

STI clinic demonstrates potential as a location to provide education to parents.

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In recognition of the potential of STI clinics to reach parents (especially fathers) and thus positively impact on sexual and broader health, we surveyed a local Sexual Health (SH) clinic's clients. We aimed to identify the scale of parents' attendance and their characteristics including sexual and substance misuse behaviour to assess needs and inform mitigating action. Seven hundred consecutive clients attending a clinic in inner-city London were invited to complete a doctor-administered questionnaire after their consultation. The questionnaire had items on demographics (including parental status), condom education, SH clinic attendance and number of previous sexual partners. Ethical approval for the study was given by the Kings College Hospital REC.

Consent was obtained from 653 clients giving a 93% response rate. Just over one third of respondents were parents, median age of 33 years, with about half of these as males. A quarter had become parents at less than 18 years old. The median age of parents' firstborn child was 9 years, with a quarter aged between 9 and 16 years.

About a third of the parents were hazardous drinkers, and one fifth scored positive on the SDS scale suggesting potential dependence (1). Half of all parents had never received condom education. A quarter said they would accept help with their alcohol and drug use and would attend an appointment with a specialist alcohol/drugs health worker

Given our findings and the evidence and policy on effective parenting interventions, we suggest that as over a third of SH clinic clients were parents, some with sexual health education and substance misuse needs, and some with children at ages associated with the initiation of risk-taking behaviours, that in areas with a high sexual ill-health burden, these clinics would appear well placed to develop and/or refer clients for effective parenting interventions to improve their own health and also that of their children. Through such screening and referral activity they could help to develop and facilitate health promotion interventions for parents (and by extension, to their children). Examples of this approach could include referral to parenting programmes such as the Family Nurse Partnership Programme or those run by some Children's Centers and charities e.g. Parentline.

1 Patton R, Keaney F & Brady M. Drugs, alcohol and sexual health: opportunities to influence risk behaviour. *BMC Res Notes*. 2008; 1: 27