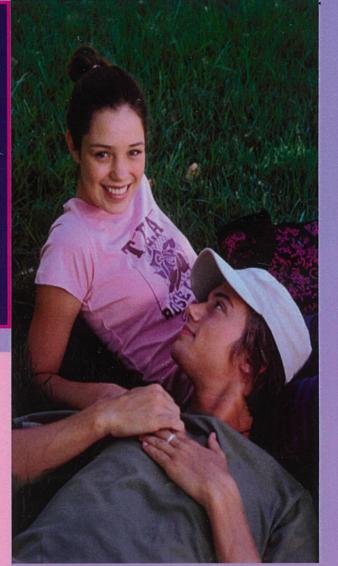
Would the sexual health of New Zealand teenagers benefit from a Public Health Nurse being at school to hold health clinics more often, and prescribe contraceptives?



### What is the issue with the sexual health of New Zealand teenagers?

New Zealand (NZ) teenagers have high rates of both unwanted pregnancies and sexually transmitted infections (STIs). NZ laboratories collected data in 2011 and 70% of chlamydia cases and 60% of gonorrhoea cases were found in the 15-24 age group. In the table below, note that NZ came third highest in the rates of teenage pregnancy:

Table 1

## Teenage Fertility, Abortion and Pregnancy Rates New Zealand and selected countries Latest available year

				helerence rear	
Country	Teenage Fertility Rate <sup>(1)</sup>	Teenage Abortion Rate <sup>(†)</sup>	Known Pregnancy Rate <sup>(2)</sup>	Teenage Fertility Rate	Teenage Abortion Rate
Australia.	17.6	23.9	41.5	2001	1995-96
Canada	20.2	20.9	41.1 (3)	1997	1998
Denmark	7.6	14.0	21.6	2001	1999
England and Wales	29.2	23.6	52.8	2000	2000
Finland	10.0	9.6	19.6	2000	1996
France	7.0	8.9 (*)	15.9 (*)	1998	1995
Japan	4.9	6.3 (4)	11.2 (4)	1999	1995
Netherlands	5.9	4.2	10.1	2001	1992
NEW ZEALAND	27.7	24.6	52.3	2001	2001
Norway	11.0	20.0	31.0	2001	2000
Scotland	29.1	18.2	47.3	2000	2000 F
Sweden	5.0	21.1	26.1	2000	2000
United States	45.9	32.1	78.0	2001	1995

(1) Number of live births/abortions per 1,000 estimated mean for females aged 15–19 years.

P provisional

# The benefit of a Public Health Nurse (PHN) educating our teenagers:

PHNs have extensive experience working with young people and are already trained to deliver sexual health education.

As Registered Nurses, they are fully qualified health professionals with a focus on holistic, culturally safe care.

Using this vast experience, PHNs can pass on their knowledge to teenagers, therefore providing *them* with the knowledge to be safe sexually.

### How will more clinics and prescribing rights improve health outcomes for teenagers?

PHNs already visit schools, but it is a limited service and often schools only get one clinic a week. A more consistent and regular service provides teenagers with the opportunity to build rapport with the PHN and provides the PHN with more time to educate the teenagers. This gives more time for the teenagers to become knowledgeable about safe sex and contraception— there is evidence that supports that the education of contraception and lower rates of teenage pregnancy are related.

PHNs obtaining prescribing rights allows a single appointment for teenagers to obtain contraception. This lowers the chances of un-safe sex between the PHN appointment and the appointment they currently have to make with another organisation to obtain a prescription.

To conclude, the sexual health of NZ teenagers currently needs improvement. PHNs are the perfect professional to provide a safe and holistic service. Extended contraception education and PHN prescribing rights can give teenagers the tools to practice safe sex, thus lowering our rates of unwanted pregnancy and STIs.

#### References

Kahn, J., Brindis, C., & Glei, D. (1999). Pregnancies averted among U.S. teenagers by the use of contraceptives. *Family Planning Perspectives*, 31(1), 29-34. Sexually transmitted infections in New Zealand [Annual Report]. (2012). NZ: Institute of Environmental Science and Research Limited.

Statistics New Zealand. (2003). Teenage fertility, abortion and pregnancy rates New Zealand and selected countries [Table]. Retrieved from the Statistics New Zealand website: http://www.stats.govt.nz/browse\_for\_stats/population/births/teenage-fertility-in-nz.aspx

Waterworth, C. (2010). Nurse-led school clinics are enhancing high school students' health. *Kai Tiaki Nursing New Zealand*, 16(6), 22-24. Images retrieved from: http://www.google.com/images

<sup>(2)</sup> Number of births plus abortions per 1,000 estimated mean for females aged 15–19 years.

<sup>(3)</sup> Excludes abortions to teenagers aged under 15 years (4) Based on incomplete national statistics.