

They want to be the ones who tell their daughters about sex, who explain that it is a good and wonderful thing. They want to offer their daughters openness, the ability to ask any question and have it answered. They want to be – as one woman said – “my daughter’s best friend” so that the subject is dealt with openly and without embarrassment. They want to be role models so that their daughters will not be subject to peer pressure, will not sleep with any man who asks, will become a clear and confident sexual woman.

That was certainly what my mother wanted for me. It is certainly what we must give to future generations.

Author’s Note

A cohort of 30 women between the ages of 20–30 years from Britain, Belgium, Croatia, Cyprus, Denmark, Finland, France, Germany, Greece, Holland, Iceland, Ireland, Italy, Latvia, Malta, Poland, Portugal and Spain filled in a qualitative e-mail questionnaire during the period December 2003–January 2004.

Editor’s Note

In the next issue of the Journal this column will cover the same European women’s views on how they learned about contraception.

FROM OUR GP CORRESPONDENT: DR ROB’S BITS

GP and clinical assistant in sexual health, Rob Hicks, reflects ...

Rob Hicks, DRCOG, MRCGP, *General Practitioner, Freelance Broadcaster and Writer, London, UK*

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Men want results on the web

During my time in general practice, like most people I’ve seen how difficult men find it to come to see their doctor. This is particularly the case when all the doctors are female. A surgery that found itself in this situation now employs me to run a men’s health clinic. Each week my clinic is full with men who have literally sat on their problems for a long time, who tell me that they “Didn’t want to mention it to a lady doctor”.

Anecdotally I’ve found that getting men to visit a genitourinary medicine (GUM) clinic is often harder. In general practice even though your average man may think that everyone in the waiting room believes him to be there because of a problem below his navel and above his knees, the problem may be, and often is, elsewhere. In a GUM clinic, however, the odds are very much against the problem being anywhere other than ‘down there’.

It’s well known that rates of chlamydia infection are on the increase and that often these infections are asymptomatic. A study published in *The Lancet* last year suggested that up to one in ten men may be infected with chlamydia when 800 army recruits in Scotland were tested as part of their routine medical examination. It also found that most of the men who tested positive had no symptoms.

A study in Sweden has tried to address these problems by offering 22-year-old men screening for chlamydia without needing to visit a clinic. Each of the 1000 men was sent a sample pot, questionnaire and information sheet, and asked to return the sample pot to the researchers for testing.

Using an individual code the men were able to access their results on the web. Although only 400 of the men approached to take part did so, the researchers commented that this was the highest recorded response for chlamydia testing in men of this age group. Three of the four men found to have the infection actually viewed their results on the web, the fourth needed to be contacted by researchers.

So well done to the Swedish researchers. But what next? Gonorrhoea rates of infection are also on the increase. Do they really think men are going to be so enthusiastic when they pull the ‘little white loop’ from the package and read about what they are supposed to do with it?

University challenge

The UK final of the ‘SEXplained ... Foundation Student Challenge’ takes place in April. More than 100 teams from

eight universities took part in the first round in February, answering a wide range of questions in a pub-style quiz. Most contestants were surprised at what they didn’t know. As a result they will hopefully take more care and make sure they use condoms. As one of the people involved in checking the accuracy of questions and answers used, I was enormously relieved to find I could answer them correctly.

The winning team from the UK will be flown to Barbados in July for a week’s holiday and a head-to-head challenge with the winning team from the ‘SEXplained ... Foundation Student Challenge’ in the West Indies.

The Foundation hopes that by engaging young people in different activities to raise their basic knowledge about sexual health, a more responsible attitude towards safer sex may begin to emerge.

Perhaps a quiz like this could be used as part of revalidation; it’s far more interesting and entertaining than some of the required components. Let’s face it – a week in Barbados is a very good incentive!

For more information visit <http://www.SEXplained.com>.

Thought for the day

It’s become popular practice to have music playing within medical establishments. My first experience of this was classical music failing to silence the drill, or my anxiety, whilst I sat in the dentist’s chair. Latterly, in general practice I have followed suit and I too now play classical music through my computer, something that my patients appear to approve of.

However, music can create difficulties, particularly if it’s coming from a radio where you have no control over what is played. In my sexual health clinic the local radio playing in the examination room often makes things more uncomfortable than they should be. So be alert and if you hear any of the following, believe me it’s probably better to switch the radio off.

Sex bomb	Tom Jones
(Love lift us) Up where we belong	Joe Cocker and Jennifer Warnes
(I want a man with a) Slow hand	Pointer Sisters
Do that to me one more time	Captain and Tennille
Touch my bum	The Cheeky Girls