

Young people's sexual development: healthy or harmful?

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WHO definition of sexual health

“...a state of physical, emotional, mental and social well-being related to sexuality....”

Young people's sexual development and health:

- ▶ What is healthy and what is harmful sexual behaviour?
 - ▶ What are the norms for the general population of adolescents?
 - ▶ What is healthy sexual behaviour?
 - ▶ What is risky or harmful sexual behaviour from a population perspective or an individual perspective?
- ▶ What can we do to support young people who engage in risky or harmful sexual behaviour?



**The adolescent
brain:**

**Evolutionarily
and socially
programmed
for exploration
and risk taking**

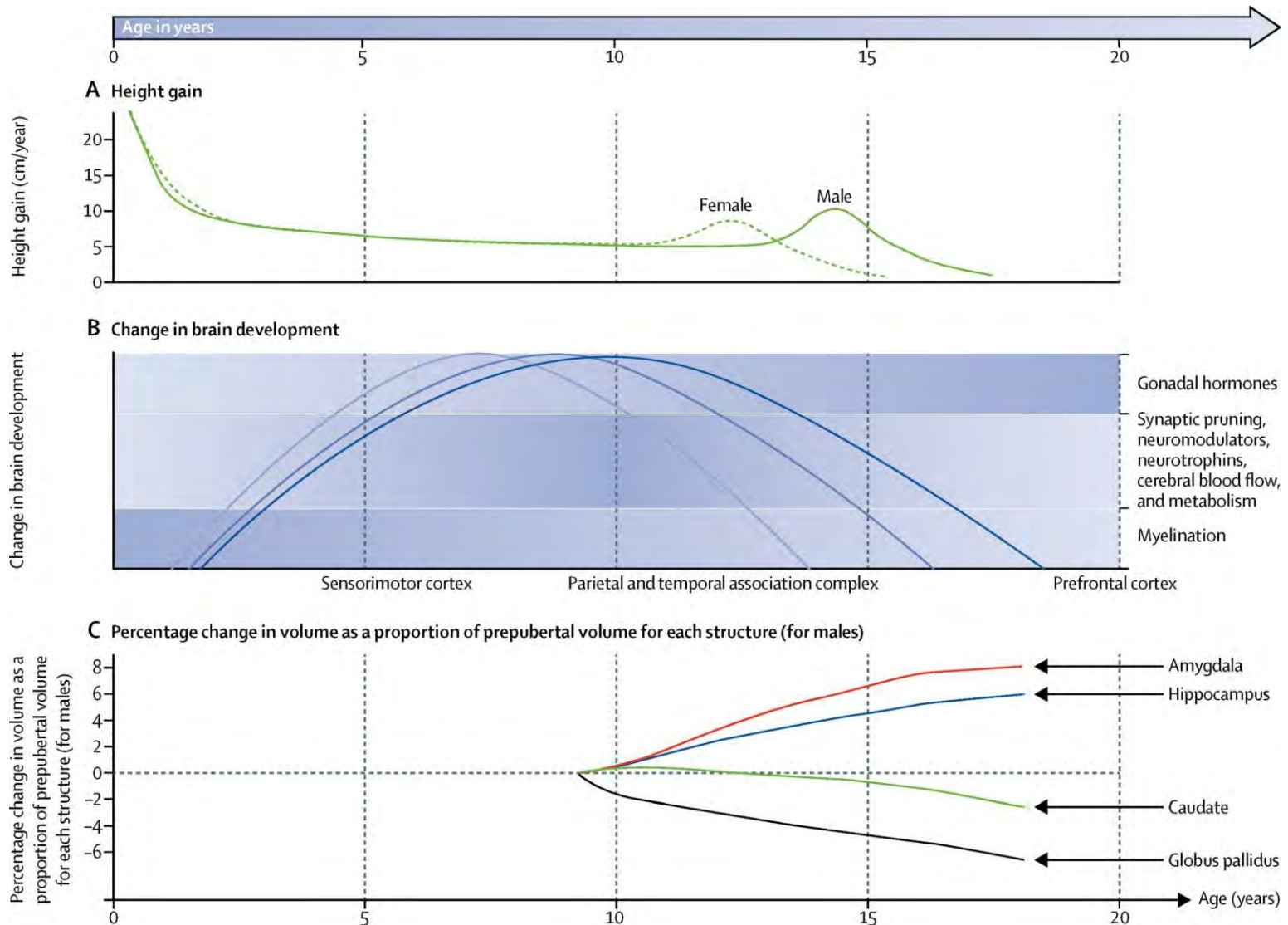
TEEN-AGE MOUSE



Adolescence is marked by immense developmental change relative vulnerability

- ▶ Marked neurocognitive and physical developmental
- ▶ Limited life experience and impulse control due to incomplete development of prefrontal cortex and limbic system
- ▶ Vulnerability to experiences and behaviours with life long consequences
 - ▶ 2/3 premature adults deaths due to conditions/ behaviours which arise in adolescents (WHO 2011)

Human development to 20 years

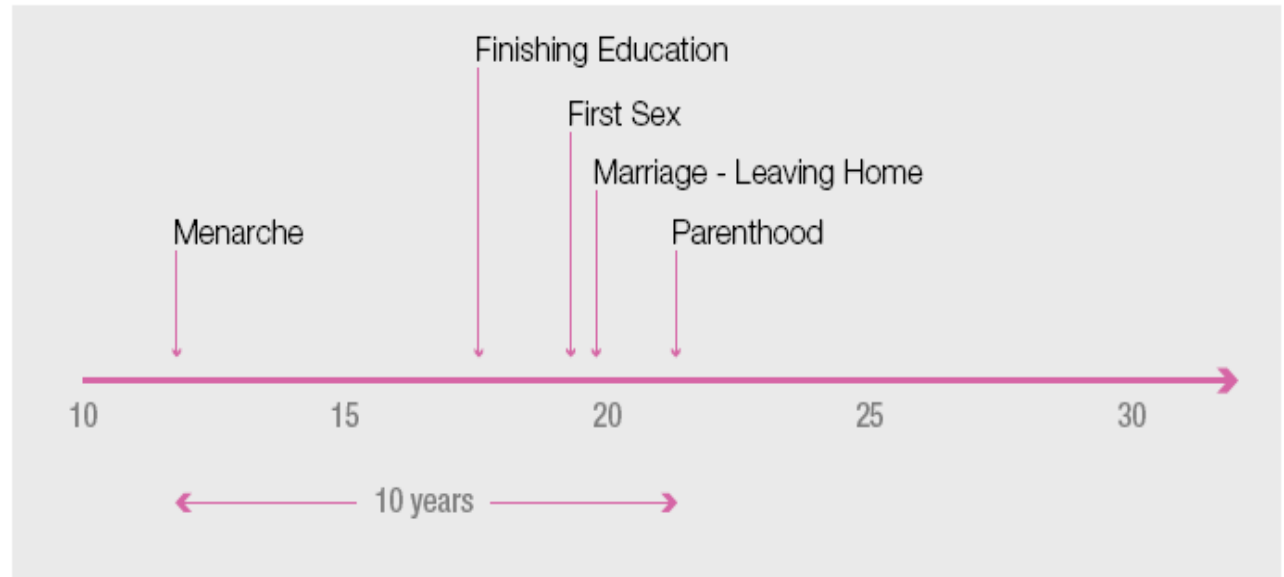


**Does changing
context matter?**

How has the context of young people's lives changed?

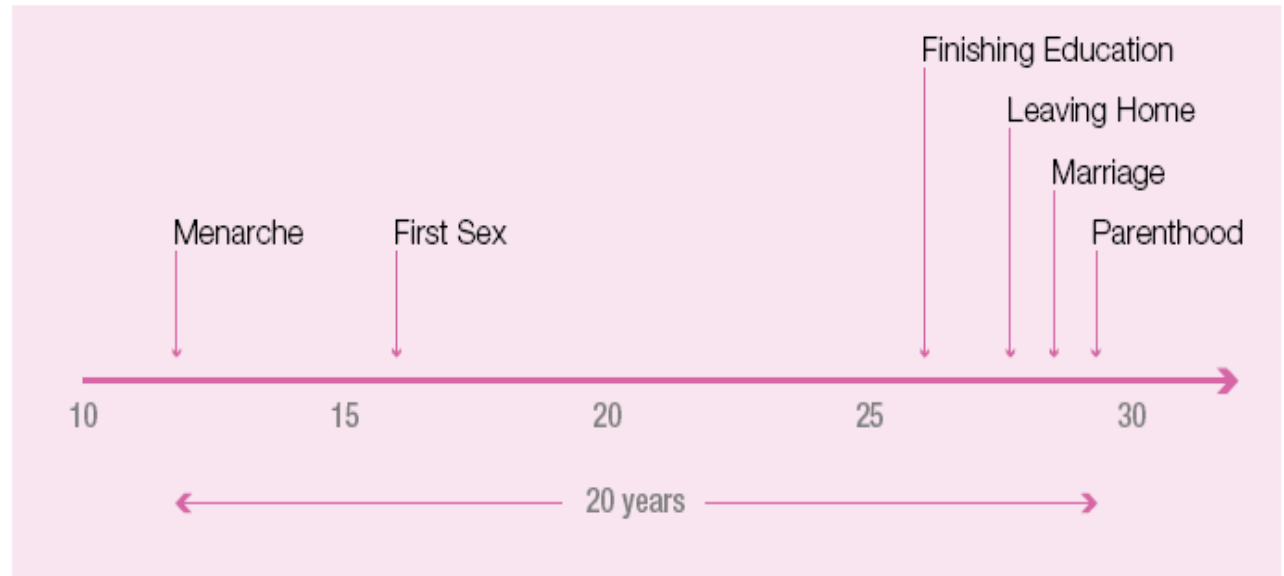
Growing up in 1950s

Figure 2



Growing up in 2000s

Figure 3



How has the social environment where young people grow up changed?

