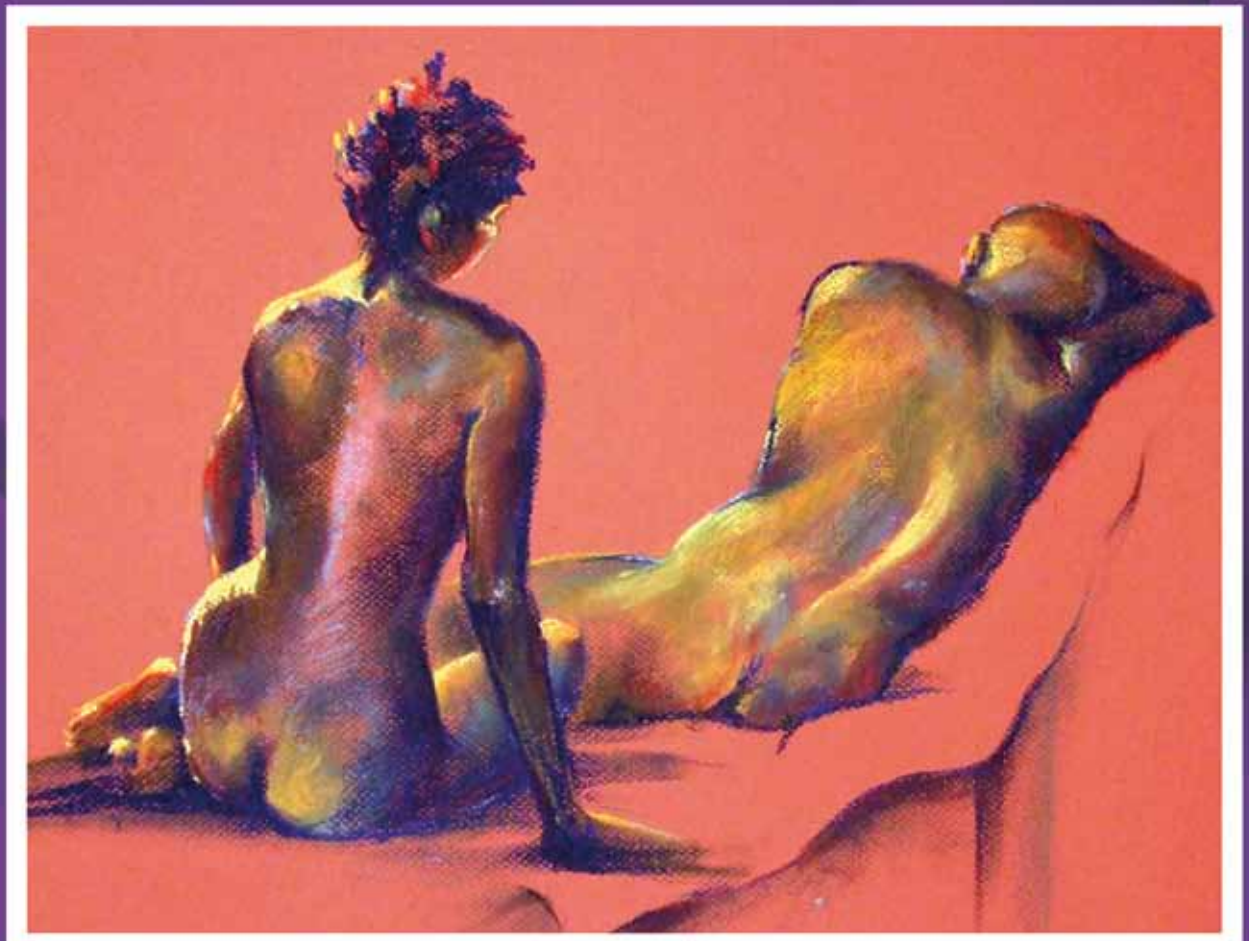
National Sexual Health Strategy

2011



Ministry for Health, Elderly and Community Care

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Forward

Drawing upon the Sexual Health Policy for the Maltese Islands and the outcomes of a series of workshops which complemented the referred policy, a sexual health strategy for our nation has now been developed.

As with the Sexual Health Policy, the principles of individual and social rights and responsibilities, stemming from the values of respect and dignity towards human life, are the cornerstones of the set of targets, goals, measures and deliverables regarding sexual health, for our nation, presented in this strategy.

All entities, sectors, groups and representatives of the entire population were invited to participate in workshops following the publication of the sexual health policy, and thus to contribute to the development of this sexual health strategy. We are grateful towards all those who accepted our invitation and would like to take the opportunity to thank them. We believe that your esteemed participation and contribution has been instrumental towards the development of a valid strategy, which will seek to effectively address the sexual health of our nation. We have developed this strategy together, which I believe augurs well towards its favourable and efficient implementation.

The development of the strategy required much contribution and commitment from all. We have successfully tapped into your support to develop this strategy accordingly. I am confident that we may count on your continued participation in, and contribution towards the implementation of the sexual health strategy.

Sexual health is an integral part of the well-being of all individuals of our nation. This sexual health strategy will provide us with a vehicle towards the achievement of optimal health for all. Let's continue to work towards this goal, together.

I sincerely thank you in advance for your support towards this strategy.

