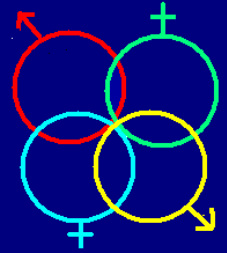


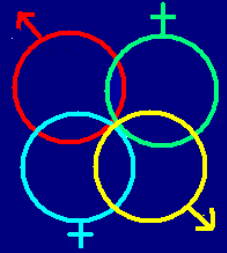
# The Entanglement of Sexuality for Adolescent Females

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# Content

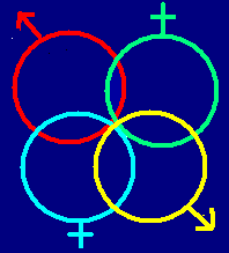


- Importance of sexual health for adolescent females – overview
- Why are young women having sex?
- Current Environment
  - Practices and Sexual Response
  - STI rates & Adolescent Responses
  - Teenage pregnancy
  - Psychosocial outcomes
- Significant issues for young women today
- Compounding issues within healthcare & policy development
- Where to from here – Key elements
- Conclusion
- References
- Contact details



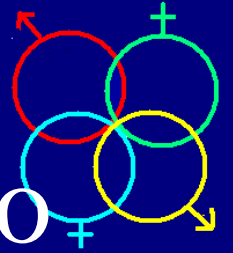
# Importance of sexual health for adolescent females

- **Question: Why is female adolescent sexual health important?**
- “Although sexual activity per se is value neutral and developmentally normative, it is unstable sexual activity that is of heightened concern, especially for younger adolescents who may not yet have as stable a sense of self” (Martin et al, 2005).
- The age of first sexual intercourse in light of their lack of sexual desire and reports of regret are distressing.
  - Consequences of early sexual debut
  - Physical vulnerability to STIs
  - Consequences of unwanted pregnancy
- “Adolescents who initiated sexual activity early are less likely to take appropriate precautions and are at increased risk of [unplanned pregnancy], of contracting an STI and of various other social and psychological outcomes” (Eggermont, 2005).



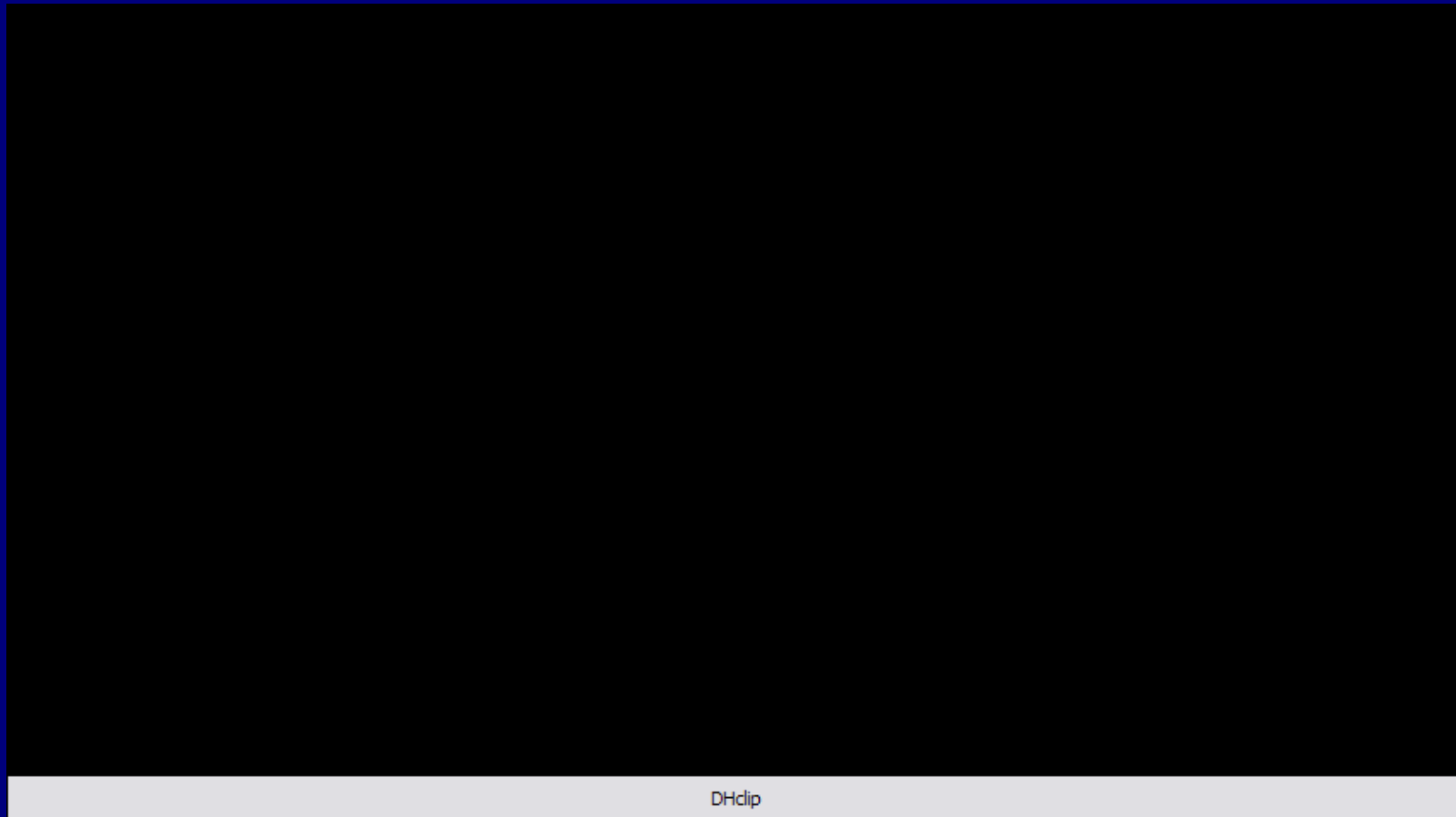
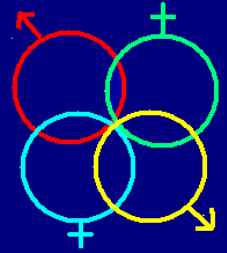
# Why are young women having sex?

