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Challenges

durex network - Raising awareness of sexual health across the globe

Issue 2, 2009

The challenge of safer sex work

As a recent UNAIDS report has highlighted, understanding the sexual health needs of sex workers – and providing them with effective HIV prevention and education programmes – is an important element of the global fight against HIV/AIDS and other sexually transmitted infections

Photo courtesy of Zi Teng, sex workers organisation

Sex workers protest on Labour Day, Hong Kong

NOT MANY involved in the fight against HIV/AIDS would dispute the claim that, when it comes to safer sex strategies, sex workers are getting a raw deal.

Not for them, universal access to HIV prevention initiatives, support groups or effective healthcare provision. For many, daily existence revolves around violence, exploitation, poverty and repression.

However, the needs of sex workers are not going completely unnoticed.

The Joint United Nations Programme on HIV/AIDS (UNAIDS) released its Guidance Note on HIV and Sex Work in February 2009.

It highlights the stark reality of sexual health services for sex workers. "To date, the HIV response has devoted insufficient attention and resources to efforts to address HIV and sex work, with less than one per cent of global funding for HIV prevention being spent on HIV and sex work," it says.

That's a worrying statistic, particularly when the same report quotes the Commission on AIDS in Asia acknowledging that the HIV epidemic in that region is mainly driven by men who purchase sex.

UNAIDS says there are three main pillars in providing an 'evidence-informed' response to HIV within the sex work context. They are:

- Assuring universal access to comprehensive HIV prevention, treatment, care and support
- Building supportive environments, strengthening partnerships and expanding choices
- Reducing vulnerability and addressing the 'structural issues' associated with sex work.

While safer sex strategies will, out of necessity, involve promoting access to – and correct use of – condoms, the benefits

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Inside News

Susan Quilliam: "Sex is wonderful"

People's attitudes to sex and sexuality are constantly evolving. Leading British sexologist and relationship psychologist Susan Quilliam who has just reinvented the classic sex reference book *The New Joy of Sex* gives her views on sex education

WHY DID you decide to re-visit the *Joy of Sex?*

The book needed a great deal of rethinking – additional and rewritten text as well as revised illustrations and design. To begin with, the science needed to be brought in line with the latest thinking – the last, minor revision of the book was in 2002 and even since then knowledge has advanced at such a rate that it was out of date.

Also, society has changed since the book was first produced in 1972. People are much more open to different ways to improve their sexual experience and ways to do so are more openly discussed.

Thirdly, the basic attitudes to sex have shifted. In 1972 there was a great deal of naivety about the risks of unplanned pregnancy or STIs. It was assumed that everyone was on the pill and so would not get pregnant – STIs weren't really factored in. This changed radically with the advent of HIV/AIDS and greater awareness of potential risks which resulted in a more cautious attitude. Now, British society has moved on again – they are still aware of the risks, but also want to find ways to have great sex while remaining safe.

What's the biggest change in how you approach the subject of safer sex in the book?

I've tried to make safer sex an integral part of the sexual experience and not have it treated as something separate.

In the 2002 revision of the book, a new section was included on the dangers of STIs and unplanned pregnancy and methods for safer sex. All of the information was contained in one section. While this meant you knew where to go to for the information, it could also be a little frightening to have all the problems outlined together.

So I've taken a different approach that positions safer sex as integral to the sexual experience. I've tried to weave awareness of the need to protect against STIs and unplanned pregnancy throughout the book and motivate people to look at the sexual experience in the round. It's acknowledging that people are in a position to take responsibility for the good and potentially the bad sides of sexual experience.

Society has changed, how should safer sex messages reflect this?

I think it's largely a matter of hitting the right tone and balance. There is a problem around any message that leans too far towards the negative or the positive side. Of course people need to know about the potential dangers or problems they face. However, if you scare people too much in giving those messages, it can still give a bad result – think of the person who hears so many scary things about smoking that they have a cigarette to recover.

So the messages have to be balanced and, particularly for young people, they need to be messages that relate to their own experience. Try telling young people that sex is all gloom and doom and they won't believe you. They know that sex is wonderful, exciting and exhilarating. So you have to base your message on what they already know, and add to that knowledge.