Dr Joseph Cassar
Minister for Health,
the Elderly and Community Care

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Sexual Health Strategy

Introduction

A National Sexual Health Policy was launched on Friday 26th November 2010 by the Minister for Health, the Elderly and Community Care, Hon. Dr Joe Cassar. A number of workshops were held during the launch, where various stakeholders and representatives of organisations also took part. These were followed by sixteen workshops, focusing on six main themes and were held over a number of months. The participation and contribution of all entities, sectors, groups and representatives of the entire population was ensured and this helped towards the development of the sexual health strategy.

This strategy was built in keeping with the definition, principles and objectives portrayed in the policy document. The feedback from the workshops together with the input of the experts consulted, informed the design of this strategy on the basis of the above-mentioned elements.

Definition of Sexual Health

The true meaning and understanding of sexual well-being remains culture- and context-specific, and thus it is difficult to arrive at a universally acceptable definition of the totality of human sexuality[1].

Sexual health goes well beyond the medical model of the treatment of disease. It is a complex web of biological, psychological, cognitive, social, political, cultural, ethical, legal, religious and spiritual factors. The World Health Organisation (2006) definition of sexual health captures this point:

Sexual Health is a state of physical, emotional, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and relationships, and the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. For sexual health to be attained, the sexual rights of all persons must be respected, protected and fulfilled.[2]

This definition is central to the delivery of the sexual health strategy and provides an important focus for the future development of initiatives in this sector.

The concept of sexual health or well-being has been described to include these basic three elements:

- A capacity to enjoy and control sexual and reproductive behaviour in accordance with a social and personal ethic
- Freedom from fear, shame, and guilt associated with false beliefs and misconceptions related to sexuality, and other factors affecting sexual response and relationships
- Freedom from organic disorders, diseases and deficiencies that interfere with sexual and reproductive functions

Principles and Objectives of the Strategy

The principles guiding this strategy are underpinned by human rights and social justice principles. The core principles stemming from this approach are:

- Respect and care towards human life from its conception
- Individual rights and responsibilities in the context of the broader society
- Adequate, accessible and accurate information and education which is equally accessible to all members of the population, enabling informed choices
- Freedom from exploitation and abuse
- Freedom to express one's sexuality
- Psychological and physical expression of one's sexuality in the context of a sound family unit is valued as an essential cornerstone of a society while respecting diverse family structures and lifestyle choices

Consequently the objectives of this strategy include:

- Determining and providing educational, social and support services that match the prevalent needs by an appropriately resourced, competent and skilled workforce working within a supportive environment
- Determining and providing adequate, accessible and equitable health services that match the prevalent needs by an

appropriately resourced, competent and skilled workforce working within a supportive environment

- Identification of the role and contribution of the media as a tool to inform and educate all the members of the population on all aspects of sexual health, including the provision of an appropriate channel that can be used to help individuals to develop the skills needed to make informed choices
- Establishing pathways and implementing initiatives to conduct research, monitoring and surveillance to secure accurate data specifically pertaining to the Maltese islands. This will also involve the collation of information to be able to map the social, cultural and religious dimensions of sexuality, within our specific national context.
- Enhancing the capacity to project and plan to address the challenges of the future and developing further co-operation with other countries and partnerships with stakeholders

The above objectives will be further elaborated in the following chapters which will also include information on the approaches that will be adopted, and the measures that will be implemented to help achieve these goals over the next few years.

1 Sexual Health Promotion and Education

1.0 Introduction

An effective sexual health promotion and education strategy needs to be based on lifelong learning approaches which provide for prevention and intervention programmes tailored for different age groups and diverse needs and settings.

1.1 Increasing Awareness to Make Informed Choices

The need to raise awareness and increase knowledge by means of campaigns to enhance sexual well-being is increasingly being acknowledged by various stakeholders. This stems from the paradigm that the population and individuals are enabled to make responsible and informed choices and to provide opportunities for changing behaviour when this is requested or required.

The strategy builds on this principle and will be providing for the availability of more and better information to people of all age groups. A major aim of this strategy is to provide for health promotion activities to increase knowledge, to foster positive attitudes towards change and decision-making, and to encourage people to develop the skills needed to make informed choices.

Health promotion initiatives must seek to enable people to appreciate and protect their sexual health and well-being through responsible behaviour and lifestyle choices.

The programmes and initiatives that will be implemented will:

- Educate about relationship skills and the dynamics taking place within sexual relationships

- Address gender issues
- Increase awareness on personal sexual health and responsibility towards one's sexual health and that of their partner/s[3]
- Raise awareness on fertility, contraception, conception, child rearing skills, different sexual orientations and acceptance of individual circumstances
- Focus on development of risk reduction skills such as sexual assertiveness and discussion, negotiation and adoption of protective measures[4]

The health promotion activities that will be undertaken will seek to emphasise active learning techniques which aim to:

- Address cognitive, attitudinal and affective factors
- Build motivation for the adoption of healthy behaviours
- Address environmental and/or social barriers that may inhibit the adoption of healthy behavious
- Be sensitive to local culture, diversity, values and context
- Be based on mainstream peer-reviewed scientific evidence
- Provide outreach opportunities for all vulnerable target groups as well as minorities
- Include workshops in different settings and aimed at specific target groups such as school leavers and people living in relative poverty
- Utilise modern technological tools to provide informal learning opportunities on sexual health, sexuality and relationships issues and concerns

These activities may also be developed in collaboration with the Education Directorates, the University of Malta and the Youth Agency. There will be coordination with the Education Directorates in order to ensure that activities are consonant with the prevailing priorities and available resources in both sectors.

