

Position Statement

Youth Issues: Contraception available, Unintended Pregnancy and STI's

Sexual Health Quarters (SHQ) believes that young people should have easy access to confidential and affordable healthcare, including the provision of contraceptives.

SHQ 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. SHQ 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 SHQ 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, infection transmission and violence. A lack of STI knowledge, inconsistent condom use, or a lack of communication and negotiation skills, also contributes to young people being at increased risk². 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, radio, and the internet should actively use their influence with young people by providing frequent, accurate and consistent messages about safe sex practices and responsible behaviour.

In recent years there has been a growing trend around young people using mobile phones and social networking websites to send or receive sexually explicit text messages and/or photos. This phenomenon, known as 'sexting,' can have serious consequences for young people. It is important that safe use of technology be included in sexual health approaches for young people³, and understanding sexting from the perspective of young people is fundamental to developing strategies for preventing potential harms⁴.

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. Condoms are a significant method of contraception for young people due to their availability and ease of use, and use of the oral contraceptive pill is common among young women⁵.

Other methods, such as contraceptive injections, implants, rings or intrauterine devices (IUDs), could be of more importance for young people, offering contraception that does not rely on daily pill taking or the availability and correct use of condoms⁶, and increased education about and access to these long-lasting methods 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 condom availability programs in schools are associated with a decrease in STI rates⁷, and school-based sexual health services are not associated with higher rates of sexual activity among young people, nor with an earlier age of first intercourse⁸.

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 group⁹. As many people have no symptoms and infections are often detected during other tests (ie pregnancy), reported incidence rates are likely to be underestimated. SHQ supports young people being identified as a high priority group in the National Sexually Transmissible Infection Strategy, as they are at greatest risk of increasingly higher rates of STIs, earlier sexual debut and limited health literacy and health skills.¹⁰

The risk of oral transmission of STIs is not appreciated by many young people, with a growing number having engaged in oral sex with multiple partners.¹¹ Education around this area is priority. SHQ 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 overseas¹².

Unintended 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 lower teenage birth rate than the US and Canada, but higher rates than other developed countries¹³. Australia has a moderately high teenage abortion rate, which is higher than rates in other developed countries such as Germany, Italy and Japan.¹⁴ Between 2006 - 2009, the abortion rate and pregnancy rate in WA teenagers slightly decreased, and during this period teenagers had more abortions than live births¹⁵.

To reduce the incidence of unintended teenage pregnancy and further improve the reproductive and sexual health of young people in Australia, SHQ seeks the promotion of comprehensive sexuality and relationship education and increased access to services/contraception. Australia does not currently have a major pregnancy prevention program aimed at young people, which would have the potential to assist in addressing the issues of unintended pregnancy rates among this group¹⁶.

Emphasis also needs to be placed on using another form of contraception in addition to condoms to reliably protect against pregnancy, with one study showing only 17% of sexually active secondary students reported dual contraception use.¹⁷ There is little information on the concurrent use of contraceptive methods such as the oral contraceptive pill and condoms, and it is therefore difficult to determine whether condoms are being used for contraception, STI protection or both¹⁸.

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. Increasing access to EC does not influence teenage sexual behaviour, including use of routine contraception, unprotected intercourse, number of sexual partners or STI risk¹⁹.

There is much to be learnt from the Netherlands approach to sexual health (sexual health education begins at an early age, contraception is affordable and easily obtained and sexuality is openly acknowledged and discussed), with Australian teenagers far more likely to become pregnant than their peers in the Netherlands.²⁰

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