

# sex plained<sup>®</sup> Training

*British Accredited Training Awards  
for  
Students  
in the study of  
Contraception & Sexual Health*

2014



# The Problem

**Approximately 15 million young females ages 15-19 give birth each year, accounting for more than 10 per cent of all babies born worldwide. Only about 17 per cent of them use contraception.**

Young mothers, especially those under 16, have increased likelihood of serious health risks. The risk of death in childbirth is five times higher among 10-14 year-olds than among 15-19 year-olds and, in turn, twice as high among 15-19 year-olds as among 20-24 year-olds.

Teenagers are over represented among those obtaining abortion and even more so among those needing medical care for complications of unsafe abortion. When adolescents bear children, their offspring also suffer higher levels of morbidity and mortality. The incidence of sexually transmitted diseases (STDs) is also disproportionately high among young people: 1 in 20 adolescents contracts a sexually transmitted disease each year, and half of all cases of HIV infection take place among people under age 25.

Adolescence is a period of increased risk-taking and therefore susceptibility to behavioural problems at the time of puberty and new concerns about reproductive health. Female adolescents, compared to their male counterparts, face disproportionate health concerns following puberty; foremost among these are too-early pregnancy and frequent childbearing.

Male adolescents, for their part, often lack a sense of shared responsibility for sexual and reproductive matters and respect for reproductive choices. This helps perpetuate traditions in many developing countries that encourage early marriage followed quickly by a first and subsequent births. Even where these influences are waning, lack of sexual and contraceptive knowledge, along with difficulty in obtaining contraceptives, results in continued early childbearing among adolescents.

Adding to the challenge is the sheer magnitude of the numbers: more than half the population in developing countries is under 25. The 10-24 year-old population in these countries is estimated at 1.3 billion, and growing; by 2025, this number is expected to rise by some 400 million.

... And, although a relatively new and sensitive area, there is good evidence that information and service programmes for adolescents, both male and female, result in improved health of young people, improved health of young mothers when they bear children, better birth outcomes and health of infants, enhanced socio-economic potential for young women, and slowed population growth.”

Ref: UNFPA

## A PROMISE IS A PROMISE

### UNIVERSAL ACCESS TO REPRODUCTIVE HEALTH

Universal Access to Reproductive Health is key to achieving the Millennium Development Goals. (MDGs)

**MDG 5**, ‘Improve Maternal Health’, particularly target 5b, ‘Achieve Universal Access to Reproductive Health,’ is the most off track of all MDGs, even though the critical importance of reproductive health to development has been widely acknowledged.

#### Universal access to reproductive health is key to:

- reducing maternal mortality;
- preventing unwanted pregnancies;
- curbing the spread of sexually transmitted infections, including HIV, and AIDS;
- empowering women and girls to exercise their sexual and reproductive rights through greater decision making powers;
- building a more sustainable world for women, men and young people, regardless of gender, sexual orientation, or social and economic status.

However, evidence shows that the progress to MDG5 has been slow and uneven.

Efforts to achieve MDG 5b must be scaled up, greatly, to meet the needs of all women and mothers.

<http://www.mdg5b.org/>

**Each £1 (GBP) spent on family planning (contraception) saves £4 that would be spent on the complications of unintended pregnancies.**

*Ref: Save the Children*

**Family planning is widely recognized as one of the most cost-effective health interventions.** Decades of research have demonstrated that modest investments in family planning can save lives and dramatically improve maternal and child health.

There is a growing push in the development community to reprioritize family planning because of the cross-cutting role it plays in achieving broader development goals, including the Millennium Development Goals (MDGs) and poverty reduction.

**See Appendix**

# The Solution

# Sexplained Accredited Training

## Sexplained Training For Students

A British branded, globally innovative sexual health training package, taught by British nurse specialists, which is now available world-wide, to English speaking people, offering recognised and recorded British accreditation.

*“You come to us, we travel to you (by arrangement), or we ‘beam in’ to see, hear and speak to you by webcam, either individually or as a group; at home, in your office or in your classroom”.*

## What is Sexplained Training?

With students from anywhere in the English speaking world, Sexplained Training offers a gentle learning experience in contraception and sexual health topics. Our students are enthusiastic people from a range of backgrounds, who are or will be influencing adolescents about these topics and who need to understand the subjects well enough to teach them with confidence and ‘field’ questions/answers more competently and safely.

