

outlines some of the major issues and describes the programming efforts to prevent and respond to GBV worldwide. It details the gaps in provision, usually large, and makes recommendations. The report profiles 12 countries. It uses interviews with survivors, local and international organisations and United Nations (UN) personnel. It focuses on violence experienced by women and girls as they are the primary victims of GBV.

One recommendation from the RHRC is that training in GBV should be undertaken by all health workers in conflict-affected areas. This facilitates treatment and prevention.

The style of writing is formal. Personal interviews are not usually included to preserve confidentiality. This may reduce the impact of the report as there is little sense of the horror of these atrocities. The report will be of interest to those with a special interest in this field or who work with refugees.

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Improving Sexual Health Services in Primary Care: A Practical Guide. A report on an fpa project to develop the role of practice nurses. London: Family Planning Association, 2002. ISBN: 1-899194-32-0. Cost: £9.99. Pages: 60.

This A3-style report is an excellent resource that purports to be a stimulus for practice nurses working in primary care settings to engage in teaching and learning about contraception and sexual health services within a multidisciplinary network. The publication is timely as now is the opportunity to be responsive to the implementation action plan of the recently published National Strategy for Sexual Health and HIV. The report comprises four discrete sections; Part 1 briefly explains the background to the initiative and Part 2 provides a concise summary of findings from the project. The substantive part of the report is to be found within Parts 3 and 4, as within these pages there

are examples of tips and ideas outlining exactly how to facilitate training about contraceptive health within a multidisciplinary group. The report comprises a rich resource of exercises that could be undertaken in mixed groups to facilitate new ideas, changes and improvements related to current and continuing contraceptive service provision. The nature of working in primary care is often in an independent capacity and this report illustrates the value of working in a spirit of partnership to address future service provision. It is only hoped that the report does not sit on a desk or collect dust from sitting on a bookshelf but acts as a springboard to make things happen.

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CD REVIEW

The Durex Sex Education CD-ROM. Available free of charge from Durex CD-ROM Myriad PR Ltd, Gemini House, Bartholomew's Walk, Ely, Cambridgeshire CB7 4WW, UK or durex@myriadpr.com.

This CD is intended to help teachers develop lessons to highlight the importance of using condoms against sexually transmitted infections (STIs) and pregnancy. It has lesson plans, handouts, exercises and debates with brief information sections on contraceptives, infections and resources.

The introductory cartoons to each section were excellent, but all the handouts that can be printed out and copied had the logo 'Durex' at the bottom. Although perhaps predictable on a free CD, it was disappointing that the handouts for the pupils could not have been non-promotional. The message should be to use any condom with a CE mark.

Some of the exercises were good and could give useful ideas to inexperienced teachers. If

these are the target users, then the lesson on male and female attitudes to sex needs more explicit emphasis on the guidance of the discussion. From reading the notes, I would be concerned that inexperienced teachers may well end up reinforcing sexual stereotypes. Worse still, if unaware of their own biases and prejudices, they might project these attitudes unwittingly onto their pupils.

Lesson 4 contained three pages on the history of the condom. This seemed longwinded and unlikely to appeal to young people.

I was also concerned about the messages in Lessons 6 and 7 on STIs. Thrush was included in this section without it being made clear that it is not regarded as one of the STIs. If thrush was included why not bacterial vaginosis? Bacterial vaginosis is possibly even more common than thrush as a cause of increased vaginal discharge. The emphasis in the information on STIs was on the symptoms and signs, with little reinforcement of the message that most people with STIs do not know they have anything wrong with them. As this is the most important piece of information to convey it really does need highlighting.

There is very little information about emergency contraception as if after these lessons everyone will use a condom perfectly and will not need emergency contraception – will they?!

The exercise that included putting a condom and a condom demonstrator into a box with two holes for hands was a really good idea, but having competitions to see who could put the condom on the demonstrator quickest was a bit dubious. Many teenagers will opt out of doing anything competitive in case they look a fool – and street cred is all.

All in all this CD is just about what you would expect to get free of charge – a bit promotional, a bit inadequate and a bit biased. Not recommended unless you are able and knowledgeable enough to select what you want from it.

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A Self-assessment Test on Statistics Revisited Articles

Answers

The answers to the questions are given below, together with details of the issues of the *Journal of Family Planning and Reproductive Health Care* in which the relevant articles can be found.

Answer	Relevant article/issue	Answer	Relevant article/issue
1 True	Statistics Revisited 1, 27(4) : 234–236	6 False	Statistics Revisited 3, 28(3) : 159–161
2 False	Statistics Revisited 1, 27(4) : 234–236	7 True	Statistics Revisited 3, 28(3) : 159–161
3 False	Statistics Revisited 2, 28(2) : 101–104	8 False	Statistics Revisited 3, 28(3) : 159–161
4 False	Statistics Revisited 2, 28(2) : 101–104	9 False	Statistics Revisited 4, 29(1) : 9–11
5 False	Statistics Revisited 2, 28(2) : 101–104	10 True	Statistics Revisited 4, 29(1) : 9–11