Do you think there is enough emphasis on safer sex in society?

I think there is plenty of information out there, but also some huge pockets of emotional ignorance.

One big problem is how to give people the confidence to be able to say clearly what they want. For instance, teenagers are bombarded with images of sex in the media. Sex is positioned as a very good thing – and it's something that most of them want. But equally, when you see people having great spontaneous sex on TV it can be hard in your own relationship to say "no, I don't want to have unprotected sex".

A similar situation exists, but for a different reason, with the over 40s who may have come out of a relationship and be dating once more.

For this group too, sex will be an exciting new adventure that they are keen to try, but they may not have been out on a date for 20 years and so could lack the confidence to ask a new partner to use contraception.

So I think it's a case of communicating that sex is wonderful, but that it's even better if you are free to express what you want and don't want to do.

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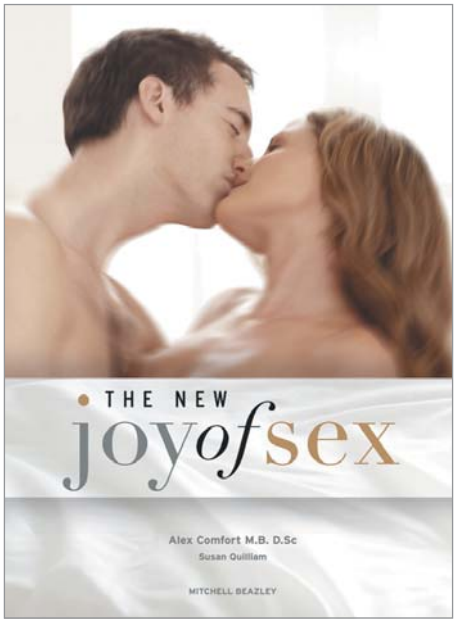

The New Joy of Sex *by Alex Comfort and Susan Quilliam, published by Mitchell Beazley*

When do you think young people should be taught about sex?

From the age when they start to ask questions – but the answers should be closely tailored to their level of understanding. I asked my first questions about sex when I was three and received a simple, yet true, answer from my mother. When I was 12 I asked my mother what having sex was like – and again received an answer that was appropriate for my understanding. I was taught that sex is good, and it's natural to want to experience it.

For me, this approach worked very well. I learned that sex was a good thing, but that there were also potential risks. I grew up with a healthy interest in sex and with the confidence that a good grounding of information and emotional literacy brings with it.

But every child is different and what was appropriate for my mother to tell me at 12 may not be right for another child. So there is a big onus on the parents to be prepared to talk to their children and be prepared to be honest while avoiding embarrassment.

So what messages do you think should be included in sex education?

Sex is fun. I've often spoken to teachers and youth workers about the difficulty of giving the whole picture to youngsters about sex and sexuality. They know sex is desirable, but they also want things explained to them about how they can have fun and still be safe.

The difficulty is that these messages necessarily come from our own sexual experience. This can cause a huge embarrassment factor that could easily render the exercise counter-productive. For example, it is unlikely that a practice nurse speaking to a teenager would feel able to say 'I really enjoyed having sex last night'. Instead it is a case of toning the messages down – coming from a viewpoint of knowing that sex can be good and varied, but keeping sufficient distance to remove the embarrassment.

Similarly, teachers have a fine line to walk. They need to give a complete picture of sex that not only explains the risks but also acknowledges it is desirable. But at the same time, they must take care that the young person doesn't see this as a simple incitement to go out and have sex.

The key is for the educator to be confident enough in themselves to be able to talk about their sexual experience positively and without embarrassment. This in turn can instil the pupil with the information and confidence to make informed choices about their own sexual activity.

If you could give a teenager one piece of advice about sex, what would it be?

If you're feeling that sex is amazing, you're absolutely right. Despite all the messages of doom and gloom, it's nothing to be scared of, nothing to be wary of, nothing to worry about. It is something to take seriously, to do only when you want to, how you want to, with who you want to – and responsibly.

