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# REVOLVE

## YOUNG PEOPLE, SEXUALITY AND SEXUAL HEALTH

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Sexuality and sexual health is a prominent issue for young people. Adolescence is the time when young people are forming their identities, including their sexual identity, and is a time for exploring, and experimenting with sex. Amongst youth workers, young people's sexual health is an issue that involves discussions of young people's knowledge and attitudes towards sexuality, their sexual experience and behaviour, alternative sexual identities, pregnancy and STIs (Sexually Transmitted Infections). Responding to young people's sexuality and sexual health is contentious, particularly amongst Christians. However, it is an issue that needs adequate responses from Christians. Allan Meyer (2003) states, "sex is a part of life. Managed rightly, it is a profound blessing. Managed poorly, it is a source of pain and distress. People need more than rules about sex; they need a theology of sex that empowers them to live successfully in a sex-crazy environment." This issue of Revolve will discuss aspects of young people's sexuality and sexual health and propose approaches to practice that ensure the overall health and well-being of young people.

### THE FACTS

- The median age of first sexual intercourse is 16 years (Smith, Rissel, Richters, Grulich, & de Visser, 2003, cited in Colman & Colman, 2003).
- 60% of young people aged 16-19 in 2001-2002 had had vaginal, anal or oral sex. (Smith, Rissel, Richters, Grulich, & de Visser, 2003, cited in Colman & Colman, 2003).
- 25.9% of all sexually active students report that they have had unwanted sex at some time in their lives (Smith, Agius, Dyson, Mitchell & Pitts, 2002). Amongst the total population 4.8% or 1 in 20 men and 21.1% or 1 in 5 women had been forced or frightened into unwanted sexual activity, many of them (2.8% men and 10.3% women) when they were 16 years of age or under (Smith, Rissel, Richters, Grulich, & de Visser, 2003)
- 5-6% of young women under 20 report being pregnant (Absolutely Women's Health, 2003).
- 4.6% of young men and 8.8% of young women (aged under 18) indicate other than sexual attraction exclusively to the opposite sex (Smith, Agius, Dyson, Mitchell & Pitts, 2002).
- The reported average national abortion rate in 1997-1999 was 22 abortions for 1000 teenagers per year (Skinner & Hickey, 2003).
- 45% of sexually active Australian secondary school students do not use condoms consistently, and 31% use condoms without another form of contraception (Lindsay, Smith & Rosenthal, 1997, cited in Skinner & Hickey, 2003; Lindsay, Smith & Rosenthal, 1999, cited in Skinner & Hickey, 2003).
- One quarter of students reported being drunk or high when they last had sex (Smith, Agius, Dyson, Mitchell & Pitts, 2002).
- Trends from studies on Christian young people's sexuality indicate that there is little difference between their sexual behaviour and that of non-Christian young people, other than a tendency to delay their first sexual experience slightly longer (Parker, 2003).

(These statistics are based on Australian studies)

**Caution is needed in discussing statistics about young people's sexuality, since young people's responses may be skewed due to perceptions of how to respond in an appropriate way and pressure to say they are sexually active when they may not be.**

## **SEXUAL BEHAVIOUR**

A large number of young people aged 12 to 18 are sexually active in some way. The 3rd National Survey of Australian Secondary Students, HIV/AIDS and Sexual Health found that 25.8% of Year 10 students and 46.8% of Year 12 students report having experienced sexual intercourse (Smith et al, 2002). 37.3% of Year 10 students and 56.7% of Year 12 students have given or received oral sex, with young people today having oral sex much earlier than previous generations (Smith et al, 2002; Smith, Rissel, Richters, Grulich, de Visser, 2003). Two thirds of secondary school students had experienced sexual touching (Smith et al, 2002). There were no major differences between males and females in the level of these sexual experiences. Smith (et al, 2002) also report that young men are more likely than young women to report having had three or more partners (23% versus 17.3%), where “nearly one in three young men in Year 10 who have ever experienced sexual intercourse reported having had three or more sexual partners in the previous year”.

