

NSW Association for Youth Health Position Paper

Young People and Sexual Health

First published in 2006 and updated in 2010

1.0 Background

The NSW Association for Youth Health Incorporated (NAYH, previously known as the NSW Association for Adolescent Health) is the peak body committed to working on behalf of the youth health sector in NSW to promote and advocate for the health and well being of marginalised young people aged 12 to 25 years.

NAYH works closely with youth health services in NSW and the majority of NAYH's work focuses on providing the youth health sector with support and training, research and advocacy, policy and resource development, and community sector networking.

NAYH acknowledges that health is much more than simply the absence of illness and disease, and recognises the impact that social and environmental factors, such as: poverty; gender; housing and homelessness; cultural and ethnic background; family functioning; and geographical location and connectedness with school or community, significantly impact on the health and well being of young people.

More information about youth health and NAYH can be found at www.nayh.org.au

The Association has developed the following paper to articulate the specific issues that arise in relation to young people and sexual health. Also included are suggested strategies to support best practice when working in the area of young people and sexual health.

This position paper should be read in conjunction with the NAYH Position Paper on *Young People and Sexuality*.

2.0 Definitions

2.1 *Marginalised young people*

For the purpose of this paper, the term '*marginalised young people*' refers to all young people aged 12 to 25 years who are:

- Socio-economically disadvantaged;
- Aboriginal or Torres Strait Islander;
- Culturally and linguistically diverse;
- Refugees;

- Homeless or at risk of homelessness;
- Gay, lesbian, bisexual, transgender or intersex;
- Living with a disability;
- Socially isolated;
- Living in regional or rural areas;
- Experiencing current or emerging mental health issues;
- Experiencing drug and alcohol or emerging drug and alcohol problems;
- Experiencing dual diagnosis;
- At risk of, currently in, leaving or have left out of home care;
- In contact with the criminal justice system;
- Affected by being a victim of crime;
- Have responsibility to care for a family and/or others with a long term illness, disability, mental illness or drug and alcohol problem (that is, young carers);
- Living with a history of abuse, neglect and trauma; and
- Experiencing family breakdown.

2.2 Young People, Youth and Adolescent

The terms 'young people', 'youth' and 'adolescent' are common terms used to describe individuals aged from 12 to 25 years. The World Health Organisation (www.who.int) defines 'young people' as those aged 10 to 24 years, 'youth' as those aged 15 to 24 years and 'adolescent' as 10 to 19 years. Please note, throughout this Paper, the terms 'young people', 'youth' and 'adolescence' are used interchangeably and refer to all individuals aged 12 to 25 years.

2.3 Sexual Health

The World Health Organisation (WHO)¹ defines sexual health as the integration of the physical, emotional, mental and social well-being aspects of individuals, not merely the absence of disease, dysfunction or infirmity.

Sexual health involves a capacity to enjoy and control sexual and reproductive behaviour in accordance with a social and personal ethics; freedom from shame, fear, guilt, false beliefs and other psychological factors that can inhibit sexual response and impair sexual relationships; and the freedom from organic disorders, diseases and deficiencies that interfere with sexual and reproductive function.

The terms *sexual and reproductive health* also refer to the prevention, diagnosis and management of sexual transmissible diseases (STIs), contraception, unintended pregnancies, infertility, sexual dysfunction, the ability to develop and maintain meaningful and respectful interpersonal relationships and the capacity to reproduce and the freedom to decide if, when and how often to do so².

¹ World Health Organisation (1975). Cited in T. Langfeldt and M Porter, *Sexuality and Family Planning: Report of consultation and research findings*, World Health Organisation Copenhagen, 1986.

² McMichael, C. (2008) *Promoting sexual health amongst resettled youth with refugee backgrounds*. Melbourne: Refugee Health Research Centre

2.4. Safer Sex

Safer sex relates to any type of sexual behaviour which prevents sexual fluids from one person, entering the body of another, usually through the use of a barrier method such as condoms and lubricant (or lube). These barrier methods aim to prevent sexually transmitted infections (STIs) and/or pregnancy. Safe sex does not eliminate all risk, but it reduces risk to a degree that it is considered negligible.

2.5 Sexually Transmissible Infections (STIs)

Sexually Transmissible Infections, otherwise known as STIs, are infections that can be caused by the exchange of infectious bodily fluids during sexual activity. Common STIs include Chlamydia, Human Immunodeficiency Virus (HIV); genital warts - also called Human Papilloma Virus (HPV); genital herpes; hepatitis B; gonorrhoea (the clap); pubic lice; and syphilis.

3.0 Young People's Growth and Development

Young people's health and well being is significantly impacted by physical, behavioural, cognitive, and emotional growth and change which they experience during adolescence. Adolescence is defined as the transition from childhood to adulthood, and during this transition time, young people develop health related attitudes, values and behaviours which can have long term ramifications on their health and well being later in life (adulthood).