1.2 Our Goals for Sexual Health Promotion and Education

Sexual health, sexuality, relationships education and promotion should be holistic and cover issues related to physical, emotional, social and cultural aspects. It has been widely argued that sexual health, sexuality and relationships education should not be negative issues that frighten individuals, but should take into account

the positive aspects of sexual relationships. They should be non-judgemental and not fear-based[5].

A comprehensive sexuality and relationships education strategy should deal with topics related to relationships, decision-making, assertiveness and the acquisition of the necessary skills to enable a person to make informed and responsible decisions and to resist unfavourable social and peer pressure where necessary. A good programme must therefore take into account the sensitive, social, moral and sometimes controversial issues that surround sexuality.

The purpose of sexuality and relationships education has also been extended to include learning about psychological well-being by enhancing young people's ability to deal with their emotions. Indeed, it has also been suggested that sexuality and relationships education ought to be an element within a broader objective of developing 'emotionally intelligent citizens'.

1.3 Community Awareness-Raising Initiatives

Education should not stop at the end of compulsory schooling and students in post-secondary education. Young employed adults and school leavers should also continue to be approached and targeted. Adults and older people in the community should also be given opportunities for continuous and life-long education regarding sexual health. Programmes and materials will be adapted to the specific needs and concerns of the specific target audience.

The following measures will be undertaken:

- Sexual health and well-being promotion and education sessions will be planned within local councils and these will target different age groups of the population. These will include children who attend community-based sports or recreational groups in the evening or during holidays, as well as adolescents and youths who are members of the various clubs and youth centres around the Islands. Sessions organised through local councils will also target older individuals.

- Sexual health promotion and education will be part of occupational health and safety initiatives held at the places of work.
- Young adults will also be targeted with the help of their peers (other young adults). Such peer-led education has been found to be very effective since the younger generation would rather take home messages from individuals who will be passing through the same experiences. For this purpose, leaders within peer groups will be identified and given the appropriate training to be able to deliver this form of health promotion.
- Specific education and training will also be provided to health care professionals since they regularly work with their clients on a more personal and individual basis. This method is useful especially where there is suspicion of sexual health dysfunctions and problems since in the majority of cases, a great degree of trust exists between the health care provider and the patient and/or the relatives. Specialised education also needs to be provided to professionals outside the health sector including social workers, counsellors and youth workers.

1.4 Reaching Out to Specific Groups

Some groups need specially targeted information and interventions because they are at a higher risk, are particularly vulnerable or have particular access requirements[6]. These groups include:

- Young people, and especially those in, or leaving care
- Minority ethnic groups
- Transgender, gay and bisexual persons
- Intravenous drug abusers
- Adults and children living with HIV and other people affected by HIV
- Migrants
- People with intellectual and/or physical disabilities
- Sex workers
- People in prisons and establishments for youth offenders

This aim needs to be achieved by working in partnership with the organisations that represent these groups, and also by providing the adequate set-up to be able to carry out programmes and provide resources specifically addressing the needs of each particular sector.

1.5 Alcohol and Sexual Behaviour

Alcohol, especially binge drinking, can have serious life consequences especially on teenagers and young adults. In fact, alcohol has recently been identified as the substance that causes the largest and most negative effects on society as a whole, more than tobacco, heroin and crack cocaine[7]. Among other consequences, alcohol can lead to unplanned and/or unsafe sexual activity in that alcohol can dis-inhibit reasoning. Evidence shows that alcohol is often involved in the onset of teenage and unwanted pregnancies, as it lowers the probabilities of using contraception. On the other hand, alcohol can be associated with sex that is abusive and even violent, such as sexual assault and rape[8].

When planning health promotion campaigns and material such as leaflets, there will be consultation with the relevant groups and associations, and together we will work towards increasing the awareness on the effects of alcohol on sexual behaviour, among specific groups posing the highest risks, as well as across the general public[9].

1.6 Sexual Health Promotion in Schools

Local evidence from a study involving young people in different schools across Malta and Gozo, indicated that sexuality and relationships education in the Maltese islands was scanty and uncoordinated across the schools at the time of the study[10]. On the other hand, the findings of a review that was recently undertaken in 2011 and commissioned by the Directorate General for Quality and Standards in Education in all state primary and secondary schools suggest that sexuality and relationships education and sexual health issues are being covered in all years and forms according to the developmental milestones of the students. The majority of students across all forms were of the opinion that personal and social development (PSD) lessons are helping them to understand issues related to sexuality and sexual health, and that during these lessons they feel that they are getting sufficient information about sexually transmitted diseases and contraception[11].

The National Minimum Curriculum[12] is a legally binding document for all Maltese schools and it addresses the importance and the learning needs related to human sexuality. The updated document is currently out for public

consultation[13] and it identifies the knowledge, capabilities and attitudes underpinning the true understanding of human sexuality. Various subject syllabi in schools cover the objectives of this strategy with regard to education for sexual well-being.

Limitations that need addressing in the implementation of the updated National Curriculum Framework include the preparedness and technical skills of teachers and other educational professionals to discuss sexuality and sexual health matters with young people, the required coordination between different subject teachers and parents, and the setting up of targets and standards for the delivery of sexuality and relationships education in schools.

