


Reframing young people's sexual health: rights and risks

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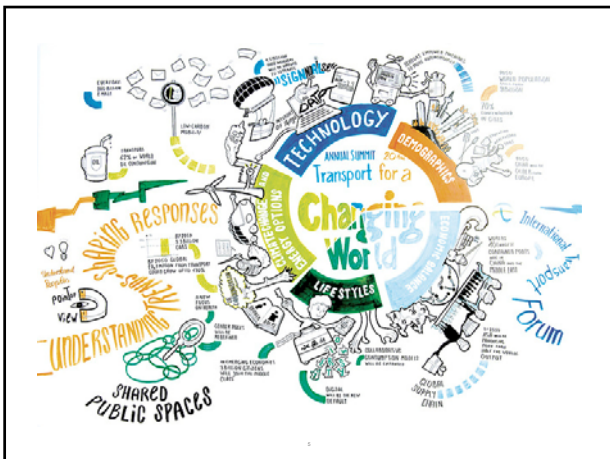
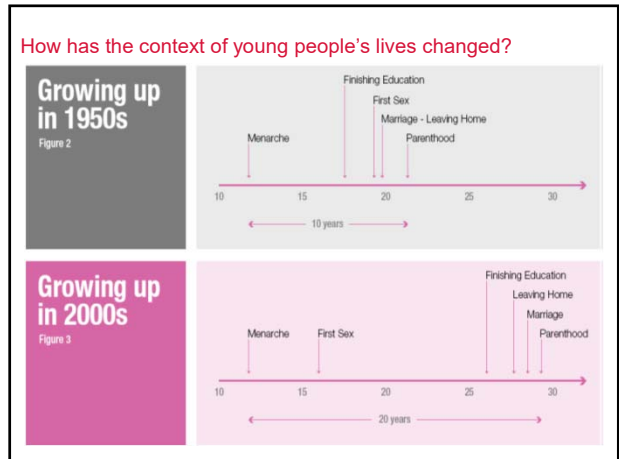



Reframing young people's sexual health: rights and risk

- ▶ What are the **burning questions** in young people's sexual health?
 - ▶ The **context** in which young people live has changed- does this matter for their sexual health and wellbeing?
 - ▶ How **measure** and **monitor** young people's sexual health and wellbeing?
 - ▶ How has young people's sexual health and wellbeing **changed** over the past 25 years and is it important?
 - ▶ How can **recent research** in adolescent development and health inform our approach?
 - ▶ What are young people's **rights** when it comes to sexual health and wellbeing?
 - ▶ What should we do to **assist** young people achieve sexual health and wellbeing?



Does changing context matter?

Social attitudes affect young people

- Gender inequality- some improvements but some concerns and gaps remain (50/50 by 2030 Foundation, 2018)
- Less formal religiosity
- More tolerance and support for diversity or minorities
 - LGBTQ
 - CALD
 - Indigenous
 - Disability
 - Mental health
- Young people have more progressive values in general

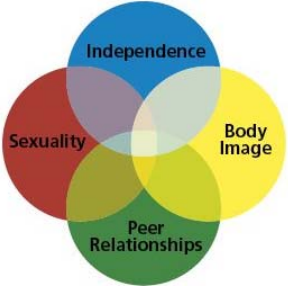

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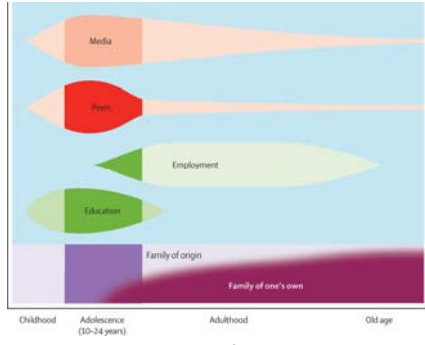

How has the social environment where young people grow up changed?

- Traditionally context was family, friends, school, community
- Online and offline worlds are now interconnected
- Most young people >15 yrs spend over 4 hours a day engaged with new media

(Like, post, share: Young Australians' experience of social media, 2013)

Social determinants of health across life


Social media: a new source of sexual content




How does exposure to sexual content on-line affect young people?

