all ages to a society which is obsessed by sex, thus putting them under enormous pressure to conform</p> <p>The Bailey Review findings should be considered as part of this review of guidelines (Bailey Review of the Commercialisation and Sexualisation of Childhood, 2011. http://www.education.gov.uk/inthenews/inthenews/a0077662/bailey-review-of-the-commercialisation-and-sexualisation-of-childhood-final-report-published)</p>
<p>Recommendation 2</p>	<p>Action must include emphasis on primary behavioural change – delaying first intercourse and encouraging premarital abstinence.– especially in schools (see our comments above).</p>

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Recommendation 5	<p>Any strategy must include emphasis on primary behavioural change – delaying first intercourse and encouraging premarital abstinence. (see our comments above).</p> <p>All too often teenagers are the ones who are blamed as being solely responsible for embarking on sexual relationships and for becoming pregnant. This happens regardless of the fact that it is <u>adults</u> who have exposed children of all ages to a society which is obsessed by sex, thus putting them under enormous pressure to conform.</p>
Recommendation 6	<p>We endorse the recommendation to 'Provide supporting information in an appropriate format' but this broad strategy must include emphasis on primary behavioural change – delaying first intercourse and encouraging premarital abstinence.</p>

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