Sexuality is also a lifelong process. Infants, children, adolescents, and adults are sexual beings. Just as it is important to enhance a young person's physical, emotional, and cognitive growth, so it is important to lay foundations for an adolescent's sexual growth.

Health professionals, parents, care givers and others who work with young people have a responsibility to help young people understand and accept their sexual health and evolving sexuality. Best practice prevention and early interventions regarding young people's sexual health help to build the skills and capacity of young people which will assist them during their transition through the different growth and development stages experienced during adolescence.

Each stage of growth and development experienced during adolescence encompasses specific markers and the following developmental guidelines apply to most young people in this age group. However, each adolescent is an individual and may reach these stages of development earlier or later than other adolescents of the same age. When concerns arise about a specific adolescent development, young people and their parents and/or care givers are encouraged to seek help and advice from their general practitioner or other adolescent development professional. It is also important that young people are encouraged and supported to make their own informed choices about where to access healthcare and from whom. For example, young people should be supported

in accessing a Medicare Card and be provided with a range of health care service access points if they do not feel comfortable accessing their family general practitioner.

4.0 Current data on young people and sexual health

Results from the Australian Secondary Students and Sexual Health 2008 Survey³ regarding knowledge, attitudes, sexual behaviour and health status of young people in years 10 and 12 identify that:

- A majority of young people have experienced some form of sexually activity ;
- Approximately one quarter of young people aged 16 (year 10) and just over half of young people aged 18 (year 12) had experience sexual intercourse;
- Of those young people who are sexually active, 45% have had sex with more than one partner within a 12 month period;
- Since 2002, the proportion of young people who were sexually active with three or more people increased by 10%;
- A majority of students reported sexual attraction only for the opposite sex (91%). Less than 1% reported sexual attraction exclusively for the same sex and 6% reported attraction towards both sexes (4% of young people reported being unsure about sexual orientation);
- Almost 1 in 10 students surveyed reported their most recent sexual encounter was with someone of the same sex. For young men, the likelihood of having a same sex encounter at the most recent sexual experience had increased from 2% in 2002 to 8% in 2008.
- Just under half of young people surveyed reported participating in oral sex and nearly of a third of young people have had oral sex with three or more people
- Just under 40% of young women reported experiencing unwanted sex, an increase of 10% since 2002
- Contraception use increased amongst young people from 2002 to 2008
- The majority of young people reporting using a condom the last time they had sex, and approximately half of sexually active young people reported always using condoms when they had sex in the previous year;
- Young people report high levels of confidence in their ability to say no to unwanted sex and convince a partner to use condoms. They are far less confident in their ability to discuss matters related to sexuality, including contraception with their parents;
- Nearly 25% of young people (in particular, young men) who are sexually active reported being under the influence of alcohol or other drugs during their last sexual encounter.
- Relatively few students have been diagnosed with a Sexually Transmitted Infection (STI) (3.5% of those sexually active); Although knowledge regarding sexually transmissible infections (STIs) has increased since 2002, knowledge regarding STIs is still relatively poor among young people;

³ Smith A, Agius P, Mitchell A, Barrett C, Pitts M. 2009. Secondary Students and Sexual Health 2008, Monograph Series No. 70, Melbourne: Australian Research Centre in Sex, Health & Society, La Trobe University.

- Members of school community, general practitioners, family members and friends are important sources of advice regarding HIV, STIs and contraception.

6.0 Sexual Health Checks

The following information has been adapted from information provided by the ReachOut.com.au website (direct link <http://au.reachout.com/find/articles/taking-care-of-your-sexual-health>)

A sexual health check is performed by a health practitioner (local GP, doctor or nurse at a sexual health clinic, youth health centre, family planning clinic etc) and is in regards to sexual health issues like sexually transmitted infections (STIs). Very similar to a “check up”, a sexual health check gives young people the chance to ask questions about sexual and reproductive health and their rights.

If a young person is sexually active, it is important to have regular sexual health checks.

A sexual health check is advisable if:

- The young person thinks they may have an STI;
- The young person has had unprotected sex, including vaginal, and/or anal sex.
- A condom breaks or falls off during sex;
- Their partner has another sexual partner;
- The young person has more than one sexual partner or has changed sexual partners such their last health check; and/or
- Injecting equipment has been shared.

A sexual health check includes taking a sexual history of the young person by asking questions such as how many sexual partners they have had and the type of sexual activities they engage in. These questions can be uncomfortable for the young person to answer honestly. If confidentiality is assured, and questions asked in a sensitive and appropriate way, the young person can be made to feel at ease. The young person’s sexual history will then be used to determine the most appropriate tests to carry out.