- ▶ Online engagement - Off-line sexual risk behaviors
 - ▶ Casual sex
- ▶ Less progressive gender norms
- ▶ More permissive sexual norms
- ▶ Earlier first sex
- ▶ Body shame
- ▶ Decreased sexual assertiveness

(Marston, Lewis, 2014) (Brown, 2009) (Martino SC, 2005) (Bobkowski PS, et al, 2012) (van Oosten J, et al, 2015) (Draucker CB, Martsolf DS, 2010)




Young people's sexual health and wellbeing over 25 years




National surveys

- ▶ **Secondary Students and Adolescent Sexual Health**
 - ▶ 1992, 1997, 2002, 2008, 2013 (schools and online), 2018 (on-line only)- school age
 - ▶ Knowledge, perceptions, behaviours and well-being
 - ▶ Funded by Aust Gov Dept of Health since 1992
- ▶ **Australian Survey of Health and Relationships (ASHR)**
 - ▶ Telephone- sexual behaviour, relationships from age 16+
 - ▶ 2002; 2012
 - ▶ Grant funding
- ▶ **Its Your (Love) Life (on-line) survey (NSW)**
 - ▶ Knowledge, attitudes and behaviours, STI testing; interventions
 - ▶ 2016, 2017, 2018- age 15-29 years
 - ▶ Funded by NSW Health, Aust Gov Dept of Health

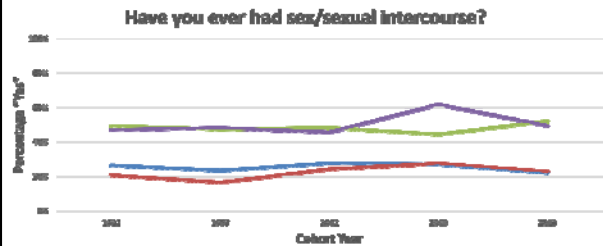


National Survey of Secondary Students and Adolescent Sexual Health

Wave	1	2	3	4	5	6
Year	1992	1997	2002	2007	2013	2018
N	4594	3550	2388	2926	2136	8694
Grades/ age range	Grades 7-12	Grades 10-12				14-18 years
Method	In school data collection via paper and pen survey Participation managed by school				Two samples: 1) in school 2) online	Online survey only, recruited via social media
Notes	Excluded NSW schools; Excluded non-government schools	Excluded non-government schools across Australia	Included students from Government, Catholic and Independent schools across Australia			Report due 2019

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Is first sexual experience happening at younger ages?

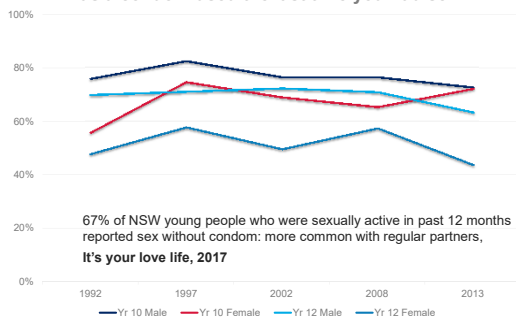


First sexual experience: age 19 in cohorts born in 1940's to age 17 in cohorts born from 1985 to late 1990's (ASHR 2013);

<http://teenhealth.org.au/>

Are young people having riskier sex?

Was a condom used the last time you had sex?

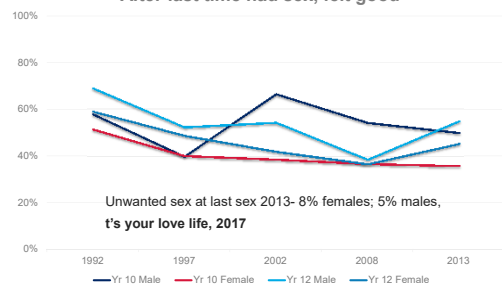


67% of NSW young people who were sexually active in past 12 months reported sex without condom: more common with regular partners, **It's your love life, 2017**

28% of male and 20% of female students reported three or more partners at last sex, in 2013

Do young people still report feeling good after sex?

After last time had sex, felt good



Unwanted sex at last sex 2013- 8% females; 5% males, **t's your love life, 2017**

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<http://teenhealth.org.au/>

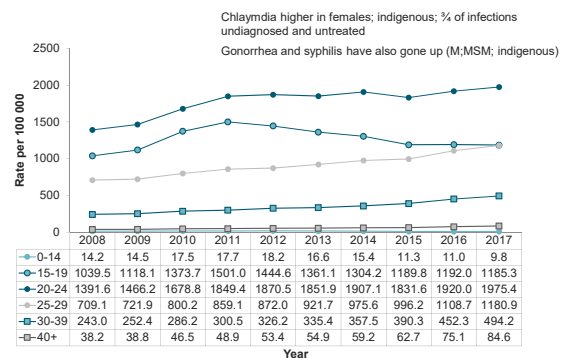
Sexing Behaviour
2013 Survey

	Male N=811 %	Female N=1303 %	Total N=2114 %
Sent sexually explicit written text	45.7	41.2	42.9
Received sexually explicit written text	54.7	54.1	54.3
Sent sexually explicit image (self)	27.3	25.1	25.9
Sent sexually explicit image (someone else)	13.9	5.3	8.6
Received sexually explicit image	45.3	39.9	41.9
Used social media site for sexual reasons	30.7	15.9	21.6

Patrick K, Heywood W, Pitts MK, Mitchell A. Demographic and behavioural correlates of six sexting behaviours among Australian secondary school students. *Sexual Health*, 2015, 12, 480-487.

