



Northern Health
and Social Care Trust

Sexual Health: Findings from Polish Survey 2017

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Background

Relationships and sexual health are important aspects of our health and wellbeing right throughout our life. When things are not positive here it can permeate many other aspects of our wellbeing and function. Our population is becoming more diverse and the Northern HSC Trust has begun to gain service user feedback into how our sexual health services connect with those for whom English is not their first language and to examine what way we could improve communication in this area with our black and minority ethnic population (BME).

The Polish community is the 2nd highest represented in terms of populations statistics in NI and within the Northern HSC Trust area. Table1 is extracted from the Northern Ireland Strategic Migration Partnership Government profiles document 2014.

Table1

Table 2 shows the range of languages currently spoken as a main language within Northern Ireland*. 50,376 residents aged 3+ speak a language other than English or Irish as their main language. Of those whose main language is not English or Irish, 26.5% cannot speak English, or cannot speak it well².

Table 2: Languages spoken within Northern Ireland			
First Language	No. of residents aged 3+	First Language	No. of residents aged 3+
English	1,681,171	Chinese	2,214
Polish	17,731	Tagalog/Filipino	1,895
Lithuanian	6,250	Latvian	1,273
Irish (Gaelic)	4,164	Russian	1,191
Portuguese	2,293	Malayalam	1,174
Slovak	2,257	Hungarian	1,008
		Other	13,090

Due to these statistics we decided to pilot this survey with the Polish community first, this would give us an opportunity to test the survey and the approach in gathering the information.

Method

As part of the consideration of the way forward the Northern HSC Trust met with the Inter Ethnic Forum (Mid & East Antrim) and discussed possible ways to gather the information. The sensitive nature of the questions meant that it was not going to work in an interview type approach and a focus group also may be quite challenging, depending on the mix of the group you may get a false sense or we may miss information altogether.

In terms of the design of the questions we approached both Genito Urinary Medicine Nurse Lead and the Contraceptive Services Nurse Lead. They both helped influence the questions to ensure that the information that we receive back would have potential impact on how their services are delivered.

The Health Improvement Specialist considered the questions from a training and information point of view whilst also ensuring the demographic information gave a good overall view of the respondents.

Once the questionnaire had been reviewed and agreed it was sent through to the Northern HSC Trust Equality Unit for consideration and translation. The survey was uploaded onto Survey Monkey a survey software application, which was felt an anonymous solution to get the survey completed and that accessibility could be gained from a phone or PC.

The link for the translated questionnaire along with the English version was then circulated via email through a number of key routes to engage those within the Polish community. This included using:

- 4 NICHI workers across the community networks in the Northern HSC Trust
- Inter Ethnic Forum (MEA)
- Regional BME group
- Contraceptive Services
- Genito Urinary Medicine
- Midwifery
- Surestart's across Northern area
- Northern Regional College
- Ulster University
- The Rowan
- PHA
- The Rainbow Project
- Step NI
- SAIL
- Homeless hostels

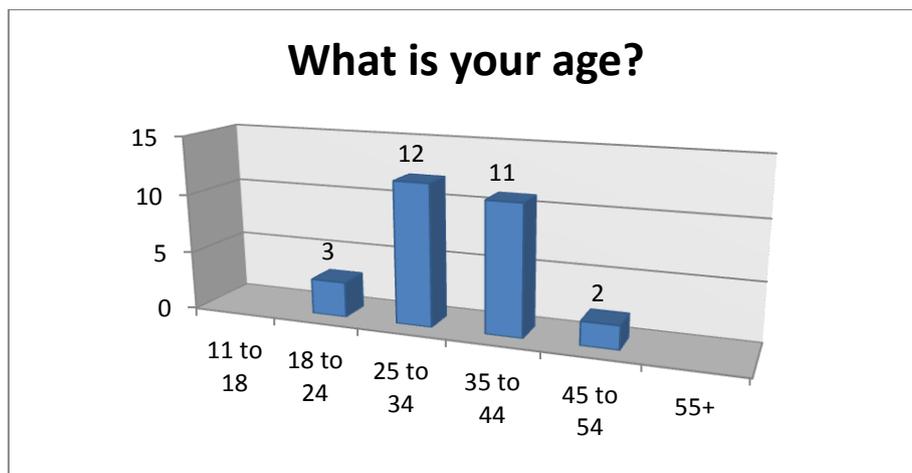
Following the first circulation of the survey there was little response. The survey was sent out a second time and received a better response. As part of the second trawl we lifted the introduction to the survey which had been translated into Polish and asked people to use this in the promotion of the survey.

