

SECTION 3.10

SEXUAL HEALTH

3.10 SEXUAL HEALTH

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The World Health Organisation defines sexual health as:

“... a state of physical, mental and social well-being in relation to sexuality. It requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence”.

Adolescent sexuality is both a natural part of healthy development and the cause of much vexation and controversy in the public domain. In the youth, health and education sectors, there is much scope for promoting sexual health and positively acknowledging sexuality among young people.

Adolescence involves both biological and psychological changes related to sexual development. Biologically, puberty brings about the maturation of the sexual and reproductive organs and the development of reproductive capability. Psychologically, developing a positive sexual identity is an important task of adolescence

Individual, peer, family and cultural factors influence the nature and extent of an adolescent's sexual behaviour – there is enormous variation within the adolescent age group in terms of knowledge and experience. That said, sexual arousal, feelings and thoughts are a normal part of adolescent development and sexual behaviours and experimentation often begin in adolescence.

In addition, young people:

- Often lack knowledge about their bodies, sexuality and how to protect themselves, and may not appreciate the risks involved with sexual activity
- Are more commonly concerned about relationships and communication with partners than about biological risks of disease or pregnancy
- Can be at increased risk of acquiring STIs for biological, psychological and socio-cultural reasons
- Can be particularly vulnerable if they are same-sex attracted, transgender or questioning their sexual orientation
- With a chronic illness or with a disability may have their sexuality and sexual health needs overlooked.

FAST FACTS

- Chlamydia is the most common STI among young people with rates continuing to rise (AIHW 2011)
- In 2008, 12,050 babies were born to teenage mothers (17 births per 1,000 among 15 – 19 year-old women) (DOHA 2012)
- In NSW in 2011, 3.2% of mothers of newborns were teenagers (NSW Perinatal Data Collection 2011)
- In NSW the fertility rate of teenagers has declined over a ten year period from 17.2 to 13.6 births per 1,000 (NSW Perinatal Data Collection 2011)
- In 2008, among 15 – 19 year-old Indigenous women the fertility rate was 78 births per 1,000 (DOHA 2012)
- In NSW, 19% of Aboriginal mothers were under 20 (NSW Perinatal Data Collection 2011)
- It is estimated that more than half of pregnancies end in abortion for 15 – 19 year-old women.

PROMOTING SEXUAL HEALTH IN YOUNG PEOPLE

Sexual health encompasses a total sense of wellbeing in relation to one's sexuality and sense of sexual self. Many individuals, services and sectors have a role to play in promoting young people's sexual health. Many of the key concerns that young people have about their sexuality and sexual health are not related to health. Instead, they are related to the quality of their relationships; communication with their partners and with their parents about sexual activity; and how they feel within their peer group about their sexuality.

It can be useful to have informal conversations with a young person about their level of knowledge about:

- Their body and their sexuality
- Safe (including abstinence) and unsafe sexual practices
- Contraception
- Their relationships

Discussing sexuality and sexual health is deeply personal. A young person might not wish to share information with anybody, or with more than one or two professionals, in order to obtain the information and intervention they need. In some circumstances, it may be most appropriate to provide them with general information, guide them towards resources, and encourage them to visit a health or counselling service.

Whether to deepen the discussion requires you to exercise judgement. It will depend in part on the young person's level of comfort with the discussion, and also on their psychosocial maturity. If you think the discussion is suitable and might be beneficial, you might discuss:

- Where the young person is at with their sexuality and sexual identity
- How ready they feel for sex
- What they understand about STIs and the risk of pregnancy
- How comfortable they feel about negotiating a sexual relationship and communicating their feelings
- Supportive adults in their life and whether they feel able to talk with a parent, carer, adult friend or teacher.