- Traditionally context was family, friends, school, community
- Online and offline worlds are now interconnected
- Most young people >15 yrs spend over 4 hours a day engaged with new media

(Like, post, share:
Young Australians'
experience of social
media, 2013)



Social attitudes affect young people

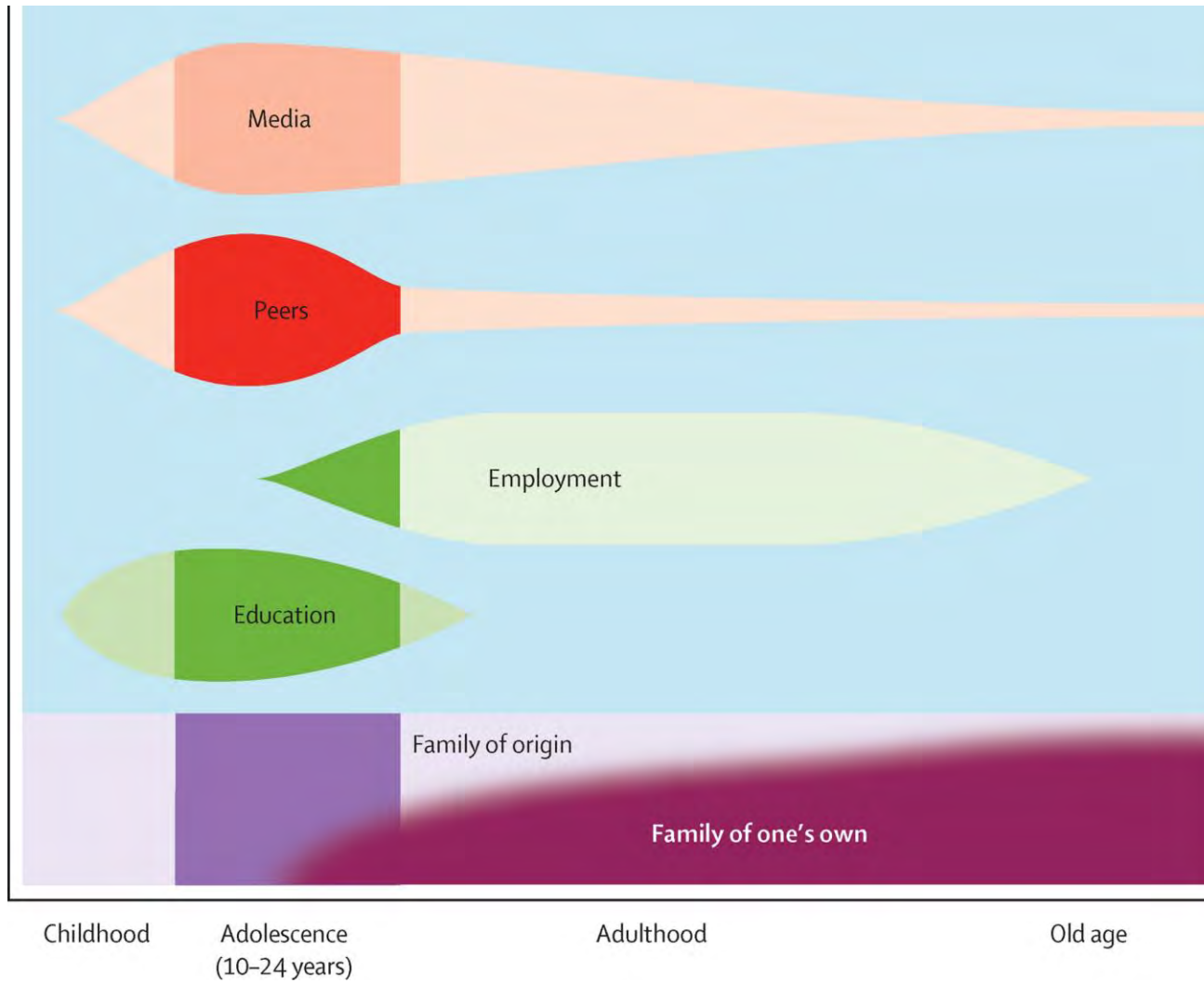
- Gender inequality- some improvements but some concerns and gaps remain (50/50 by 2030 Foundation, 2018)
- Less formal religiosity
- More tolerance and support for diversity or minorities
 - LGBTQ
 - CALD
 - Indigenous
 - Disability
 - Mental health
- Young people have more progressive values in general

LES

6%



Social determinants of health across life



What is healthy and what is harmful?

What is risky sexual behaviour in adolescence?

▶ Public health perspective

- ▶ Behaviour that leads to unplanned pregnancy/ STI
 - ▶ Early age of first intercourse (median=17 yrs)
 - ▶ Higher number of sexual partners (2+ in past year)
 - ▶ Not using long acting reversible contraceptives

▶ Clinician perspective

- ▶ Traumatic
- ▶ Coercive/ non-consensual relationships
- ▶ Unwanted
- ▶ Without pleasure

Normative adolescent risky sexual behaviour

- ▶ Biological vulnerability
- ▶ Reducing age of onset of sexual activity
- ▶ Romantic relationships- shorter duration, shorter between gap
- ▶ Low perception of risk
- ▶ Inconsistent condom use
- ▶ Access to protection less

Normative adolescent risky sexual behaviour?

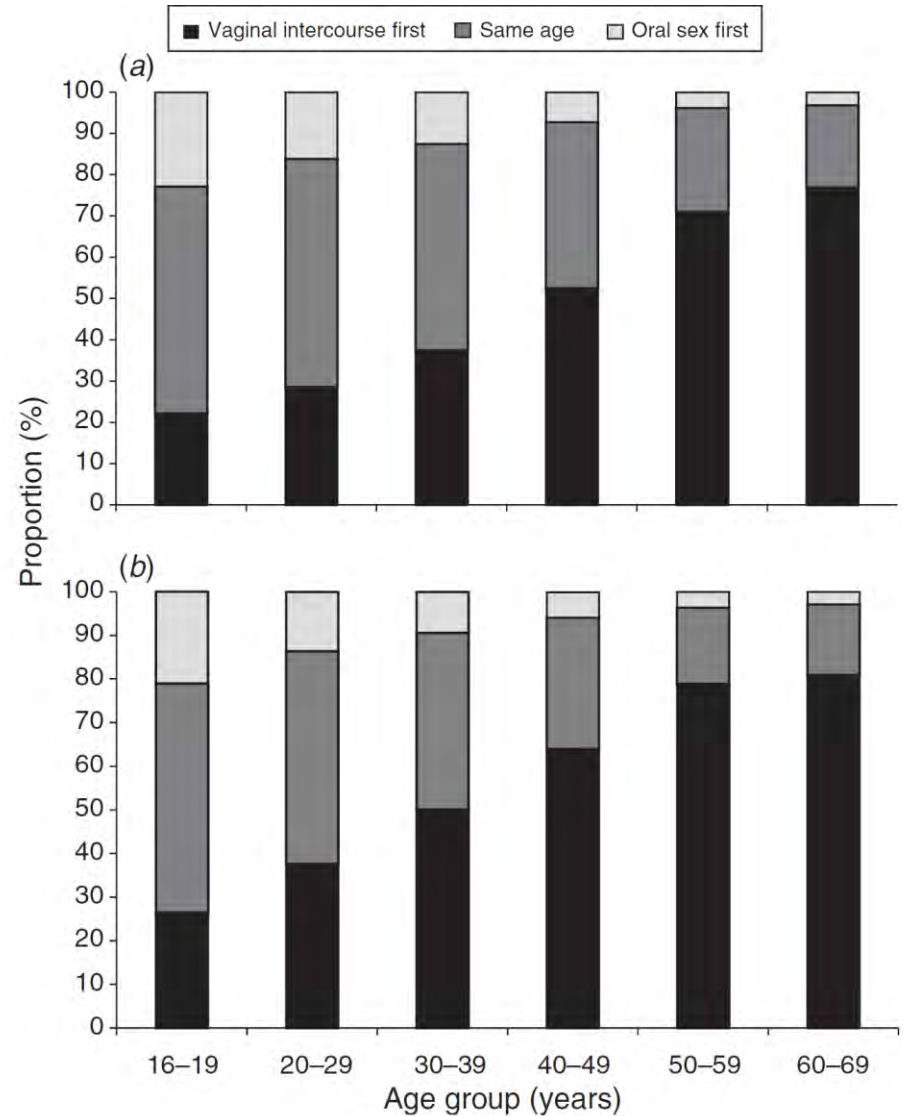
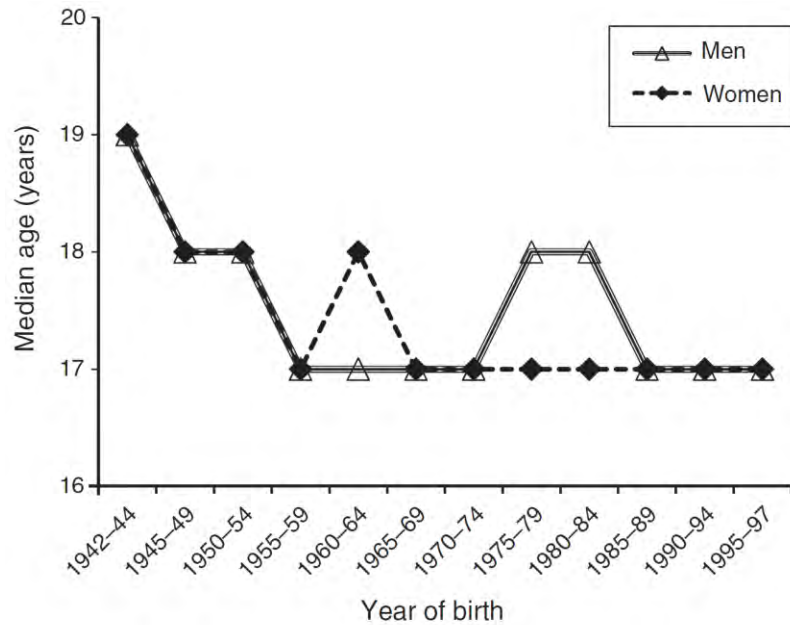
- ▶ Unwanted sexual activity
- ▶ Sexual activity when drunk or high
- ▶ Use of social media to send sexual images or messages which are unwanted or demeaning
- ▶ Meeting potential sexual partners on line, or via social media sites

What increases adolescent risky sexual behaviour?

- ▶ Developmental and psycho-social vulnerabilities
 - ▶ Risk taking, impulsivity
 - ▶ Social contexts and norms
 - ▶ Substance use
 - ▶ What increases teenagers vulnerability?
 - ▶ Adversities
 - ▶ Externalising problem behaviour
 - ▶ CALD, Indigenous
 - ▶ Rural and remote
 - ▶ Stigmatised groups (sexuality and gender diversity)

Young people's sexual health and wellbeing over 25 years

Is first sexual experience happening at younger ages?