It must be ensured that the information about sexual health given in schools is:

- Medically and scientifically accurate
- Age-appropriate and/or appropriate to the developmental stage of the students
- Appropriate for students taking into consideration gender, race, ability, status and sexual orientation
- Comprising of knowledge regarding different methods of preventing unintended pregnancy and sexually transmitted infections, including abstinence

Sexual health, sexuality and relationships education should be a multidisciplinary curriculum subject. A more holistic coverage is guaranteed if different aspects of sexuality and relationships education are put under the responsibilities of different teachers, while ensuring that there is better overall co-ordination of the different materials and inputs.

1.6.1 Health education in action

In order for young people to make good decisions about sexual health, they need good information, values and attitudes consistent with health goals, skills to behave consistently with their knowledge and values and access to quality health services. Curriculum-based education can contribute to providing what young people need in a structured format, with flexible approaches that can be implemented in a variety of settings14. Providing evidence-based, context-appropriate sexual health education in schools will require:

- Working in partnership with the Directorates of Education to further develop and implement sexual health education within the framework of the new National Curriculum
- Enabling pupils to achieve their physical, psychological and social potential, and to improve their self-knowledge and self-esteem
- Continuing with programmes to enable pupils to acquire skills on decision-making which are essential in managing and handling situations of stress in relation to health
- Providing a sound knowledge base and the skills to interpret such knowledge
- Training of different subject teachers so that they can take a better role in this field of education. All teachers of subjects in which sexuality is encountered will be supported to attend training courses or academic programmes that aim at keeping them updated with the latest developments in this important field.
- Working with the Directorates of Education to make available online interactive materials which can be accessed by both educators as well as pupils and parents

1.6.2 Parental Involvement in sexuality and relationships education

Parents and guardians are crucial role models in the upbringing and development of children. Sexual health education is an important parental responsibility. Yet, society, by and large, relies on the formal school system to provide children with the necessary biological and social background about sexuality. However parents are still a very important informal source of education especially for children in the younger age groups. From birth, parents send messages to their children that relate to the human body and intimacy[15].

The fact that parents should be included and empowered to help their children at home with sexual health and sexuality and relationships education was strongly emphasised during the consultation process. Parental input needs to complement what is taught at school. Parents need to be aware of the sexual health, sexuality and relationships educational programme being developed and implemented in schools. They need to support and reinforce what is taught at school and offer the necessary safe environment at home, where students can discuss openly any queries and curiosities they have about this subject. This will avoid students seeking information from inappropriate sources[16].

The following measures will be implemented to help to develop the parental role in sexual health education:

- Courses that teach parents how to approach sexuality and relationships education with their children and how to deal with their children's sexuality issues
- Resources for parents in question and answer format
- Schools will be encouraged to provide information in advance to parents regarding the planned instruction of their respective children, and to increase the availability of resources used for familiarisation. The parents will have the opportunity to be prepared for their children's sexual health education so that they will be able to support and complement it

Online resources such as an interactive website targeting parents will be explored and developed. Other material will include printed leaflets and information booklets and the use of other media such as television and radio, and education delivered in settings and in collaboration with other entities, such as in mother and baby clubs.

1.7 The Role of the Media in Sexual Health Promotion

The local media can assist in helping to communicate our sexual health strategy in an effective and responsible way. The media has a very important role in the communication of sexual health, as it has three major effects on the public, namely, the imparting of correct sexual health information, the changing of sexual health attitudes and values, and the establishment of new sexual health behaviours. This creates a major challenge for media professionals and journalists. The message conveyed through the media should be consistent and in line with the strategy, and the media professionals are well placed to bridge any gaps between journalism, the entertainment industry, sexual health experts and the public[17].

To help ensure effective and consistent communication of sexual health in the media we will:

- Engage the media sector as important partners in the implementation of the strategy
- Develop a resource pack intended to support and guide journalists and media professionals, on sexual health reporting

- Provide appropriate training to professionals who are invited to contribute to television and radio programmes, in order to be in line with what is being proposed by this strategy
- Make use of the ever-increasing importance of the interactive social media which is proving to be a very effective means of influence and communication

2 Sexual Health Care Services

2.0 Introduction

The sexual health policy identifies a number of social and behavioural sexual health indicators which call for more preventive and interventional health services. This chapter outlines the strategy to further develop such services.

2.1 Current Prevention and Treatment Services

The following section describes the services that are currently involved, to different extents, in providing services related to sexual health:

2.1.1 Hospital-Based services

1. The genito-urinary clinic
2. The gynaecological departments at Mater Dei Hospital and Gozo General Hospital
3. The Infectious Disease Department at Mater Dei Hospital
4. The urology department at Mater Dei Hospital

2.1.2 Primary care services

The public primary care services mainly contribute through the gynaecology clinics that are held once weekly in each health centre across the country.

2.1.3 The private sector

This sector also plays an important role in the provision of sexual health care services and is considered as a partner for successful implementation of this strategy.

2.2 Future Service Development

One of the strategy's aims is the development of managed service networks, allowing providers to collaborate and plan services jointly and in so doing, providing a more comprehensive service to patients.