The survey was then analysed and findings collated into this report. Full details of the questionnaire and results are in Appendix 1.

Findings

The survey was complete by 28 respondents, 24 female and 4 male with each respondent confirming it was the gender assigned at birth. The age distribution of respondents displayed in Table 2 varied from 18 to 54 with the majority falling within the 25 – 34 and 35 – 44 age ranges.

Table 2

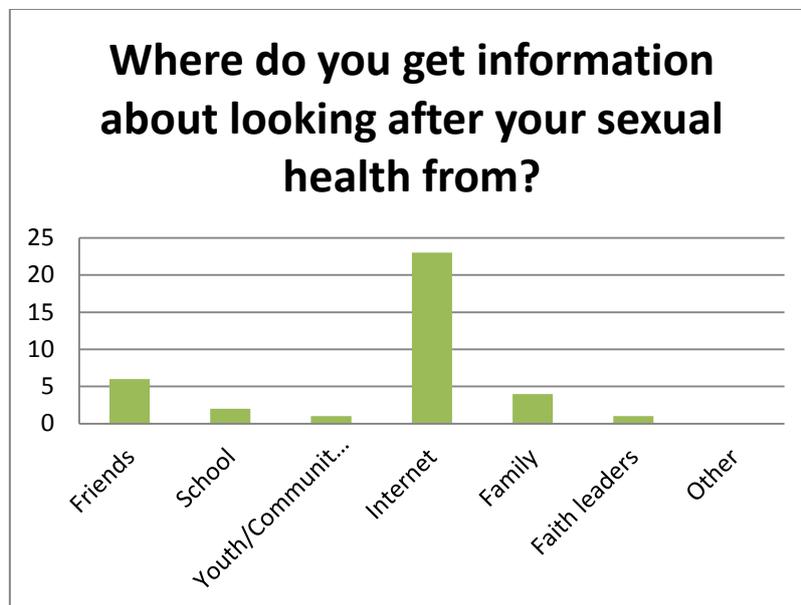


Most of those completing the survey stated they were Polish with 3 (11%) stating Multiple Ethnicity. The survey asked for people to identify their sexual orientation and whilst we know that people are often not wanting to disclose this information the survey suggested that 25 people (89%) identify as heterosexual, 1 as bisexual and 2 preferred not to say. Most respondents live in the Mid Ulster council area (46%), Causeway 32%, and Antrim and Newtownabbey and Mid and East Antrim with 11% each. Each of the demographic questions were completed by all 28 respondents.

Sexual Health Promotion

The second part of the survey considered where people got their sexual health information from and asked people to identify key issues within their community. Most of the respondents answering this question identified the internet as their main source of information on sexual health (Table 3) with friends and family coming in second and third. Respondents could opt to pick more than one answer here.