- Question: “What is motivating young women to have sex?”
- Literature says...
- “Young adolescent girls generally classified the assumption of sexual activity in friends as a valid reason for their own sexual debut” (Eggermont, 2005).
- Adolescent females indicate curiosity, feeling grown-up, pressure from a partner and/or sexually active friends, not love, hormones or sexual desire as primary reasons for initiation of sexual intercourse (Feldman & Middleman, 2002)
- Risk-taking behaviours are initiated and affected by not only adolescent’s natural belief of invincibility but also by their trust in certain myths that they think are true (Campbell-Rate, N.D.)
  - Eg. blow job only = no STI risk ie. unprotected blow jobs are considered a “safe” sex option.
- A key influence for sexual activity is an adolescent’s perceptions of what the norms are and what they think their peers are doing. Adolescent females who believed their friends were having sex were more likely to initiate sexual activity themselves. Additionally, these friends perceived a higher rate of sexual activity among their peers than what was actually occurring and that the initiation was occurring at a younger age than was true (Eggermont, 2005).



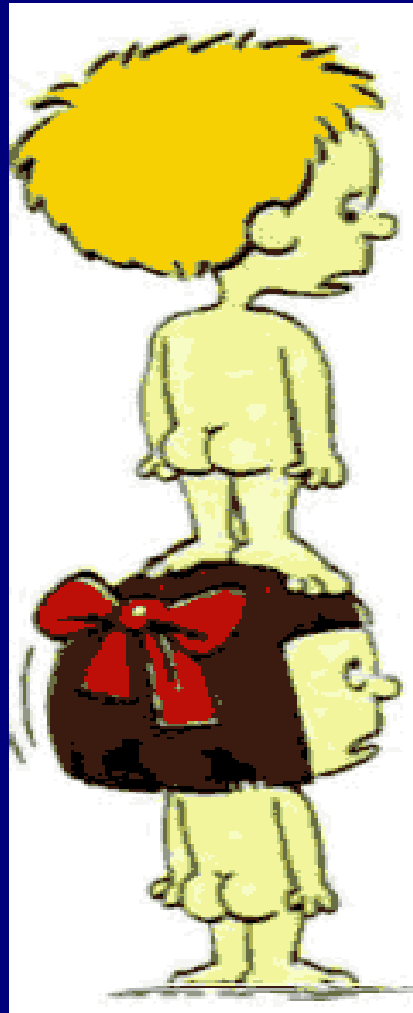
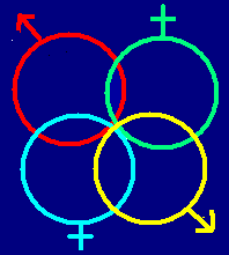
# ? Classic environmental scenario