Our aim is to ensure that all services address medical, psychological, ethical and social needs in as user-friendly a manner as possible. Services should:

1. Take the needs of the client as the point of departure in determining service development, provision, monitoring and evaluation
2. Be evidence-based
3. Respect client's confidentiality at all times
4. Maintain record-keeping to a high standard including the process of obtaining valid consent
5. Be non-discriminatory and non-judgemental when responding to the specific and particular needs of gay and lesbian persons, people with disabilities, victims of rape, prisoners and detainees, and sex workers
6. Continually strive to improve service quality through measurement and audit

These services require strong leadership and appropriately trained staff, who will maintain their skills and competencies through the provision of continuing professional development opportunities. The multiple factors which continually influence sexual behaviour in any society make sexual behaviour a characteristic with a dynamic nature. This places an onus on staff to update themselves periodically and an onus on Government to facilitate the provision of such development opportunities.

2.3 A Comprehensive Sexual Health Service

The various providers of sexual health services are mentioned earlier in this chapter. A new purpose-designed sexual health clinic at Mater Dei Hospital will be developed as the focal point for all these services. It will be a specialist-led service, with easy networking and referral between the relevant sexual health care service providers both in hospitals as well as within the community.

Services from this specialist clinic will include:

- A genitourinary medicine clinic
- Contraception advice
- Protection against sexually transmitted infections
- Cervical cytology screening tests
- Referral for testicular examination as clinically indicated
- On-the-spot pregnancy testing
- Advice and counselling on sexual issues and responsibilities
- Advice and counselling on sexually transmitted infections
- Advice and treatment for common clinical sexual problems
- Referral to other professionals/services beyond the sexual health clinic, as indicated

During the consultation process, the success achieved by the Genito-Urinary clinic was highlighted. The development of the sexual health clinic will continue building upon the success of this clinic.

2.3.1 Support primary care practice

General practitioners are most often the patients' first point of contact with health care services. General practitioners decide whether to treat the patients themselves or to refer them for specialist evaluation and treatment. There are a number of elements involved in sexual health care that can be available in any general practice setting.

These elements include:

- Promotion of positive sexual health behaviour
- Sexual history and risk assessment
- Advice on protection from sexually transmitted infections, testing and onward specialist referral
- Pregnancy testing
- Contraceptive advice and services
- Cervical cytology screening

To ensure a consistent standard of care, the department will develop and implement locally agreed protocols based on internationally and nationally established guidelines and available evidence.

Some elements cannot be provided easily and cost-effectively by every primary health care team. To make services readily available everywhere, primary care teams with a special interest in sexual health need to be identified and supported to develop their expertise further. Such teams can also provide expert resources for their colleagues working in primary health care.

A network of primary care specialists with a special interest in sexual health will be developed. These primary health care services are not intended to substitute specialist services but they will be able to filter patients better thus helping to ensure that referrals to the specialist services are those truly necessitating specialist care.

2.3.2 Specialist sexual health services

Specialist services will take responsibility for sexual health services needs assessment, supporting provider quality, clinical governance requirements at all levels and providing specialist services. Their services could include:

- Supporting the outreach services for the prevention of sexually transmitted infections and contraception and the awareness-raising programmes that will be led by the Directorate for Health Promotion and Disease Prevention, and specialised infections and disease management, including collaboration in partner notification
- Highly specialised contraception and psychological support
- Epidemiology and research in collaboration with the Directorate for Health Information and Research

These services will have a dual remit in providing both specialised individual patient care and advice, and support for public health programmes and interventions.

2.4 Cervical Cancer Screening

Malta presently has a low rate of cervical cancer with an average of eight to ten new cases of invasive cancer of the cervix diagnosed annually. The objective of cervical cancer screening is to reduce both incidence and mortality. A successful screening programme detects early, pre-invasive lesions during the preclinical detectable phase and is able to reduce deaths by preventing the occurrence of invasive cancer.

Referring to the National Cancer Plan 2011-201518, a full Health Technology Assessment will be performed by 2012 with a view to making a decision on the introduction of a national programme of human papilloma virus (HPV) vaccination. There will be further evaluation to establish the optimal screening methodology to be used in an organised national screening programme for cervical cancer. There will also be an epidemiological assessment based on the incidence rates and characteristics of pre-malignant lesions of the cervix to establish the optimal age cohort of women over the age of twenty years, who should be invited for screening first.

2.5 Sexual Relationships Service

This sexual health strategy aims to address the whole spectrum of service needs. From the consultation process, the need to include services for sexual health problems between couples, psychological problems and problems with sexual dysfunction emerged. These services are presently provided in the private sector.

A sexual relationships service will be piloted at community level. Following assessment and evaluation, the further need for development of such services will be established.

2.6 Education and Training

Education and training for the people involved in the provision of services is another underpinning element of this strategy, and needs to cover both generic and specialist skills. Professional education is one of the pillars of the strategy, as it increases the level of knowledge and competence in all sectors of society. Everyone working in the field will be able to benefit from further training to support implementation of this strategy. This training will be extended to reach out to non-health care professionals such as teachers, care workers, school nurses, youth and community workers, social workers, counsellors, corrective facilities staff, and health visitors.

Training will cover core skills and issues such as awareness, attitudes, information, communication skills, sexuality, relationships and sexual health. All professionals and trainers responsible for sexuality and relationships education must receive training in human sexuality, including the philosophy and methodology of sexuality and relationships education. Training to develop awareness of cultural differences is also important in understanding and meeting the needs of minority ethnic groups such as migrants.

As well as training staff in generic core skills, specialist providers will need to be equipped with the necessary skills to be able to deliver broader sexual health services. There are a number of important gaps in sexual health training and education, including insufficient sexual health education in undergraduate curricula of respective professions.

