

Sexual health

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Definition

The general practice management of sexual health covers physical, emotional, mental and social wellbeing in relation to sexuality, and not merely the absence of disease, dysfunction or infirmity.

Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. According to the World Health Organization working definition,¹ for sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled.

As community based health practitioners, general practitioners are vital to the maintenance of individual sexual health and safe sexual practice, as well as the expression and control of fertility.

Rationale

Sexuality is a basic human attribute and, as such, is a vital part of human health and wellbeing.

According to the World Health Organization working definitions:²

'Sexuality is a central aspect of being human throughout life and encompasses sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy and reproduction. Sexuality is experienced and expressed in thoughts, fantasies, desires, beliefs, attitudes, values, behaviours, practices, roles and relationships. While sexuality can include all of these dimensions, not all of them are always experienced or expressed. Sexuality is influenced by the interaction of biological, psychological, social, economic, political, cultural, ethical, legal, historical, religious and spiritual factors.'

Attending to sexual health and its problems is a basic task in primary health care and a core part of general practice in Australia.

Sexual health presentations are common in Australian general practices. According to BEACH activity data, 5 out of every 100 patient encounters in general practice were for issues regarding the female genital tract (Pap tests/check ups and menstrual problems), 3.4 out of 100 encounters were for pregnancy and family planning issues (including oral contraception and pre- and post-natal check ups), 2.5 out of 100 encounters were urological, and 1.2 out of 100 encounters were for the male genital system.³ However, this does not include encounters for relationship counselling or many other sexual health concerns.

Sexual activity can be associated with health risks and is estimated to cause 0.5% of the burden of disease in Australia in 2003.⁴ Sexual intercourse can transmit infections such as chlamydia, herpes, warts, hepatitis, B, gonorrhoea, human immunodeficiency virus (HIV) and syphilis. Sexual activity has also been associated with an increased risk for specific cancers such as cervical and anal cancer.

While in recent times, sexual health services in Western countries have been provided by sexual health centres, family planning clinics and other facilities, there has been a global trend to integrate sexual health services into primary care.⁵ This aims to improve antenatal, perinatal, postpartum and newborn care; provide high quality services for family planning, including infertility services; eliminate unsafe abortion; combat sexually transmitted infections (STIs) including HIV, reproductive tract infections, cervical cancer and other gynaecological morbidities; and promote sexual health.

Due to the diverse nature of sexual practices, clinicians also need to be comfortable with discussing sex with a wide range of people including those of different ages; gender (male, female, transgender); sexual preference; culturally and linguistically diverse backgrounds; and people with disabilities.

The Australian Study of Health and Relationships (ASHR) in a population based sample of males and females aged 16–59 years indicated that 5.0% of the males and 5.7% of the females had had some homosexual experience in their lifetime, excluding nongenital sexual experience. Males who identified themselves as homosexual reported a higher number of lifetime sexual partners than lesbians or heterosexuals respectively.⁶

In addition, the ASHR⁷ indicated that the median age of reported first intercourse was age 16 years. About 40% of males and one-quarter of females reported having had intercourse when they were below the age of 16 years, and so the general practitioner must be able to manage sexual health concerns in young people where risks of unplanned pregnancy and sexually transmitted infections are high. Issues of nonconsensual sexual activity can also emerge at this time. General practitioners should be able to elicit this history and be aware of available support services and resources.

Sexual health in general practice also involves a working knowledge of legislative public health requirements of sexually transmitted infections and mandatory reporting. This includes a working knowledge of disease and partner notification.

Refer also to curriculum statements: *Women's health; Men's health; Young children's and person's health; and Multicultural health.*

The five domains of general practice – sexual health

Communication skills and the patient-doctor relationship

Clinicians need to communicate effectively when talking about sex and sexual health, and display confidence with language and cultural sensitivity. The clinician needs to be able to take an adequate sexual history in a nonjudgmental manner from various patient groups, including young people, same sex relationships, older patients, people from culturally and linguistically diverse backgrounds, people with disabilities, injecting drug users, and sex workers. Sexual health counselling appropriate to the level of training involves a range of areas, including normal sexual activity, sexual aging, contraception, safer sex education, sexual rights, sexual diversity, contact tracing, gender sexual assault and abuse, and sexual dysfunction. Clinicians need to be able to explain to patients the importance of taking a sexual history as part of general health care. Clinicians also need to be able to provide competent pretest counselling and education for all sexually transmitted infections, in particular for HIV and hepatitis C.

