Consumer Health Forum Briefing Paper
National Sexual Health Strategy 1999

Scarlet Alliance believe that a strategy rather than guidelines or policy would serve us best. This strategy should not be just a sexual health strategy but should also be a reproductive health strategy. Its focus should be very broad and encompass such things as: impotence, pregnancy, fertility, etc. as well as sexually transmitted infections**. * A community health promotion model would be preferable to a simple medical (disease) model or a simple reproductive health model.** The strategy should have specifically targeted populations (eg young people, ATSI, people with disabilities, sex workers and their clients,) and specific targeted diseases (eg. chlamydia, herpes) depending on priority need identified by affected populations.

The term "Sexual Health" is defined by the WHO (World Health Organisation) as *"the integration of the physical, emotional, intellectual and social aspects of sexual being, in ways that are positively enriching and that enhance personality, communication and love"*

"Sexual health involves a capacity to enjoy and control sexual and reproductive behaviour in accordance with a social and personal ethic"

"Sexual health involves freedom from fear, shame, guilt, false beliefs and other psychological factors inhibiting sexual response and impairing sexual relationships."

" Sexual health involves freedom from organic disorders, diseases and deficiencies that interfere with sexual and reproductive function."

This type of approach is strongly supported and should be adopted as a definition by the Commonwealth Department of Health.

The strategy should contain guiding principles and a philosophical framework for doing sexual health education (See Canadian Guidelines for Sexual Health Education), including the development of sound educational programs. It is of concern to us that at a schools level the approach is very ad hoc, such that in one state (SA) it is up to individual teachers to decide whether they provide information on sexual health to students or not.

The strategy should take about one year to develop with the reference group and perhaps sub-committees of the reference group working on different elements of it. Broad consultation, particularly with identified populations should occur whilst the document is being developed and also at the draft stage. It is disappointing to see that young people are not represented on the reference group and we suggest that approaches be made to appropriate people to rectify this situation.

In terms of infrastructure needs, data should be collected on finding out where people access sexual health information and where people get tested for STIs (certainly it has been problematic for many sex workers testing for STIs with general practitioners as their

knowledge/training is not updated as it often as it should be). This evidence should guide how educational campaigns are targeted and also where training needs to occur. There should be a strong research component to guide the implementation of the strategy. ***An audit of social research done to date would be very useful in guiding the strategy. Community development plays a vital role and organisations should be appropriately funded to provide educational campaigns as well as other resources and training.**

Terms of reference should include:

1. Defining the determinants of sexual health,
2. An audit to find out where money is currently going in sexual health, where the shortfalls and needs are, etc, and what new funding is being made available for this strategy.
3. Develop a national sexual and reproductive health strategy.