The following measures will help to develop a skilled workforce:

- Provision of adequate training to teachers in partnership with the Education Directorates through provision of in-service training for targeted subject teachers
- Organisation of a national sexual health conference for teachers
- Development of an educational pack, including guidelines and standard protocols to ensure consistent messages
- Development of a sustainable medical post-graduate training system
- Provision of opportunities for general practitioners, nurses and other interested professionals working in primary care who wish to further their skills and knowledge in the area of sexual health

3 Dignity, Rights and Responsibilities

3.0 Introduction

There are several references related to sexual health in Maltese legislation. The Criminal Code (Cap IX) deals with rape, carnal knowledge with violence, prostitution, pornography and abortion. Sexual harassment is also regarded as an offence and is regulated by the Equality for Men and Women Act (Cap 456) as well as the Employment and Industrial Relations Act (Cap 452). Furthermore the Education Act stipulates a mandate for the teaching about sexuality and relationships in all schools in Malta.

It is widely acknowledged that the legislative framework within which sexual health is regulated has to be evaluated and revised periodically according to changing societal circumstances.

3.1 Notification of Sexually Transmitted Infections

Presently, in Malta, 67 specified communicable diseases are statutorily notifiable. This list includes the sexually transmitted infections syphilis, chlamydia, HIV, AIDS and gonorrhoea. Notification is mandatory at law for all doctors in both public and private sectors whereby doctors should report suspected cases on the basis of symptoms only, not awaiting laboratory diagnostic confirmation. All public and private medical diagnostic laboratories are also obliged to report laboratory-confirmed cases thereby having a dual mechanism for reporting in place.

Notified cases are known to be only the 'tip of the iceberg'.[19]

The following measures will aim at enhancing the notification of sexually transmitted infections:

1. Better enforcing notifications of sexually transmitted infections from the laboratories.
2. Updating legislation to include more sexually transmitted infections and related disorders in the list of conditions requiring notification on public health grounds. Such conditions may include Human Papilloma Virus infections, trichomoniasis, genital warts and pelvic inflammatory disease.

3.2 Partner Notification

Partner notification (also termed 'partner management' or 'contact tracing' in some settings) is a well-established public health activity in programmes to control sexually transmitted infections. Contact tracing in Malta is mostly patient-led. The approach is based on the premise that the sexual partners of people with sexually transmitted infections are likely to be infected but may be asymptomatic, may not otherwise seek care and may hence continue to infect others. Partners can be reached through several different strategies including those led by the infected "index" patients (patient-led), by health providers (provider-led), or by a combination of approaches (conditional referral–index patients are encouraged to ensure that partners attend by an agreed date, after which the provider will notify the partner)[20].

To improve partner notification, measures will be undertaken to:

- Conduct regular professional training among all health care professionals involved in the process of conducting contact tracing
- Address issues of patient and physician confidentiality by ensuring that the existing legal framework be updated in order to offer an assurance that the individuals' privacy will be respected and any breach of confidentiality sanctioned

3.3 Persons with Disability

At present there is no legislation that permits 'capacity to consent' for people with learning disability. It was suggested during the consultation process that a 'capacity consent functional assessment' should be introduced in Malta as has happened in other countries e.g. the United Kingdom, where it is regulated by law. This is specific for adults with learning disability.

Work will be undertaken with the relevant stakeholders in order to issue guidelines for practice for carers and persons who work closely in settings and services for persons with learning disabilities.

3.4 Parental Consent

In Malta there are still gaps in the legislation regarding the age of consent. This is important to determine especially in the health care setting, where youths often access health and also sexual health services without their parents' consent. The minimum age in terms of legal capacity to consent to medical treatment and use of sexual health services varies between countries.

Guidelines will be issued to help health care professionals to be able to safely offer sexual health care services to under-age patients where parents have not given consent. These guidelines will serve as a tool to help the clinicians to make an appropriate assessment as to whether a young person can be provided with confidential sexual health services without parental consent in accordance with local legislation. Such assessments will have to be carefully recorded and documented[22]. Measures to ensure this will be developed.

3.5 Teenage Pregnancy and Unintended Pregnancy

Sexual health is not just about disease. Risky behaviour can also have profound social consequences. Aspects such as planning parenthood, understanding contraception and the age of first sexual intercourse can all have an important impact on individuals and communities[23].

In 2010, one in four deliveries was to single (never married) mothers. Six deliveries occurred in mothers aged less than 15 years old and 249 births occurred in the 15- to 19-year age group[24]. The various measures presented in this strategy seek to curtail the noted risky behaviour and the unfavourable impact this is having on the respective individuals and the wider society. In tandem with other ministries, measures to offer optimal support to very young mothers will be developed.

3.6 Sexual Orientation and Diversity

Stigma, prejudice, and discrimination can create a hostile and stressful social environment for sexual minority groups especially in sexual minority youth. This can lead to higher incidence of bullying, depression and substance abuse[25].

Providing accurate, non-judgmental, and age-appropriate information on sexual orientation

is important to prevent health and safety risks. The health services will also be undertaking initiatives to sensitise service providers with regard to the negative impact of stereotype assumptions. This should continue to ensure that the dignity and rights of all patients and their carers are upheld at all times.

