

since this study shows that nearly 4% of contraceptive patients may need them.

Statements on funding and competing interests

Funding None identified.

Competing interests None identified.

Author's note

The work was undertaken by a clinician with Type I NRL allergy so latex-free gloves were always available to examine patients in whom latex allergy was suspected.

References

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- 2 Medicines and Healthcare products Regulatory Agency. *Latex Sensitisation in the Healthcare Setting (Use of Latex Gloves)* (Publication DB 9061). Issued April 1996, modified 3 February 2003. <http://www.mhra.gov.uk/Publications/Safetyguidance/DeviceBulletins/CON007367> [Accessed 12 January 2007].
- 3 Health & Safety Executive. *Latex and You*. <http://www.hse.gov.uk/pubns/indg320.pdf> [Accessed 12 January 2007].
- 4 National Patient Safety Agency. Protecting people with allergy associated with latex. 26 May 2005. <http://www.npsa.nhs.uk/patientsafety/alerts-and-directives/patient-safety/allergy-latex/> [Accessed 12 January 2007].
- 5 Health & Safety Executive. Screening questionnaire for identifying NRL sensitivity. <http://www.hse.gov.uk/latex/outpatients.htm> [Accessed 12 January 2007].

NEWS ROUNDUP

New websites launched to help couples facing infertility

Infertility Network UK and More To Life, national charities set up to help those suffering from infertility or facing involuntary childlessness, have launched new websites for the one in six couples facing infertility. These offer downloadable fact sheets and books to purchase in the new online shop. The websites offer a members' only forum and dedicated chatrooms, a first for More To Life users, providing a safe online community facilitated by their Online Community Organiser who is also a qualified counsellor.

Sources: www.infertilitynetworkuk.com and www.moretolife.co.uk

New EQUATOR website

EQUATOR is a new website that aims to provide resources for good reporting of health research. EQUATOR collates all the available guidelines covering a huge range of study designs. All the guidelines have the same aim: to help authors write clearer papers so that readers can understand the work more fully. CONSORT (for reporting of clinical trials) is probably the best known; others include MOOSE (for meta-analyses of observational studies) and STARLITE (for proposed standards for reporting of literature searches). The Public Library of Science (PloS) asks authors to consider guidelines before submitting studies.

Source: <http://www.plos.org/cms/node/282>

Teenage sexual behaviour

Data from almost 5000 pupils from 24 Scottish schools showed that overall, at an average age of 16 years and 1 month, 42% of girls and 33% of boys reported experience of sexual intercourse, but the rates between schools ranged widely, from 23% to 61%. The results revealed that school level socioeconomic factors remain influential even after individual pupils' socioeconomic status is taken into account. This suggests that an individual who is deprived but attending a school with an affluent catchment may be discouraged from sexual activity, whilst an affluent individual attending a school with a deprived catchment may be encouraged towards earlier sexual intercourse.

The results show that how well a school is run appears to have little influence on the sexual behaviour of its pupils. Accounting for all the known predictors of sexual activity, for example parental monitoring, individual socioeconomic factors, the age of pupils, their levels of personal spending money or the proportion of their friends perceived to be having sex, the variance between schools dropped sharply. The characteristics of a school, including relationships between teachers and pupils, appearance, discipline and the school's layout were found to have only a weak impact on the rates of sexual experience.

The authors comment that "to make an

impact on levels of early sexual activity and pregnancy the government would need to tackle deprivation and socio-economic problems within neighbourhoods. For instance, young women should be empowered to pursue their educational and career aspirations even when background socio-cultural factors have led them to have sex early. This may help break the cycle of deprivation for their children."

Reference

- 1 Henderson M, Butcher I, Wight D, Williamson L, Raab G. What explains between-school differences in rates of sexual experience? *BMC Public Health* 2008; **8**(1): 53 [Epub 8 February 2008].