You can also help the young person to develop skills for dealing with difficult situations such as decision-making, talking to parents about sexuality, and negotiating with a partner who is pressuring them to have sex. You can also:

- Discuss situations where sexual risk-taking behaviour may be occurring – such as with substance use; unprotected sex
- Explore ways to reduce risk-taking and how to stay safe (how to negotiate safe sex or condom use with a partner; the effects of substance use; encouraging both male and female responsibility for contraception and condom use)
- Explain correct condom use (if possible, demonstrate using a penis model)

The table below identifies some of the diverse ways in which professionals in a range of fields can promote sexual health in young people

TABLE 10 – PROMOTING SEXUAL HEALTH

Sexual health issue	Who can play a role in addressing this issue?
Providing information about available sexual and reproductive health services	All professionals working with young people
Providing or facilitating access to information about contraception options	Nurses, doctors, pharmacists, educators, health promotion officers, youth health workers with some sexual and reproductive health expertise
Prescribing contraception	Doctors (and some nurse practitioners) Pharmacists can dispense emergency contraceptive pills
Testing for and treatment of STIs	Doctors, some nurses, some health promotion officers trained to offer outreach testing Pharmacists can dispense treatments (prescription and over the counter)
Prescribing and administering vaccinations (hepatitis B, human papillomavirus)	Covered by national immunisation program (e.g. school-based immunisation nurses) but doctors can provide catch up vaccinations
Doing Pap smears	Doctors and sexual health/family planning nurses and primary health care nurses
Facilitating access to condoms	All professionals working with young people
Identification of risk behaviours and education about safe and unsafe behaviours	General information can be provided by all professionals working with young people. Specific risks associated with different practices or sexual encounters may require sexual health, medical or nursing expertise
Helping young people understand and feel comfortable with their sexuality, gender and/or sexual identity	All professionals working with young people have a role to play Young people with more complex needs may require those with expertise in counselling or sexuality-related education and health care

ASSESSING SEXUAL HEALTH

This section outlines the approach to assessing sexual health that is practised in the health and medical sector.

THE BASICS

Establishing a trusting relationship is the first step in helping a young person the young feel comfortable discussing sexual health issues. You can help to build this rapport by:

- Helping young people to understand that experimentation is normal and that the key issue is protecting their health
- Adopting a non-judgemental approach
- Being prepared to raise the issue of sexual health and show comfort in discussing the topic
- Reassuring the young person about confidentiality
- Not assuming that the young person is heterosexual
- Addressing the whole person and their developing relationships with other people rather than focusing only on the prevention of STIs and unwanted pregnancy
- Helping the young person recognise that sexuality involves relationships, values, decision-making, and behaviours

THE SPECIFICS

Whether you discuss sexual health (and to what extent if you do) will depend on the age and maturity of the young person you are seeing and their reason for presenting.

You can use the HEEADSSS assessment (see chapter 3.2 Psychosocial assessment) with younger adolescents or for a young person who presents with an apparently unrelated issue.

Remember to ask permission to ask sensitive questions:

Example:

"I'd like to ask you some personal questions about relationships and sexuality as part of a general health check up. You don't have to answer any that you don't want to. Is it OK if I go ahead?"

Use the third-person approach if appropriate:

Example:

"Some young people your age have become involved in romantic or sexual relationships. Are any of your friends at school having sex? Have you ever had a sexual relationship?"

Follow the young person's lead in discussions unless you have concerns about their safety or wellbeing. The HEEADSSS assessment can guide you through areas for discussion.

If a young person seems to be struggling with their sexual orientation, you can help a young person to understand their experiences by acknowledging that feelings of attraction to the same sex are common. Remember that adults who identify as gay, lesbian or bisexual often trace their feelings back to childhood or early adolescence, long before they commence sexual activity.

Example:

"It's normal for some people to feel attracted to people of the same sex, or to both males and females. These feelings might be confusing for some people. I'm very happy to discuss your feelings about sex and attractions, confidentially, if you ever need to."

SEXUAL HISTORY TAKING

Sexual history taking is a clinical skill practised by nurses, doctors and sometimes by other sexual health professionals (e.g. counsellors, therapists). While other professionals who support young people might talk with them about sexuality and sexual relationships, it would not be common (or necessarily appropriate) to take an in-depth sexual history. However, it can be useful for you to know what is involved, and what a young person might experience if they consult with a doctor or a nurse about sexual health.