3.7 The Entertainment Industry

During the consultation process, concern was expressed about the local entertainment industry. Although in adult entertainment clubs there is a requisite legal age of admission, failure to enforce this consistently may heighten certain hazards to the sexual health and well-being of young people. There are presently no legal restrictions on the advertisement of such establishments and such advertisements are accessible to young adults and children. The possibility of regulating advertisement of adult entertainment clubs will be assessed.

Alcohol consumption by minors remains a serious problem. Alcohol is easily available in areas frequented by young people, and binge-drinking is a reported common practice. Such behaviour may trigger irresponsible sexual behaviour and activity.

Efforts will continue to enhance law enforcement with regard to the legal age of entrance to entertainment facilities for adults and also with regard to the legal age for the sale and public consumption of alcohol.

4 Research and Surveillance

4.1 Research

Five main areas of research have been identified as part of this strategy.

1. Sexual practices (across socio-demographic variables)
2. Sexuality and relationships education
3. Utilisation of sexual health services
4. Sexual and reproductive health knowledge
5. Attitudes, perceptions and beliefs regarding sexuality and sexual health

4.1.1 Sexual lifestyles, choices and practices

The research priorities centre round the need to obtain knowledge on the patterns and types of sexual practices and relationships being adopted in our population. The reasons for or against engaging in sexual activity, using protection and contraception, and sexual competence will be analysed. The trends for age at menarche, age at initiation, sexual practices, contraceptive use, sexual dysfunction, fecundity, miscarriage and infertility will be elicited during this research. Other trends to be researched are induced abortion, marriage, separations, divorce, widowhood, single motherhood, multiple partnerships and sexual violence.

4.1.2 Sexuality and relationships education

Evidence from a local study concerned with young people's learning needs relating to sexuality and relationships indicated that research, evaluation, quality assurance and monitoring of sexuality and relationships education practices in Malta are required. Further study is needed about:

a. The purpose of sexuality and relationships education

b. Approaches to learning

c. Methods of teaching and learning

d. Sources of information and knowledge

e. Content, scope and timing of learning

f. Learning resources[10]

Studying the level of parental education and what needs to be developed and implemented in this area is another important area for research. This incorporates parental skills, the quality of education, opportunities available and resources. Research also needs to be conducted in the area of professional education, including the quality of sexual health education at undergraduate and post-graduate levels.

4.1.3 Utilisation of sexual health services

Research is needed to study the scope and quality of the sexual health services available. This research will aim at eliciting the rates of uptake of current services and at identifying the needs that are not being met by the current service provision

4.1.4 Sexual and reproductive knowledge

Research in this field will aim at determining knowledge within the population on matters such as methods of transmission, signs and symptoms of sexually transmitted infections, risks of different sexual practices and potential problems and complications, screening services and prevention. Studies will also seek to determine the population's knowledge on vaccines for Hepatitis B and Human Papilloma Virus, cervical cancer screening, different methods of contraception and family planning.

4.1.5 Attitudes, perceptions and beliefs regarding sexuality and sexual health

The attitudes, perceptions and beliefs of individuals will determine the susceptibility and risk of different persons to problems such as unplanned pregnancy, cervical cancer and infections. Therefore it is important for researchers to determine these factors.

4.2 Surveillance

The cases that are currently being notified are thought to be an underestimate of the true numbers for both incidence and prevalence in the general population. Therefore other forms of surveillance are necessary in order to measure

the true disease burden and to monitor more effectively the situation for relevant trends and developments.

Chlamydia infections are the most common sexually transmitted infections in the world. It is known that many infections remain sub-clinical and are therefore undetected and untreated because there are no specific symptoms. This situation is known to contribute and lead to serious consequences that include ectopic pregnancies and infertility. Following correct diagnosis, uncomplicated Chlamydia infection is easily treated with the appropriate antibiotics.

It is believed that it is very important to determine the prevalence of Chlamydia infection in sexually active men and women in Malta, as this will also help to target health promotion campaigns and increase awareness among sexually active people. A study will be carried out to measure the prevalence of Chlamydia in the population. A sentinel surveillance system will be used. All sexually active women and men aged 18-35 years attending participating clinics for whatever reason will be offered opportunistic testing for Chlamydia infection (via a urine test). A PCR (polymerase chain reaction) test will be carried out on the urine samples at the laboratory.

Conclusion

The National Sexual Health Policy for the Maltese Islands launched in November 2010 sought to comprehensively determine the pathway that needs to be pursued in an attempt to effectively enhance the sexual health of the population. During and after the launch, a number of workshops were held with the participation of a wide range of stakeholders and the interested public to help in the design of the Sexual Health Strategy.

Consequently, this strategy has been developed with the help of various people, stakeholders, organisations and professionals working in the various fields that can influence sexual health. We have set a model for service provision and education based on standards and guidelines.

Our vision is to improve sexual health in Malta and also to improve prevention, information, education and services to all people of all ages and backgrounds to address and reduce inequalities in sexual health. Implementation of this strategy will be systematically monitored and it is envisaged that parts of the strategy may be further developed or reviewed in due course as results from the research that is being undertaken become available.

The participation and contribution of other ministries, entities and the general public of our country are central to successful implementation of this strategy.

