



## **New South Wales Association for Adolescent Health Position Paper**

### **Young People and Sexual Health**

#### **Background**

The New South Wales Association for Adolescent Health Incorporated is the peak body committed to working with and advocating for the youth health sector in NSW (Australia) to promote the health and well being of young people aged 12-25 years. The following principles inform the processes by which the NSW Association for Adolescent Health Inc. conducts business and meets its objectives:

1. Health is more than the absence of disease, but rather, a state of complete physical, mental and social well being<sup>1</sup>. This notion accepts the social determinants of health which requires intersectoral collaboration and population-based approaches in addition to traditional models of health service delivery to young people.
2. Promoting equal opportunities and access to services can improve the health and well being of all young people, particularly at-risk or under-represented young people.
3. Health service delivery which promotes social justice and fairness can enable young people to reach their full potential and have their human rights respected.
4. Collaboration and consultation with the youth health sector and intersectoral partners facilitate the Association's ability to meet its vision, mission statement and objectives.
5. Building the capacity of the youth health sector strengthens and maintains the provision of relevant and evidence-based services to young people aged 12-25 years.
6. Regular critical review and planning ensures accountability and promotes the strategic governance and operation of the Association.

The Association works closely with the NSW's Youth Health Services and the NSW Centre for the Advancement of Adolescent Health. The Association's work focuses on youth health sector support and training, government liaison, community sector networking and lobbying, policy and resource development.

With this in mind 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 some

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<sup>1</sup> Preamble to the Constitution of the World Health Organisation as adopted by the International Health Conference, New York, 1946. Online source: <http://www.who.int/about/definition/en/> Access date: 23<sup>rd</sup> December 2005

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 NAAH Position Paper on ***Young People and Sexuality***

## **Definitions**

*Sexual health* is the integration of the physical, emotional, intellectual and social aspects of people in ways that positively enrich and enhance personality, communication and love.

It involves a capacity to enjoy and control sexual and reproductive behaviour in accordance with a social and personal ethic; 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 (World Health Organisation 1975).

*Safe sex* involves using condoms, lubricant (or lube) and dams (a sheet of latex) to prevent Sexually Transmitted Infections (STIs) and/or pregnancy.

## **Growth and Development**

The following section on growth and development has been adapted from 'Advocates for Youth' (2000):

Human development is a lifelong process of physical, behavioural, cognitive, and emotional growth and change. In the early stages of life—from babyhood to childhood, childhood to adolescence, and adolescence to adulthood—enormous changes take place. Throughout the process, each person develops attitudes and values that guide choices, relationships, and understanding.

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. Adults have a responsibility to help young people understand and accept their evolving sexuality.

Each stage of development encompasses specific markers. 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, parents or other caregivers should consult a doctor or other adolescent development professional.

## **Physical Development**

Most adolescents aged 13 to 17 will:

- Complete puberty and the physical transition from childhood to adulthood.

Most young adults aged 18 and over will:

- Complete the process of physical maturation, usually attaining full adult height including secondary sexual characteristics, such as size of penis and breasts, are completed.

## **Cognitive Development**

Most adolescents aged 13 to 17 will:

- Attain cognitive maturity—the ability to make decisions based on knowledge of options and their consequences;
- Continue to be influenced by peers - the power of peer pressure lessens after early adolescence;
- Build skills to become self-sufficient;
- Respond to media messages but develop increasing ability to analyse those messages;
- Develop increasingly mature relationships with friends and family;
- Seek increased power over their own lives;
- Learn to drive, increasing their independence.

Most young adults aged 18 and over will:

- Move into adult roles and responsibilities and may learn a trade, work, and/or pursue higher education;
- Fully understand abstract concepts and be aware of consequences and personal limitations;
- Identify career goals and prepare to achieve them;
- Secure their autonomy and build and test their decision making skills;
- Develop new skills, hobbies, and adult interests;

## **Emotional Development**

Most adolescents aged 13 to 17 will:

- Have the capacity to develop long-lasting, mutual, and healthy relationships, if they have the foundations for this development—trust, positive past experiences, and an understanding of love;
- Understand their own feelings and have the ability to analyse why they feel a certain way;
- Begin to place less value on appearance and more on personality.

