Young People, STIs & Sexual Health Education

How does sexual health education in school effect the rate of sexually transmitted infections in communities?

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INTRODUCTION

Sexually transmitted infections (STIs) are nothing out of the ordinary, however recently in Australia STI rates in our young people have been rising at alarming rates (Callendar 2017). Is this due to increased awareness about the importance of testing, which results in more people being diagnosed or does it have its roots in our education programs and lack of education around sexual health?

It is seen in our schools and in our student's homes, that sexual health education and safer sex practices have been a taboo subject (Papas 2013). Open and honest discussions are something that are only just beginning to surface in our classrooms. However, attitudes still show there is a belief that if we talk to our young people about sexual health and safe sex, then they will go out have sex (Papas 2013).

In Australia, the lack of sexual health education provided to young people before they start to develop sexual relationships affects the rate of STIs in our young people (Shine S.A 2011). The 5th National Survey of Secondary School Students and Sexual Health indicated that our young people's knowledge about STIs other than HIV was generally poorer (Mitchell et.al 2014) and that STIs in our young people are on the rise, especially warts, gonorrhoea, chlamydia and herpes (Queensland Association for Healthy Communities, 2009). Another survey, suggested that only 43% of young people always use a use a condom during penetrative sex and 39% of young people would sometimes use condoms during penetrative sex (McGaurr 2014).

I feel, and literature suggests, that sexual health education is seen to adversely affect the rate of transmission in STIs within communities of young people. I will seek to explore the topic through looking at the young people in Australia's Indigenous Community and LGBTQI Community. Also, through analysis of Abstinence-only programs.

How does sexual health education in schools effect the rate of sexually transmitted infections in communities?

Sexual Health Education helps people gain the information, skills and motivation to make healthy decisions about sex and sexuality. It is high-quality teaching and learning about topics related to sex and sexuality, exploring values and beliefs about those topics (Shine S.A. 2011), it is a life skill helping young people to navigate relationships and manage one's own sexual health.

STIs are infections caused by some bacteria, viruses and other organisms. They can be passed from person to person through any form of sexual activity, including vaginal, anal and oral sex (Shine S.A. 2017).

REVIEW OF CURRENT INFORMATION

Sources generally agree with what the definition of Sexual Health Education is (Family Life International 2017 & Shine S.A. 2011). Comprehensive sex education teaches that casual sex and sexual experimentation is normal activity for teens (Family Life International 2017). It should focus on STI awareness and prevention and contraceptive familiarity and know-how. Comprehensive sexual health education puts students in control and allows them to navigate the world of sexual activity and relationships in a safe and informed manner.

Evaluations of comprehensive sex education show that these programs can help youth delay onset of sexual activity, reduce the frequency of sexual activity, reduce the number of sexual partners, and increase condom and contraceptive use (lowering STI transmission rates) (Bridges & Hauser 2014). Importantly, the evidence shows youth who receive comprehensive sex education are NOT more likely to become sexually active, increase sexual activity, or experience negative sexual health outcomes (Bridges & Hauser 2014).

How does sexual health education in schools effect the rate of sexually transmitted infections in communities?

In Australian schools, the topic of sexual health education and safer sex practices have been taboo subjects (Papas 2013). Adults are afraid to educate young people and because of this young people are afraid to ask questions and talk about these topics. The 5th National Survey of Secondary School Students and Sexual Health indicated that our young people's knowledge about STIs other than HIV was generally poorer (Mitchell et.al 2014) and that STIs in our young people are on the rise; especially warts, gonorrhoea, chlamydia and herpes. The prevalence of STIs in the 15-24-year-old age group has led to questions about their attitudes towards safe sex (Papas 2013).