But when you've found that person, when you're in the right relationship, the right situation, and it's all physically and emotionally safe, then it's your right as well as your pleasure to enjoy, enjoy, enjoy! ■

The challenge of...

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of this are not just bound up with preventing the spread of HIV and other sexually transmitted infections. Sex workers themselves are well positioned to act as sex educators – not just among their peers, but also among their clients.

This, though, is easier said than done among a profession where people are routinely abused and exploited by those who pay for or control the provision of sex.

As President of the IAS Julio Montaner commented at the launch of the British Columbia University study published in the Harm Reduction Journal in March 2009: "Sex workers are often paid more for unprotected sex with clients."

So targeting clients and the partners of clients is an important element of prevention work.

It is also worth remembering that the exploitation of sex workers, particularly women, doesn't just apply to developing countries. In a speech to the Women's Institute in November 2008, Minister for Women and Equality Harriet Harman compared prostitution in the UK to a "modern day slave trade", with women receiving money for sex "for another person's gain."

Another key challenge in empowering sex workers and their clients to practise safer sex is recognising and responding to the social and geographic diversity of the issues involved.

For instance, what is relevant to male sex workers in Kenya might not help women in South East Asia regularly in contact with migrant workers.

Governments and statutory bodies can play their part too. Where prostitution is illegal, and subject to punitive action, sex workers are stigmatised and driven underground. In these circumstances, the men and women involved are bypassed by sexual health services and education programmes.

As UNAIDS has recognised: "As with all marginalised and most-at-risk populations, it is vital to ensure sex workers' participation in the development, implementation and monitoring of prevention services.

"Linking HIV prevention programmes with relevant welfare services is essential for creating a supportive environment. A wide range of legal, economic and social services for sex workers are needed." ■

dance4life: onward and upward!

In the autumn 2007 edition of *Challenges* we spoke to Eveline Aendekerk, who had just been appointed Managing Director of dance4life, a global movement to try and halt the spread of HIV/AIDS. In this edition, we catch up with Eveline and with the charity, which has recently undergone a series of exciting changes

DANCE4LIFE is a global youth movement that began in 2003 with the message of start dancing, stop aids. Since then, dance4life has grown into an international youth campaign reaching more than 500,000 people in over 20 countries across the world.

To ensure its positive message continues to spread – and that HIV/AIDS does not – the charity this month unveiled its new image and house-style – designed in collaboration with branding agency Design Bridge, which celebrates dance4life's vision and brand values.

And Managing Director Eveline Aendekerk is confident that the changes will help to further promote support for the movement and make dance4life an iconic brand that transcends cultural values.

"As part of our mission it is imperative for young people to be able to really connect with the brand," she explains.

"This will give them a strong sense of belonging to a global youth movement that is positive and fun, empowering them to change their lives and those of the people around them."

Photo courtesy of dance4life International

And in partnership with the University of Amsterdam, dance4life has begun an impact evaluation of the actions of young people who are helping to halt the spread of HIV. In addition to this, a process evaluation is also being conducted as well as a quarterly monitoring of the project.

This will ensure that positive effects are measured as the individual country programmes develop and that best practice is recorded and shared across programmes. But more crucially, this is how we will know that the ambitious aim of dance4life – to get one million young people and 34 countries actively involved with the programme by 2014 – has been achieved.

dance4life started as a dream, the dream of two people who wanted to unite the world's youth in pushing back HIV and AIDS through dance. Since then, this dream has become a reality through the development of a vision and its implementation in countries around the world.

> *"It is imperative as part of dance4life's mission, for young people to be able to really connect with the brand."*
> **Eveline Aendekerk, MD**

Many people have worked hard to make this happen so far and many more people are now taking it to the next level, shaping the original dream into a strong brand that one million young people will become actively involved in to demonstrate to the world all that has been achieved.