An in-depth sexual history is appropriate:

- If the young person presents directly with a sexual health issue (such as a request for contraception; a pregnancy test, an 'STI check up' or an HIV test)
- Once they engage with a health professional in discussing more personal information such as their sexual activity

Questioning includes topics such as:

- Commencement of sexual intercourse
- Partners: number, gender, relationship duration
- Types of sexual practices
- Safer sex practices: condom use, contraception
- History of pregnancy
- History of STIs
- STI screening including HIV antibody testing
- Hepatitis B prophylaxis
- Risk (substance use, unsafe sex, exploitative relationships, sexual abuse, sex for money)

SPECIFIC HEALTH AND MEDICAL ISSUES

CONTRACEPTION

There is a range of contraceptive methods available to young people. Most of these need to be prescribed for and used by women rather than men. Contraceptive methods fall into five broad categories: natural methods, barrier methods, hormonal contraception, intra-uterine devices, and sterilisation.

This section will not address natural methods (which include withdrawal and the rhythm method) or sterilisation (which is not available for young people under the age of 18, even with parental consent). Instead, the focus will be on the three categories of contraceptive options available to young people in Australia.

1. Barrier methods

- Male condom
- Female condom
- Diaphragm

2. Hormonal contraception

- Combined oral contraceptive (the Pill)
 - Contraceptive implant (Implanon)
 - Contraceptive injection (Depo Provera, Depo Ralovera)
 - Emergency contraceptive pill (the 'morning after Pill')
 - Progesterone-only pill (the mini-Pill)
 - Vaginal ring (Nuva-ring)
 - Hormone-releasing intra-uterine device (Mirena)
- #### 3. Intra-uterine devices (IUDs)
- Copper intra-uterine device
 - Hormone-releasing intra-uterine device (Mirena)

Most (but not all) of these options are available on the PBS, which influences their cost. Some are prescription-only and some require a procedure performed by a doctor. More information about each of these methods is available on the Family Planning website www.fpnsw.org.au

Choosing a contraceptive method involves thinking about a number of factors. Apart from the obvious factors such as safety, effectiveness and side effects, other factors can be just as important such as cost, visibility, understandings and misunderstandings/myths about different methods and previous experiences. Youth health workers can help young people find good information about the range of available and accessible methods. It can be helpful to discuss that:

- Young people have a legal right to confidentiality when they seek advice about and access to contraception
- Emergency contraception is available from pharmacies without a prescription
- Condoms should be used to protect against STIs even if another method of contraception is being used to avoid pregnancy
- Gender/power/relationship issues might need to be considered (negotiating condom use, negotiating whose responsibility it is to seek and obtain contraception)
- Costs
- Ensuring that the young person knows how to use any contraception they have decided to try (how to use a condom properly, how to take the Pill properly) and encouraging them to ask their doctor or nurse if they don't know
- Involvement of parents or what the young person would/ would not want parents to know

The decision to provide contraception to a young person without parental knowledge must be considered in the light of:

- The doctor's duty of care to the adolescent patient where confidentiality must be protected unless there are extenuating circumstances
- The importance of maintaining a trusting relationship with the adolescent
- The young person's age, developmental maturity and demonstrated competence

General contraceptive advice and treatment can be given without parental/guardian consent to a young person of any age as long as the doctor makes the judgement that the adolescent is competent to give informed consent. Where possible, encourage the young person to talk to a parent or carer.

FINDING OUT MORE...

For more information about confidentiality and informed consent, see chapter 3.5 Medico-legal issues.

PREGNANCY

According to the Australian Bureau of Statistics, fewer Australian women under the age of 20 are having babies than were a decade earlier. In 2012, 11,420 babies were born to teenage mothers, down from 12,932 in 2008.

A pregnancy test is accurate about 14 days after conception (i.e. around the time, or shortly after, a period is due). Home pregnancy tests are readily available from supermarkets and pharmacies and

are very reliable. Urine pregnancy tests are about as reliable as a blood test

Pregnancy options include continuation of pregnancy and becoming a mother, continuation of pregnancy and adoption, and termination of pregnancy. Termination is lawful in all states and territories in Australia, but the laws vary slightly between jurisdictions. A young woman under 18 can consent to a termination if she is competent.

A young woman who is pregnant may wish to discuss her pregnancy options or may already know which option is right for her. If she is unsure about her options or how she wants to proceed, refer her to a doctor, family planning clinic or a pregnancy counselling service. If she seems clear about the best option for her, encourage her to seek advice and support as early in the pregnancy as possible. Explain that she can explore her options and obtain health advice and information confidentially, and explain what the exceptions to this might be (egg abuse, risk of harm).