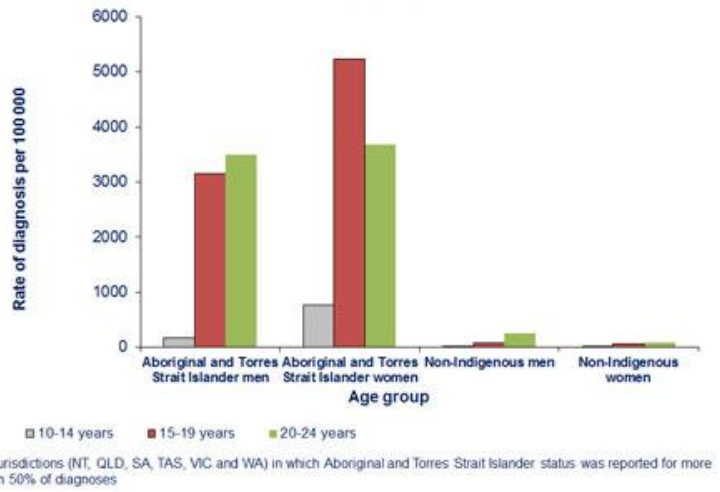
Despite ongoing concerns for the sexual wellbeing of young people, it is suggested that most young people are confident in their decision-making around their sexual health (NSW Department of Education, 2015) – this is contrary to what 5th National Survey of Secondary School Students and Sexual Health indicates. However, it is a teacher who will make judgements about what their students need to know to help them navigate the world of sexual relationships effectively and be safe during sexual activity (NSW Department of Education, 2015).

Looking at the effect of sexual health education and rate of STI Transmission in specific groups of young people…

Aboriginal Young People

Aboriginal Australians experience poorer health outcomes in sexual health. Aboriginal Australians have substantially higher rates of STIs, blood-borne viruses (BBVs) and teen pregnancy than their non-indigenous counterparts, particularly for chlamydia, gonorrhoea, infectious syphilis, hepatitis B and hepatitis C (Kirby Institute 2011 cited in Strobel & Ward 2014). It shows that higher rates of chlamydia (4 times), gonorrhoea (27 times) and infectious syphilis (5 times) are diagnosed in Aboriginal Australians (Strobel & Ward 2014). See Figure 1 for a graph looking specifically at the rate of diagnosis of Gonorrhoea, that illustrates this statistic (McDonald 2013).

Figure 1 – Rate of diagnosis for Gonorrhoea by Aboriginal status, sex and age group (McDonald 2013)



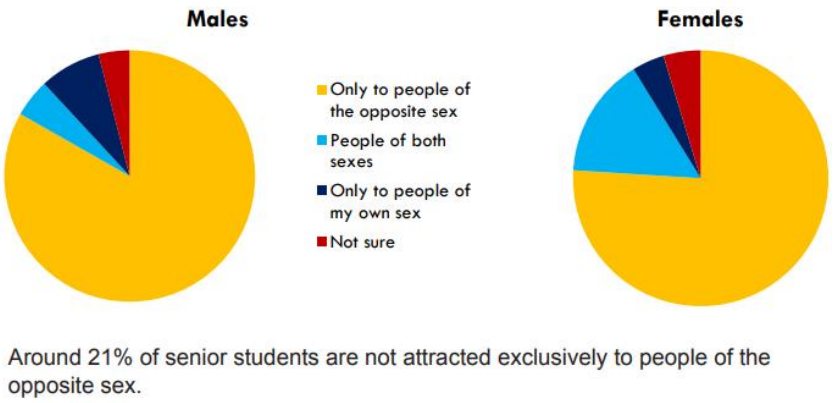
Resource Sheet No. 4 for Clearinghouse (Closing the Gap), provides suggestions for sexual health education programs that can positively influence behaviour, and reduce STIs and unwanted pregnancies in young people (Strobel & Ward 2014). Nevertheless, there is limited evidence available to support the effectiveness of sexual health education programs for Indigenous Australians (Strobel & Ward 2014). It was also noted that currently community education and health promotion reduced rates of STIs (Strobel & Ward 2014). An example of a community-based education program is Remote STI and BBV Project – Young, deadly, STI & BBV free developed and delivered by The South Australian Health and Medical Research Institute.

This high rate of STI transmission is due to the lack of access to sexual health resources for Aboriginal Australians. Arabena, states this might be due to a mistrust of 'mainstream' (non-indigenous specific) health services resulting from past injustices and racially differentiated treatment that occurred within the history and settlement of Australia (2006 cited in Strobel & Ward 2014).

LGBTQI Young People

When looking at sexual health education and the rate of STIs in our community, it is important to look at the young people, who are part of the Lesbian, Gay, Bisexual, Transgender, Questioning/Queer and Intersex (LGBTQI) Community. This being, as there are many students in our school who are attracted to people of the same-sex or to both genders (Mitchell et.al 2014) – see Figure 2.