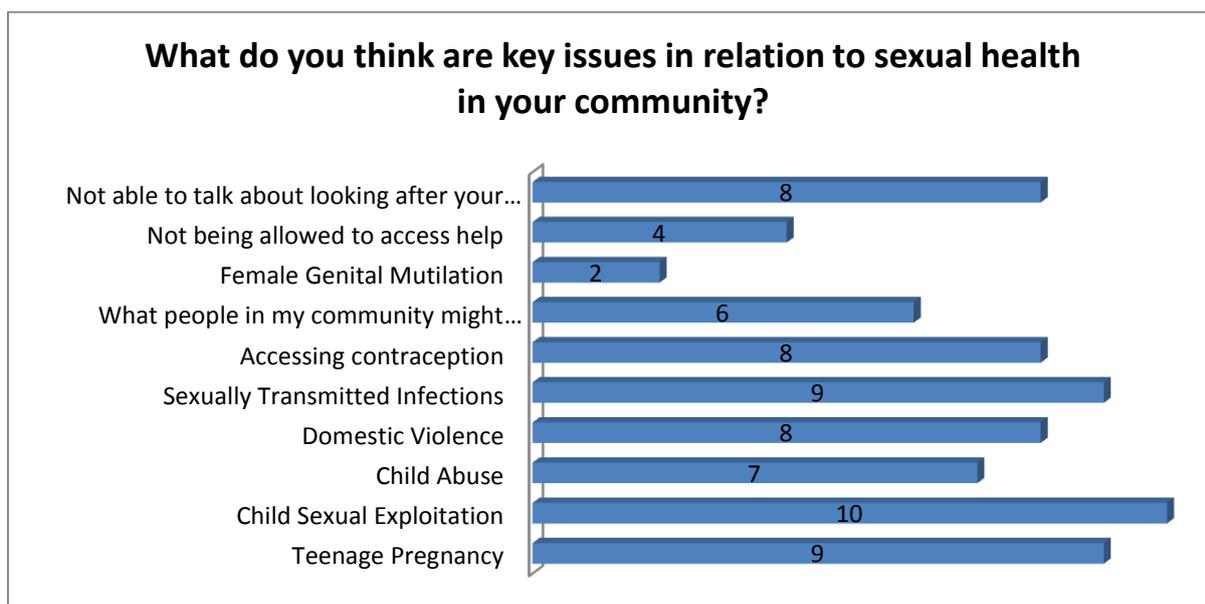
Table 3



There was a real mix of response in terms of key issues (Table 4) in relation to sexual health in the Polish community; those featuring highest included Teenage Pregnancy, Child Sexual Exploitation and Sexually Transmitted Infections.

26 of the 28 responded to these questions.

