Factsheet n°6 – Sexual Health

Facts and Figures

- Sexually transmitted infections (STIs) are among the most frequently reported infections globally, with an estimated number of one million infections acquired everyday worldwide.¹
- An estimated 300 million women have an HPV infection, the primary cause of cervical cancer. Cervical cancer is the second most common cancer among women aged 15–44 years, with more than 28 000 women dying from cervical cancer in the European Region every year.²
- HIV continues to be a major global public health issue, having claimed almost 33 million lives so far.³
- 21% of adolescents at 15 years of age are sexually active, and many risk sexually transmitted infections or unplanned pregnancy by not using condoms or effective methods of birth control.⁴
- One in every four women in the European Region has been subjected to intimate partner violence during her lifetime.⁵
- In 2014, the majority of human trafficking victims (71 %) registered in Europol’s database were EU citizens⁶, with Sexual exploitation being the most common form of exploitation, accounting for over half (56%) of registered victims of trafficking in human beings.⁷

AIM Recommendations

- Improve sexual health education communication through behavioural science, including via social media and influencers.

Unbiased information based on scientific evidence should be provided to individuals in order to empower them to make the right behavioural choices. Sexual and reproductive health is no exception. Information provided to individuals should be properly targeted and personalised to achieve a greater impact. To maximise that effect, the power of social learning should be exploited, as peer to peer communication has the advantage of increasing likeability and relatability. Influencers are also highly credible and having them convey messages leads to acceptance by the audience. They should be used for more efficient communication for public health, especially when it comes to younger generations. AIM encourages both the European Commission and the Member States to take those aspects into account in the development of their campaigns. We also encourage them to boost research in

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¹ ECDC, Developing a national strategy for the prevention and control of sexually transmitted infections, p. 9.
² WHO Europe, Factsheets on sustainable development goals: health targets - Sexual and reproductive health, p. 2.
³ WHO, HIV/AIDS, Key Facts
⁴ WHO Europe, Factsheets on sustainable development goals: health targets - Sexual and reproductive health, p. 2.
⁵ Idem, p. 3.
⁶ Europol, Trafficking in human beings
behavioural science and efficient communication through social media to make the most of their potential for public health.

- **Include boys and men in sexual and reproductive education programmes, starting in schools.**

  Sexual education, provided in schools should be holistic. It should help counteract the misconceptions and false images conveyed by the porn industry and reduce gender stereotypes. Gender equality should be part of the curriculum transversely and a positive and respectful approach to sexuality and sexual relationships should be fostered. According to WHO, there is a growing recognition that sexual and reproductive health of boys is “(...) an area that has largely been neglected”. There is a clear added value in “(...) working with both men and boys to challenge gender inequities (...)”; this will in turn have an impact on women’s health.\(^8\) It would also contribute to tackle sex discrimination and attack gender violence at its root and fight against sexual violence.

- **Adapt or develop national policies and programmes on sexual health to meet the needs of older people.**

  Sexual health education is often exclusively targeted to young people. Yet, it should be provided throughout the life-span, including in old age. The sexual health of older generations is often overlooked.\(^9\) Ageism is present in predominant sociocultural attitudes and leads to discrimination against older people. Apart from being often left out of sexual education programmes or interventions, they are also excluded from HIV screening in many countries.\(^10\) During menopause for example, women would benefit from access to health education to learn how to adjust to changes. To reach older generations, AIM encourages Member States and the European Commission to ensure that health professionals acquire a better understanding of sexual needs in older age and encourage them to discuss sexuality openly with older patients too.\(^11\) AIM also calls on governments to adapt their national policies and programmes on sexual health to better meet the changing sexual needs of older people.

- **Focus on efficient screening and vaccination as key preventive measures.**

  The prevention of sexually transmitted infection should start with hepatitis B and human papillomavirus vaccination of boys and girls aged 9 to 14 years old. Vaccinating against human papillomavirus can dramatically reduce cervical cancers caused by the virus. Countries should therefore consider the further introduction or expansion of their vaccination programmes with HPV vaccines.\(^12\) As far as the hepatitis B vaccine is concerned, it is safe and effective in preventing hepatitis B infection. Those vaccination programmes should be accompanied by strong awareness raising campaigns and ensured access to counselling and family planning services. Later in life, screening programmes allow to detect asymptomatic infections. As WHO recommends, “(...) sexually active women should be screened for abnormal cervical cells and pre-cancerous lesions, starting from 30

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\(^8\) WHO Europe, Factsheets on sustainable development goals: health targets - Sexual and reproductive health, p. 3.


\(^10\) Idem

\(^11\) Idem

\(^12\) WHO Global Health Sector Strategy on sexually transmitted infections 2016-2021, p. 40
years old”. Regular screening and vaccination should be made available to all and fully reimbursed by compulsory healthcare coverage. Screening programmes should also be accompanied by awareness campaigns tackling vulnerable groups.