National Survey of Secondary Students and Adolescent Sexual Health

Wave	1	2	3	4	5	6
Year	1992	1997	2002	2007	2013	2018
N	4594	3550	2388	2926	2136	8694
Grades/ age range	Grades 7-12	Grades 10-12				14-18 years
Method	In school data collection via paper and pen survey Participation managed by school				Two samples: 1) in school 2) online	Online survey only; recruited via social media
Notes	Excluded NSW schools; Excluded non- government schools	Excluded non- government schools across Australia	Included students from Government, Catholic and Independent schools across Australia. Parental consent required response rate ~59%		Challenges with school participation and parental response rate	Parental consent waiver

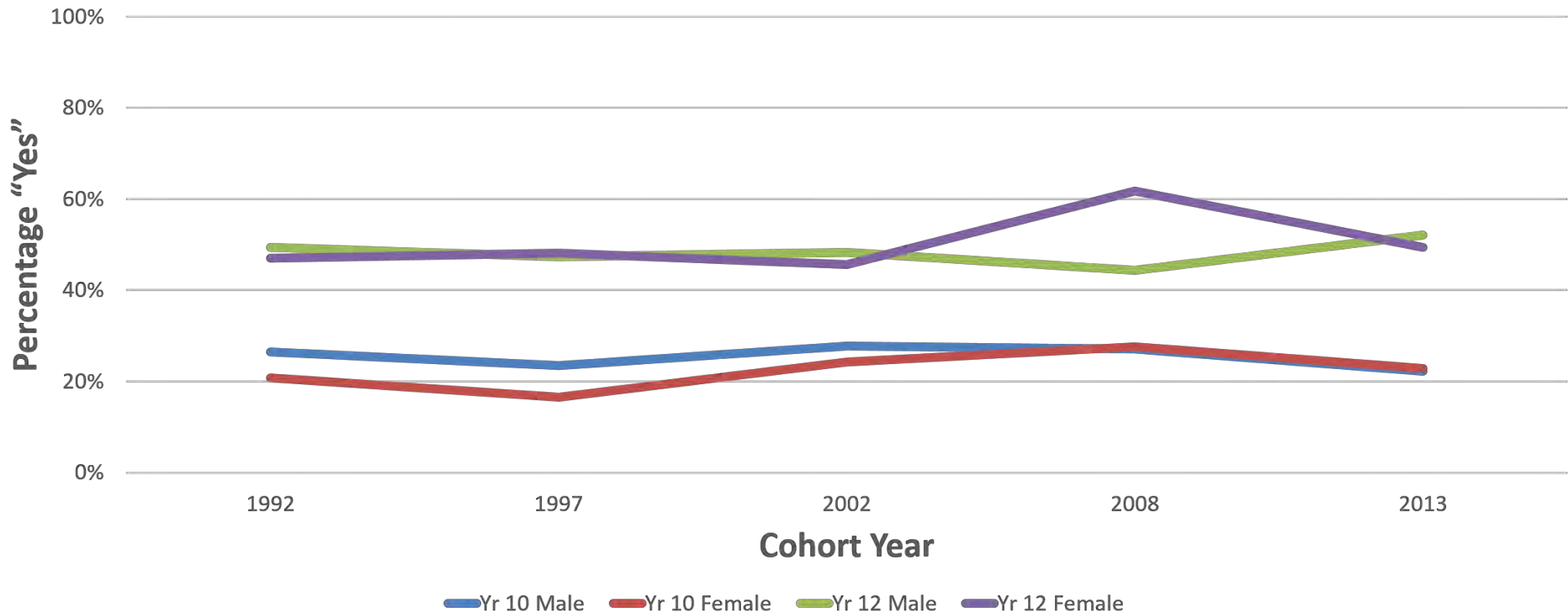
Sexual experience in adolescence years 10-12 (age 15-17)

	Male %	Female %
Had a GF/BF	74	77
Kissing	69 (60-77)	78 (70-83)
Touching partner	63 (53-71)	67 (56-74)
Oral sex	49 (37-59)	66 (43-66)
Vaginal sex	39 (28-47)	58 (37-58)
Anal sex	14 (10-17)	11 (8-16)

2018 Secondary Students and Sexual Health survey

Is first sexual experience happening at younger ages?

Have you ever had sex/sexual intercourse?



2018 SSASH survey: 43% males; 49% females had ever had sex

Role of developmental vulnerabilities and sexual risk – the WA Raine Cohort

Childhood Behavior Problems and Age at First Sexual Intercourse: A Prospective Birth Cohort Study

S. Rachel Skinner, MBBS, PhD^a, Monique Robinson, PhD^b, Michael A. Smith, PhD^c, Spring Chenoa Cooper Robbins, PhD^d, Eugen Mattes, MBBS, PhD^b, Jeffrey Cannon, BSc, BBus^e, Susan L. Rosenthal, PhD^f, Jennifer L. Marino, PhD^f, Martha Hickey, MD^g, Dorota A. Doherty, PhD^h

PEDIATRICS Volume 135, number 2, February 2015

CSIRO PUBLISHING

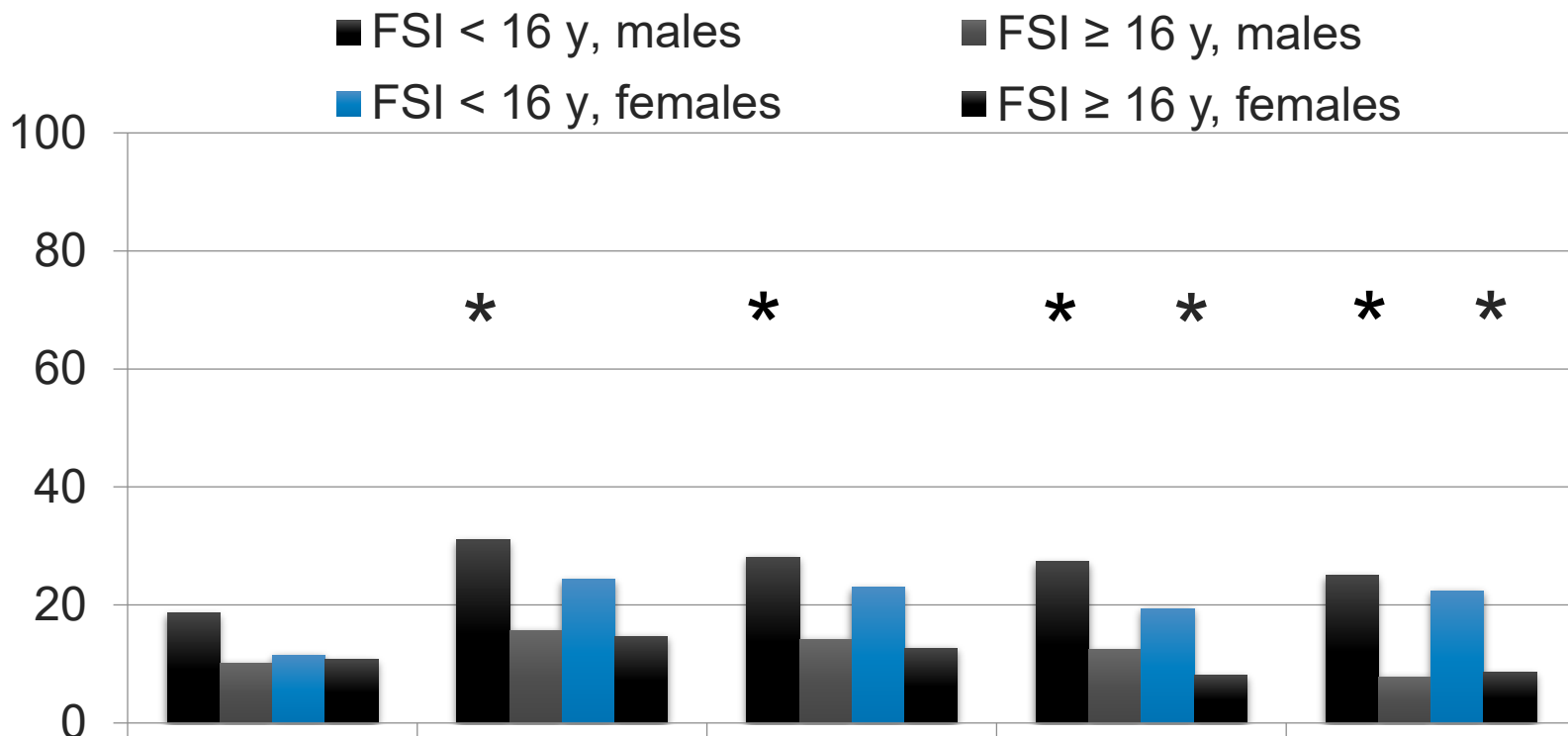
Sexual Health

<http://dx.doi.org/10.1071/SH16240>

Prospective cohort study of childhood behaviour problems and adolescent sexual risk-taking: gender matters

S. Rachel Skinner^{A,H}, Jennifer Marino^{B,C}, Susan L. Rosenthal^D, Jeffrey Cannon^E, Dorota A. Doherty^{F,G} and Martha Hickey^B

Role of vulnerabilities: externalising behaviour problems and early first sexual intercourse



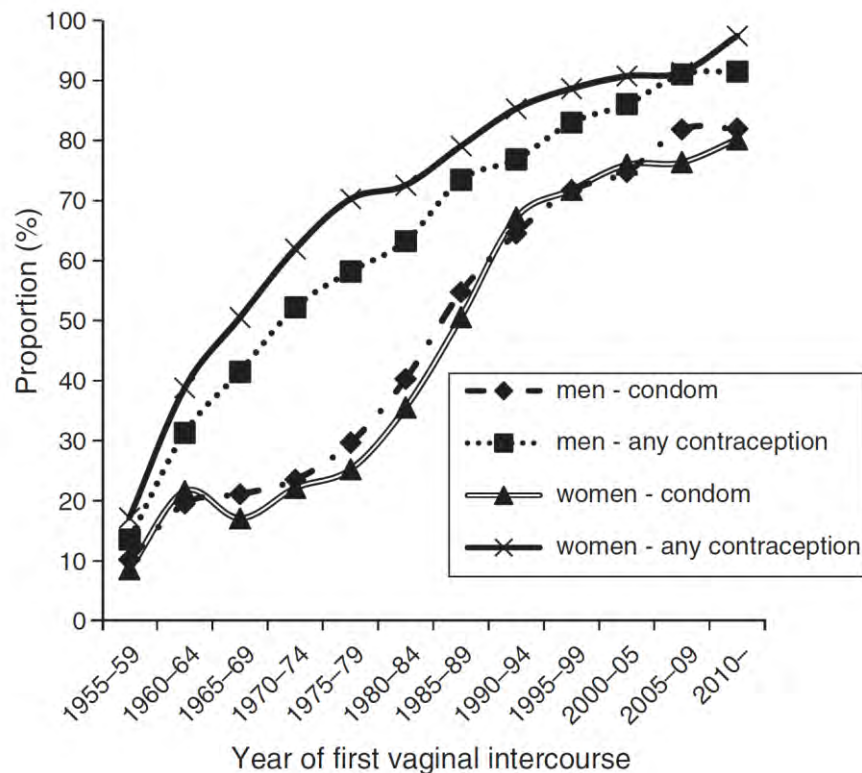
Males:

	Age 2	Age 5	Age 8	Age 10	Age 14
aOR	1.33	2.18	1.95	3.46	2.43
95% CI	0.71-2.51	1.31-3.62	1.18-3.23	1.98-6.05	1.38-4.28

Females:

	Age 2	Age 5	Age 8	Age 10	Age 14
aOR	0.76	1.32	1.54	2.19	2.56
95% CI	0.37-1.55	0.79-2.23	0.90-2.62	1.17-4.10	1.44-4.56