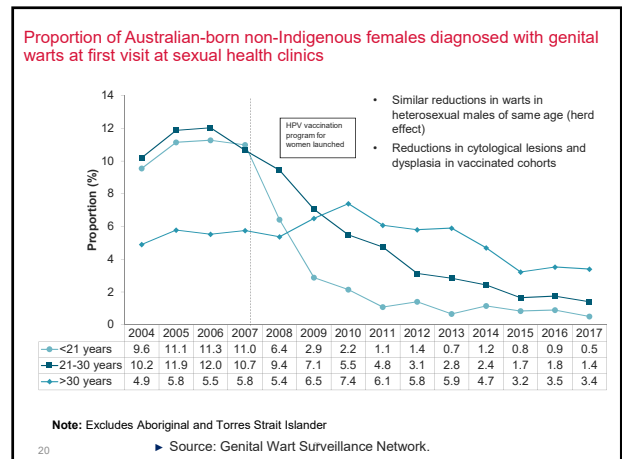
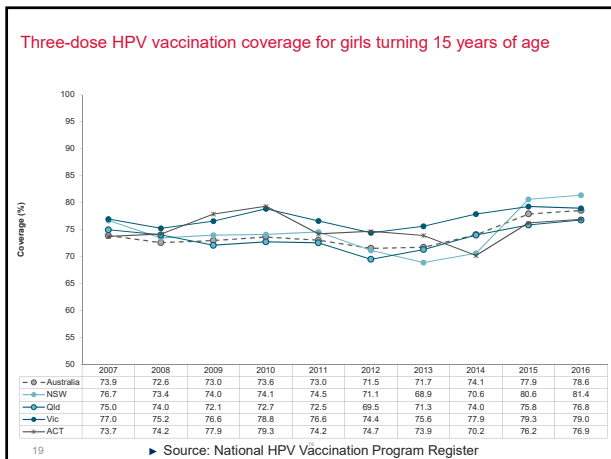
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Chlamydia notification rate per 100 000, 2008–2017, by year and age group



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Source: Australian National Notifiable Diseases Surveillance System



Sexual behaviour and health

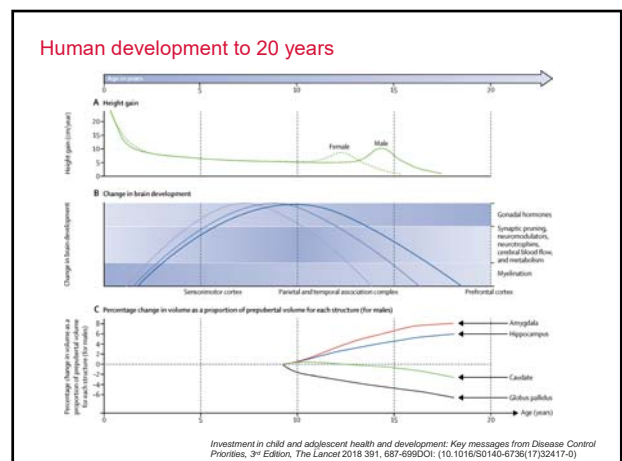
- ▶ Young people are not engaging in riskier sexual behaviours over time despite major changes to the context in which they grow up
- ▶ Chlamydia continues to be an issue for young people with most cases undetected
- ▶ Major impacts on HPV related disease with effective school based vaccination program

New and old understandings about adolescence

TEEN-AGE MOUSE

The adolescent brain:
Evolutionarily and socially programmed for exploration and risk taking

I CAN TOTALLY GET AWAY WITH THIS!



UN Charter on the Rights of the Child in adolescence, 2016

- ▶ Recognising that adolescence is a unique phase of development:
 - ▶ Physical and cognitive development
 - ▶ Identity formation in context of family, community, peers and wider world (digital connected world)
 - ▶ Time of second chances in terms of investment in health and wellbeing
 - ▶ Recognition of right supports investments
- ▶ Generally adolescence is characterised by relatively low mortality but there are specific risks of mortality from preventable causes and morbidities:
 - ▶ Injury, self harm, interpersonal violence, mental health, pregnancy related risks, STIs/ HIV, alcohol and drug use
 - ▶ Prevention requires cross-sectorial collaboration



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UN Convention on the Rights of the Child in adolescence, 2016

