



Sexuality Education in New Zealand Secondary Schools

Can nurses help improve the sexual health outcomes of New Zealand secondary school students?



Perry Goldsmith

Introduction

The life-long effects of poor sexual health in adolescence have been well documented, with Hayter (2005) finding that STI's and unintended pregnancy in adolescence can impact heavily on both physical and mental health later in life. The rates of sexually transmitted infections and unplanned pregnancies amongst teenagers in New Zealand are high compared to other OECD countries (The Institute of Environmental Science and Research Ltd, 2013). There is also strong evidence that teenagers who identify as non-heterosexual are more at risk of suicide and mental health issues (Adams, Asiasiga & Dickinson, 2012). For this reason I chose to investigate whether nurse-led initiatives such as in-school sexual health clinics offering both education and clinical services could help improve the sexual health and wellbeing of New Zealand teenagers

Literature review

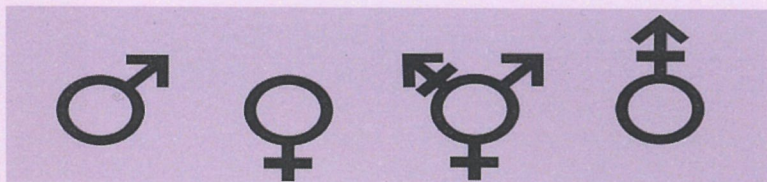
- Research conducted in the United States has found that there is a positive correlation between abstinence-only sex education and increased rates of teen pregnancy and STI's (Hall & Stanger-Hall, 2011).
- Sexuality education programmes that promote affirming messages for lesbian, gay, bisexual, transgender, queer and inter-sex students have been shown to lower incidence of homophobic and transphobic abuse and suicide amongst non-heterosexual and non-cisgender students (Hillier & Jones, 2012).
- Students prefer to visit in-school nurse run clinics for sexual health issues as they are convenient, confidential and free of charge (Teenagers prefer to use school-based sexual health clinics, 2008)

Implications

From my research I found that there is room for the scope of practice of school nurses to expand to include more education around sexual health and sexuality, as well as the medical aspects of sexual health such as performing tests and providing contraception. For us to combat New Zealand's high rates of STI's, teenage pregnancy and poor health outcomes for LGBTQI students, teenagers need to be able to access information and clinics that are appropriate, comfortable and convenient. I concluded that nurses working in schools have the knowledge around sexual health issues, the experience dealing with sensitive topics and the ability to form trusting relationships with clients that would allow them to provide this service.

References

- Adams, J., Dickinson, P. & Asiasiga, L. (2012). Mental health promotion and prevention services to gay, lesbian, bisexual, transgender and intersex populations in New Zealand: Needs assessment report. Auckland: Te Pou o Te Whakaaro Nui
- Hayter, M. (2005). Reaching marginalized young people through sexual health nursing outreach clinics: evaluating service use and the views of service users. *Public Health Nursing*, 22(4), 339-346
- Hillier, L. & Jones, T.M. (2012) Sexuality education school policy for Australian GLBTIQ students, *Sex Education*, 12(4), 437-454
- Institute of Environmental Science and Research Ltd. (2014). Sexually Transmitted Infections in New Zealand: Annual Surveillance Report 2013, Porirua, New Zealand
- Hall, D.W & Stanger-Hall, K.F. (2011) Abstinence-Only Education and Teen Pregnancy Rates: Why We Need Comprehensive Sex Education in the U.S. *PLoS ONE*, 6(10).
- Teenagers prefer to use school-based sexual health clinics. (2008). *Nursing Standard*, 22(42), 11



Conclusion

In conclusion, I believe that with increased funding for school-based clinics and more hours that school nurses are available, nurses may be able to provide both clinical services such as contraceptive advice and STI checks as well as education around sexuality and gender identity. This in turn has the potential to play a major role in improving the sexual health and wellbeing of New Zealand secondary school students.

Rationale

New Zealand secondary school students have high rates of poor sexual health outcomes compared to other OECD countries. This includes high rates of STI's and unplanned pregnancy, as well as a high incidence of mental health issues in students who identify as lesbian, gay, bisexual, transgender or intersex. For this reason I decided to conduct a literature review on how comprehensive sex and sexuality education in secondary schools affects sexual health outcomes of teenagers. Furthermore, I investigated whether school nurses would be able to offer these services effectively, and how their current services might be improved to meet the needs of students.

I chose to present my information as a poster, as I believe this will make it easily accessible to my target audience: teachers, school nurses and students. Sexual health is an issue that many people find sensitive or difficult to talk about so by making my poster simple and user-friendly I hope to present my information in a non-threatening and relaxed way. I tried to make the poster visually appealing so that it would draw the eye of people passing it, and I summarised my main points to make them easy to read and comprehend quickly.

PECOT Table

Before conducting my literature review I used the PECOT model (Schneider, Whitehead, LoBiondo-Wood & Haber, 2013) to come up with a specific research question: *Could the sexual health and wellbeing of New Zealand teenagers (13-19 years old) be improved by nurse-led initiatives such as more frequent in-school sexual health clinics that provide a wider range of services, including information and education on sexuality?*

PECOT category	Information relating to question	Explanation
Population	Adolescents aged 13-19 years old.	This is the average age range of teenagers in New Zealand secondary schools
Exposure (intervention)	Adolescents who have access to a comprehensive in-school nurse-run sexual health service.	Adolescents who do not have access to a comprehensive in-school sexual health service
Comparison / Control	Adolescents who do not have access to a comprehensive in-school sexual health service	I am looking for articles that analyse the consequences of adolescents not having access to adequate sexual health services.
Outcome	The sexual health status of teenagers who use nurse-run sexual health services.	I want to know whether the literature supports an increase in nurse-led services in schools and whether this could improve the sexual health and wellbeing of New Zealand teenagers.
Time	Over a 5 year period.	This is the length of time that most secondary school students would have access to in-school services.

Reference

Schneider, Z., Whitehead., D., LoBiondo-Wood, G., & Haber, J. (2013). Nursing and midwifery research methods and appraisal for evidence – based practice (4th ed.). Sydney, NSW, Australia: Mosby.