



# The Sexual Well-being of New Zealand Teenagers



## Research question

Through awareness of the high prevalence of unwanted pregnancies and sexually transmitted infections in New Zealand teenagers, I identified the following research question:

*“Are sexual health programmes in schools effective in reducing unplanned pregnancies and preventing transmission of sexual infections in teenagers?”*

To answer this question, I compared and critiqued evidence about effective education methods and compared these to the New Zealand curriculum. These conclusions were then linked to the nursing context and the role health professionals play in the enhancement of the sexual well-being in New Zealand teenagers.

## Practice issue

New Zealand has high rates of unwanted pregnancies and sexually transmitted infections in teenagers. Around 10% of all births in New Zealand are to women younger than 20 years of age (Hutchison, 2013). Rates of sexually transmitted infections are also of concern (Institute of Environmental Science and Research, 2015). A survey carried out by Clark et al. (2013) on the health of secondary school students in New Zealand found that only 60 percent of students who were sexually active reported using contraception every time they had sexual intercourse. It also showed a decline in condom use with students from 2007 to 2012, showing New Zealand students generally practice a poor level of protection against sexually transmitted infections (Clark et al., 2013).

## Literature review

Given the lack of evidence-based research on the effectiveness of New Zealand sexual health education, this project instead relates international research to the New Zealand sexual health school curriculum. Ideally, more country specific research is required to get a completely accurate picture of whether sexual education is powerful enough to influence the decision making of New Zealand teenagers.

## Effective education methods worldwide

Jackson (2004) and Poobalan et al. (2009) state that holistic methods of sexual health education are proven to be most effective. This includes sexuality, rather than just sex education, and therefore involves social, mental, spiritual and emotional dimensions as well as the physical aspect. In New Zealand, the sexual health curriculum is holistic, and encompasses these broader dimensions, as well as additional subjects such relationship education and violence prevention (Ministry of Education, 2015). This shows that an effective education programme is present that positively influences teenagers.

## The gaps in the New Zealand curriculum

Jackson (2004) showed that schools who provided significant sexual education in the senior years (15-18 years of age) were most effective. In developed countries, including New Zealand, marriage is now being delayed and therefore sexual intercourse before marriage is becoming more likely, with sexual relationships forming in the teenage years (Kirby et al., 2007). However, in New Zealand, sexual health education at this age is not compulsory, and schools do not have to teach it after Year 10 (Ministry of Education, 2015). This indicates a gap in the curriculum. Additionally, Jackson (2004) states that in New Zealand, parents can choose to withdraw their child from sexual health education. This presents a group of teenagers who may never have had any sexual education, and others who may have forgotten important information to aid their decision making when they need it the most.

## Implications for nursing practice

Although sexual health education in New Zealand is sufficient, there are gaps present and not all teenagers will have the same degree of knowledge on the subject. This shows the importance of continuous sexual health education from nurses to ensure all teenagers are well equipped to keep themselves protected sexually, and make responsible decisions in sexual situations.

## Recommendations

- Attendance to sexual health education classes should be encouraged.
- Nurses should use a friendly and open manner so teenagers feel that they can approach them with sexual health related matters.
- Community services should be easily accessible, affordable and teenage friendly.
- Nurses should continuously update their sexual health knowledge, especially about resources available.

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## PECOT

In order to formulate the researchable question, the aspects surrounding the clinical issue were refined using the PECOT acronym:

PECOT category	Information relating to question	Explanation
<b>Population</b>	Youth attending intermediate and secondary school (10 years – 18 years of age).	At primary school, sexual health education is based on topics such as development, family relationships and friendships rather than contraception, intimate relationships and emotions which is the focus of this literature review (Ministry of Education, 2015).
<b>Exposure (intervention)</b>	Youth who have received a sexual education programme at intermediate/ high school.	Evidence that compares the effects of sexual health education in schools on adolescents who have received it, against adolescents who have not received this education.
<b>Comparison/ control</b>	Youth who have not received any sexual education at intermediate/ high school.	The effect of no sexual health education on youth in comparison to the exposure group.
<b>Outcome</b>	Youth who have received sexual health education at school experience lower rates of teenage pregnancy and sexually transmitted infection than youth who have not received sexual education at school.	I want to know whether sexual health education reduces rates of sexually transmitted infections and prevents pregnancy in teenagers.
<b>Time</b>	10 years	This allows ongoing results of sexual education to be measured two years after leaving high school, from ages 10-20 years.

(Whitehead, 2013)

## Summary

Undesirable outcomes resulting from unprotected sexual activity in teenagers are currently a problem in society. This information needed to be presented in an effective way to build awareness of this issue. A poster presentation is a visually appealing method to present information to a large audience (Taggart & Arslanian, 2000). My target audience are nurses and other health professionals, and any other individuals interested in the sexual health of the teenage community. This method allows the key points of information to be outlined, but with enough evidence for conclusions to be drawn. It is a format that is simple, and easy to read (Hess, Tosney & Liegel, 2009). Posters are time friendly and aesthetically pleasing for the reader, unlike lengthy bodies of writing with no visual appeal.

## References

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