Applied professional knowledge and skills

Sexual history taking needs to be incorporated into the general medical history, including recognising clinical presentations of potentially high sexual health morbidity and mortality. Clinicians need to be able to assess the competency of young people in making their own health decisions regarding their sexual health including contraception. Appropriate genital examinations need to be performed in a sensitive manner, recognising common normal variants and respectful of cultural concerns.

Clinicians need knowledge of:

- developmental sexuality: the physical, emotional and social changes of puberty in girls and boys
- psychology relating to sexuality and management of sexual abuse and violence
- sexually transmitted infections including epidemiology, bacterial/viral/fungal/protozoal infections, basic microbiology, signs and symptoms of disease
- pathology testing, results, interpretation and principles and regional knowledge of contact tracing requirements
- knowledge of treatments and test of cure or test of reinfection (when applicable)
- cervical screening and management guidelines
- contraception: pharmacology, use, cost effectiveness, accessibility and patient concordance issues
- genital dermatology and common gynaecological/urological problems, and
- sexual dysfunction as a common issue and have the ability to discuss this with patients.

Population health and the context of general practice

Clinicians need:

- knowledge of the prevalence of common sexually transmitted infections such as human papilloma virus, herpes simplex virus and chlamydia and how to access local and national information on these infections
- continuing awareness of changing incidence of sexually transmitted infections within certain population groups, eg. chlamydia in people under 25 years of age, sexually transmitted infections in men who have sex with men, and the indigenous population
- to be able to provide opportunistic sexually transmitted infection testing to patients at risk, eg. chlamydia testing for people under age 25 years and those who have recently changed sexual partners, in accordance with RACGP preventive screening guidelines⁸
- to understand the key concepts of working with the Aboriginal community to promote indigenous sexual health
- to understand the general practitioner's or other health practitioner's role in contact tracing and follow up after a sexually transmitted infection diagnosis

- to promote safer sex practices when appropriate, to both young people and adults who have a recent change in sexual partner
- to have an awareness of sexual dysfunction as a common side effect of frequently prescribed medications and the ability to discuss this with patients, and
- to appreciate the prevalence of sexual assault and abuse within the community and be aware of this affecting own patient population.

Professional and ethical role

Clinicians need to:

- understand the heightened concerns for confidentiality with regard to sexual health care, eg. a person at high risk of HIV may prefer to have testing done within a facility which will allow coded testing such as a sexual health centre
- maintain confidentiality of adolescent patients seeking sexual health and other advice as limited by duty of care
- establish and maintain professional boundaries, and
- work effectively with local networks to support complete sexual health care including sexual health clinics, family planning centres and hepatitis C clinics.

Organisation and legal dimensions

Depending on the stage of training and the legal jurisdiction a clinician practises within, clinicians need to:

- understand and comply with legal requirements with regards to HIV pretest counselling and notification of results
- understand a medical practitioner's and patient's role in contact tracing
- be aware of notification requirements and procedures and compliance with these
- be able to coordinate contact tracing and notification using any local services that are acceptable to the patient noting your legal obligations
- understand and comply with legal issues surrounding termination of pregnancy
- understand and compliance with issues related to sexual assault, and
- understand legal issues surrounding treatment of minors, age of consent and notification of young people at risk of harm.

Learning objectives across the GP professional life

Medical student

Communication skills and the patient-doctor relationship

- Describe the role of tolerance and acceptance of difference and how this affects communication skills.
- Demonstrate how to take a sexual history as part of a medical history, according to level of training.

Applied professional knowledge and skills

- Outline the range of normal sexual activity, fertility control and genital infection control.
- Demonstrate appropriate confident and respectful clinical examination skills.
- Describe the clinical investigations/tests available for the investigation of genital infection and specifically sexually transmitted infections.

Population health and the context of general practice

- Describe the factors influencing the transmission and impact of sexually transmitted infections using the basic sciences of microbiology, anatomy, pathology, pharmacology and psychology.
- Describe the principles and importance of education and contact tracing in patient care.
- Describe the public health issues related to the management of sexually transmitted infection, both in Australia and other countries.

Professional and ethical role

- Reflect on own personal knowledge and beliefs regarding sexuality, culture, health, and be aware of how these beliefs have the potential to impact upon sexual health management.
- Demonstrate a developing understanding of ethical practice, confidentiality issues, and the requirements for notification of certain sexually transmitted infections.