Figure 2- Student Sexual Attraction, 5th National Survey of Secondary School Students and Sexual Health (Mitchell et.al 2014)



LGBTQI Health Systems Project suggests that the rate of condom use during penetrative sex are similar between same-sex attracted young people (70%) and heterosexual young people (65%) – however, rates of STIs are vastly different. Same-sex attracted young people are five times more likely to be diagnosed with an STI and the statistic read as10% of these young people have been diagnosed with STIs in comparison to 2% of the heterosexual peers (Queensland Association for Healthy Communities, 2009). This is supported by Callendar (2017), which mentions that rate of young people with STIs are increasing, especially for those who are same-sex attracted.

How does sexual health education in schools effect the rate of sexually transmitted infections in communities?

Literature suggests this high rate of STI transmission in these young people is to do with the lack of information provided in sexual health education at school and how hard it is to obtain the information for these young people. Information is generally obtained from the internet or through risky sexual behaviour (Queensland Association for Healthy Communities, 2009). Lack of information for these young people could be due to opponents like Marijke Rancie (against Safe Schools Program), who believe that topics like sexuality (specifically relating to homosexuality and anal sex) should not be taught through the education system (Lambert 2017). However, LGBTQI Health Systems Project, suggested this rate is impacted by the earlier ages these young people are having sex and their sexual partners are in a high-risk group for STIs (Queensland Association for Healthy Communities, 2009).

Looking at the effect of Sexual health education on our young people's knowledge and then how that is said to affect STI transmission….

Abstinence-only Education

Abstinence-only education is often faith-based, with a focus on marriage as the only proper context for sex – outside of this context young people should not be having sex (Family Life International 2017). Whereas, a comprehensive sex education teaches that casual sex and sexual experimentation is normal activity for teens and focuses on STI awareness and prevention and contraceptive familiarity and know-how (Family Life International 2017).

In America, many governments funded abstinence-only programs rely on fear, shame, and guilt to try to control young people's sexual behaviour and does not provide sufficient knowledge (SIECUS, 2017). It is felt they generally provide negative messages or even completely avoid discussions or teaching about sexuality, condoms and STIs.

Abstinence-only programs, are, however, teaching important skills like self-control, self-worth and self-love (Advocates for Youth 2008). Such education helps young people to reduce their risk of potentially negative outcomes, such as unwanted pregnancies and STIs (Advocates for Youth 2008). Further to this, the same source said, Abstinence-only education programs are said not to be effective at delaying the initiation of sexual activity or in reducing teen pregnancy and STIs – there is no research to support claims to it reducing STI rates(Advocates for Youth 2008).

Abstinence-only programs are not inclusive or comprehensive sexual health education. Overall issues surrounding these programs (Bridges & Hauser 2014) include:

Depiction of abstinence until heterosexual marriage as the only moral choice – assumes all young people have the same/ if any religious background and are all heterosexual – not preventing STI transmission or unsafe sex.

Mentioning contraception only in terms of failure rates – doesn't equip students with knowledge of how to have safer sex and protect themselves and their sexual partners. Students are then putting themselves and sexual partners at risk of STIs during penetrative sex, this is due to lack of knowledge.

Ignoring the needs of LGBT youth -leaves them more vulnerable than ever and put these young people and their sexual partners at risk of STIs during penetrative sex, due to lack of knowledge.

CONCLUSION & IMPLICATIONS FOR TEACHING AND LEARNING

Overall, there are some links to sexual health education in our schools and the rate of sexually transmitted infection in different communities. Young people can access information, even if not taught at home or at school, through the internet. It is shown that LGBTQI young people in our school don't have access to the same information as their heterosexual counterparts, as a result, they are more at risk and vulnerable to STI than their peers. Indigenous young people will also be more at risk – this is due to the accessibility of information and services, some issues surrounding settlement history here too. It is also clear that comprehensive sexual health education is necessary for our young people to navigate the world of sexual activity/relationships, enabling them to protect themselves and those who will be their sexual partners against STIs.

Teacher Implications

As educators:

- Keep teaching about STIs – young people's knowledge needs to improve.
- Make sure to provide sexual health information before student go through puberty and want/have sexual relationships (Shine S.A. 2011)
- Inclusivity is essential. Not all young people come from the same context, so when teaching safe sex, it is important to know your students' contexts.
- Make STI and Safer Sex information available for the LGBTQI and Indigenous Students.
- Make judgements about what your students need to know to help them navigate the world of sexual relationships effectively and be safe during sexual activity (NSW Department of Education 2015).
- Continue providing knowledge about STIs and sexual health is an important and a necessary precursor to safe behaviour, knowledge needs to be presented in a social context which is relevant to all young people and the community in which they live (NSW Department of Education 2015).

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2,013 Words