

# SEXUAL HEALTH

## Fact sheet 15

### Sexual health of young people

(See also Fact sheet 7—*Pregnancy and parenting at a young age*)

Most young people develop into adults without major challenges to their health and wellbeing, but there are others who have adverse childhood experiences that effect their health, wellbeing, safety, life-choices and opportunities.

Adolescence in particular is a time of significant physical and emotional growth and change.

Adolescents and young adults are the population groups with the highest levels of sexually transmitted infections (STIs), psychological distress and risk behaviours (including alcohol and drug use, and unprotected sex) (1).

Young people need support as they develop their sense of identity and independence.

Young people who have poorest access to services and support, and consequently the worst health and social outcomes, include those who are:

- socially disadvantaged
- from culturally and linguistically diverse (CALD) backgrounds



- living in rural or remote areas
- disengaged from the education system
- disabled
- Aboriginal
- drug or alcohol dependent
- same-sex attracted
- victims/survivors of violence and abuse

Men—and particularly young men—are sporadic and infrequent users of services, lack engagement with health material, and tend to delay when faced with health problems of concern (2).

Review of the research literature and evidence from local service providers in the southern metropolitan area of Adelaide indicated that 8–12 year olds are ‘an overlooked age’ in terms of policy and service development activities (3).

### Barriers to access

Access is the most pressing health service delivery issue for young people. Young people describe ‘ideal service provision’ as being when health providers meet them in settings in which they feel comfortable (4).

Confidentiality, including perceived confidentiality, is of critical importance in young people’s decisions around their use of health services (5–7).

Young people and youth service providers consistently report a number of barriers to service access, in addition to their concerns about confidentiality; these include (8):

- personal embarrassment and shame
- lack of awareness about services and how to access them
- transport issues
- cost of services and contraception
- opening hours, appointment systems and waiting times
- model of service delivery (for example, the traditional clinic/consultation and appointment model of service may not suit some young people, especially males)
- many key workers in contact with young people (general practitioners (GPs), teachers, agency staff) have limited training and education about relationships and sexual health issues

Alternatives to traditional models of service delivery have been developed to overcome barriers to young people’s access to primary health services (for example, The Second Story, SHine SA).

There is good evidence that training GPs can improve their confidence and skills in working with young people (9, 10).

## Sexual health information and education

Access to accurate information about sexual health issues and services and skills to negotiate respectful relationships is vital for every young person.

Universally provided, school-based sexual health and relationships education programs in western European and Scandinavian countries have been credited with contributing to the lowest teenage birth and abortion rates in the world (11).

The recommendations of the National Survey of Australian Secondary Students 2002 included the need for comprehensive, developmentally appropriate, sexual health and relationships education programs (12). See Fact sheet 6—*Sexual knowledge and behaviours* for more information about effective sexual health information and education programs.

## STIs

The Secondary Students and Sexual Health Survey 2002 found that students' knowledge about Hepatitis C and STIs was generally poor or patchy (12).

Chlamydia is the most common STI reported in South Australia in the 19-and-under age group, with the number of cases increasing by over 200 per cent since 1999 (13).

There is an important distinction between sexual safety and social safety; no young woman wants to carry condoms if she is likely to be seen as a 'slut' (14–16).

Blood-borne viruses, particularly Human Immunodeficiency Virus (HIV) and Hepatitis C, are reported in small incidence in young people; however, once infected, these diseases lead to significant ill health and years lost to disability. Both Hepatitis C and HIV are preventable given accurate information, and the development of personal skills and healthy life choices.

## Sexual violence

Sexual coercion, rape and sexual assault are significant issues for young people (17, 18).

Young women 16–19 years experienced the highest sexual assault victimisation rate of all women. Almost half (46 per cent) of female victims/survivors are under 20 (19, 20).

One in every 3 young people reported in a survey of young people that violence occurred within their own relationships; around 1 in 6 young women reported she had been sexually assaulted and similarly, 1 in 6 reported that her partner had attempted to force her to have sex (21).

A significant number of Australian secondary school students reported that they do not feel confident to say 'no' to unwanted sex (12).

## Same-sex attraction

The Secondary Students and Sexual Health Survey 2002 found that 4.6 per cent of young men and 8.8 per cent of young women indicate sexual attraction exclusively other than to the opposite sex (12).

Many same-sex attracted young people report experiences of homophobic harassment, isolation, and discrimination in and out of school. These factors are well documented as contributing to the higher incidence of depression, suicide and risk-taking behaviours in young people who do not identify themselves as being exclusively heterosexual (12).

*The effects of homophobia on same-sex attracted people can be so severe as to cause depression and suicide.*

## Evidence-based action

Services specifically for youth, area-based youth health coordinators and school-based health services have been shown to be effective in improving access to information and education, and health care, for priority populations of young people (8, 22).

Seven principles of better practice in youth health service delivery have been proposed from New South Wales research (23); they are:

1. addressing inequalities
2. facilitating access and participation
3. building supportive environments
4. balancing approaches including individual and population-based, treatment and prevention
5. coordinating services with collaboration between disciplines
6. collaborating between sectors
7. building the infrastructure including staff training and development, sustainability and evaluation

## People who have experienced childhood sexual abuse

There is strong evidence that a significant proportion of adults who experienced childhood sexual abuse will experience social, emotional and psychological problems of a serious and disruptive nature in their adult lives (24).

There are a number of mental health outcomes for adults believed to be directly related to childhood experiences of sexual abuse, including borderline personality disorder, eating disorders, multiple personality disorder, somatisation disorder and alcohol and/or substance abuse (25).

Survivors of child sexual abuse (CSA) also can experience numerous interpersonal problems and maladjustment behaviours that can impede their productivity and quality of life.

It is not unusual for an adult survivor of child sexual abuse to seek a service for a psycho-social problem as listed above and often they re-present for the same or a different problem because the underlying problem has not been addressed; that is, the

unresolved trauma of childhood sexual abuse has been left untreated.

Women survivors have reported experiencing anxiety, post-natal depression and parenting issues when becoming pregnant, giving birth and caring for a baby/child, all of which were associated with their experiences of childhood sexual abuse. Many women survivors additionally report pregnancy, birthing and parenting as 'triggering' memories and effects of CSA (26).

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