It can be described as ‘a nursing course for non-nurses’, but it can be used as a solid foundation for nurses hoping to work within the field of sexual healthcare or a refresher for those already working within it.

It covers contraception and sexual health topics in logical, progressive depth, which enables students to feel comfortable and be confident when they guide and support the young people (adolescents) with whom they work, across a wide range of disciplines and environs.

It does not make them an ‘instant expert’ but it does show them their limitations and help them understand when, and why, it may be important for them to refer a young person to an experienced healthcare practitioner for ongoing care or support.

## Who is Sexplained Training for?

Sexplained Training is for anyone who is interested in learning about contraception and / or sexual health topics.

Previous students were drawn from a range of backgrounds, e.g. student welfare officers, sports personalities, medical receptionists, youth workers, teachers, social workers, healthcare support workers, public health students, laboratory staff, clerical / admin officers, pharmaceutical representatives, qualified nurses (using it as an update/refresher) - and even a professional boxer; and they ranged in age, experience, sexuality, culture and ethnicity - all of which enriched the lifelong learning experience, and from which firm friendships grew.

## Prior knowledge or clinical experience

No background or clinical knowledge is expected of our students. Sexplained Training is designed to take students through a learning journey that does not require them to have prior knowledge of sexual health topics or have experience in the field of clinical contraception or sexual health work.

However, for students with this background, our training acts as an excellent update or refresher, from which they will benefit and can use towards their CPD (continuing professional development).

## Accredited by whom

Sexplained Training is accredited by AQA - the UK’s Assessment and Qualifications Alliance, under the **Unit Award Scheme**.

This gives formal recognition to a Units of learning, across a wide range of topics.

All of our Units for adults are at Level 3 (which equates to the British A level / NVQ Level 3) these Units form part of our ‘lifelong learning’ package.

For more detailed information about AQA and our Units, please see - **[www.Sexplained.com](http://www.Sexplained.com)**

# The Solution

# Sexplained Accredited Training

## Training Trainers - Basic package:

**Units C1-C4** - Contraception Module  
**Units S1-S4** - Sexual Conditions Module  
**Combined Training** : Both Modules

## What does the core training cover?

Sexplained Training core training programme covers the following topics, through the following Units.

## Certificates students receive:

- AQA Statement - per Unit
- AQA Annual Letters of Credit - listing per student Units undertaken in an academic year
- Sexplained Certificate per Unit
- Sexplained Certificate per Module
- Sexplained Integrated Sexual Health Certificate when both Modules are completed

## Example certification count:

A student undertaking the Combined Training (Contraception and Sexual Conditions) would receive 20 certificates of evidence on completion.

## Costs per Student:

Per Single Unit - £125 (GBP)  
 Per Module (4 related Units) - £450 (GBP)  
 Combined Training - £800 (GBP) per student  
 ... **plus** annual AQA Student Fee, for formal accreditation - £20 per annum

## COMING SOON: Teacher SRE/PHSE Classroom Support

An accredited **Adolescent Sexual Health Award in SRE / PHSE** is under development, to support teachers who do not feel comfortable, ready or able to teach these topics directly, and would like our support in the classroom.

### How?

We can come to you, by arrangement, or 'you come to us' using technology.

We '*beam in, by webcam*' from London, to teach the sessions with you using the latest technology. You can choose to have this with or without formal accreditation, depending on school budgets.

Sexplained certification comes with both options.

Without formal accreditation, the same Units will be delivered as for the accredited package but you save the AQA annual registration fee per student.

# Sexplained

## Module in Contraception

### Day 1 - Unit C1

#### Female reproductive anatomy & physiology, menstrual cycle & fertility indicators

#### Unit Objective:

Students will be able to

#### demonstrate their ability to:

- identify and explore recommended contraception and reproductive healthcare websites to find approved and up-to-date information about six elements of fertility awareness;
- identify and describe how six different elements of fertility awareness work, their correct use and in order to maintain contraceptive protection, what to do when things go wrong;
- identify and explain five common reasons for natural family planning failure;
- evaluate five women's medical history, and her subsequent suitability to use the six components of fertility awareness, safely;

#### show knowledge of:

- at least ten features of female reproductive anatomy and physiology;
- at least two advantages and one disadvantage for using each of six different components of natural family planning (fertility awareness);
- at least two indications and one contraindication for each of the six components of fertility awareness.