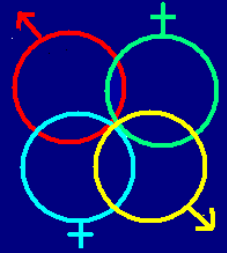
- Is this a common element in young women's relationships today?
- Is this a significant factor for young women in their choice to have sex?

# Current Environment – Practices & Sexual Response



So we took  
our clothes off  
and I got on  
top... when  
does it start to  
feel good?

I don't know  
but I've got a  
headache  
already!

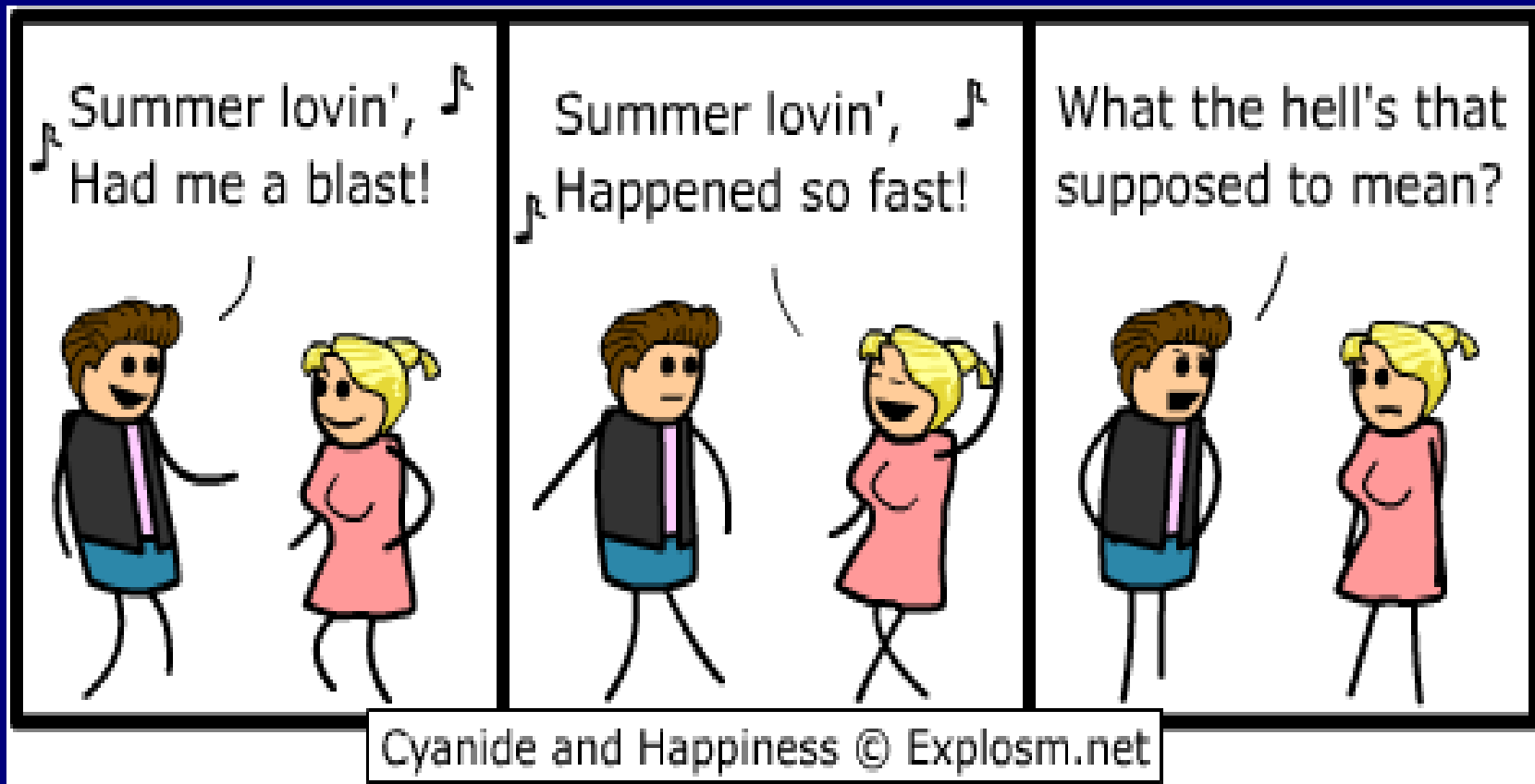
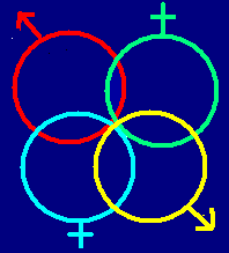