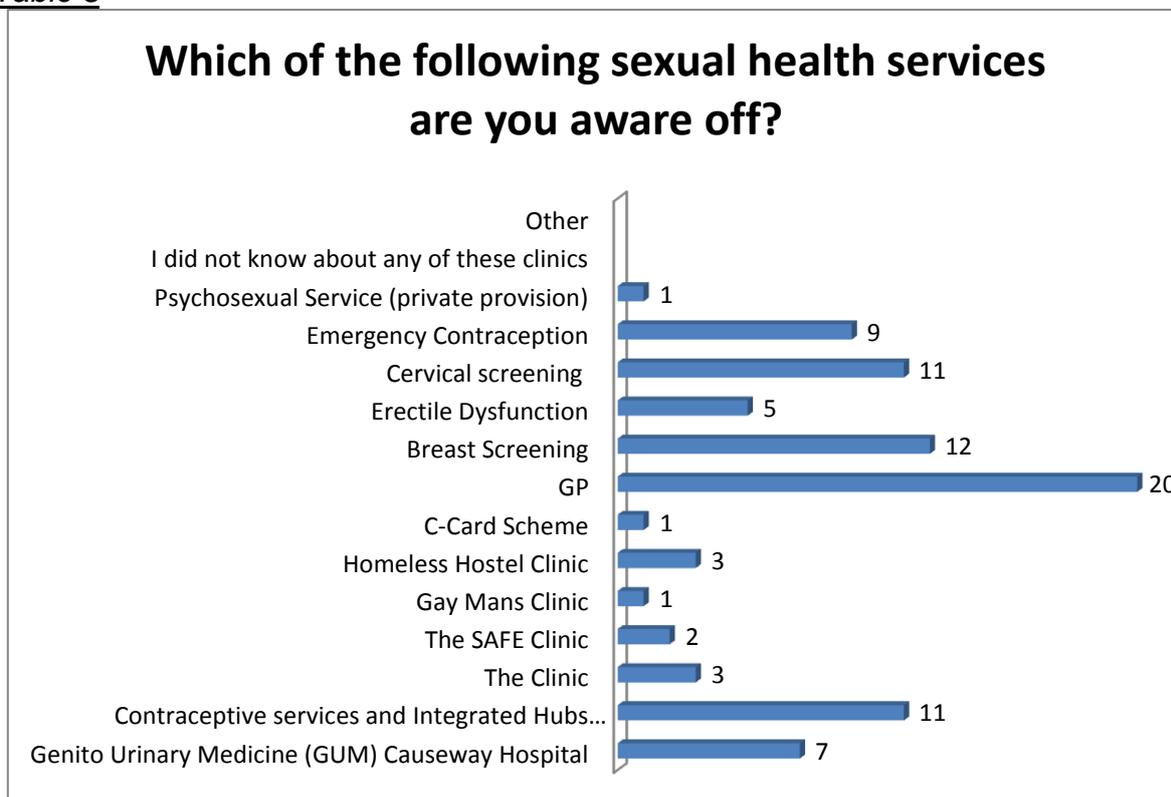
Table 4



Services feedback

14 out of 22 respondents knew that you could access emergency contraception from Contraceptive Services Clinics, through your GP or via a pharmacy. In terms of knowledge of sexual health services available throughout the Northern area, Table 5 shows that most people were aware of the services offered through their GP. Contraceptive Services and Integrated Hubs, Breast screening and Emergency Contraception were also quite well-known services.