### Day 2 - Unit C2

#### Hormonal methods of contraception

#### Unit Objective:

Students will be able to

#### demonstrate their ability to:

- identify and explore recommended contraception and reproductive healthcare websites to find approved and up-to-date information about eight methods of hormonal contraception;
- identify and describe the UK's emergency contraceptive choices;
- identify and describe how eight different methods of hormonal contraception work, their correct use and in order to maintain contraceptive protection, what to do when things go wrong;
- identify and explain five common reasons for hormonal contraception failure;
- evaluate five women's medical history for safe use of two methods of emergency contraception;
- evaluate five women's family and personal medical history, and her subsequent eligibility to use the eight methods of hormonal contraceptive, safely;

#### show knowledge of

- at least ten features of female reproductive anatomy and physiology;
- at least two advantages and one disadvantage for using each of eight different types of hormonal contraception;
- at least two indications and one contraindication for each of the eight types of hormonal contraception;
- the timing of and at least two legal aspects involved with the use of emergency contraception.

# Sexplained

## Module in Contraception

### Day 3 - Unit C3

#### Non-hormonal methods of contraception

#### Unit Objective:

#### Students will be able to

##### demonstrate their ability to:

- identify and explore recommended contraception and reproductive healthcare websites to find approved and up-to-date information about nine methods of non-hormonal contraception;
- identify and describe how nine different methods of non-hormonal contraception work, their correct use and in order to maintain contraceptive protection, what to do when things go wrong;
- identify and explain five common reasons for male condom failure;
- evaluate five women's family and personal medical history, and her subsequent suitability to use the nine methods of non-hormonal contraceptive, safely;

##### show knowledge of

- at least ten features of female reproductive anatomy and physiology;
- at least two advantages and one disadvantage for using each of nine different types of non-hormonal contraception;
- at least two indications and one contraindication for each of the nine types of non-hormonal contraception.

### Day 4 - Unit C4

#### Barrier protection and safer sex

#### Unit Objective:

#### Students will be able to

##### demonstrate the ability to

- identify and explore recommended healthcare websites to find approved and up-to-date information about nine elements of barrier protection and safer sex;
- identify and describe how nine different elements of barrier protection work, their correct use and in order to maintain safer sex, what to do if things go wrong;
- identify and explain nine common reasons why barrier protection may fail;
- evaluate five women's medical history, and her subsequent suitability to use the nine components of barrier protection, safely;

##### show knowledge of

- at least ten features of female reproductive anatomy and physiology;
- at least two advantages and one disadvantage for using each of nine components of barrier protection for safer sex;
- at least two indications and one contraindication for each of nine components of barrier protection for safer sex.

# Sexplained

## Module in Sexual Conditions

### Day 1 - Unit S1

#### Introduction to different types of infection and the immune system

##### Unit Objective:

##### Students will be able to

###### demonstrate their ability to:

- identify and explore recommended healthcare websites to find approved and up-to-date information about four elements of infection;
- explain what a micro-organism is;
- draw and label diagrams to show examples of four main pathogens, to include explanation about at least two features of each pathogen;
- give examples of two different elements pertaining to bacteria;
- give four examples of bacterial infection and outline their treatment;
- identify and describe two different elements pertaining to viruses;
- give four examples of viral infection and outline their treatment;
- identify and describe two different elements pertaining to other pathogens and parasites;
- give six examples of diseases that they can cause and outline their treatment;
- describe the difference between antibiotics, antivirals and antiseptics;
- identify and describe how pathogens can be transmitted sexually;

###### shown knowledge of:

- at least five features of how infection occurs;
- how, when and why to wash own hands correctly;
- at least four other ways to avoid cross contamination and infection.