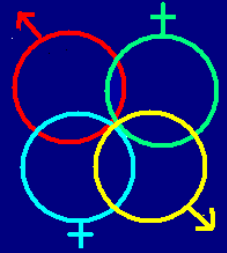
## Current Environment – Practices & Sexual Response

- 50% of the high school population have had sexual intercourse, while those that are still “virgins” more than one third of them have experienced some form of heterosexual genital sexual activity (Feldman & Middleman, 2002).
- Sauers (2007) 2006 website survey showed:
  - Practice nowadays moves from ‘pashing’ → ‘handys’ → ‘oral’ → intercourse... these practices are also not considered “sex”
  - Biggest factor in regretting first intercourse was being drunk or not having an emotional connection with the partner
- A 2002 QLD report showed that of sexually active 16-19 year old females:
  - 59.4% lacked interest in sex
  - 23.3% did not find sex pleasurable
  - 26.3% were unable to achieve orgasm
  - 41.3% reported pain during sex (highest age group)
  - 49.5% were concerned with their level of attractiveness during sex (highest age group)

(Queensland Health, 2003)

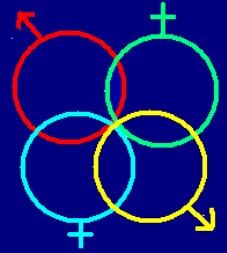
# Current Environment – Practices & Sexual Response





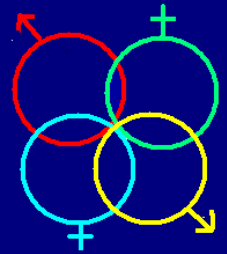
## Current Environment – STI rates & Adolescent Responses

- 50% of Chlamydia cases are in under 25 year olds while the rate of Chlamydia in young women is 4 times higher than for males of the same age (Williams & Davidson, 2004; Youth Facts & Stats, 2007)
- “I don’t think people see STDs as much as they see the consequences of pregnancy. I think like, you know, the various STDs aren’t in our faces as having a friend at school who at 17 fell pregnant” (Cath in Visser, 2005)
- “You know they’re out there, but you think of pregnancy more than STDs” (Sam in Visser, 2005)
- “You just don’t hear of people getting STDs. You hear of like a few friends who are having abortions or that sort of thing... and that’s sort of more in the forefront of your mind rather than, you know, getting syphilis or AIDS” (Mandy in Visser, 2005)
- There is not necessarily a link between knowledge of STI risk and precautionary behaviour (Visser, 2005)



# Current Environment – Teenage Pregnancy

- Reports of pregnancy in young adolescent women vary from 2% of the population to 6% while some surveys indicate that as many as one third of all young sexually active women become pregnant (Allison, 2004; Sauers, 2007; Campbell Rate, n.d.)
- Abortion rates in young women are also hard to identify due to the many methods of reporting (eg. Medicare/private etc). Family Planning statistics indicate that abortions account for 14.1% of all pregnancies (FPQ, 2006).
- Issues relating to teenage motherhood include an increased likelihood for young mums to suffer adverse psychosocial and perinatal outcomes than older mothers. Additionally, premature births are more common for teens and “perinatal death rates are higher for babies with mothers less than 20 years.” (AIHW, 2003, p.114).