Use of condoms with first sex over time



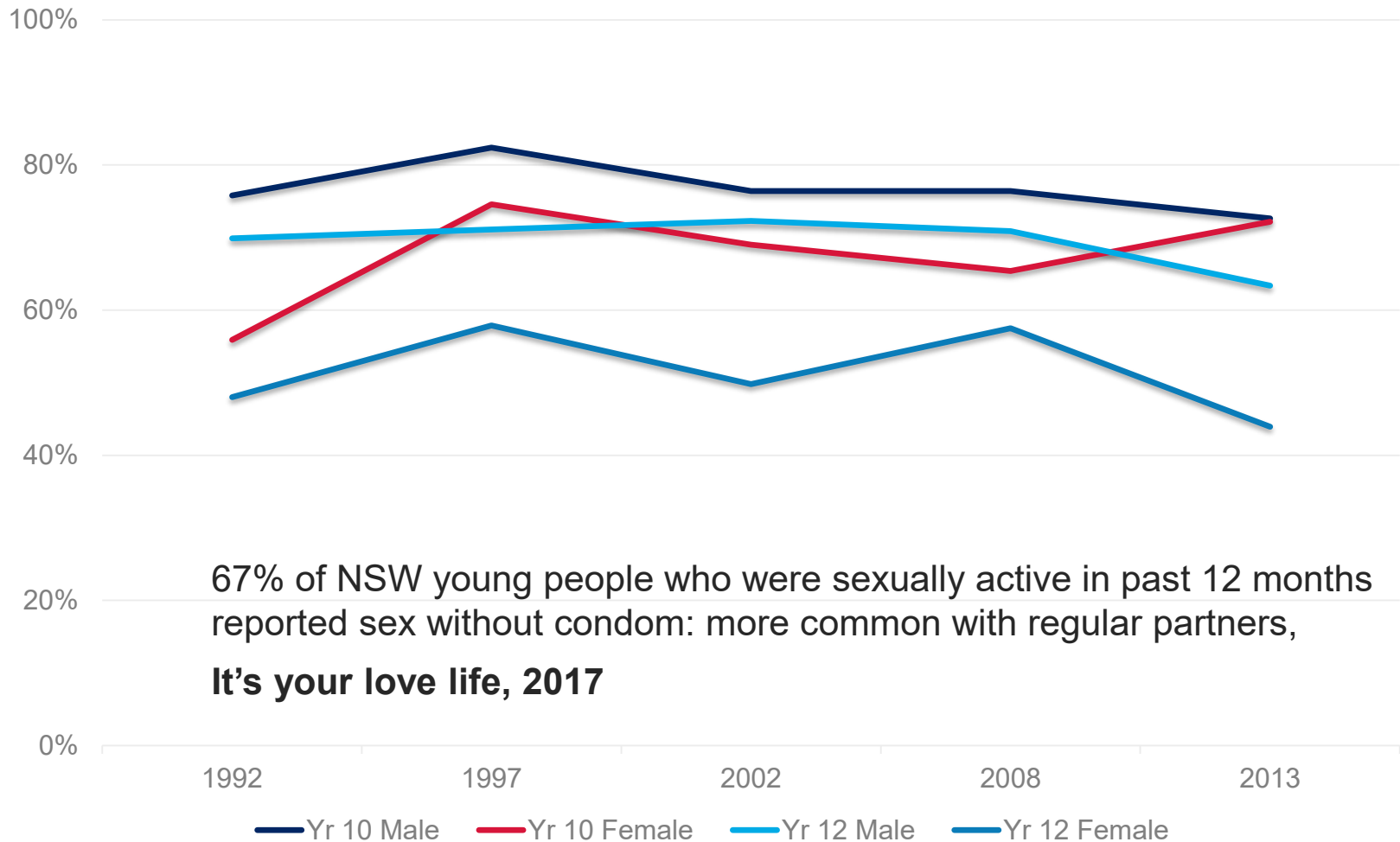
NSSSH data, condom used at last sex:

	Male	Female
Used	65.0%	55.2%
Condom was available	70.2%	64.8%
Used	88.7%	83.6%

Availability and use of condoms decreased each school year

Are young people having riskier sex?

Was a condom used the last time you had sex?

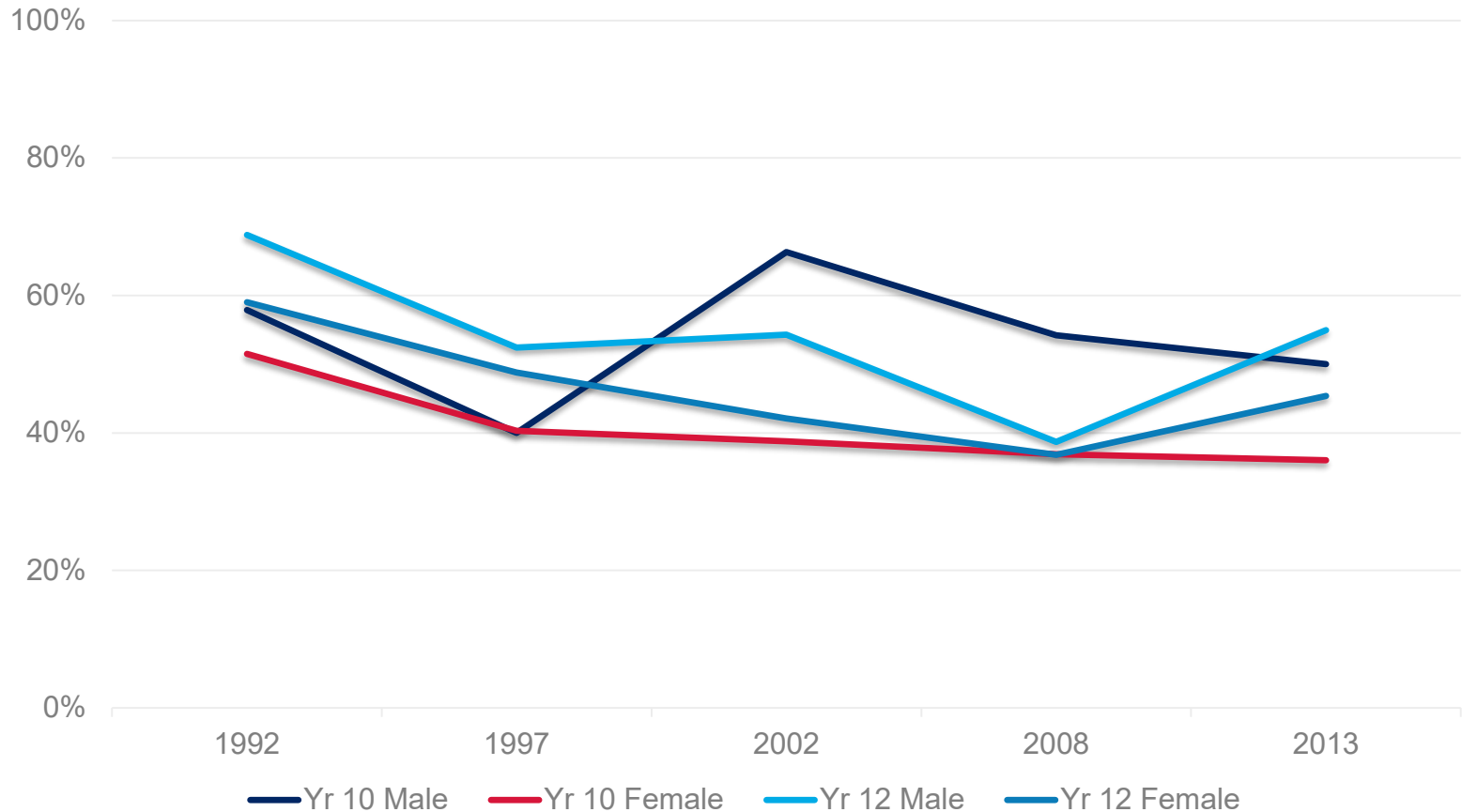


67% of NSW young people who were sexually active in past 12 months reported sex without condom: more common with regular partners,

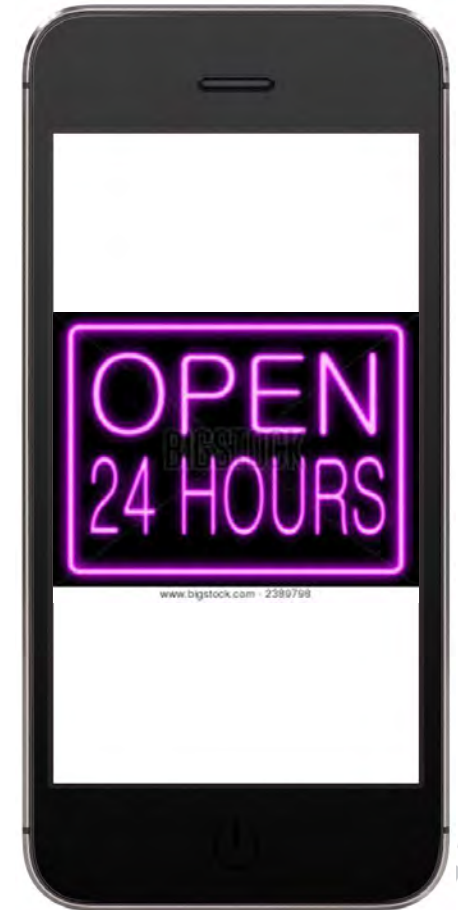
It's your love life, 2017

Do young people still report feeling good after sex?