She may need support from her partner, parents or carers, relatives or other adults she trusts. You can encourage her to identify those who she feels will support her, and help her plan how to tell them about the pregnancy.

SEXUALLY TRANSMITTED INFECTIONS (STIS)

Sexually Transmitted Infections are infections caused by micro-organisms (germs) that thrive in the genital organs or genital skin. These organisms often do not survive in other parts of the body, so they are only passed from one infected person to another through sexual contact. Two of these germs, the viruses that cause HIV and hepatitis B, can be transmitted both sexually and by blood-to-blood contact.

There is a great variety in the types of symptoms and diseases that STIs can cause as well as their infectivity, contagiousness and treatment. Most common STIs are asymptomatic.

TABLE 11 - COMMON STIS

STI	Particular features	Testing
Using condoms during vaginal, anal or oral sex reduces the transmission of all the STIs below either substantially or almost completely		
Human papilloma-virus (HPV) - many types, some linked to cervical and anal cancer, others cause genital warts	<ul style="list-style-type: none"> • Preventable with HPV vaccine • Probably the most common STI in the world BUT rapid decline since the introduction of the HPV vaccine • Most people infected don't have symptoms • Can't be cured but infections often go away after some years. 	Not tested for in a sexual health check.
Chlamydia	<ul style="list-style-type: none"> • The most common STI that is notifiable (i.e. statistics are collected), rates continue to rise • Usually no symptoms • Can lead to infertility especially in women • Curable 	Urine test or swab Australian guidelines recommend yearly Chlamydia testing for all sexually active young people
Gonorrhoea	<ul style="list-style-type: none"> • Higher rates in some groups • May have no symptoms • Can lead to infertility • Curable 	Urine test or swab Testing recommended for some groups
Hepatitis B	<ul style="list-style-type: none"> • Preventable with vaccine • Higher rates in some groups • Chronic hepatitis B infection can cause liver cancer and cirrhosis 	Blood test Testing recommended for some groups
Syphilis	<ul style="list-style-type: none"> • Higher rates in some groups • Serious consequences if untreated for individual and unborn babies • Curable 	Blood test Testing recommended for some groups Testing done on all pregnant women

Genital Herpes (herpes simplex virus – HSV)	<ul style="list-style-type: none"> • Common – many people have been exposed to the virus, but most do not have symptoms • Can be transmitted by oral sex • Sores can come and go for years • No cure, but frequent recurrences can be reduced with medication 	Not tested for in a sexual health check
Human Immunodeficiency virus (HIV)	<ul style="list-style-type: none"> • Mainly affects men who have sex with men, and people from high prevalence countries • Medication has drastically improved survival and reduced the progression to AIDS 	Blood test Testing recommended for some groups

FINDING OUT MORE...

The play safe website explains STIs testing and prevention for young people. Visit is at www.playsafe.health.nsw.gov.au.

The NSW STI Programs Unit provides a range of factsheets and resources about STIs to support the sexual health clinical and health promotion workforce. Visit www.stipu.nsw.gov.au

The NSW Sexual Health Infoline provides support services for doctors, nurses and other health professionals who need on-the-spot technical support during consultations. Call 1800 451 624.

SEXUAL HEALTH CHECK UPS

A sexual health check up varies depending on whether or not symptoms are present, and the young person's risk factors and sexual history.

Sexual health check ups can be conducted by a GP or at a sexual health clinic, Family Planning clinic, or a youth health service. After taking a sexual history, a check up might include testing for chlamydia (regular testing for chlamydia is recommended for all sexually active people aged 15-29), gonorrhoea, syphilis, hepatitis B and C and HIV. Pap smear screening should commence in sexually active women (regardless of their sexual orientation) after the age of 18 or 2 years after they first have intercourse, whichever is later.

If a genital examination is necessary as part of the sexual health check up, it will be conducted by a doctor or by a sexual health or family planning nurse. The young person must give permission, and has the right to change their mind after giving permission. The young person should be asked if they would like a support person or chaperone present: this can be a friend, relative or a female practice staff member.

In some cultures, it may be uncomfortable or shameful for a male doctor to examine a female patient. It may be appropriate to ask the parents' permission and to sensitively explain the need for the examination. Wherever possible, arrange for a female doctor or sexual health nurse to conduct the examination and to have a female support person or family member present.