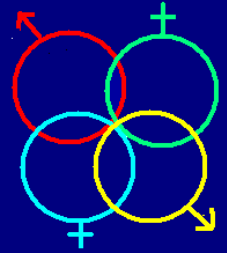


# Current Environment – Psychosocial outcomes

The impact of early sexual debut is great with consequences affecting:

- schooling,
- levels of depression,
- risk-taking behaviour,
- feelings of regret and
- inadequate sexual health.

Issues of pressure to engage in sexual activity are substantial in this community and are compounded by the media and early puberty.



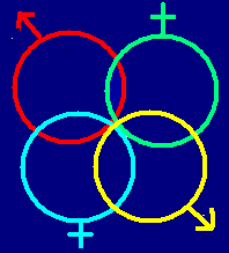
## Current Environment – Psychosocial outcomes

- Several studies have reported a negative relationship between academic performance and age at first sexual intercourse and between academic motivation/achievement and dating frequency.

Depression and its relationship to sexual activity have been examined in various studies that suggest that depressive symptoms are associated with increased sexual risk behaviours and reduced contraceptive practices.

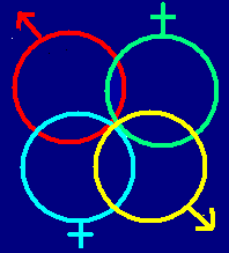
Sexually active adolescent females were shown to have significantly more depressive symptoms and an increased pessimistic outlook about their futures. They were less academically motivated and did worse in school subjects (Martin et al, 2005)

- 45% of females state that their first sexual experience happened too early or should never have occurred (Stammers, 2000)
- Sexual intercourse occurring before the age of 16 increases the rates of regret (Williams & Davidson, 2004)



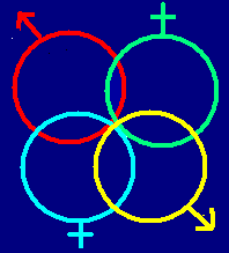
## Significant Issues for Young Women Today – Media & Pornography

- “*The Sex Lives of Australian Teenagers*” has found that sex education is coming from internet porn (Adamson, 2007)
  - 70% of girls and 91% of boys stated that they used porn in some way to give them ideas on how to have sex (Sauers, 2007)
- An average of 10 references to intercourse per hour occurs in soap operas and an average of 20 instances per hour in programmes most preferred by young people (Eggermont, 2005)
- Adolescents that watch more television have higher estimates of the sexual activity of their peers (Eggermont, 2005).
- Young adolescents watch on average around 4 hours of television per day (Strasburger, 2005)
- Up to 75% of teenage girls read at least one issue per month of modern girls magazines which assumes a critical component of pressure on adolescents. Widespread popularity of these mags provides a powerful medium for adolescent females to be influenced by such explicit and supposedly normative sexual behaviour (Kim & Ward, 2004)



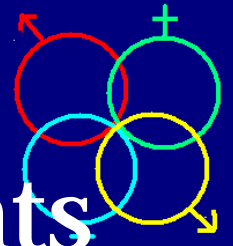
## Compounding issues within healthcare & policy development

- **Question: What are some of the issues for healthcare and policy development based on the current sexual environment of young women?**
- It is important to strike a balance between what young adults consider to be the best ways to promote condom use for STI prevention and what research suggests are the factors that most strongly influence STI preventative behaviour (Visser, 2005)
- “Policies must focus on ensuring availability of comprehensive and accurate sexuality education, along with access to reproductive health services including preventing, managing and terminating pregnancies and STDs” (Ahern & Kiehl, 2006)



## Compounding issues within healthcare & policy development

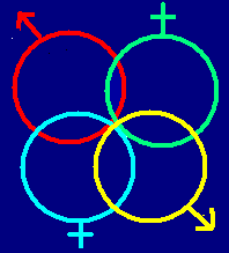
- “Parents, health educators, healthcare professionals and policy makers need be aware of emerging behaviour trends of adolescents. Subsequently, the associated health risks must be addressed in a timely manner using strategies that will engage adolescents in the discovery of effective solutions” (Ahern & Kiehl, 2006)
- “Qualitative studies show that young people feel that healthcare professionals generally assume too much existing knowledge and underestimate the desire for more information” (Free, 2005).
- Literature indicates that sexually active “young” teens have the lowest rate of accessing mainstream sexual health services (Hayter, 2005)