After last time had sex, felt good

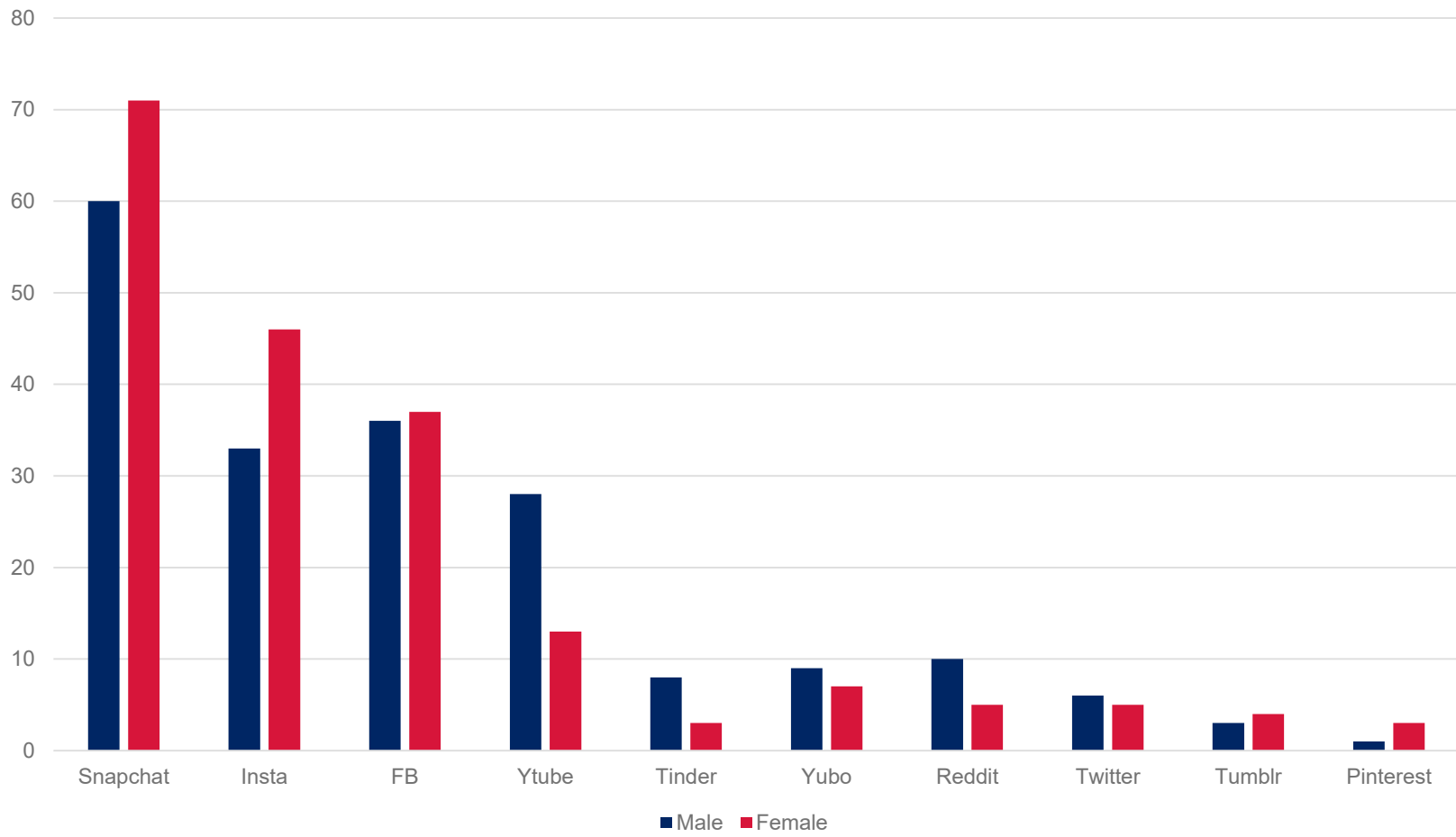


Social media: a new source of sexual content



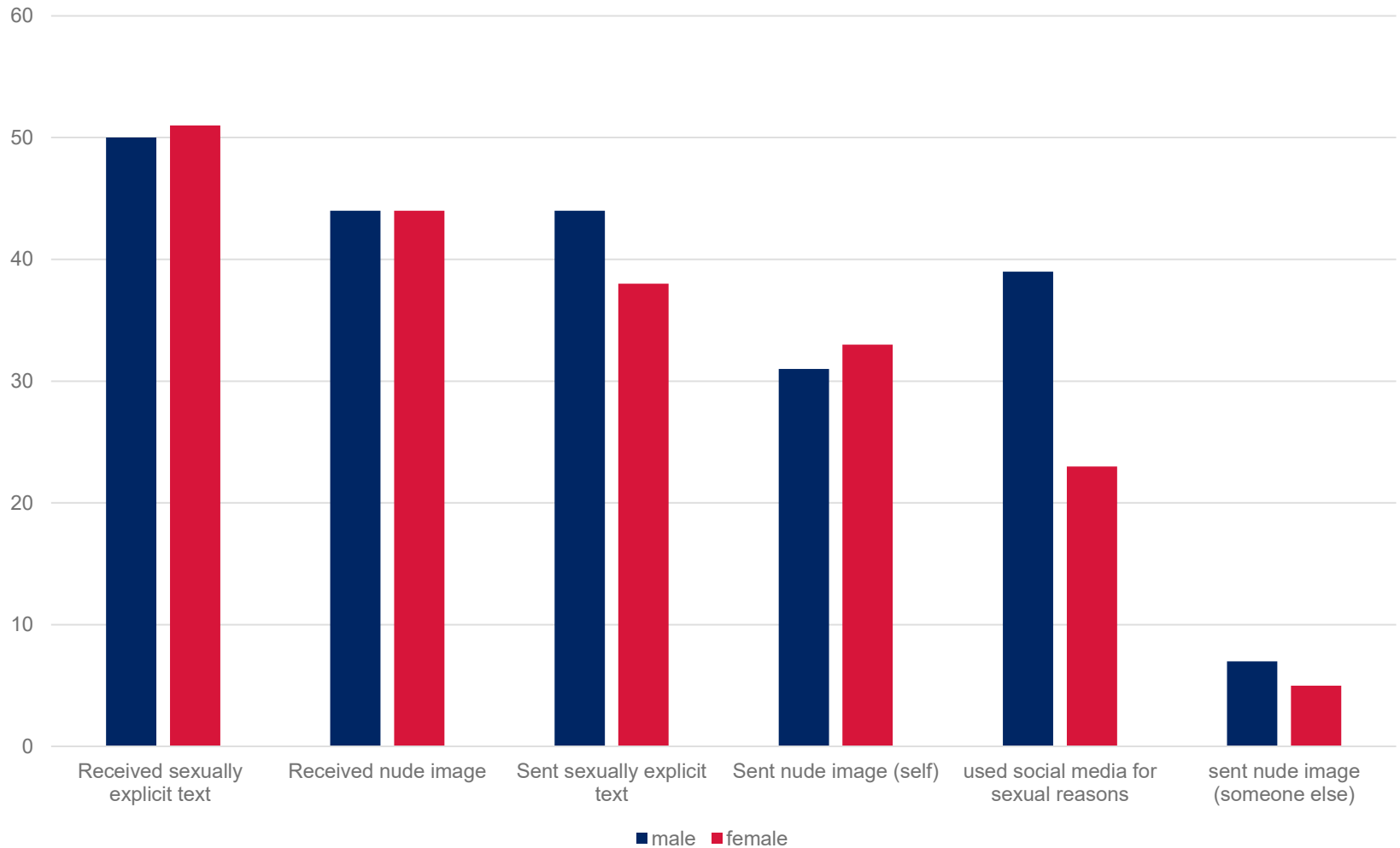
Use of social media sites 5+ times per day

SSASH 2018



Sexting behaviour in last 2 months

SSAH 2018



How does exposure to sexual content on-line affect young people?

- ▶ Online engagement - Off-line sexual risk behaviors
 - ▶ Casual sex
- ▶ Less progressive gender norms
- ▶ More permissive sexual norms
- ▶ Earlier first sex
- ▶ Body shame
- ▶ Decreased sexual assertiveness

Cabecinha et al., 2017) (Marston, Lewis, 2014) (Brown, 2009) (Martino SC, 2005)
(Bobkowski PS, et al, 2012) (van Oosten J, et al, 2015) (Draucker CB, Martsof DS, 2010)

Link between exposure to sexual content and sexual activity

CSIRO PUBLISHING

Sexual Health

<http://dx.doi.org/10.1071/SH16037>

Review

Is sexual content in new media linked to sexual risk behaviour in young people? A systematic review and meta-analysis

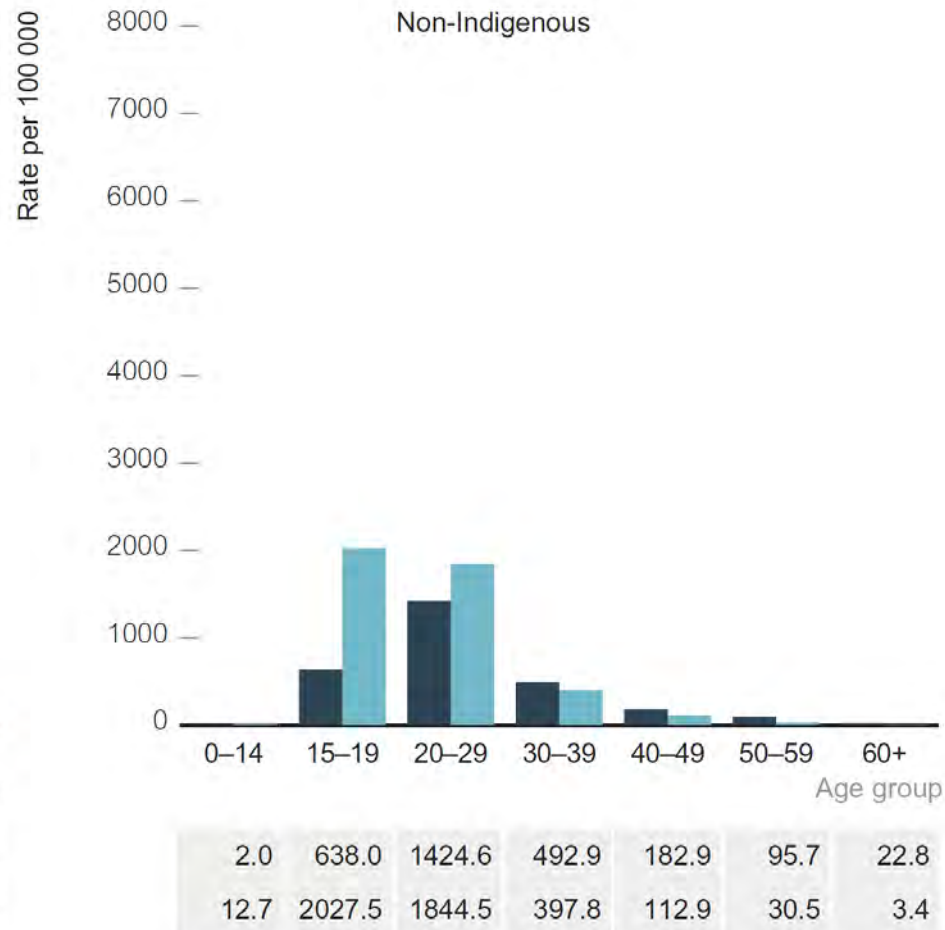
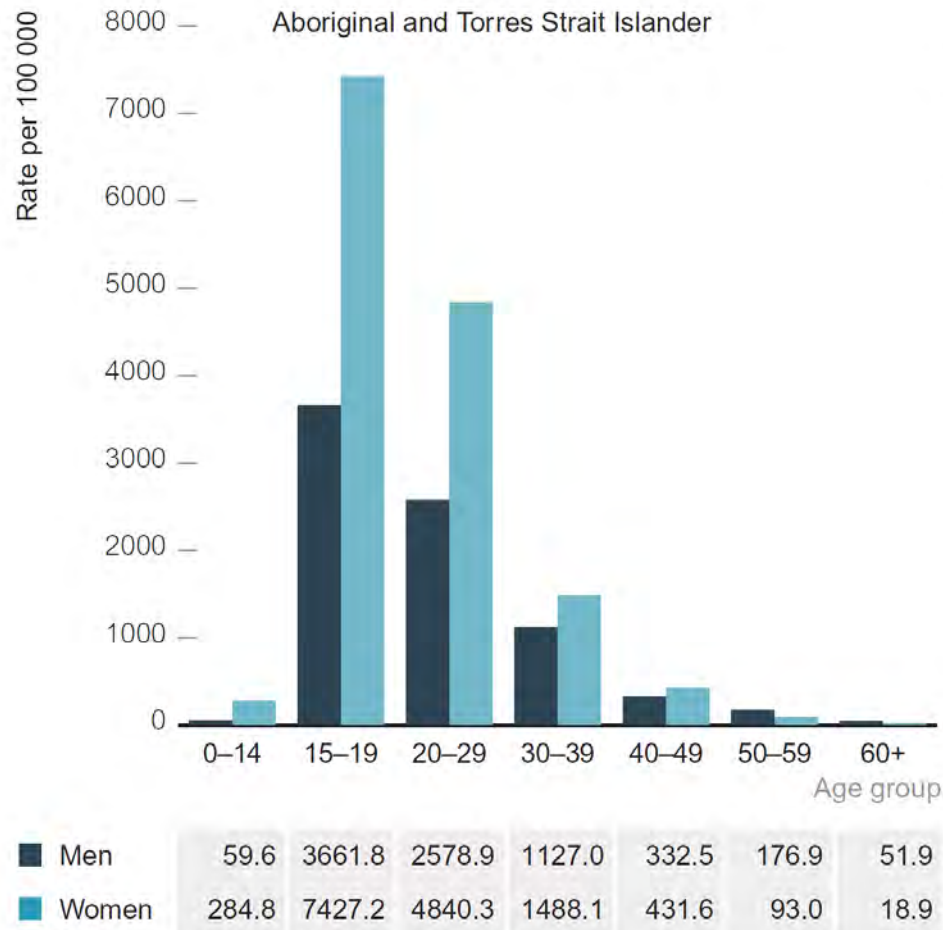
Lucy Watchirs Smith^{A,K}, Bette Liu^B, Louisa Degenhardt^C, Juliet Richters^B, George Patton^{D,E}, Handan Wand^A, Donna Cross^F, Jane S. Hocking^G, S. Rachel Skinner^H, Spring Cooper^I, Catharine Lumby^{A,I}, John M. Kaldor^A and Rebecca Guy^A