Tests may include:

- Urine sample and/or blood sample;
- Swabs (taking a sample of fluid or discharge for examination under the microscope);
- A vaginal examination for women.

It is important that young people are encouraged to communicate how they are feeling, and to let the practitioner know if they are feeling uncomfortable. They should also be encouraged to ask questions and discuss any issues that they have been or are worried about, with the practitioner.

For further information regarding sexual health and sexual health checks contact the FPNSW Healthline: 1300 65 88 86

Some young women from refugee and/or torture and trauma backgrounds may be survivors of sexual assault, and some young women from African backgrounds may have undergone Female Genital Mutilation (FGM). Such young people may not want to participate in a dialogue on their sexual experiences, no matter how sensitive the clinical approach.

Practitioners are also encouraged to discuss with young people that protected sex does not imply that the sexual behaviour is risk free, and emphasise that both men and women are responsible for, and have the right to, optimal sexual health. It is important for practitioners to provide an overview of protective behaviours such as:

- Use of contraception such as condoms to prevent STIs and unwanted pregnancies;
- Strategies, such as communication skills, for negotiating consensual and safer sex, and contraception;
- Alcohol and drug use which is often associated with unwanted or unsafe sexual experiences;

For more information about Sexual Health Checks, and young people and sexual health, please see the Useful Contacts section listed below.

7.0 Guiding principles

For information on guiding principles, refer to the NAYH Position Paper on *Young People and Sexuality*.

Strategies

In order to address and improve young people's sexual health, it is important that health care providers overcome challenges and barriers which may prevent young people from seeking help and accessing services. For example, common challenges and barriers experienced by young people include embarrassment and anxiety about confidentiality. Recommended strategies or approaches when working with young people in regards to sexual health include:

- Discuss and reassure confidentiality with young people;
- Help young people articulate their own, their family and/or faith based values regarding sexuality, sexual activity and sexual health.
- Assist young people to talk about readiness. The more aspects the young person feels ready the more satisfying it may be for the young person. Aspects of readiness include physical (STI prevention and contraception), emotional (trust, notions of love), spiritual/faith (congruent values), cognitive (mutual consent, clear decision making), social (no peer pressure to engage).
- Express that young people all have a variety of options for experiencing intimacy and expressing love.
- Discuss together the factors, including age, mutual consent, protection, contraceptive use, love, intimacy, etc., the young person you are working with believe should be a part of decisions about sexual activity.

- Reinforce young people’s ability to make decisions while providing information on which they can base those decisions.
 - Discuss strategies for negotiating safer sex such and contraception use;
 - Discuss contraception options and talk about the importance of condom use. Discuss young peoples' options, should unprotected intercourse occur—including emergency contraception and STI testing and treatment. Provide safer sex supplies. Discuss options, should pregnancy occur, including abortion, parenting, and adoption.
 - Discuss exploitive behaviour and why it is unhealthy and (in some cases) illegal. Help young people identify various physical and verbal responses to avoid/get away from sexual situations that make them feel uncomfortable.
 - Acknowledge that young people have many future life options that some may marry and/or parent while others may remain single and/or childfree.
 - Use inclusive language that recognises that some youth may be gay, lesbian, bisexual, or transgender.
- Keep the lines of communication open and accept that the person is an adult, not a child.
 - Offer choices, acknowledge responsibilities, and avoid dictates.
 - Appreciate young people for their strengths and qualities.
 - Facilitate their access to sexual and reproductive health care.

8.0 Useful Contacts and websites

<i>Organisation or service</i>	<i>Website</i>	<i>Phone number</i>
Family Planning NSW	www.fpnsw.org.au	FPNSW Healthline: 1300 65 88 86 State Office: (02) 8752 4300
Female Genital Mutilation Program	http://www.dhi.gov.au/NSW-Education-Program-on-Female-Genital-Mutilation/If-you-suspect-a-girl-is-at-risk-of-FGM/default.aspx	(02) 9840 3768
NSW Refugee Health Service	http://www.sswahs.nsw.gov.au/sswahs/refugee/	(02) 8778 0770
NSW Association for Youth Health	www.nayh.org.au	(02) 9351 0956
ReachOut – Sex and pregnancy	http://au.reachout.com/find/issues/sex-pregnancy	N/A
Advocates for Youth	www.advocatesforyouth.org	N/A

9.0 Endorsements



This position paper, Young People and Sexual Health, is endorsed by Family Planning NSW.

Family Planning NSW has been providing reproductive and sexual health services in New South Wales for over 80 years. They are an independent, not-for-profit organisation responsible to a voluntary board of directors.

The majority of their funding comes from the Federal and NSW governments, as well as Area Health Services, private enterprise and research organisations. We also generate a significant portion of income through the sale of goods and services associated with reproductive and sexual health.