New CEO for fpa

Julie Bentley has recently been appointed as the fpa's new Chief Executive Officer (CEO). Julie was formerly CEO of personal safety charity, The Suzy Lamplugh Trust. More information about Julie can be found on the fpa's website where visitors can read The Quick Interview in which Julie talks candidly and answers some of the top questions asked of a new CEO at the start of their tenure with one of the country's leading sexual health charities.

Source: www.fpa.org.uk

Cervical cancer care

Analysis of data from the NHS Cervical Screening Programme reveals that fewer women need repeat cervical smears due to inadequate samples than in previous years. The introduction of liquid-based cytology (LBC) to replace conventional Pap smear tests has significantly reduced the number of inadequate tests from 7.2% in 2005/2006 to 4.7% in 2006/2007. Results of tests are back sooner and access to colposcopy was also faster. The full report entitled *Cervical Screening Programme, England 2006-07* is available on The Information Centre website.

Source: www.ic.nhs.uk/pubs/cervscreen0607

Sexual awareness in Europe

On St Valentine's Day, a day traditionally dedicated to love and to sexual health, the European Sexual Dysfunction Alliance (ESDA) reminded everyone of the importance of sexual health as a part of overall health. Prevalence studies show that sexual health problems are very common and are often ignored, leading to a negative impact on a person's quality of life, their personal relationships and their self-esteem. ESDA is an umbrella organisation for patient support helplines across Europe. They have national websites and fact sheets on different sexual problems in different languages and these can be sent to callers who request them free of charge. ESDA helplines in France, Greece, UK, Spain and Sweden received a total of 11 000 calls in 2007. Callers varied between countries, with

92.4% of callers in France being men, compared with 75% in the UK. French male callers would wait for an average of 3 years of symptoms before calling compared with Spanish men who waited for over 4 years. Problems affecting men included erectile dysfunction and premature ejaculation. Women were troubled by reduced sexual interest and desire (50% of female UK callers). ESDA provides information, support and reassurance. A telephone advisor discusses the problem and encourages callers to consult their doctor. It is vital for the public to know that a sexual health problem is often the first sign of an important undiagnosed health problem such as diabetes, hypertension or depression. A visit to the doctor to discuss the problem is crucial as the first step to getting the right assessment, tests, treatment and follow-up.

Source: <http://www.essm.org/esda/general.asp>

'G spot' identified

The search for the 'G spot orgasm' has led Italian researchers to seek out anatomical differences between women who claim to experience vaginal orgasms involving a G spot and those who don't. A simple test could tell you if it's time to give up the hunt, or if your partner just needs to try harder.

Researchers had already found biochemical markers relating to heightened sexual function in tissue between the vagina and urethra, where the G spot is said to be located. However, they had been unable to link the presence of these markers to the ability to experience a vaginal orgasm, namely an orgasm triggered by stimulation of the front vaginal wall without any simultaneous stimulation of the clitoris.

A team led by Emmanuele Jannini, at the School of Sexology at the University of L'Aquila in Italy, used vaginal ultrasound to scan the entire urethrovaginal space – the area of tissue between the vagina and urethra thought to house the G spot.¹ The team scanned nine women who said they had vaginal orgasms and 11 who said they didn't. They found that tissue in the urethrovaginal space was thicker in the first group of women. The report concludes that women without any visible evidence of a G spot cannot have a vaginal orgasm. The urethrovaginal space is rich in blood vessels, glands, muscle fibres, nerves, and – in some women – a remnant of the embryological prostate called the Skene's glands. Some researchers have suggested that the Skene's glands are involved in triggering vaginal orgasms and, more controversially, enable a small number of women to ejaculate.

Reference

- 1 Gravina GL, Brandetti F, Martini P, Carosa E, Di Stasi SM, Morano S, et al. Measurement of the thickness of the urethrovaginal space in women with or without vaginal orgasm. *J Sex Med* 2008; **5**: 610–618.

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