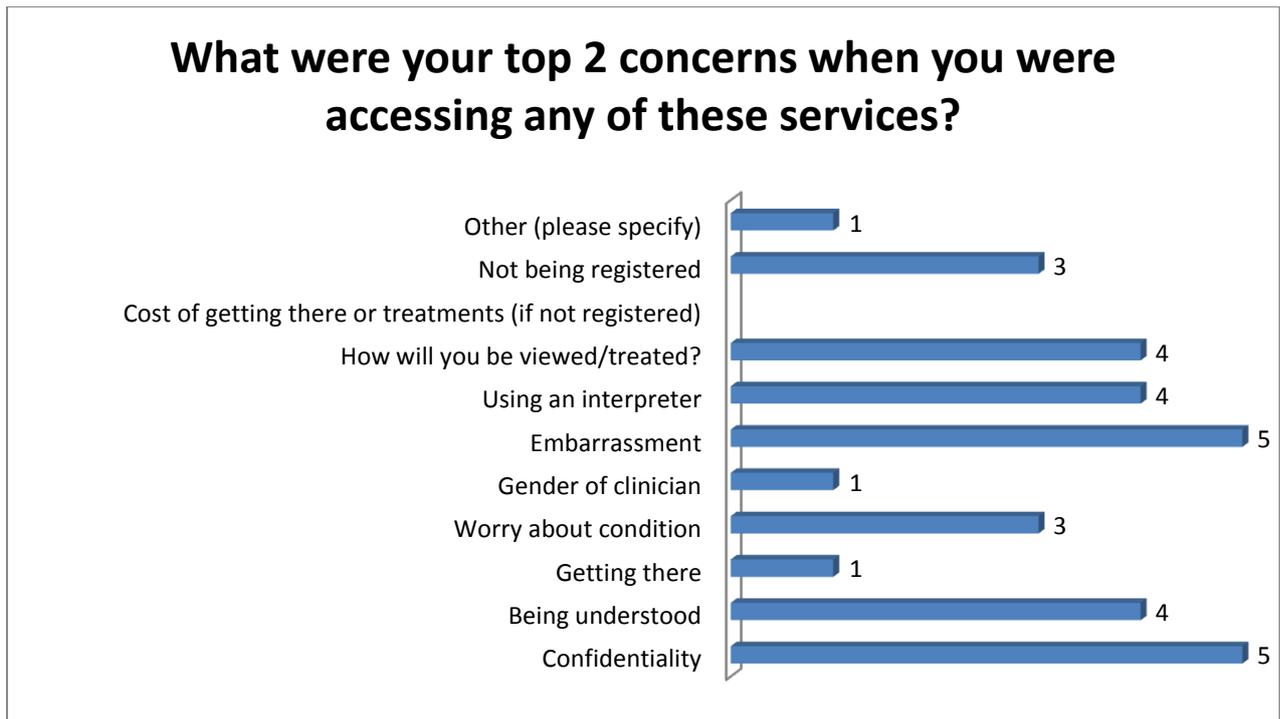
Table 5



Respondents cited that their information about these services most often came from their GP, a referral or leaflets/posters. The internet was also mentioned with respondents highlighting also the Northern HSC Trust webpages.

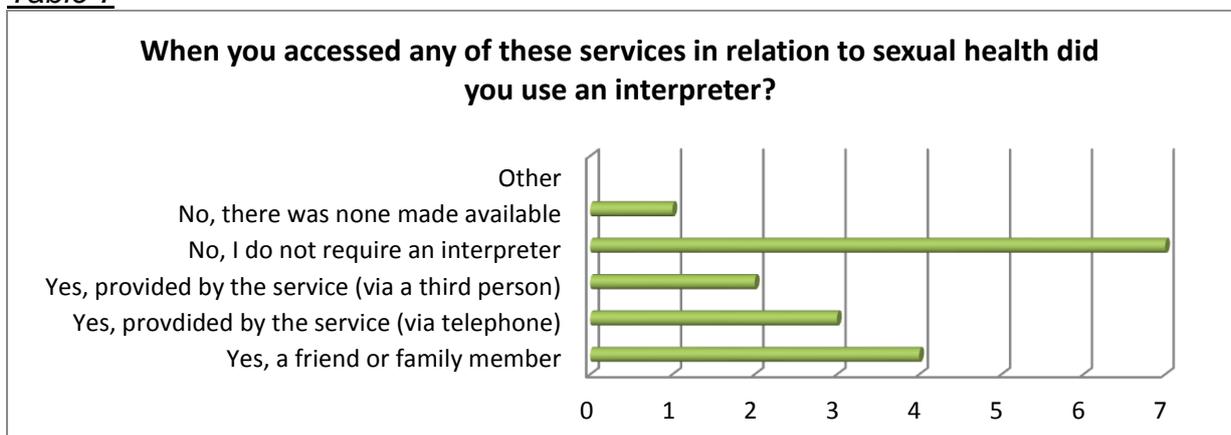
In terms of use of these services 15 out of the 22 respondents to this question had used a service(s) discussed in the survey. The survey asked about the top 2 concerns people had when accessing any of the services. The top 2 concerns listed where confidentiality and embarrassment. Table 6 shows the full range of responses.

Table 6



Clinical Services were keen to get feedback on the experience of the use of interpreters within sexual health services. Out of the 14 who answered the question on the use of an interpreter only 9 had used one. This was a mixture of how interpreters were used including telephone, a friend/family member or a third person present. (see Table 7)

Table 7



Respondents were asked to comment on how they found the experience of using an interpreter and 6 cited that they found it helpful, 5 did not feel they got the full information regarding their condition. People were asked to comment would they prefer to use a telephone interpreter, only 4 respondents answered this question 3 citing no and 1 saying yes. A further comment was added with someone saying they would definitely prefer personal contact.

When asked what prevents respondents from accessing services to support them looking after their sexual health. Most people cited the language barrier alongside confidentiality, and not knowing where to go as issues.