- 6 studies (n=10,353) all cross-sectional
- **SEW exposure/ sexting increased odds of:**
 - condomless sex (OR 1.23, 1.08-1.38)
 - sexually active (OR 4.79, 3.55-6,04)
 - AOD use before sex, OR 2.62 (1.99-3.32)
 - multiple partners (OR 2.65; 1.95-3.63)

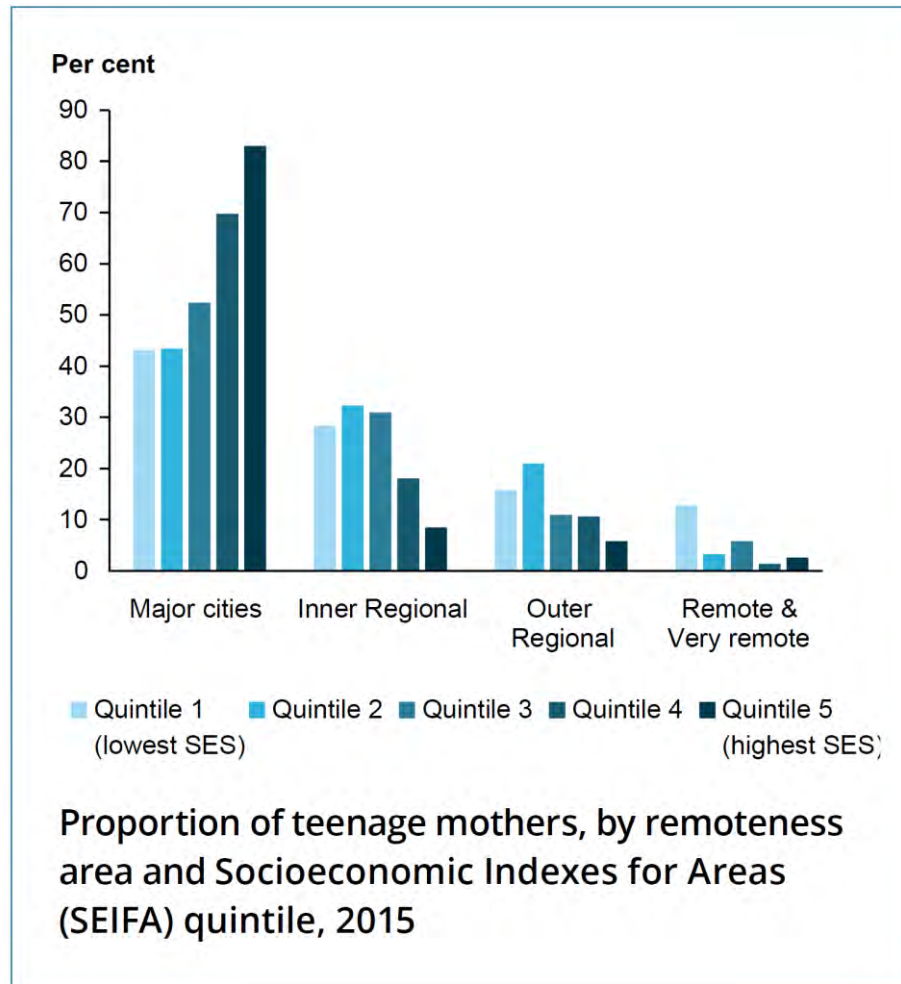


STIs and pregnancy and vulnerabilities

Chlamydia in Indigenous young people



Disparities: remoteness and SES



Sexual behaviour and health

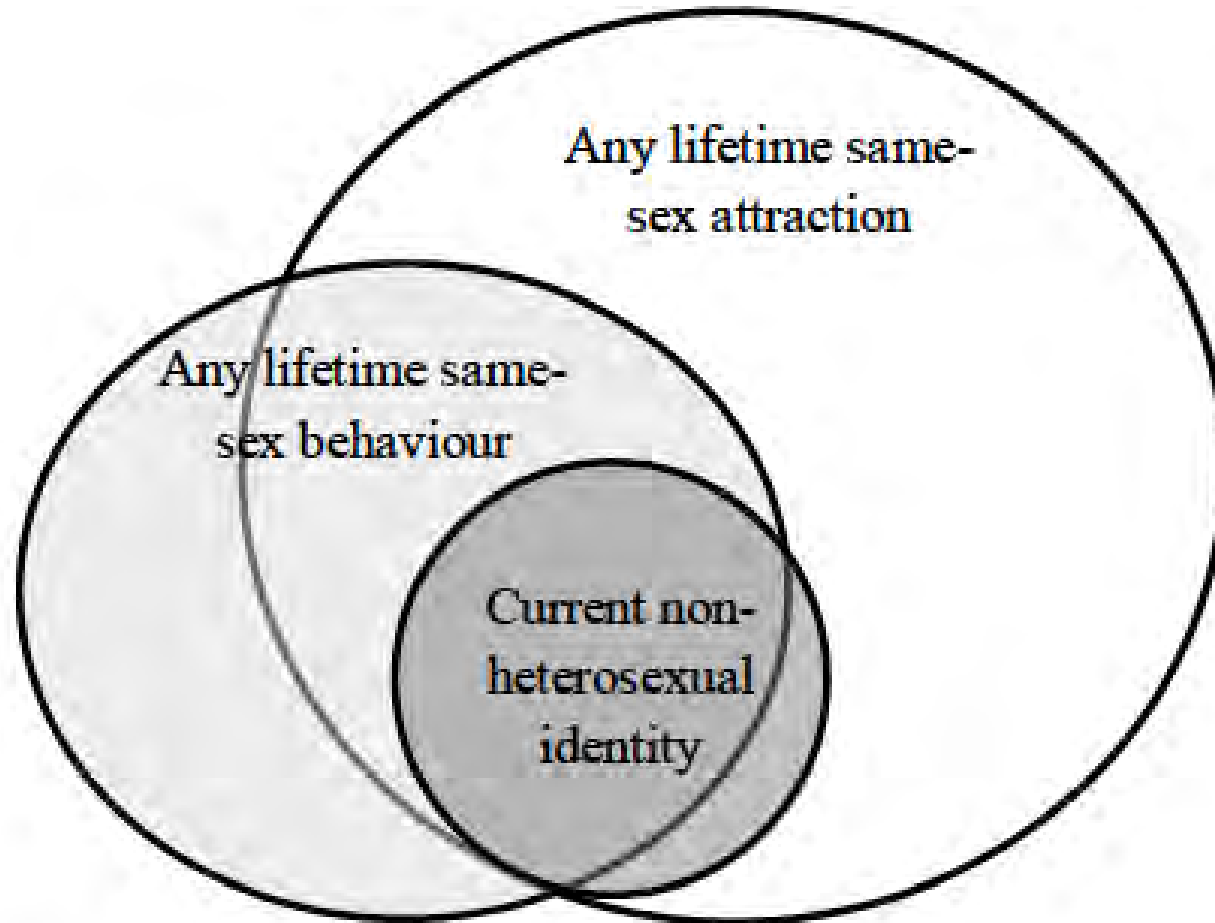
- ▶ Young people are not engaging in riskier sexual behaviours over time despite major changes to the context in which they grow up
- ▶ Chlamydia continues to be an issue for young people with most cases undetected
- ▶ Vulnerable young people over-represented in adverse outcomes



Gender and sexuality diversity

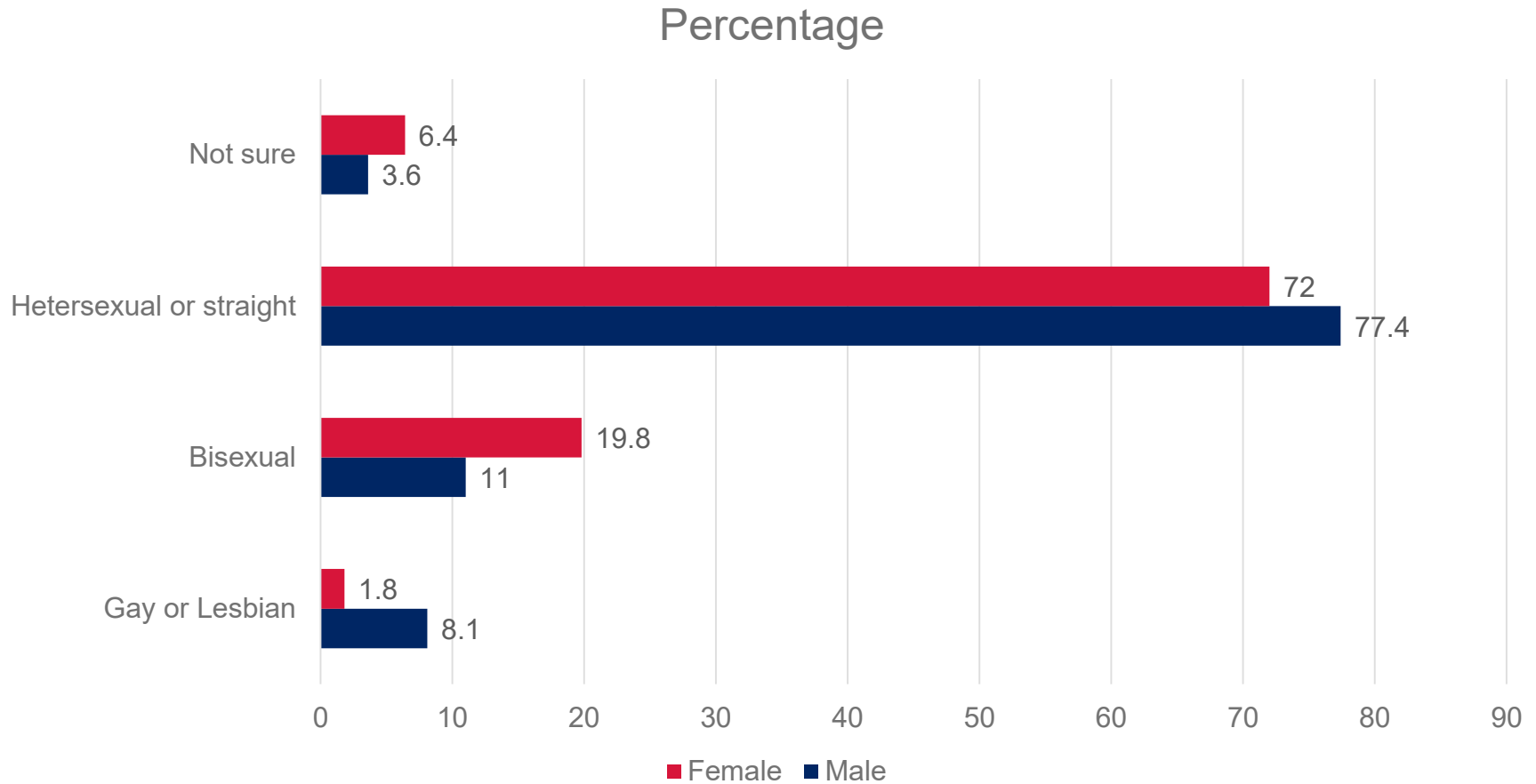
Over-represented in homeless young people