- ▶ Adolescence is a unique phase of development
 - ▶ Time of **second chances** in terms of investment in health and wellbeing
- ▶ Relatively low mortality but **specific risks** of mortality from **preventable** causes
- ▶ **Adopt:**
 - ▶ Positive and holistic approach; respect for evolving capacities; non-discrimination; right to participate in all matters of concern for them
 - ▶ Civil rights
 - ▶ Protection from violence
 - ▶ Vulnerable adolescents need particular attention
 - ▶ Support for parents and caregivers, alternative care
 - ▶ Health services designed for their needs
 - ▶ Sexual and reproductive health education
 - ▶ Education, transition to training or decent work, recreation



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UN CRC in adolescence

- ▶ Non-discrimination
- ▶ 'Best interests' should take into account views of adolescents
- ▶ Right to be heard and to participate in all matters of concern for them
 - ▶ Health, education, sexuality, family life and judicial and administrative (policies, services and programmes)
 - ▶ Invest in training of care providers of adolescents
- ▶ Vulnerable adolescents need particular attention
 - ▶ gender discrimination emerges in adolescence- impact on health over life course, explicit proactive measures required
 - ▶ Girls- restriction on life choices, participation in education/ physical activity; Boys- gender norms linked to violence
 - ▶ Minorities: disabilities; LGBT; indigenous, religious cultural minorities



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UN CRC in adolescence

- ▶ Civil rights
 - ▶ Birth registration
 - ▶ Freedom of expression, religion, association, privacy and confidentiality
 - ▶ Right to information
- ▶ Protection from violence
- ▶ Support for parents and caregivers, alternative care
- ▶ Basic health and welfare
 - ▶ Health services designed for their specific needs, access barriers, mental health and psychosocial problems, gender and sexuality sensitive services
 - ▶ Sexual and reproductive health education
 - ▶ HIV/AIDS, drug use, injuries, standard of living
- ▶ Education, transition to training or decent work, recreation



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How can we assist young people to achieve sexual health and wellbeing?



Health service access- a right but not so easy to achieve

- ▶ Forgone care or unwillingness to disclose sensitive information:
 - ▶ Adolescent's heightened self-consciousness, embarrassment and concerns about confidentiality and privacy
 - ▶ Provider embarrassment or adolescent perceptions of provider embarrassment
 - ▶ Attitudes of health service providers
 - ▶ Difficulties in communicating with young people
- ▶ Structural barriers
 - ▶ Cost, opening hours, location
 - ▶ Lower health literacy around the use of health services
 - ▶ Marginalised young people particularly affected (ACCESS 3 report)



Kang & Sancl, 2013; Patton et al., 2016; Kerry H, Robinson et al., 2014; Robards, 2017; Ambresin 2013

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Youth friendly health services= effective SRH services

- ▶ Key elements of effective youth friendly services
 - ▶ confidentiality, age-appropriate environments,
 - ▶ being involved in decisions about health care, and health outcomes
 - ▶ inclusive language; non-judgmental;
 - ▶ skilled staff
 - ▶ outreach;
 - ▶ community support
- ▶ Global frameworks on the promotion and provision of quality adolescent-friendly services (World Health Organization, 2012, 2015)
- ▶ Vulnerable young people need specific consideration
- ▶ Digital strategies offer potential to increase engagement



Kang & Sancl, 2013; Patton et al., 2016; Kerry H. Robinson et al., 2014; Robards, 2017; Ambresin et al, 2013

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Population interventions to promote sexual health

- ▶ Programs to promote young people's SRH:
 - ▶ Education (in-school or in-communities, 'comprehensive'- curriculum, whole of school, promoting skills, linked to clinics); social marketing; youth development; social media; multi-strategy, cross-sector
- ▶ Systematic reviews:
 - ▶ Education effective for knowledge, attitudes, self-reported behaviour and unplanned pregnancy
 - ▶ in schools versus outside, theoretical basis, promotion of condoms, don't teach abstinence; linked to contraception provision
 - ▶ Complex cross-sector strategies (eg. UK's Teenage Pregnancy Strategy)- important effects on reducing pregnancies



Morales, et al. Plos One 2018; Johnson, et al, Arch Pediat Adol Med 2011; Patton Lancet 2016; Oringanje, Cochrane Database, 2016

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Other factors important for improving sexual health

- ▶ Education and literacy
- ▶ Keeping young people in schools
- ▶ Reducing social inequality
- ▶ Reducing stigma and discrimination
- ▶ Programs which promote healthy development in childhood (and adolescence) have impacts on a range of outcomes in adolescence (sexual health, drug and alcohol, mental health) as they cut across foundations of well-being



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Conclusions

- ▶ Young people don't grow up in a vaccum (understand the role of context)
- ▶ Young people are still growing and developing
- ▶ Young people have rights (which support their sexual health)
- ▶ Measuring sexual knowledge and behaviour is critical for monitoring changes and impacts of programs
- ▶ Knowing the evidence of what programs work and wellbeing in each context informs how to spend resources
- ▶ Health services must be youth friendly



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