Explain to the young person what will be involved in the examination and offer to show them the

equipment that will be used (e.g. vaginal speculum, swabs).

SAME-SEX ATTRACTED YOUNG PEOPLE

A young person who is attracted to members of the same sex may feel particularly vulnerable when visiting a doctor or discussing sexual health. They may already have experienced discrimination, harassment, bullying or abuse and may perceive that doctors assume heterosexuality or are uncomfortable with homosexuality.

Young people who are same-sex attracted are at an increased risk of isolation, depression, suicide, substance abuse and injury through violence.

When working with a young person who is same-sex attracted or who identifies readily as gay, you can help them feel more comfortable discussing sexual health by reassuring them about confidentiality. Adopt a non-judgemental approach to the conversation, and begin by discussing their level of comfort with their sexuality and where they are at in the "coming out" process. Identify the level of support they feel from family and peers. Do not push a young person to come out if they are not ready; disclosure of sexuality only enhances a young person's wellbeing if they choose the timing and process and if the people they come out to are supportive.

Keep the psychosocial risks in mind and, where necessary, refer for specialist support or counselling to reduce the risks. Provide them with the opportunity to discuss their sexuality and to learn about safer sexual practices. Discuss whether they would like a health check and need assistance in finding a doctor or sexual health clinic.

FINDING OUT MORE...

There are a number of web-based sources for information about sexual health and sexuality. Family Planning's state websites offer resources, education and advice about a range of sexual health and sexuality-related issues.

New South Wales – www.fpnsw.org.au

The Sexual Health and Family Planning Australia website provides information about sexual health services throughout Australia. Visit www.shfpa.org.au

NSW Health has a website specifically for young people who need information about STIs, getting tested and protecting sexual health. Visit www.playsafe.health.nsw.gov.au

Marie Stopes International also offers a website called Dr Marie, offering information about contraception, termination of pregnancy, STIs and other sexual health topics through its Ask Dr Marie service. The website is www.drmarie.org.au

If you are supporting young people working through issues associated with their sexual identity, or who identify as gay, lesbian, bisexual, transgender or intersex, you may find some of the following services helpful:

QLife offers Australia's first national counselling and referral service for Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI) people. The project provides early intervention, peer-supported telephone and web-based services to diverse people of all ages experiencing poor mental health, psychological distress, social isolation, discrimination, experiences of being mis-gendered and/or other social determinants that impact on their health and wellbeing. Visit www.qlife.org.au

In NSW, twenty10 provides a range of support services to young people under 26 who identify as gay, lesbian, bisexual, queer or transgender, or are same-sex attracted, gender diverse or intersex. The support available includes counselling, case management, referral, information and housing support. Visit www.twenty10.org.au

Young people who identify as transgender or gender diverse can find information, resources and support at www.gendercentre.org.au

Parents, family and friends looking for support and information can visit www.pflagaustralia.org.au

The Safe Schools Coalition supports gender diversity and sexual diversity in schools. Visit www.safeschoolscoalition.org.au

CHAPTER SUMMARY - WHAT TO REMEMBER

The biological changes that occur in adolescence to bring about sexual maturity are accompanied by psychological changes that involve developing a positive sexual identity. For many young people, navigating these changes means engaging with a new series of health and interpersonal issues.

It is recommended that all people aged between 15 and 29 are screened regularly for chlamydia – an STI that can cause infertility. Women should begin having Pap smears after the age of 18 or 2 years after they first have intercourse, whichever is later.

Young people who are wondering if they are (or already identify) as gay, lesbian, bisexual, transgender or intersex may be at greater risk of experiencing isolation, depression, suicide, substance abuse and injury through violence.

Providing a safe place to ask questions and providing sexual health information, resources, knowledge and services can improve both psychological and physical health outcomes for young people.

REFLECTION QUESTIONS

Does your service have in place policies and procedures to promote sexual health for young people?

Is your service sensitive to the needs of young people?

Does your service provide a safe place for young people to disclose sensitive information?

Are resources and procedures in place to help young people when a sexual health issue is identified?

Can staff provide counselling and testing for STIs or know how to access this?

Can staff provide education using a harm minimisation approach?

Does your service need further information or training regarding sexual health?

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