Ministerial Conference “Women’s health: a life course approach”
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Conclusions on session 2 - “Sexual health”

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**Sexual Health Education** (Dr. Alessandra Kustermann)

Europe is a region of old people has consequences on economy etc. One of the important issues is what message to pass on to young people from a young age to change their attitude to their sexual lives which have an effect on their future lives. There is a need for new sources of information and particularly attention to communication in terms of channels (like the internet) and content. Adolescence last for longer years, even up to the age of 24 because of longer studying time, later employment and subsequently having children at a later age. First intercourse happens at a younger age but the trend is stabilizing and the gender gap is narrowing. The differences across Europe are not that significant. The use of modern contraception at first intercourse has increased in particular for hormonal contraceptives but not that much for condoms. Adolescent pregnancy is not an easy issue because it is still part of the taboos. Many people are trying to cope with the change from children to becoming adolescents who do have a sexual life. Adolescent pregnancy is decreasing in all countries but there is a high differences between countries, with significantly higher numbers in Eastern Europe. Most are unintended and end up in induced abortion.

STIs progressively increased HIV 10.6%. Same with Chlamydia which may be one of the sources of decreased fertility. Decrease when more condoms are used.

Conclusion: need for sexual health education other than family and friends. Interventions used to be merely medical but have evolved to include a broader range of topics. Working on abstinence only does not work needs a comprehensive approach of which abstinence can be an option. We need a focus on safe sex (and the positive aspects of sex) affective, relations, etc. need to be empowered to protect themselves. Parents and school with adequate sexual health education programs including education on gender differences. Increase the respect among genders.

**Sexually Transmitted Infections** (Dr Otillia Sfetcu)

ECDC based in Stockholm - covers only 31 countries EU and EFTA - strong mandate for surveillance of infectious diseases - annual reports capturing the data for these countries - support countries with evidence based recommendations. Syphilis: in 2012 almost 3,000 infections among women - in EU mainly a male and MSM transmission but diagnosed across age groups that are sexuality active. Women in Central and Eastern Europe have the highest rates. Gonorrhoea: more than 11.000 cases reported in 2012: very young and young women from 15 to 24 are mostly affected. UK is reporting a lot of cases but the numbers in South and Eastern Europe decreases. Reason in UK have a screening programme where young women are tested both for Gono and chlamydia

Chlamydia: every year more than 200,000 cases reported every year. 15-24 most affected - highest rates in Iceland and Nordics - in South significantly lower and in the east not reported or not complete. Only reported and diagnosed cases but what is the real burden? ECDC did literature review on chlamydia estimates. Lowest value in Spain (women 15-44) highest prevalence in Denmark is 8%. 3.6% prevalence - every 3 to 4 women on 100 can get chlamydia - extrapolation is 1 million of chlamydia cases in 1 year. What is the burden: proportion of untreated chlamydia causing PID, chronic pelvic pain and infertility. extrapolation means 700 young women every year will become infertile - might be higher.

ECDC Chlamydia control guidance: primary prevention (sexual health education) - case management - opportunistic testing -
HIV almost 7000 reported every year - is associated with males and very much MSM transmission - heterogeneity again within EU. Northern and Western Europe reporting high rates - most infections among women 72% through heterosexual sex - only 32% of these are "native" cases but the majority of them come from abroad - mostly Sub Saharan Africa. More than 5 million women give birth every year - mother to child transmission still happens in Europe - but not all countries are reporting.

Conclusion: STI/HIV are still public health challenge because of the long term complications and the impact on SRH - surveillance data can identify populations at risk - needs holistic approach for disease prevention.

Endometriosis and sexually pain (Dr Paolo Vercellini)
It is a very frequent issue and almost all women in reproductive age have this but luckily only a small proportion get endometriosis which is a chronic inflammatory status creating scars around the pelvis and uterine parts. That is why there is sexual pain during intercourse. Risk of disorder is related to the number of menstruations that women encounter in their lives - in modern times increased with 3 to 4 times - we have 3 or 4 more years of menstruation in particular in the years where we produce most oestrogene. Number of pregnancies decreasing and age of first birth is higher. Present in 5% of women but at least 3% have pain during intercourse and less sexual satisfaction.

What can be done: surgery or medical treatment. Surgery is effective to reduce pain however all these studies on sexual pain are observational studies - only one comparative but weak. Not always long term results but a period in which the systems are reduced but probability of relapse is high. Medical treatment: demonstrated that they are effective to reduce the symptoms. comparative study is important for counseling and advice women to go for surgery or medical treatment. Patient satisfaction: 2/3 choose medical treatment - surgery has immediate effect but during time the pain scores gradually increased during time - while the medical treatment had a better effect on pain scores. in the end the result is quite identical for one kind of endometriosis while for the other type the surgical approach has better results. Sexual function: no significant difference depending on the treatment. Pain during intercourse create different reactions: expected pain results in pelvic convulsions and reduced arousal - reducing sexual pleasure - relation with the partner.

Conclusion : sexual right embrace human rights - need to treat this without embarrassment and with multifunctional teams.

Overall recommendations for the sexual health session:

1. There is a need for sexual health education also with the involvement of family - compulsory school sexual health education has been mentioned throughout other sessions as well and shown that there are huge differences between EU countries. There was no direct recommendation to the EU but it would be interesting to see what the Commission can do to assist MS in this critical issue. Sexual health education should include STI prevention - contraception and the broader range of issues like (love) and relationships and gender equality with the aim to empower young people to protect themselves.

2. STI/HIV are a huge public health challenge because of the long term complications and the impact on sexual and reproductive health. We need more data to get a better view on the situation and trends; to identify populations at risk and to inform policies that are evidence based.

3. Endometriosis and sexual pain (and other rare diseases that were brought in from the floor) sexual health and sexual life are fundamental in women's life. Complaints and diseases in this area should be treated without embarrassment. To reduce the time lapse between complaints and diagnosis we need better training of health professionals - more exchange of experience - non judgemental and stigma free settings with multidisciplinary teams that look at the complaints from a holistic point of view including the physical and psychological aspects.

4. Croatia - Italy and NGOs shared good practice where we could see a common plea for more exchange between countries like the appeal from Croatia on how to better organize youth friendly services; this could be a recommendation to the European Commission to create opportunities for exchange of experience and good practice. Italy explained the way the family counselling centres are operating and
again the issue of multidisciplinary teams was mentioned as good practice as well as the health promotion approach and the active reach out to vulnerable populations. Patient groups and NGO asked for more adequate information to the population and health providers; support for the patient groups and economic support to patients to help with the burden of cost related to the disease. Recommendation here to the EU level was to look into cross border EU health care with the creation of highly specialized centers that have the same standards of care.