Since 1981, 25 million people have died of AIDS, and every day more than 6,000 young people are infected with the HIV virus. But as the struggle against the pandemic goes on, dance4life is hopeful that its new image will continue to raise awareness of the movement and its message throughout the world. ■

For more information about dance4life visit www.dance4life.com

Targets, strategies and criticism: the difficult task of prioritising sexual health needs

Setting sexual health priorities is an almost unfathomably difficult task – but crucial in combating sexually transmitted infections and promoting safer sex. *Challenges* surveys the territory and looks for guidance on best practice

HIV/AIDS awareness day in Tegucigalpa, Honduras, 2009

Photo courtesy of Teun Voeten, Panos

READERS OF this newsletter need no reminding about the importance of defining and acting on global sexual health priorities. But what are those priorities, what are the factors that influence them, and who shapes – or should shape – them?

These are difficult questions but it is worth recognising that such priorities evolve or change over time, differ according to need, may at times be conflicting, and are constantly being monitored and evaluated. And of course, existing priorities are tested and scrutinised by a whole range of interested parties.

Take, for example, the US researchers who last year questioned the wisdom and efficacy of investment in condom promotion, HIV testing and vaccine research – established pillars of the global fight against HIV/AIDS. The researchers, from Harvard University School of Public Health, said evidence for many prevention strategies used on the African continent was weak.

"Despite relatively large investment in AIDS prevention efforts for some years now, it is clear that we need to do a better job of reducing the rate of new HIV infections," said Dr Daniel Halperin, who led the research entitled 'Public Health: Reassessing HIV Prevention', published in *Science* in 2008.

Dr Halperin, a lecturer in international health, went on to call for "a fairly dramatic shift in priorities," and suggested that greater emphasis should be placed on male circumcision and reducing multiple sexual partners.

Many would argue that this is criticism from the fringes of current sexual health thinking – indeed, it was robustly countered by UNAIDS, Aidsmap and the Terence Higgins Trust among others. But it does indicate the liveliness of debate that exists on the setting and execution of global sexual health strategies.

A key driver of this debate is funding and, in particular, whether investment is being well spent. On a macro-economic level, a number of organisations continue to express doubts as to whether there is simply enough money to coordinate an effective response to the AIDS epidemic.

The International AIDS Society is one of them. In December last year it called on the Group of Eight industrialised nations to sustain its commitment to providing universal access to antiretroviral treatment by 2010. It said the G8 had pledged $22 billion for HIV programs between 2008 and 2010 – only 36 per cent of the $66 billion that, according to the IAS, is needed.

Funding can play havoc with priorities in a myriad of ways. Already in 2006, much

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media attention had been devoted to reports in the UK press that sexual health clinics were struggling to hit targets due to a lack of funding – this despite sexual health being one of the Labour government's public health priorities.

A major problem, according to a report published at the time by the Independent Advisory Group on Sexual Health and HIV, was that money intended to modernise genitourinary clinics had been used by NHS primary care trusts (the bodies responsible for providing primary care services in the country) to pay off pre-existing debts. So even though the nation's sexual health had been identified as a public health priority, funding was not reaching those in need.

It remains to be seen whether the £10 million, promised in March 2009 as part of the new UK governmental campaign to support contraception provision through local health services, will reach its intended target.

Another consideration for those responding to sexual health needs is that priorities change and new ones come onto the radar. Who, for example, is responding to the needs of the many adolescent girls infected with HIV at birth who are now reaching sexual maturity?

According to research published in June 2007 in the *American Journal of Public Health,* rates of pregnancy and the effectiveness of interventions to prevent mother-to-child transmission of HIV in girls who were infected by their mother are not well established.