Relationship between the 3 dimensions of sexual orientation



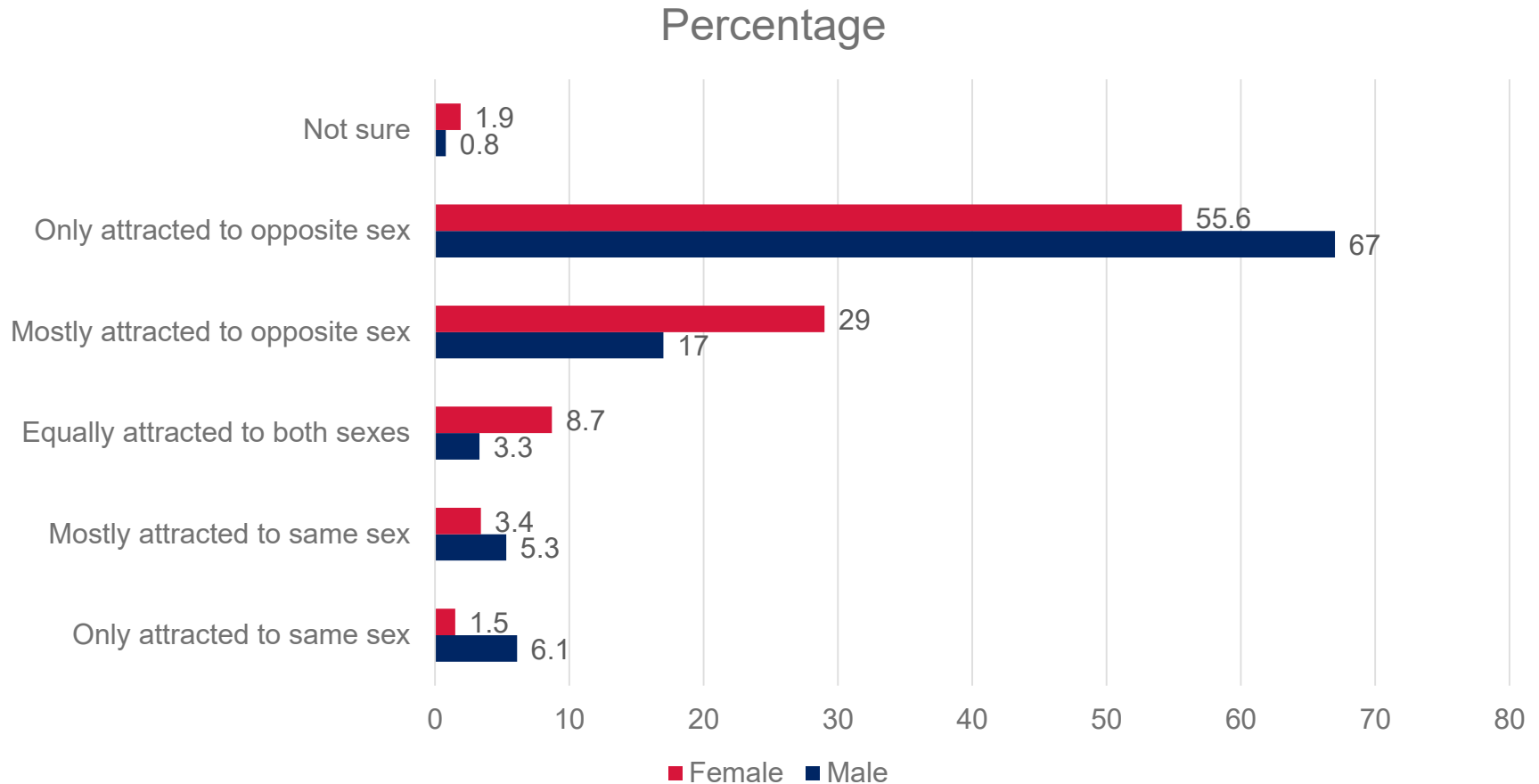
Sexual Identity among Australian school students in years 10,11,12

SSASH 2018, N=6300

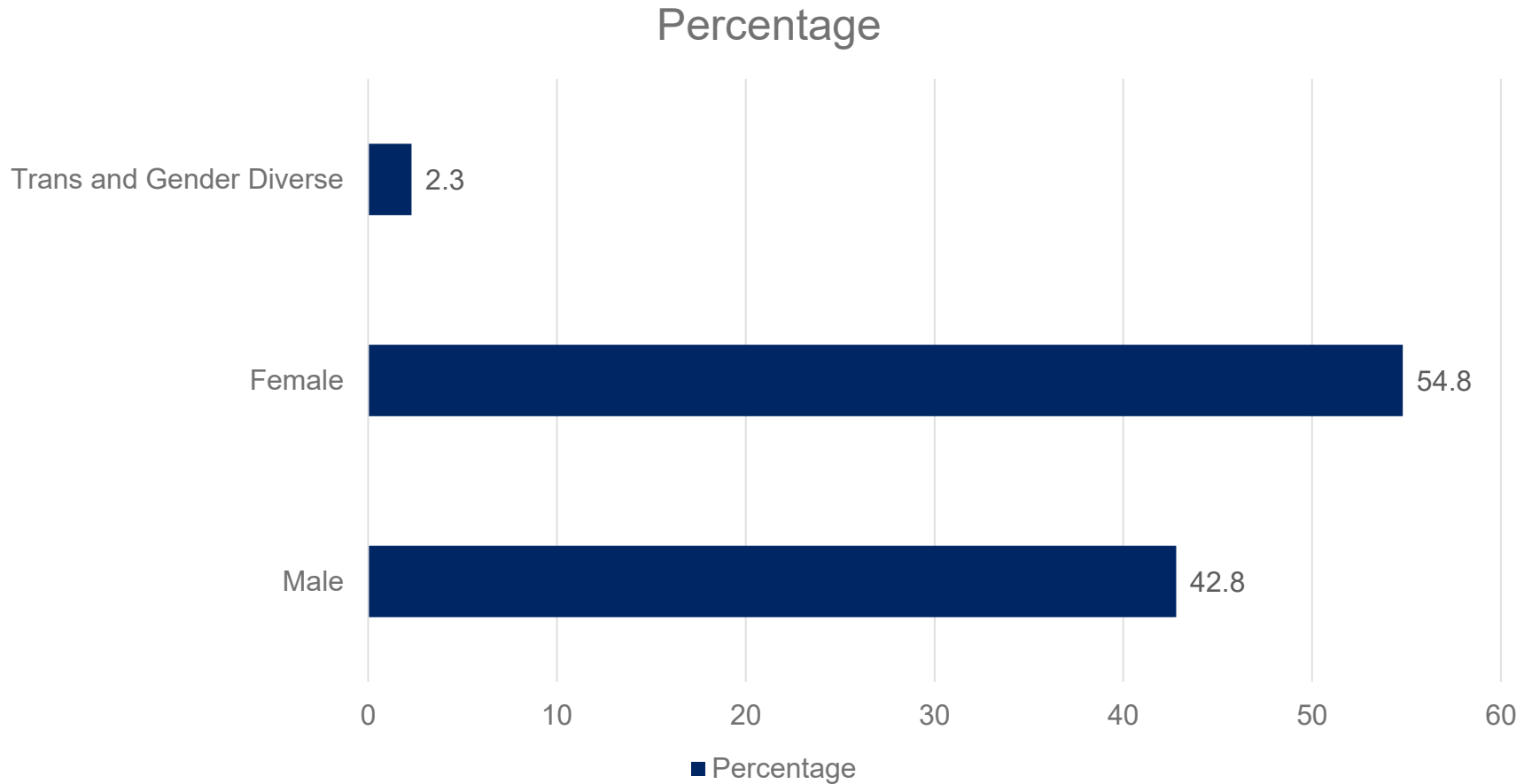


Sexual attraction among Australian secondary school students, years 10-12

SSASH 2018, N=6300



Gender diversity in Australian Secondary School Students in years 10-12, SSASH 2018, N=6,300



Inequity in mental health

- ▶ Self harm, suicidal ideation and attempts are more common in SSA young people
- ▶ Longitudinal Study of Australian Children (14-15 years; $n = 3,318$):
 - ▶ Self harm twice as likely in SSA/ unsure/ not attracted to anyone vs those OSA only
 - ▶ Suicide twice as likely in SSA/ unsure/ not attracted to anyone vs those OSA only:
one of only 3 key risk factors
- ▶ Growing up Queer: (16-27 years)
 - ▶ 1032 SD: 33% had harmed themselves; 16% had attempted suicide;
 - ▶ 73 GD: 69% verbal abuse; 22% physical abuse; 44% other forms of homophobia and transphobia
- ▶ Household Income and Labour Dynamics in Australian survey (HILDA) 2012/2016, $n=16,000$
 - ▶ Outcomes worse for bisexual individuals (Perales 2018)

How can we assist young people to achieve sexual health and wellbeing?