The last question gave respondents an opportunity to tell us what could be done to engage better with the Polish community in relation to sexual health. Respondents gave mixed feedback:

- Sexual health courses
- Advertise further in clubs/bars etc
- Information in Polish
- More interest and help from GP
- I do not know x 2
- Ok
- No
- Even better access to interpreters as there is still a problem in some centres
- More written information in Polish, availability of services without having registration, better access to interpreters.
- Translator on the phone
- Ability to use the translator help

Discussion

The survey captured some useful information which will be shared with services and those involved in the promotion of the survey. Unfortunately due to the low numbers responding its efficacy is limited. The proportionality of responses from each of the council areas reflects the number with Polish as their first language population statistics living in that area according to statistics published by Northern Ireland Strategic Migration Partnership (NISMP). (Mid-Ulster Polish represents 1.6% of population, Causeway Polish 1%, Mid and East Antrim and Antrim and Newtownabbey 0.9% each.)

The survey did not capture any information from young people under 18. The survey was not sent out to schools however the survey had other ways to engage younger populations through the groups that we sent the information to however this group have not been represented. This has limited the scope of this survey in relation to this age group.

Most of those responding stated they were heterosexual with 3 stating either bisexual or prefer not to say. Those not stating heterosexual account for 10% of survey respondents.

By in large most of those responding from the Polish community use the internet for their information about sexual health. Further study could look at where this information comes from online, and determine the quality of the information. Very few mentioned that they have input in relation to youth and community groups. This

in something that should be shared more widely to look at how the community Relationships and Sexuality Education (RSE) programmes can consider engagement with the Polish community. Pound et al (2017) found in terms of RSE, that comprehensive programmes that aim to decrease sexual activity but also promote condom use “can be effective at improving knowledge, skills and attitudes”. HIV prevention programmes and teenage pregnancy prevention programmes also appear to be effective. Research has found that school-based or school-linked sexual health services were also well received by students and appear to be effective at reducing sexual activity, numbers of sexual partners and teenage pregnancies. Professionals suggest that best practice in (RSE) involves close liaison with relevant sexual health and advice services, either through offering school-based services or through links with local sexual health services. There lies a challenge to ensure that those accessing information online are not doing so as their sole education around relationships and sexual health.

Key concerns for respondents really did spread over a number of areas including Child Sexual Exploitation, Teenage Pregnancy, Sexually Transmitted Infections, Domestic Violence, Accessing contraception, not being able to talk about looking after your sexual health and abuse to children. This information will be of interest to a number of groups working with the Polish community and will help guide some conversations and direction of work. These key areas will be highlighted within training programmes around sexual health that the Northern HSC Trust deliver to statutory, community and voluntary sector organisations.

There was an awareness of emergency contraception in 14 of the 22 respondents of the question. There could be more work done here to raise awareness of this option. In terms of sexual health services respondents were most aware of their General Practitioner (GP). This has highlighted some work that will need to be carried out ensuring information on a range of clinics is available to those from the Polish community. Awareness of these services has mainly come from contact with a GP or a referral, showing the importance and the key linkage that the GP is for the Polish community.

Some of the lack of awareness potentially has arisen as people have not engaged with services, potentially not seeing a need to or don't have an actual reason to engage with services. 15 out of the 22 respondents answering Question 12 said that they had accessed any of the listed services. Regardless of having accessed it is important that people have an awareness of where to seek help if and when they require it or indeed to support others who do require it.

Question 13 highlighted work that could be done to alleviate some of the fears when accessing services. The two highest cited reasons were confidentiality and embarrassment. These issues are not only aligned to this community. These are general fears when it comes to accessing sexual health services. There continues to be a lot of stigma associated with sexual health. There needs to be further work done to ensure that services communicate how they maintain confidentiality and the priority placed on it within the system. There could also be further work done through utilising opportunities through RSE to enable and empower young people through into adulthood to engage with help confidently.

Fears of using interpreters, being understood and fear of how you will be treated also needs to be addressed. Community RSE provision and schools are best placed to address this for young people coming up through but there is a wider awareness needing addressed within the population about the non-judgemental approaches employed, the availability of interpreters and how that system works in a way that increases confidence in service users in engaging with it.