Most young adults aged 18 and over will:

- Move into adult relationships with their parents;
- See the peer group as less important as a determinant of behaviour;

- Feel empathetic;
- Have greater intimacy skills;
- Complete their values framework;
- Carry some feelings of invincibility;
- Establish their body image;

## **Sexual Development**

Most adolescents aged 13 to 17 will:

- Understand that they are sexual and understand the options and consequences of sexual expression;
- Choose to express their sexuality in ways that may or may not include sexual intercourse;
- Recognise the components of healthy and unhealthy relationships;
- Have a clear understanding of pregnancy and of HIV and other sexually transmitted infections and the possible consequences of sexual intercourse and have the ability to make reasoned choices about sex based on knowledge;
- Recognise the role media play in propagating views about sex;
- Have the capacity to learn about intimate, loving, long-term relationships;
- Have an understanding of their own sexual orientation - this is different from sexual behaviour. For information on young people and sexuality, refer to the NAAH Position Paper on ***Young People and Sexuality***.

Most young adults aged 18 and over will:

- Enter into intimate sexual and emotional relationships;
- Understand their own sexual orientation, although they may still experiment;
- Understand sexuality as connected to commitment and planning for the future;
- Shift their emphasis from self to others;
- Experience more intense sexuality;

## **Current data on young people and sexual health**

The following section is adapted from the report of the findings of the Australian Research Centre in Sex, Health & Society at La Trobe University who conducted the 3rd National Survey of Secondary Students and Sexual Health in 2002.

The survey included questions around knowledge and attitudes, sexual behaviour and social context and health status. The survey indicated the following:

- A majority of young people in Years 10 and 12 are sexually active in some way;
- Approximately one quarter of Year 10 students and just under half of those in Year 12 reported experience of vaginal intercourse;
- Young men in Year 10 appear to be most likely to report more than 3 sexual partners;
- A majority of students reported sexual attraction only for the opposite sex (93%). Less than 1% reported sexual attraction for the same sex and 4.6% reported attraction towards both sexes;
- 37.3% of year 10 students and 56.7% of year 12 students reported having given or received oral sex;
- Unwanted sex remains an issue and seems to be most strongly related to alcohol use and pressure from sexual partners;
- 10.7% of Year 10 and Year 12 students report having an alcoholic drink more than once a week;
- Nearly two thirds of year 10 students and just over 40% of Year 12 students reported always using a condom. The gender split for Year 12 students was of particular significance with 52.2% of young men and only 34.0% of young women reporting always using a condom;
- Use of contraceptives is common;
- 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;
- Relatively few students have been diagnosed with a Sexually Transmitted Infection (STI) (3.5% of those sexually active);
- Members of school community, along with parents, friends and siblings, are important sources of advice regarding HIV, STIs and contraception.

## Sexual Health Checks

The following section has been adapted from a sexual health factsheet that can be found at Reachout ([www.reachout.com.au](http://www.reachout.com.au)).

A sexual health check is a check-up by a health practitioner (local GP, doctor or nurse at a sexual health clinic, youth health centre, family planning clinic etc) for sexual health issues like sexually transmitted infections (STIs).

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

A check is advisable if:

- The young person thinks they may have an STI;
- The young person has had unsafe sex, including vaginal, oral 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;
- Injecting equipment has been shared;
- Starting a new relationship.

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 but if 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.

These 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.

Young people are encouraged to stay in tune with their feelings during the check up and let the practitioner know if they are feeling uncomfortable. They are also 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 FPA 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 clinical the approach.

**For further information see the Useful Contacts section below.**

## **Guiding principles**

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

## **Strategies**

- 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 we 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 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 safe 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.

### **Useful contacts:**

- Female Genital Mutilation Program: +61(2) 9840 3768.
- FPA Healthline: 1300 65 88 86
- FPA Health Multicultural Services: +61(2) 9754 1322
- NSW Refugee Health Service: +61(2) 8778 0770

### **References:**

Advocates for Youth (2000). *Parents' Sex Ed Center*.

[<http://www.advocatesforyouth.org/parents/index.htm>]. Downloaded 5<sup>th</sup> December 2006.

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[[http://www.latrobe.edu.au/cleu/sexual\\_health.htm](http://www.latrobe.edu.au/cleu/sexual_health.htm)]. Downloaded 5<sup>th</sup> December 2006.

Reachout. *Taking care of your sexual health - fact sheet*.

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