- **Develop National Strategies for Sexually Transmitted Infection (STI) prevention and control to ensure accessibility to comprehensive sexual care.**

According to the ECDC, 9 EU Member States had no STI strategy in 2018.13 Those Member States should develop national strategies, following the guidance provided by the ECDC in their technical report.14 Those strategies should take into account the above-mentioned recommendations, ensuring that clinical services provide easy access to STI diagnostics and quality treatment and care, ensuring that access to reproductive and sexual health services is guaranteed, and that a high participation in both screening and vaccination programmes is achieved.

National strategies should be integrated with existing strategies within or outside the healthcare sector, which influence STI prevention and control. (e.g. public health, HIV and TB prevention and control, mother and child health, etc.), so as to complement each other and not compete for resources. Those strategies should also be consistent with International ones. Their objectives should be aligned with the WHO’s15, which follow a health in all policies approach and are framed within the context of the Sustainable Development Goals (SDGs).

- **Provide a legal status to sex workers and combat human trafficking**

According to WHO, globally, female sex workers are 13.5% more likely to be living with HIV than other women of reproductive age and decriminalising sex work could lead to a 46% reduction in new HIV infections in sex workers over 10 years. If in “normal times, sex workers are already in a vulnerable position, the COVID 19 pandemic has deteriorated their already bad conditions, making it difficult or impossible for them to access essential health services – like condom distribution or mobile vans providing specialized support- and leaving them without income.

In Hungary for example, it is impossible for sex workers to get STD screening, which are required from them to be able to work. In Germany, the operation of places where sex work is carried out are banned during lockdown.

Even in countries like Poland where sex work itself is legal, it is not seen as legitimate work and does not entitle individuals to any social benefit.16 In order to ensure sex workers’ human and fundamental rights and provide them with social protection schemes and access to healthcare, it is vital to provide them with an official legal status, which would in turn allow them to access social protection.

Preventing and combating both human trafficking and migrant smuggling is key in protecting vulnerable women and girls. According to the United Nations, 66% of trafficking in Europe happens for the purpose sexual exploitation, with 78% of the victims being either women or girls. Europe is the destination for the victims from the widest range of destinations. AIM calls on both Member States and the European Commission to prevent and combat trafficking as a key element in guaranteeing women’s right across the EU by taking appropriate legislative and practical measures to ensure the protection of the rights and the interests of the victims of trafficking.

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14 Idem.
15 [WHO Global Health Sector Strategy on sexually transmitted infections 2016-2021](https://www.who.int/health-topics/ssexual-and-reproductive-health-swimming-in-water#tab=tab-1)
**Best Practices**

**Austria – SVS**

The SVS offers health weeks for women called „Entspannt durch die Wechseljahre“ (Relaxed through menopause). There women can increase their knowledge about physical and psychological age-related changes in menopause, which promotes their acceptance and good handling. In workshops topics like supportive nutrition, relaxation and mindfulness exercises as well as support for possible complaints are covered. Additional parts of the programme are physical exercises to increase fitness and prevent osteoporosis, a workshop with a gynecologist and general health checks. All in all women should be empowered to see changes as opportunities and to become aware of the positive aspects of menopause.

**Belgium – Liberal Mutuals**

The Belgian liberal mutuals have published some messages on HPV vaccination and on cervical cancer screening (also in Dutch and French). One sheet is a call for HPV vaccination. The other talks about cervical cancer screening.

**Belgium – Solidaris**

The Belgian mutual Solidaris enjoys a wide associative network, which allows them to take action in the fight against STIs. Within their network, the Federation of Family Planning Centres of Socialist Women Providers (FCPF-FPS) offer the possibility to get tested against STIs (including during the pandemic and respecting sanitary measures). On Word AIDS Day, some centres offer free AIDS testing. Solidaris advocates, with FCPF-FPS, for the establishment of a national policy on HIV and STIs; the expansion of access to free and anonymous testing through the creation of new testing centres recognised by the National Sickness and Invalidity Insurance Institution (INAMI); and the authorisation, through a change in legislation, of demedicalised and decentralised screening.

Solidaris is also committed internationally in the fight against AIDS. Since 2006, the mutual insurance company has had a partnership with the Congolese NGO “Parlons Sida aux Communautaires” (PASCO). Information and awareness-raising projects on HIV-AIDS and Sexually Transmitted Infections (STIs) have been carried out in schools, among young people and teenagers and teachers and, following a community approach, "peer educator networks" have been formed.

The response to HIV and AIDS must be at the heart of the "Decade of Action" to achieve the Sustainable Development Goals (2030). The aim is to work towards sustainable change for universal health, improved living conditions and inclusive societies, leaving no one behind. To do so, Solidaris highlights the role of community-based organisations.

**Germany – IKK**

The IKK Brandenburg Berlin's jeansbox-project is raising awareness towards sexual health among 10th grade students in Brandenburg. In cooperation with the AIDS Service Organisation Brandenburg 15,000 of these boxes are given to school graduates each year as part of the medical school leaving examinations. They contain information material about sexually transmittable diseases, prevention measures, counselling possibilities and support hotlines.