Organisational and legal dimensions

- Describe the legal requirements regarding disease notification and laws relating to discrimination that apply to people with HIV and other infections.

Learning objectives across the GP professional life

Prevocational doctor

Assumed level of knowledge – medical student

Communication skills and the patient-doctor relationship

- Demonstrate the ability to take an appropriate sexual history.
- Demonstrate developing confidence in approaching discussion of sexuality/sexual problems/sexual assault.
- Demonstrate developing confidence in talking about sexual issues and using language which specifically relates to a range of sexual activities and practices.
- Demonstrate the ability to provide accurate safe sex information and to understand the barriers to safer sex practice.

Applied professional knowledge and skills

- Demonstrate the ability to confidently examine patients with sexually transmitted infections.
- Describe the range, epidemiology and prevalence of sexually transmitted infections commonly encountered or infrequent but dangerous to miss in the general Australian community.
- Describe the appropriate investigations for sexually transmitted infections.
- Describe the range of management options for the treatment of common sexually transmitted infections.
- Demonstrate knowledge of the interface between sexual and reproductive health and how sexual behaviour may influence contraceptive options.

Population health and the context of general practice

- Describe the differences in the patterns of sexually transmitted infections and the specific health issues which may exist within different groups within the Australian community, eg. men who have sex with men, Aboriginal and Torres Strait Islander peoples, recently arrived refugees, youth, the culturally and linguistically diverse, women who have sex with women, sex workers, and intravenous drug users.
- Describe the extent of HIV in Australian community with regard to case identification and management within a hospital environment.

Professional and ethical role

- Demonstrate developing ability to handle complex medical and psychosocial issues in nonjudgmental way related to sexual health.
- Demonstrate increasing awareness of cultural, age related and gender differences in approach to and reaction to sexually transmitted infections.
- Reflect on the diversity of sexual experience based on personal experience and undergraduate training which has encouraged an open approach to such diversity through patient and peer contact and appropriate teaching.

Organisational and legal dimensions

- Identify resource groups and individuals who can assist and advise with the management of sexual health issues.
- Describe ethical clinical practice, notification, public health acts and contact tracing with regard to sexual health.
- Describe mandatory reporting regulations with respect to sexually transmitted infections and their implementation.

Learning objectives across the GP professional life

Vocational registrar

Assumed level of knowledge – prevocational doctor

Communication skills and the patient-doctor relationship

- Demonstrate openness to diversity through patient and peer contact and confidence in basic clinical and interpersonal skills in the area of sexual health care provision.

Applied professional knowledge and skills

- Demonstrate the ability to assess, examine and investigate patients presenting with sexual health problems including possible infection.

Population health and the context of general practice

- Describe the principles and practices of contact tracing and how they apply to the community that the practitioner is working in.
- Demonstrate the ability to function independently in community practice with reference to appropriate sexual health screening and public health measures.

Professional and ethical role

- Demonstrate continual development and awareness of how personal attitudes and experiences may affect clinical practice.
- Demonstrate the ability to practice in a manner in which confidentiality is maintained within the legal obligations, especially of contact tracing.
- Describe the ethical implications of sexual health issues.

Organisational and legal dimensions

- Describe the legal implications of sexual health issues.

Learning objectives across the GP professional life

Assumed level of knowledge – vocational registrar

Continuing professional development

Communication skills and the patient-doctor relationship

- Demonstrate the ability to raise the issue of intimate partner violence or unwanted sexual experience in the context of routine sexual health care enquiries and develop a planned approach to the management of disclosure.

Applied professional knowledge and skills

- Demonstrate commitment to continue exploring the field of sexual health and the challenges within own practice.
- Demonstrate commitment to providing best practice in sexual health care provision.

Population health and the context of general practice

- Describe and demonstrate the ability to manage particular sexual health needs of various subpopulations at risk, eg. Aboriginal and Torres Strait Islander peoples, young people, gay, lesbian, bisexual, transgender, intersex patients, and patients from culturally and linguistically diverse backgrounds.

Professional and ethical role

- Reflect and act on clinician professional development needs in sexual health medicine including quality assurance and continuing professional development activities.

Organisational and legal dimensions

- Demonstrate a willingness to tailor practice to encourage clients from diverse backgrounds to attend for sexual health services.
- Regularly review clinical practice in relation to the major issues in sexual health care provision and changes that may occur within own community, eg. chlamydia in young people.

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