### Day 2 - Unit S2

#### Bacterial sexual infections

##### Unit Objective:

##### Students will be able to

###### demonstrate their ability to:

- identify and explore recommended healthcare websites to find approved and up-to-date information about at least four bacterial sexual infections from a local, national and international perspective;
- identify and describe how four different bacterial sexual infections behave;
- identify and describe appropriate male and female tests for bacterial sexual infections;
- identify and describe appropriate treatment for bacterial sexual infections;
- identify and explain three reasons why people may still test positive after treatment of bacterial sexual infections;
- identify and explain the importance if treatment is not taken correctly, guidance not followed and/or contacts not traced and treated;
- from given scenarios, evaluate four people's medical and social history, their signs and symptoms and suggest the most likely bacterial cause to fit the description;

###### shown knowledge of:

- at least five features of bacterial sexual infection;
- at least four potential long term effects of untreated bacterial sexual infections.

# Sexplained

## Module in Sexual Conditions

### Day 3 - Unit S3

#### Viral sexual infections

##### Unit Objective:

##### Students will be able to

###### demonstrate their ability to:

- identify and explore recommended healthcare websites to find approved and up-to-date information about at least four viral sexual infections from a local, national and international perspective;
- identify and describe how four different viral sexual infections behave;
- identify and describe appropriate male and female tests for viral sexual infections;
- identify and describe appropriate treatment for viral sexual infections;
- identify and explain why people may still test positive after treatment of viral sexual infections;
- identify and explain the importance if treatment is not taken, guidance not followed and/or contacts not traced and/or treated;
- from given scenarios, evaluate four people's medical and social history, their signs and symptoms and suggest the most likely viral cause to fit the description;

##### shown knowledge of

- at least five features of viral sexual infection;
- at least two potential long term effects of viral sexual infections.

### Day 4 - Unit S4

#### Non-bacterial, non-viral genital conditions

##### Unit Objective:

##### Students will be able to

###### demonstrate their ability to:

- identify and explore recommended healthcare websites to find approved and up-to-date information about at least four common non-bacterial, non-viral genital conditions;
- identify and describe four different non-bacterial, non-viral genital conditions;
- identify and describe appropriate tests for four non-bacterial, non-viral genital conditions;
- identify and describe appropriate treatment for four non-bacterial, non-viral genital conditions;
- identify and explain the importance if treatment is not taken correctly, guidance not followed and/or contacts not traced and treated in relation to four non-bacterial, non-viral genital conditions;
- from given scenarios, evaluate four people's medical and social history, their signs and symptoms and suggest the most likely non-bacterial, non-viral genital conditions to fit the description;

##### shown knowledge of

- at least five features of non-bacterial, non-viral genital conditions;
- at least four potential long term effects of untreated non-bacterial, non-viral genital conditions.



# The Objectives of Sexplained Training

## Contraception Module

### objectives are to:

- improve trainer knowledge and understanding;
- improve fertility awareness;
- encourage uptake of modern methods of contraception including LARC (long acting reversible contraception);
- encourage safer sexual practice;
- reduce unplanned pregnancies and early childbirth;
- prevent unplanned / unwanted early pregnancy;
- protect life and reduce mortality
- encourage ambition and education amongst women and girls.

## Sexual Conditions Module

### objectives are to:

- improve trainer knowledge and understanding;
- improve rates of sexually acquired infections;
- encourage safer sexual practice;
- reduce the prevalence rates of HIV;
- reduce the cost to society from sexual infections including Hepatitis B, C and HIV disease;
- protect life and reduce mortality;
- encourage ambition and education amongst adolescents, particularly women and girls;
- influence men's interest in sexual health.

## The overall objective of Sexplained Training is to:

- improve awareness and understanding of contraception and sexual health issues;
- reduce sexual health related stigma and discrimination;
- stimulate and inspire study for lifelong learning;
- motivate greater understanding of and interest in all areas related to fertility awareness, contraception, sexual health, blood borne viruses and HIV;
- influence men's interest all issues related to sexual responsibility, contraception, sexual health issues, HIV and other blood borne viruses;
- protect life and reduce mortality;
- protect nations' expenditure on all areas of related healthcare.

With local support, Sexplained Training fits with all 16 UNAIDS Benchmarks for Effective Programmes; with 1-7 of the Millennium Development Goals and 2.1 and 2.2 of the DFID's (UK's Department for International Development) Framework for Results.

**See Appendix**

# Appendix

## Millennium Development Goals related to Family Planning and Reproductive Health

Seven of the eight Millennium Development Goals (MDGs) are encompassed within Sexplained Training.