There was a real mix of experience about the use of interpreters, 6 respondents citing that the experience was very helpful and 5 respondents feeling that they did not get the full information about their condition. Services need to bear this information in mind and consider further clarification with Polish service users in relation to this. When asked about the telephone service versus the presence of an interpreter, respondents preferred the presence of a person, however only 4 people responded to this question so we cannot draw clear conclusions here. The Northern HSC Trust's sexual health services feedback would say that people value the anonymous aspect of the telephone interpreting service. Following on from this however respondents are citing that the language barrier is their main issue to looking after their sexual health so this is something that does need to be considered further in many ways. How are we training key people who engage with our Polish communities around sexual health? How do those whose first language is Polish get access to the same quality of information that they can engage with as others within our communities? Other issues highlighted are not knowing where to go and confidentiality. This again highlights the need to increase awareness throughout training and ensuring people know about information online too via pages such as Northern HSC Trust.

Responses to the last question in the survey carried similar themes to the answers discussions above. Respondents are asking for more information in Polish, better access to interpreters, availability of services without having to register, and increasing advertising to venues such as clubs/bars. Sexual Health courses are also included here. There are a number of sexual health courses opportunities throughout the year funded by the Public Health Agency, and the challenge here is to how we engage better with the Polish community to ensure information is accessible across our communities.

Recommendations

It is important to note that while there has been information coming from the responses to the survey, it is very limited in reach due to low numbers of responses. However there is learning that we can easily extract and consider in various areas of work both in service delivery and also in terms of health promotion that will only enhance best practise.

1. To further study the type and quality of information/websites being accessed online for the purpose of sexual health education.
2. To find out more about the experiences and needs of young people under 18 in relation so sexual health services and sexual health promotion.
3. To engage the Polish community better in terms of RSE provision and to ensure that relationships and sexual health information is not left to the internet.
4. To improve access to sexual health information in Polish for those for whom Polish is their first language.

5. To further promote the information the Northern HSC Trust has on their website in Polish with key people who can ensure that this information can be accessed, e.g. GP, school teachers, community leaders.
6. To raise the profile of the areas of concern across agencies engaging in various statutory, community and voluntary roles with the Polish community.
7. Increase awareness of Emergency Contraception and Sexual Health Services across the Polish community.
8. Ensure that services communicate well how confidentiality is managed and they communicate the non-judgemental ethos and explain how services work effectively with interpreters and service users for positive experiences.
9. Raise awareness of ensuring patients have clarity about their condition when using interpreters, and that they have full information on their condition or issue.
10. To filter the information from this report into training sessions around sexual health, improving awareness of the key issues, barriers, concerns so that these can be addressed through many different mechanisms.
11. Raise profile of the survey results with commissioners to consider in terms of further commissioning around sexual health.

References

Northern Ireland Strategic Migration Partnership: Community profiles for Local Government Districts. *NISMP*: Belfast

Pound P, Denford S, Shucksmith J, Tanton C, Johnson AM, Owen J, Hutten R, Mohan L, Bonell C, Abraham C, Campbell R What is best practise in sex and relationship education? A synthesis of evidence, including stakeholders views. *BMJ Open*: May 2017; 7:5 <http://bmjopen.bmj.com/content/7/5/e014791>

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Mary-Frances Bell: Health & Wellbeing Team, NHSCT
Janice Armstrong: Health & Social Wellbeing Team North, PHA

Appendix 1

Sexual Health Survey						
Qu1	Total Respondents: 28					
What is your gender?						
Female	24					
Male	4					
Qu2	Total Respondents: 28					
Was this your gender at birth?						
Yes	28					
No	0					
Qu 3	Total Respondents: 28					
What is your age?						
11 to 18						
18 to 24	3					
25 to 34	12					
35 to 44	11					
45 to 54	2					
55+						
Qu 4	Total Respondents: 28					
Which race/ethnicity best describe you? (Please choose only one)						
Polish	25					
Multiple ethnicity/ Other please specify	3					
Qu5	Total Respondents: 28					
Which sexual orientation best describes you?						
Heterosexual	25					
Lesbian						
Gay						
Bisexual	1					
Prefer not to say	2					
Qu6	Total Respondents: 28					
What council area are you from?						
Mid and East Antrim	3					
Mid Ulster	13					
Causeway Coast & Glens	9					
Antrim & Newtownabbey	3					

