

Position Statement

Youth Issues: Sexuality Education, Contraception Availability, Unplanned Pregnancy and STIs

FPWA believes that young people should have easy access to confidential and affordable healthcare, including provision of contraceptives and early sexuality education.

FPWA recognises that the sexual health of young people needs to be placed within a social, as well as medical, context, and that health needs of young people differ from those of adults. FPWA believes that all people, including young people, should have easy access to confidential and affordable healthcare, and that access to health services can be improved by specifically catering to the needs of adolescents.

Young people may engage in risky behaviours as part of normal development¹, and FPWA advocates minimising the risks and harms faced by them. These include the risks involved in sexual activity which is premature, unsafe or unwanted, and the harms of unintended pregnancy, disease transmission and violence. Having easily accessible, accurate sexual health information assists young people in making safe and responsible decisions, and increases their self-esteem and sense of empowerment.

Popular media, such as magazines, reality television shows, and contemporary radio, should actively use their influence with young people by providing frequent, accurate and consistent messages about safe sex practices and responsible behaviour.

Australia does not currently have a major sexually transmissible infection (STI) or pregnancy prevention program aimed at young people, or national recognised guidelines around adolescent healthcare. Both have the potential to assist in addressing the issues of STIs and unintended pregnancy rates among young people.

Sexuality education

Sexuality education should be made available to young people before they start sexual activity. Contrary to popular belief, sex education does not encourage risky sexual activity², and evidence shows that young people who receive education are more likely to delay the onset of sexual activity, and have increased use of contraception and safe sex practices.³

Easily understandable and accurate information, along with a broader understanding of sexuality in terms of a young person's life choices, which include abstinence and safe sex practices, are key components of effective sexuality education.

Parents, carers and teachers are the primary providers of sexuality education and need increased support and information to accurately discuss safe sex practices with young people from an early age.

¹ Williams, H. & Davidson, S. (2004), 'Improving adolescent sexual and reproductive health. A view from Australia: learning from world's best practice'. *Sexual Health* 1(2): 95-105

² Sabia, J.J. (2006). 'Does sex education affect adolescent sexual behaviors and health?'. *Journal of Policy Analysis and Management* 25(4): 783-802.

³ Kirby, D. (2001). *Emerging answers: research findings on programs to reduce teen pregnancy*. Washington, DC: The National Campaign to Prevent Teen Pregnancy.

Sexuality education offered in schools around Australia differs between states and territories and is not compulsory. In WA, decisions around what is taught are made by individual schools. FPWA acknowledges the central role of the WA Education Department in setting curricula and determining policy in schools around sexuality education.

FPWA will seek to work with the Education Department, schools, other services and health providers to enhance the sexual health information and delivery of services available to young people. FPWA believes that sexuality education and promotion within schools should be well resourced, monitored, based on proven effective methods, and accompanied by training for teachers. Issues affecting same-sex attracted youth must be included in effective sexuality education, along with addressing community myths and anxieties.

Contraception

Young people should have easy access to safe and affordable contraception, including emergency contraception (EC). Contraceptive options for many young people in Australia are limited by the range subsidised by the Pharmaceutical Benefits Scheme. The contraceptive pill is the most popular option among young women, but perhaps not the most suited to this group, with many having difficulty adhering to daily pill taking.¹ Easy access and education around affordable, long-lasting options is required.

Any discussion about the availability of condoms and contraception in schools is part of a comprehensive integrated strategy that should include:

- research into successful strategies in other countries;
- widespread sexual and contraceptive education;
- open and very matter of fact attitudes about sexuality in the mass media;
- successful promotional campaigns
- accessible sexual and reproductive health services.
- easy access to contraceptives using a range of approaches

Studies show that students from schools providing condoms as part of sexual health education are not more likely to be sexually active, but are more likely to use condoms,⁴ and school-based clinics have demonstrated to improve understanding of health issues and access to healthcare in adolescents.⁵ Australian research shows that one in ten students didn't use any form of contraception during their last sexual encounter⁶, putting them at risk of unintended pregnancy.

