YOUNG LOVE (Genito-urinary medicine)

Scenario: Coercion & sexual risk

Against her parents’ wishes, Katrina (18) has left home and moved in with her latest boyfriend Mark, to a one-bedroomed flat. Mark is on the dole; Katrina’s supermarket job supports them both. Mark tells Katrina that he loves her, but he is often out with his friends, bringing them back to the flat, which usually means that they get drunk, talk loudly, and boast about their female conquests. She also thinks that she has heard Mark’s friends talking about ‘boyfriends’. She is worried that Mark and his friends take drugs as she found a hypodermic needle in the flat.

Mark is very demanding sexually, and insists on frequent sex with Katrina, despite her protests. Sex with Mark is often rough, and Katrina does not really enjoy it. She wonders if everybody has sex like this.

Katrina has also noticed a vaginal discharge on and off for the last few months and some lumps on the vulval area. She does not want to get pregnant, but does not want to be “on the pill”, and Mark says he is allergic to condoms. Her friend suggests she goes to the ‘GUM’ clinic. Despite her worries about confidentiality, Katrina attends the clinic, where she has various tests, including a test related to the National Chlamydia Screening Programme (a Department of Health ‘disease management programme’ not yet fulfilling the criteria for an approved systematic population screening programme). Katrina is of an age-cohort that missed ‘HPV’ vaccination and will not be invited to the NHS Cervical Screening programme until she is 25 (when the validity and reliability of testing improves).

Katrina refuses to complete a cross-sectional study research questionnaire (or to be interviewed) about sexual health and behaviour as she is too embarrassed. This study complemented a large descriptive epidemiological study (population case series) exploring cohort-, period-, and age-effects in sexually transmitted diseases using “KC60 data” and other routine data sources.

On leaving the clinic, Katrina notices a couple of girls sitting in the waiting area who look no older than fourteen or fifteen. She wonders whether they are entitled to the same services as older sexually active people, and whether their parents have to be informed.
Learning Objectives

1. Structure & Function in Health & Disease
   - Describe the anatomy of the reproductive system in both sexes (revisited)
   - Describe the sexual responses both physiologically and emotionally
   - List the current common sexually transmitted diseases in the UK and worldwide
   - What are the different contraceptive methods available? What would suit Katrina?
   - Review the clinical delivery of cervical screening, national Chlamydia screening, and HPV vaccination
   - Review the clinical delivery of ‘family planning’ and sexual health services for young people
   - What are the sexual health risks for female partners of bi-sexual men?

2. Population Perspective
   - Outline the concepts of cohort effect, period effect, and age effect, using the example of sexually transmitted diseases (STDs) and cervical cancer (and referring to trends in sexual behaviour)
   - Analyse problems associated with using cross-sectional surveys to describe sexual health and behaviours (compared with case-control and cohort studies) with reference to estimating prevalence, advantages/disadvantages, etc.
   - Compare and contrast population screening (e.g. cervical screening; refer to Wilson & Jungner evaluation criteria and related national criteria) with various types of ‘case-finding’ (e.g. contact-tracing for STDs; and secondary disease prevention/early detection for patients already presenting, e.g. opportunistic tests in the genitourinary medicine clinic)
   - Apply the concepts of validity (with reference to: sensitivity, specificity, and positive predictive value) and reliability to diagnostic tests

3. Individual, Groups and Society
   - Explore the experience of being at risk of STDs amongst women living with violent and/or substance misusing male partners
   - Define the role of violence in young people’s relationships

4. Professional & Personal Development
   - Identify the legal framework surrounding sexual behaviour
   - Debate the nature of confidentiality in the field of sexual health care
   - How might the specific regulations of the VD Act, Public Health legislation, the Children Act and laws concerning sexual behaviour cause dilemmas for the practitioner with the right of the individual to confidentiality
   - Identify the issues that might prevent or delay a patient presenting to health professionals
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- Outline and discuss professional guidelines relating to the provision or contraceptive, abortion, and STI advice and treatment to young people under sixteen (with or without parental knowledge or consent)
- Discuss the ethical issues and problems raised by the sexual activity of young people under sixteen