Qu7	Total Respondents: 26			
Where do you get information about looking after your sexual health from?				
Friends	6			
School	2			
Youth/Community group	1			
Internet	23			
Family	4			
Faith leaders	1			
Other				
Qu 8	Total Respondents: 26			
What do you think are key issues in relation to sexual health in your community?				
Teenage Pregnancy	9			
Child Sexual Exploitation	10			
Child Abuse	7			
Domestic Violence	8			
Sexually Transmitted Infections	9			
Accessing contraception	8			
What people in my community might think...	6			
Female Genital Mutilation	2			
Not being allowed to access help	4			
Not able to talk about looking after your sexual health	8			

Qu9	Total Respondents:22				
Did you know that you can access emergency contraception from Contraceptive Services Clinics, through your GP or through a pharmacy?					
yes	14				
No	8				
Qu10	Total Respondents: 22				
Which of the following sexual health services are you aware off?					
Genito Urinary Medicine (GUM) Causeway Hospital	7				
Contraceptive services and Integrated Hubs located across the Trust	11				
The Clinic	3				
The SAFE Clinic	2				
Gay Mans Clinic	1				
Homeless Hostel Clinic	3				
C-Card Scheme	1				
GP	20				
Breast Screening	12				
Erectile Dysfunction	5				
Cervical screening	11				
Emergency Contraception	9				
Psychosexual Service (private provision)	1				
I did not know about any of these clinics					
Other					
Q11					
How did you learn about these services?					
Friend/family member	4				
Youth group	1				
school	1				
Northern Trust website	5				
Other website	5				
Leaflet/poster	8				
GP told you/ referred	8				
Other (please specify)	1				
Comments:	Friends & work				

Qu12	Total Respondents: 22				
Have you ever accessed any of the above services in the Northern area?					
Yes	15				
No	7				
Qu 13	Total Respondents: 14				
What were your top 2 concerns when you were accessing any of these services?					
Confidentiality	5				
Being understood	4				
Getting there	1				
Worry about condition	3				
Gender of clinician	1				
Embarrassment	5				
Using an interpreter	4				
How will you be viewed/treated	4				
Cost of getting there or treatments (if not registered)					
Not being registered	3				
Other (please specify)	1				
Qu 14	Total Respondents: 14				
When you accessed any of these services in relation to sexual health did you use an interpreter?					
Yes, a friend or family member	4				
Yes, provided by the service (via telephone)	3				
Yes, provided by the service (via a third person)	2				
No, I do not require an interpreter	7				
No, there was none made available	1				
Other					
Qu 15	Total Respondents: 14				
How did you find the experience of using an interpreter when dealing with issue around sexual health?					
Great, it was very helpful	6				
I don't think I got the full information regarding my condition	5				
Other (please specify)	1				
N/a x 2					
No translator needed					

Qu 16	Total Respondents: 4						
If you needed an interpreter to access a service listed above would you prefer it to be a telephone interpreter?							
Yes	1						
No	3						
Comments:	I would definitely prefer personal contact						
Qu 17							
Total Respondents: 16							
What prevents you from accessing services to support you looking after your sexual health?							
Embarrassment	3						
Family							
Culture							
Belief System	2						
Unknown of what might happen	2						
Wouldn't know where to go	4						
Language barrier	7						
Confidentiality	4						
Other (please specify)							
Comments:	Appointment availability						
	N/a						
	Nothing						
	None of the above						
Qu 18							
Total Respondents: 16							
Please tell us something that we could do better in relation to sexual health services, or sexual health information, awareness or training for your community...							
Sexual health courses							
Make it advertised more in clubs bars etc							
Information in Polish							
More interest and help from GP							
I do not know x 2							
Ok							
No							
Even better access to interpreters as there is still a problem in some centres							
More written information in Polish, availability of services without having registration, better access to interpreters							
Translator on the phone							
Ability to use the translator help							