STIs

STI rates in Australia have significantly increased over the past five years, with more than half of all chlamydia rates occurring in the 15-25 year old age group.⁷ As many people have no symptoms and infections are often detected during other tests (ie

⁴ Blake, S.M. et al. (2003). 'Condom availability programs in Massachusetts high schools: relationships with condom use and sexual behaviour'. *American Journal of Public Health* 93(6): 955-62

⁵ Kisker, E & Brown, R.S (1996). 'Do school-based health centres improve adolescents' access to health care, health status and risk-taking behaviour?'. *Journal of Adolescent Health* 18: 335-343

⁶ Smith, A, et al. (2003). Secondary students and sexual health 2002 : results of the 3rd national survey of Australian secondary students, HIV/AIDS and sexual health, Australian Research Centre in Sex, Health and Society, La Trobe University: Melbourne, VIC.

⁷ Australian Government Department of Health and Aging (2006). National Notifiable Diseases Surveillance System data: Chlamydial Infection, www9.health.gov.au/cda/Source/Rpt_5_sel.cfm [Accessed 16-03-07]

pregnancy), reported incidence rates are likely to be underestimated. The risk of oral transmission of STIs is not appreciated by many young people, with a growing number engaging in oral sex at an earlier age.⁶ Education around this area is priority.

FPWA strongly supports recommendations for the implementation of a national chlamydia screening program, which would see more infections detected and treated and provide data to assist in planning health promotion strategies. Such programs have been successfully implemented overseas.

Unplanned pregnancy

While accurate national statistics on teenage pregnancy and abortion are unavailable (the majority of states don't mandate abortion notifications), Medicare statistics indicate Australia has a higher teenage pregnancy rate than many other developed countries, and one of the highest teenage abortion rates in the developed world.³ Young Australian women in abusive or violent relationships are four or five times more likely to seek abortion than women not in such relationships.⁸

Teenage abortion rates in WA fluctuated slightly between 2002-2005, as did teenage pregnancy rates, and more than half of pregnancies in WA teenagers were terminated during this time.⁹

To reduce the incidence of unintended teenage pregnancy and further improve the reproductive and sexual health of young people in Australia, FPWA seeks the promotion of comprehensive sexuality and relationship education and increased access to services/contraception. Emphasis needs to be placed on using another form of contraception in addition to condoms to reliably protect against pregnancy, with studies showing this 'double dutch' method is not widely used or understood in Australia.¹

EC must continue to be available over-the-counter at pharmacies to young people as well as adults, as restricting access has the potential to contribute to an increase in teenage pregnancy and subsequent abortion rates. Subsidising the cost of EC would likely be a successful strategy in improving access for adolescents, with easy access to EC shown not to affect regular contraceptive use or increase unprotected sex and the risk of STIs among this group.¹⁰

There is much to be learnt from the Netherlands approach to sexual health (sexual health education begins at a early age, contraception is affordable and easily obtained and sexuality is openly acknowledged and discussed), with Australian teenagers four times more likely to become pregnant than their peers in the Netherlands.³

⁸ Taft, A.J., Watson, L.F. & Lee, C. (2004). 'Violence against young Australian women and association with reproductive events: a cross-sectional analysis of a national population sample'. *Australian and New Zealand Journal of Public Health* 27(2): 204-209.

⁹ Straton, J., Godman, K., Gee, V. & Hu, Q. (2006) Induced abortion in Western Australia 1999-2005. Report of the WA abortion notification system. Perth, WA: Department of Health, WA

¹⁰ Raine, T.R., Harper, C.C., Rocca, C.H. et al. (2005). Direct access to emergency contraception through pharmacies and effect on unintended pregnancy and STIs: a randomised controlled trial. *JAMA* 293: 54-62.