### To quote the UN Millennium Project

Key Facts and Figures on Sexual and Reproductive Health “The importance of Sexual and Reproductive Health” across all eight Millennium Development Goals

#### Goal 1:

##### **Eradicating extreme poverty and hunger**

- High fertility levels contribute directly to poverty, reducing women’s opportunities, diluting expenditure on children’s education and health, precluding savings, and increasing vulnerability and insecurity.
- In developing countries, 25-40% of economic growth is attributable to the effects of declining fertility and decreased mortality.

#### Goal 2:

##### **Achieve universal primary education**

- Girls in developing countries are often pulled out of school to care for siblings and by early marriage and pregnancy.
- Girls in small families are less likely to drop out of school due to their mother’s pregnancy, or to be pulled out due to the costs of schooling or the indirect costs of foregone household labor if a child attends school.

#### Goal 3:

##### **Promote gender equality and empower women**

- Guaranteeing sexual and reproductive health and rights ensures that girls and women lead longer and healthier lives.
- When encouraged and provided with opportunities, men seek out reproductive healthcare, thus increasing the possibility for better health outcome for themselves, their partners, and families.

#### Goal 4:

##### **Reduce child mortality**

- Maternal behavior and fertility are important determinants of child health and survival.
- In pregnancies spaced at least three years apart, infant mortality rates drop by 24%; and under-five mortality rates drop by 35%. Annually, pregnancy spacing could save the lives of 3 million children under age five.

#### Goal 5:

##### **Improve maternal health**

- Women in developing countries are more than 45 times more likely to die from pregnancy-related complications than women in the developed world.
- For every woman who dies in pregnancy or childbirth, approximately 30 others (15 million women annually) suffer injuries, infection and disabilities.
- Access to and correct, consistent use of family planning and emergency obstetric care can significantly reduce maternal morbidity and mortality.

#### Goal 6:

##### **Combat HIV/AIDS, malaria, and other diseases**

- Ensuring universal access to sexual and reproductive health would help combat HIV/AIDS by encouraging consistent and effective use of condoms;
  - influencing sexual behavior through education, counseling and risk reduction;
  - preventing mother-to-child transmission of HIV;
  - reducing the prevalence of STIs and helping guarantee women in malaria-endemic areas receive effective anti-malarial drug treatments during their pregnancy.

#### Goal 7:

##### **Ensure environmental sustainability**

- The past century of population growth has put increasing pressure on natural resources as the scale of human needs and activities has expanded.
- By 2025, with the projected future population growth, between 2.4 and 3.2 billion people may be living in water-scarce situations.

#### Goal 8:

##### **Global partnerships**

- Global partnership is required to provide adequate financing for the effective provision of reproductive health drugs and supplies.
- New resource estimates indicate that US \$36 billion, per year, is needed by 2015 to provide the necessary sexual and reproductive health services around the world.

# Appendix

## Five Strategic Interventions for Attaining the Millennium Development Goals via Sexual and Reproductive Health:

1. Population and sexual and reproductive health must be integrated into national poverty reduction strategies. As part of this process, key population groups must be identified to target interventions in order to reach people most in need.

2. Sexual and reproductive health services must be integrated into strengthened health systems. Such systems must be client-focused and able to support a continuum of care throughout the client's life. Planning and monitoring of these systems must be realistic and specific, and the management of trained, competent staff must be flexible.

3. In order to plan, monitor, and evaluate effective management and ensure accountability, data must be systematically collected and databases result-oriented.

4. Coordinated efforts to allocate sufficient national and international financial resources for commodities, supplies, and logistics to spur health improvements within a relative short timeframe are urgently needed.

5. Addressing populations that are in special need of sexual and reproductive health services is crucial for development. Adolescents, post-partum women, and people facing humanitarian crisis have higher health risks and require targeted attention. Similarly, men as partners, agents of change, and clients must be more integrated in reproductive health programs

## UN MDG 5b

1 Target 5b:

Achieve, by 2015, universal access to reproductive health

1 5.3 Contraceptive prevalence rate

2 5.4 Adolescent birth rate

3 5.5 Antenatal care coverage (at least one visit and at least four visits)

4 5.6 Unmet need for family planning

Ref: [www.UNDP.org](http://www.UNDP.org)

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<http://www.mdg5b.org/>

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