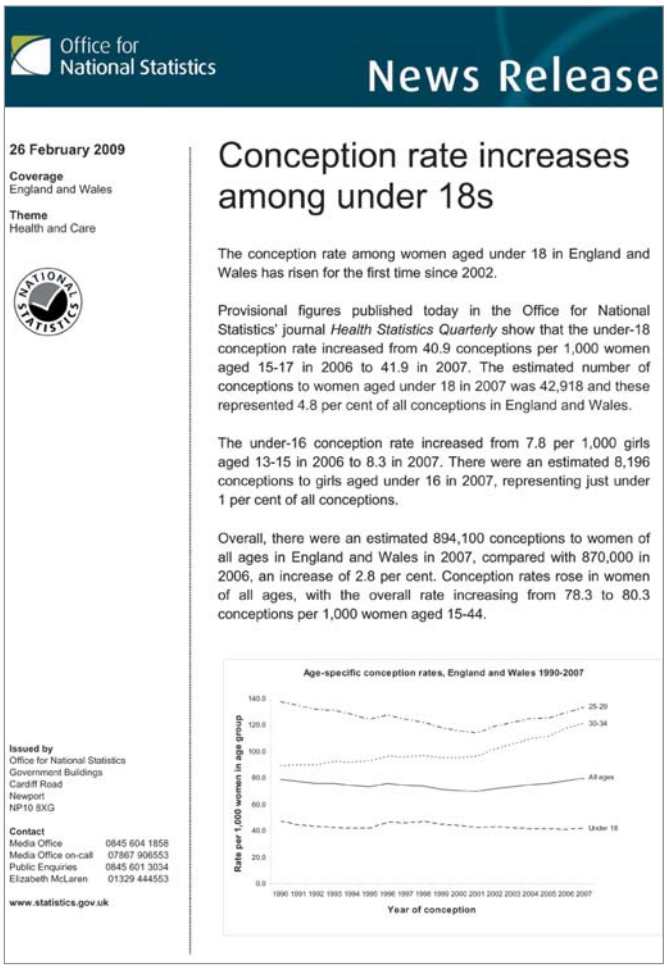
"The need for enhanced provision of reproductive health services such as contraceptive counselling and cervical cytological screening is evident," the researchers write in 'Reproductive health of adolescent girls perinatally infected with HIV'.

So what is to be done to ensure that sexual health priorities are effectively coordinated? To quote the oft-repeated remark: there is no magic bullet. And, as former UNAIDS executive director Peter Piot said ahead of last year's World AIDS Day, health officials should "choose wisely from the known prevention options available so that they can reinforce and complement each other".

UNAIDS has also stressed the importance of integrating HIV prevention strategies with sexual health services. As it says in the introduction to its 'Gateways to integration' series: "The majority of HIV infections are sexually transmitted or associated with pregnancy, childbirth and breastfeeding, all of which are fundamental elements of sexual and reproductive healthcare. In addition, sexual and reproductive health problems share many of the same root causes as HIV/AIDS such as poverty, gender inequality, stigma and discrimination, and marginalisation of vulnerable groups."

Maybe it is time to think more in terms of flexibility and integration rather than priorities. ■

Latest UK teenage pregnancy statistics raises new questions



Office for National Statistics

News Release

26 February 2009

Coverage
England and Wales

Theme
Health and Care

Conception rate increases among under 18s

The conception rate among women aged under 18 in England and Wales has risen for the first time since 2002.

Provisional figures published today in the Office for National Statistics' journal *Health Statistics Quarterly* show that the under-18 conception rate increased from 40.9 conceptions per 1,000 women aged 15-17 in 2006 to 41.9 in 2007. The estimated number of conceptions to women aged under 18 in 2007 was 42,918 and these represented 4.8 per cent of all conceptions in England and Wales.

The under-16 conception rate increased from 7.8 per 1,000 girls aged 13-15 in 2006 to 8.3 in 2007. There were an estimated 8,196 conceptions to girls aged under 16 in 2007, representing just under 1 per cent of all conceptions.

Overall, there were an estimated 894,100 conceptions to women of all ages in England and Wales in 2007, compared with 870,000 in 2006, an increase of 2.8 per cent. Conception rates rose in women of all ages, with the overall rate increasing from 78.3 to 80.3 conceptions per 1,000 women aged 15-44.

Age-specific conception rates, England and Wales 1990-2007

Rate per 1,000 women in age group

Year of conception

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With the latest figures revealing that there has been a rise in teenage pregnancy in the UK for the first time in five years, we take a look at the reasons behind this and consider what can be learnt from neighbouring countries

ACCORDING TO figures released by the Office for National Statistics in February, the UK once again has the highest teenage pregnancy rates in Europe, with 41.9 conceptions per 1,000 15-to-17-year-olds in 2007 compared with 40.9 in the previous year. The statistics represent the first rise in teenage pregnancy since 2002, meaning that the government will almost certainly miss its target to halve rates by 2010.