References

1 EC – Director General Health & Consumers (2010) Sexual Health Policy at EU Level (http://ec.europa.eu/health/sexual_health/policy/index_en.htm. [Accessed on 1 October 2011]

2 WHO (2006). Defining sexual health: report of a technical consultation on sexual health, 28–31 January 2002. World Health Organization: Genève http://www.who.int/reproductive-health/publications/sexualhealth/index.html [Accessed 1 October 2011] WHO (2010). Measuring sexual health: conceptual and practical considerations and related indicators. World Health Organization: Genève

3 Greenberg, Mark T.; Weissberg, Roger P.; O'Brien, Mary Utne; Zins, Joseph E.; Fredericks, Linda; Resnik, Hank; Elias, Maurice J. (2003) Enhancing school-based prevention and youth development through coordinated social, emotional, and academic learning. American Psychologist, Vol. 58(6-7), Jun-Jul 2003, 466-474

4 Vita C. Rabinowitz (2004) Risk-Taking and Sexual Behavior. Encyclopedia of Applied Psychology, Pages 281-287

5 Rosenthal MS, Ross JS, Bilodeau R, Richter RS, Palley JE, Bradley EH.(2009) Economic evaluation of a comprehensive teenage pregnancy prevention program: pilot program Am J Prev Med. 37(6 Suppl 1)

6 WHO Regional Office for Europe (2011) European Action Plan for HIV/AIDS in the WHO European Region 2012-2015 [Adopted 15 September 2011]

7 Nutt DJ, King LA, Phillips LD, on behalf of the Independent Scientific Committee on Drugs. Drug harms in the UK: a multicriteria decision analysis. Lancet 2010; 376: 1558-65

8 Calsyn DA., Crits-Christoph P., Hatch-Maillette MA., Doyle SR., Song YS., Coyer S., Pelta S. (2010) Reducing sex under the influence of drugs or alcohol for patients in substance abuse treatment. Addiction. 105(1):100-8

9 Wilson P. (2010) NICE calls for better education on sex and alcohol in schools. BMJ. 340:c3273

10 Bugeja, R. (2010). Assessing young people's learning needs related to sexuality and relationships on the Maltese islands: a multi-dimensional approach. Unpublished Thesis submitted for the degree of Doctor of Philosophy. University of Southampton: United Kingdom

11 Ministry of Education, Employment and the Family – Directorate General Quality and Standards in Education (2011) Unpublished. Review of Personal and Social Development Education in state primary and secondary schools

12 Ministry of Education, (1999). National Minimum Curriculum - Creating the future together. Klabb Kotba Maltin: Malta.

13 Ministry of Education, Employment and the Family (2011); Towards a Quality Education for All – The National Curriculum Framework 2011 https://secure2.gov.mt/meef/MediaCenter/Docs/1_BOOK%201%20ENG.pdf [Accessed 1 October 2011]

14 Senderowitz J., Douglas K. (2006) Standards for Curriculum-based Reproductive Health and HIV Education Programs, Family Health International, Arlington USA

15 Lebese RT., Davhana-Maselesele M., Obi CL. (2010) Sexual health dialogue between parents and teenagers: an imperative in the HIV/AIDS era. Curationis. 33(3):33-42

16 Bortolotti L., Cutas D. (2009) Reproductive and parental autonomy: an argument for compulsory parental education. Reproductive Biomedicine Online. 19 Suppl 1:5-14

17 Harris AL (2011) Media and technology in adolescent sexual education and safety. JOGNN - Journal of Obstetric, Gynaecologic, & Neonatal Nursing. 40(2):235-42

18 The National Cancer Plan for the Maltese Islands 2011-2015 (2011) Ministry for Health, the Elderly and Community Care, Malta

19 Gauci C, Gilles H, O'Brien S, Mamo J, Calleja N. General practitioners' role in the notification of communicable diseases – study in Malta. Euro Surveillance (2007); 12(11):pii=745

20 Valles X., Carnicer-Pont D., Casabona J., Gaceta (2011) Partner notification in sexually transmitted infections. A neglected activity? Sanitaria. 25(3):224-32

21 Healy E., McGuire BE., Evans DS., Carley SN (2009) Sexuality and personal relationships for people with an intellectual disability. Part I: service-user perspectives. Journal of Intellectual Disability Research. 53(11):905-12

22 Clinical Knowledge Summaries; NHS evidence – Child protection: consent http://www.cks.nhs.uk/knowledgeplus/medico_legal/child_protection_sexual_offences_act_2003#-260457 [Accessed 1 October 2011]

23 Barnet B., Rapp T., DeVoe M., Mullins CD (2010) Cost-effectiveness of a motivational intervention to reduce rapid repeated childbearing in high-risk adolescent mothers: a rebirth of economic and policy considerations. Archives of Paediatrics & Adolescent Medicine. 164(4):370-6

24 Annual Report 2010, National Obstetrics Information System, Directorate for Health Information and Research, Office of the Chief Medical Officer, Ministry for Health, the Elderly and Community Care https://ehealth.gov.mt/HealthPortal/strategy_policy/healthinfor_research/registries/births.aspx [Accessed 1 October 2011]

25 Friedman MS., Marshal MP., Guadamuz T., Wei C., Wong CF., Saewyc E., Stall R (2011) Analysis of Disparities in Childhood Sexual Abuse, Parental Physical Abuse, and Peer Victimization Among Sexual Minority and Sexual Nonminority Individuals, Am J Public Health, Aug 2011; 101: 1481 - 1494

26 Laski L., Wong S. (2010) Addressing diversity in adolescent sexual and reproductive health services. International Journal of Gynaecology & Obstetrics. 110 Suppl:S10-2