# Where to from here - Key Elements

## “EDUCATION” - WHAT TO AVOID... (EXCUSE THE LANGUAGE)

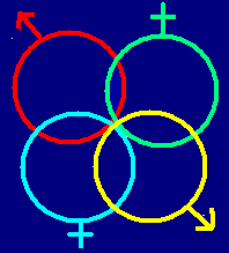




# Where to from here - Key elements

- Education

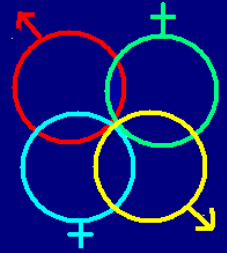
- Having education as a means of ‘information’ is not enough... there is no clear association between knowledge and condom use (Sheeran *et al*, 1999)
- Participants suggested that school sexuality education should start earlier, and should focus less on HIV/AIDS and more on STIs other than HIV/AIDS (Visser, 2005)
- Communication with parents, especially mothers has been shown to both reduce the prevalence of sexual activity and increase the rates of contraceptive use.
- Adolescents who discuss a broad range of sex based topics with their mothers were more likely to display safe attitudes about sex and engage less in unsafe practices (Stammers, 2000)
- Teaching about sexuality and safer sex should not only occur in schools, but that parents should also play a role
  - “if you start from an early age, by the time it actually gets serious and you talk about it seriously then you don’t care (that its your parents), because you’re used to it” (Cath in Viser, 2005).



## Key elements - cont'd

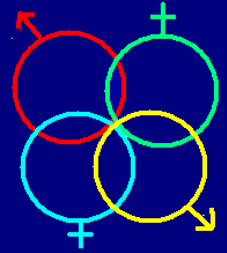
- **Education**

- With parent involvement there is a need to determine what parents might be able to teach their children, how they could go about it and the most effective ways to develop parents' skills and motivations for discussion of sexual health with their children (Visser, 2005)
- Greater efforts may be needed in school sexuality classes to develop men's and women's skills for negotiating condom use (Visser, 2005)
- 2006 website study revealed that teenagers feel they receive inadequate direction from parents or schools in the areas that matter the most... not "sexual mechanics" but 'sexual intimacy, negotiating consent, handling peer pressure and the potential for violence' and that learning communication skills in dating and continuing relationships was of high importance to teenagers also (Duff, 2006)



## Key elements - cont'd

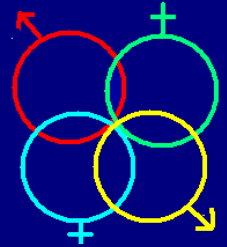
- **Support & Encouragement**
  - An adolescent's sense of connectedness to school significantly impacts on their views towards violence, substance abuse and sex (Martin et al, 2005)
  - Teens who communicate openly and honestly about sexual issues with their parents have decrease likelihood to seek advice from peers and to conform to perceived peer sexual behaviour (Feldman & Middleman, 2002).
  - Women felt uncomfortable asking their partners to use condoms, but both men and women agreed that empowering women to negotiate condom use would prove beneficial (Visser, 2005)
    - “Maybe that's the thing: empowering women to say it. I've never had a guy refuse” (Sarah)
  - Consideration of condom availability and expense for young women



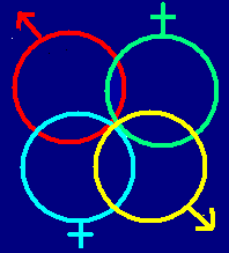
# Conclusion

- Many of the pressures on adolescent females to become sexually active are indeed subtle and have reduced controllability however that can not be an excuse to sit back and expect such behaviour despite the consequences. Adolescent females need to have safe, smart and factual influences in their lives to ensure that their sexual activity is chosen, healthy and based on true, normal and natural perspectives of such behaviour.
- Using magazines and television to depict normal sexual behaviours between appropriately aged participants will of course greatly reduce the pressures suffered by adolescent females to have sexual intercourse. The realism of this method however is low to none - Sex Sells. Instead we need to combat this medium with open discourse, parental involvement, more appropriate education that reaches young women where they need and want it to.

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