The figures are particularly pertinent as, only a few days before they were released, an English boy sparked an outcry by becoming a father at the age of 13. Alfie Patten and his 15-year-old girlfriend Chantelle Steadman, from Eastbourne in southern England, were splashed across the national media after the latter gave birth to a baby girl on 9 February this year.

Various politicians were quick to condemn the case. Conservative leader David Cameron said: "Frankly parenthood isn't

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something teenagers should be thinking about - we've got to put it right."

Children's Secretary Ed Balls, meanwhile, declared it was an "awful" and "unusual" case and former Tory leader Iain Duncan Smith claimed that it "exemplified broken Britain".

Following the negative coverage surrounding both stories, the government announced proposals to provide £20 million to help teenagers get better access to contraception. These will include a £7 million media campaign and £10 million to help improve the availability of contraception in local authorities.

The health service also plans to send girls text messages to remind them to use contraceptives, whilst long-acting methods such as injections and implants will also be promoted.

In addition to this, Children and Young People's Minister Beverly Hughes said it was important to give parents help and advice about how to tackle the issue of sex in an open fashion with their children. She also claimed that high quality sex education in schools was vital, and that this would be made compulsory in the autumn.

These latest plans will operate alongside the government's long-term Teenage Pregnancy Strategy, which was introduced in June 1999. The scheme was designed to halve the under-18 conception rate by 2010, establish a downward trend in the under-16 rate, increase the number of teenage parents in education, training or employment and reduce their risk of long-term social exclusion.

The government aims to achieve these goals by providing an effective sexual health advice service, prioritising sex and relationship education and offering a much improved youth service throughout the country.

But although the Teenage Pregnancy Strategy has had some success – with overall rates of under-18 pregnancy falling by 12.6 per cent in nine years – the UK is still the worst offender in Western Europe.

So why is this the case, and what can be learnt from neighbouring countries to try and curb the problem?

The increase in teenage pregnancy may be partly due to a general breakdown of family values, with less emphasis on marriage and a growth in single parent families. As core values have eroded, the theory goes, so has the idea of responsible sex and stable parenting.

Perhaps today's youngsters are the victims of the over-sexualisation of society, with the relentless use of sexual images in the media increasing children's curiosity with sex. A recent inquiry into childhood by the Children's Society, for example, accuses advertisers of aiming sexy clothing commercials at an increasingly younger age group.

But how does a country like the Netherlands – where there are only five births per 1,000 teenagers compared to the UK's 27 – deal so effectively with the problem when faced with such similar challenges?

Sex education is undoubtedly one reason. In their primary school years Dutch children can talk about sex, but it is discussed in the context of relationships, caring and respect for others around them.

"The English are embarrassed to talk about sex," says Siebe Heutzepeter, headteacher of De Burght School in Amsterdam. "Here adults and children are better educated. There is no point in telling children just to say 'no' - you need to tell them why they are saying 'no' and when to say 'yes'."

Later on in school, sex education is not a separate curriculum but is usually integrated across subjects and at all grade levels.

Meanwhile in France, where only 1.96 per cent of mothers are under 20, the government supports consistent, long-term public education campaigns through the Internet, television, films, radio, discos, pharmacies, and health care providers.

In Sweden – where only 1.59 per cent of newborn babies have teenage mothers – compulsory sex education starts when children are 10 and teenagers can get free medical care, condoms, oral contraceptives and advice from youth clinics without their needing their parents' consent.

But arguably the most important difference is that, while European families have open discussions with teenagers about sex, in the UK the responsibility may well lie less with parents than with schools.