UN Convention on the Rights of the Child in adolescence, 2016

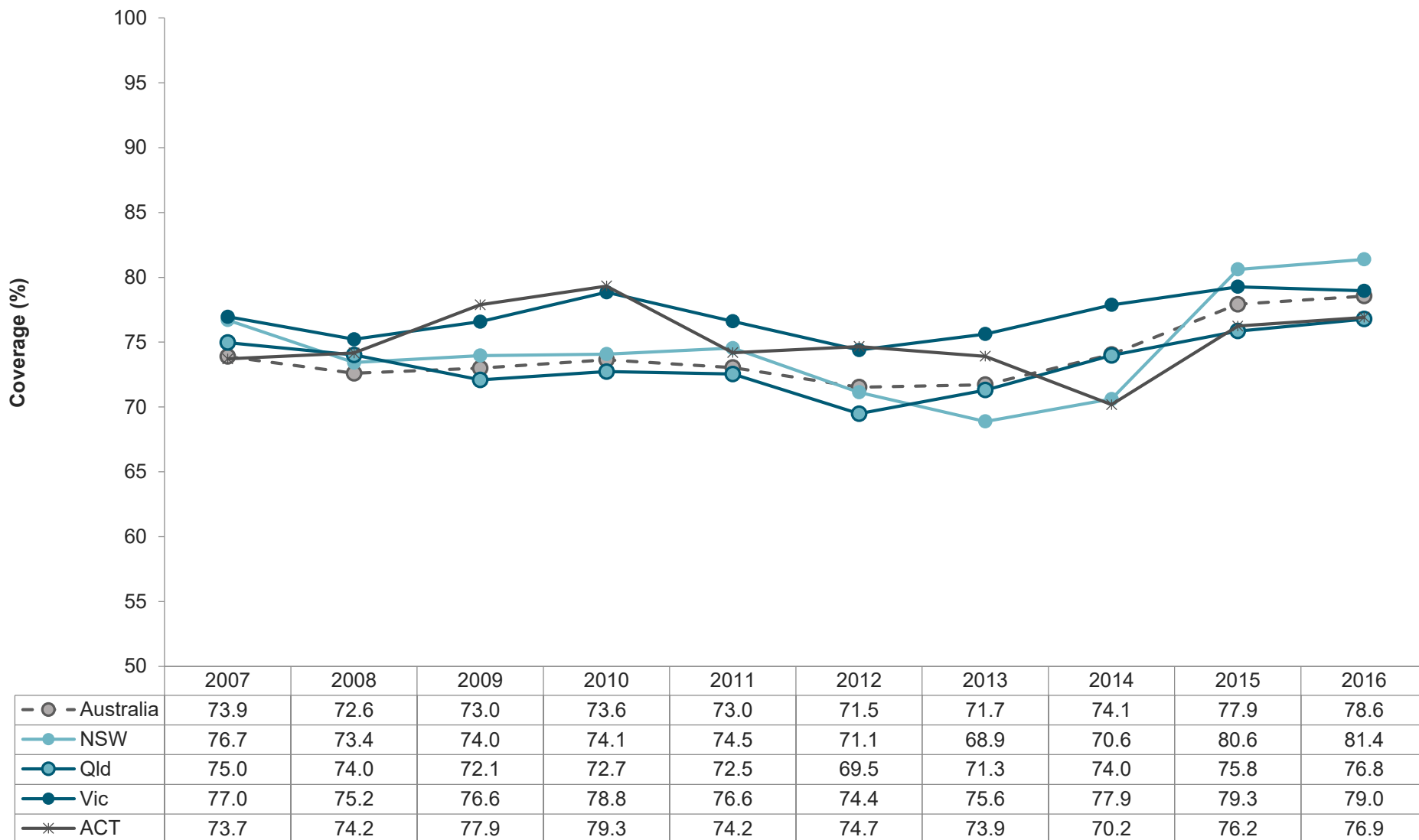
- ▶ Adolescence is a unique phase of development
 - ▶ Time of **second chances** in terms of investment in health and wellbeing
- ▶ Relatively low mortality but **specific risks** of mortality from **preventable** causes
- ▶ **Adopt:**
 - ▶ Positive and holistic approach; respect for evolving capacities; non-discrimination; right to participate in all matters of concern for them
 - ▶ Civil rights
 - ▶ Protection from violence
 - ▶ **Vulnerable adolescents** need particular attention
 - ▶ Support for parents and caregivers, alternative care
 - ▶ **Health services** designed for their needs
 - ▶ **Sexual and reproductive health education**
 - ▶ Education, transition to training or decent work, recreation



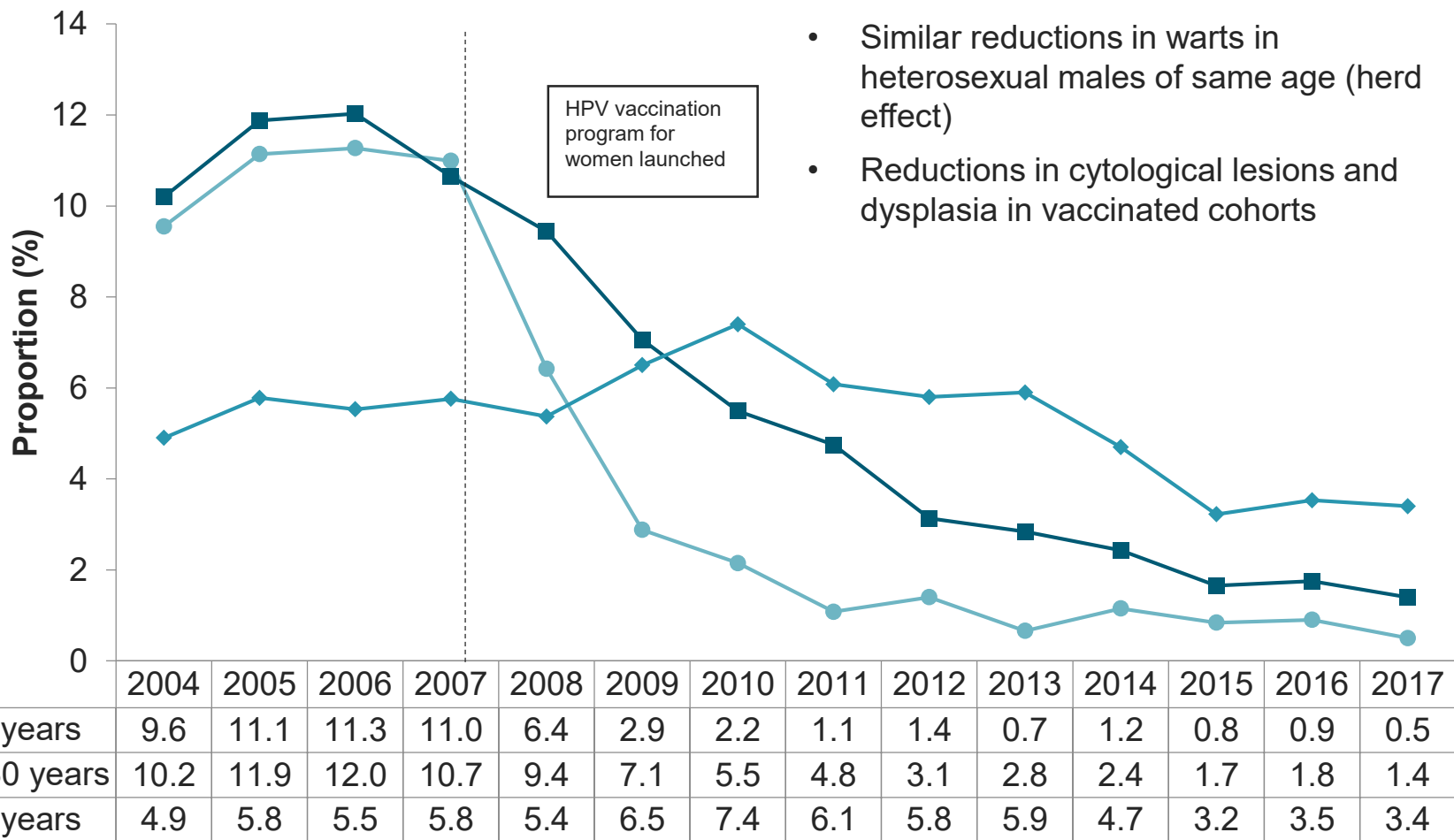
Population interventions to promote sexual health

- ▶ Programs to promote young people's SRH:
 - ▶ Education (in-school or in-communities, 'comprehensive'- curriculum, whole of school, promoting skills, linked to clinics); social marketing; youth development; social media; multi-strategy, cross-sector
- ▶ Systematic reviews:
 - ▶ Education effective for knowledge, attitudes, self-reported behaviour and unplanned pregnancy
 - ▶ in schools versus outside, theoretical basis, promotion of condoms, don't teach abstinence; linked to contraception provision
 - ▶ Complex cross-sector strategies (eg. UK's Teenage Pregnancy Strategy- important effects on reducing pregnancies; school based HPV vaccination)

Three-dose HPV vaccination coverage for girls turning 15 years of age



Proportion of Australian-born non-Indigenous females diagnosed with genital warts at first visit at sexual health clinics



Note: Excludes Aboriginal and Torres Strait Islander

► Source: Genital Wart Surveillance Network.

Health service access- a right but not so easy to achieve

- ▶ Forgone care or unwillingness to disclose sensitive information:
 - ▶ Adolescent's heightened self-consciousness, embarrassment and concerns about confidentiality and privacy
 - ▶ Provider embarrassment or adolescent perceptions of provider embarrassment
 - ▶ Attitudes of health service providers
 - ▶ Difficulties in communicating with young people
- ▶ Structural barriers
 - ▶ Cost, opening hours, location
 - ▶ Lower health literacy around the use of health services
 - ▶ Marginalised young people particularly affected (ACCESS 3 report)

Youth friendly health services= effective SRH services

- ▶ Key elements of effective youth friendly services
 - ▶ confidentiality, age-appropriate environments,
 - ▶ being involved in decisions about health care, and health outcomes
 - ▶ inclusive language; non-judgmental;
 - ▶ skilled staff
 - ▶ outreach;
 - ▶ community support
- ▶ Global frameworks on the promotion and provision of quality adolescent-friendly services (World Health Organization, 2012, 2015)
- ▶ Vulnerable young people need specific consideration
- ▶ Digital strategies offer potential to increase engagement

Other factors important for improving sexual health

- ▶ Education and literacy
- ▶ Keeping young people in schools
- ▶ Reducing social inequality
- ▶ Reducing stigma and discrimination
- ▶ Programs which promote healthy development in childhood (and adolescence) have impacts on a range of outcomes in adolescence (sexual health, drug and alcohol, mental health) as they cut across foundations of well-being



Understanding adolescent sexual wellbeing

- ▶ Young people don't grow up in a vacuum (understand the role of context)
- ▶ Young people are still growing and developing; those with additional vulnerabilities are at highest risk
- ▶ Young people have rights (which support their sexual health)
- ▶ Measuring sexual knowledge and behaviour is critical for monitoring changes and impacts of programs
- ▶ Knowing the evidence of what programs work and wellbeing in each context informs how to spend resources
- ▶ Health services must be youth friendly