Instead of placing the burden solely on the national curriculum, an effective way of reducing teenage pregnancies in the UK may also be to educate the nation's parents – rather than just their children – about how to openly discuss sex and its potentially life-changing consequences. ■

HPV vaccines can save lives

With two types of Human papilloma virus (HPV) causing about seven out of ten known cases of cervical cancers worldwide, the use of vaccines that are believed to be 99% effective against these should bring substantial life-saving benefits

SINCE UK reality TV celebrity Jade Goody announced having cervical cancer back in August 2008, demands for cervical screening, which is currently carried out every three years in women over 25 years old in England (and over 20 in Scotland, Wales and Northern Ireland), have surged by over 20 per cent.

She died on 22 March 2009, aged 27.

Her condition may have been avoided through several different strategies including consistent prevention and screening but vaccination is the strategy that many look to as the "miracle solution".

According to the American National Cancer Institute, if all women were to take the vaccine and if protection turns out to be long term, widespread vaccination has the potential to reduce cervical cancer deaths around the world by as much as two-thirds.

In addition, the vaccines can reduce the need for medical care, biopsies, and invasive procedures associated with the follow-up from abnormal smear tests, so helping to reduce health care costs and anxiety to patients.

The distribution of the specific HPV types 16 and 18 means that the vaccines are thought likely to be most effective in Asia, Europe and North America. As a result, many governments in these regions are now taking action to ensure vaccination programmes are in place.

The two vaccines currently available – Gardasil and Cervarix – are preventative rather than therapeutic and are recommended for those that have not contracted HPV; ideally before they have had their first sexual intercourse.

Although some countries have introduced programmes that are compulsory for teenage girls and young women, most are offering the vaccine on a voluntary basis and are relying on positive encouragement to aim for as large a take-up as possible.

For despite the benefits, the programmes have not been without controversy – including fears expressed that the vaccines could have adverse side effects.

These fears have been widely reported in the UK, where the Department of Health has counteracted by emphasising that both HPV vaccines have met the rigorous safety and efficacy standards required for licensing in Europe and elsewhere.

"It is irresponsible to raise fears over vaccine safety in the absence of scientific evidence that points to safety concerns," a spokesman told the *Daily Telegraph.*

The authorities have also counteracted parental concern that young people may wrongly believe the vaccination gives them immunity from other sexually transmitted infections. The promotional campaigns emphasise that the vaccines protect only against the HPV virus and practising safer sex is as vital as ever. ■

Challenges **is an occasional publication produced by the Durex Network. While the articles are accurate summations of current sexual health matters, the views and opinions expressed are not those of the editor.**

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Conferences and events

12th World Congress on Public Health
Making a Difference in Global Public Health: Education, Research, and Practice
Dates: 27 April to 1 May 2009
Location: Istanbul, Turkey
Key theme: The Congress theme is "Making a Difference in Global Public Health: Education, Research, and Practice". Sub themes are: Public Health Education for the 21st Century, Public Health Research & Policy Development, Public Health Practices Around the Globe.
Contact: http://www.worldpublichealth2009.org

36th Global Health Council International Conference
New Technologies + Proven Strategies = Healthy Communities
Dates: 26 to 30 May 2009
Location: Washington, D.C., USA
Key theme: This year's conference will explore the potential for using mobile and electronic devices and processes within proven public health strategies to both gather and disseminate information and to provide a range of services.
Contact:
http://www.globalhealth.org/conference_2009/

19th World Congress for Sexual Health
Sexual Health & Rights: A Global Challenge
Dates: 21 to 25 June 2009
Location: Göteborg, Sweden
Key theme: The conference theme, Sexual Health & Rights: a Global Challenge, reflects the eight priorities of the WAS Declaration for the Millennium and echoes the urgent need for action to ensure sexual health and rights for all. The WAS Congress is held every two years, and brings together the outstanding clinicians, researchers, educators, activists and policy makers from around the globe to share knowledge on the diverse and often controversial issues of contemporary sexual health.
Contact: http://www.sexo-goteborg-2009.com/

GBC Annual Conference 2009
Resilience and Results
Dates: 23 to 24 June 2009
Location: Washington, D.C., USA
Key theme: Tough economic times demand resilience. The GBC Annual Conference is for the leaders who are going to ensure that the private sector continues to deliver.
Contact:
http://www.gbcimpact.org/annual-conference