90% of people having sex for the first time between 2000 and 2002 used contraception (Smith, et al, 2003). However, only 2 in 3 sexually active Year 10 students and 2 in 5 sexually active Year 12 students reported always using condoms (Smith et al, 2002). Young women were less likely than young men in both year levels to report consistent use of condoms, mainly due to their use of other contraceptives, including the pill. Young people reported that their main reasons for not using a condom when they last had sex included their knowledge of their partner’s sexual history, being unprepared for sex, and trusting their partner.

In young people’s most recent sexual encounter, 10.8% of the total sample of the study by Smith et al (2002) reported their most recent sexual partner as someone they had met for the first time. This was reported by fewer than 1 in 20 young women, compared with 1 in 5 young men (Smith et al, 2002).

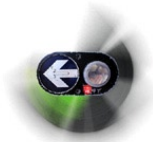
## **SEXUALLY TRANSMITTED INFECTIONS (STIs)**

The study on secondary students and sexual health found that 3.5% of sexually active students report being diagnosed with an STI, the most common being genital warts (HPV), genital herpes and candidiasis. 1.3% of students reported having been diagnosed with Hepatitis A, B or C (Smith et al, 2002). These rates are higher amongst marginalised young people (see Rossiter et al, 2003). Skinner and Hickey (2003) discuss their concern for the prevalence of Chlamydia trachomatis (CT) infection amongst teenagers, particularly because it is often asymptomatic (has no visible or obvious symptoms). Between 1991 and 2001 the rate of chlamydia in young people increased by more than 3 times, from 98 to 338 per 100,000 (Australian Institute of Health and Welfare, 2003). 60% of all chlamydial infection cases in 1998 were among the youth population (Carr-Gregg, Enderby and Grover, 2003).

Smith (et al, 2002) found that secondary school student’s knowledge of HIV, Hepatitis and STIs was poor. 25% did not know that a pregnant HIV positive woman could pass on HIV to her baby, and one fifth did not know that Chlamydia affects both men and women. Other areas where students were lacking knowledge of STIs included “the spread of genital warts infection through contact with an infected person without sexual intercourse, oral transmission of gonorrhoea, and the nature and health impacts of genital herpes” (Smith et al, 2002).

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## **WHAT DOES THIS MEAN FOR YFC & CHRISTIAN YOUTH WORKERS?**



This discussion has highlighted the need for Christians to be adequately responding to this issue. It is no longer sufficient to have an approach that simply states to young people “don’t do it”. Young people need more than rules or religious commands. Young people want to know why. They need, and have a right to information on sexuality and sexual health.

The World Health Organisation defines the concept of sexual health to include three elements:

- “A capacity to enjoy and guide sexual and reproductive behaviour in accordance with a social and personal ethic.”
- “Freedom from fear, shame, guilt, false belief and other impairing psychological factors which inhibit sexual response and affect social-sexual relationships.”
- “Freedom from organic disorders, diseases and deficiencies that interfere with sexual and reproductive functions” (World Health Organisation, 1986, cited in Brisbane Youth Services, 2002).

The Christian community could be challenged by these concepts. But it might be important for us to consider this question: isn’t this a description of God’s original intent and design for our sexuality? When we consider this alongside Allan Meyer’s statement about the need to be empowering people in relation to sexuality, we can see a radical strategy for improving the sexual health and well-being of young people, and presenting the gospel of Jesus Christ.

There is often the ideology that, when given extensive information about sexuality, young people will be more sexually active. However, the negative health effects for sexually active young people without appropriate information can be quite damaging, not only to the individual but also to the overall community. Providing information is therefore an important aspect of empowering young people. If we are working to improve the health and well-being of young people, we need to consider what this information should consist of (for example safe-sex practices including how to avoid pregnancy and STIs, and God’s original intent for sex). It is also important for us to recognise that if we want to encourage young people to align their sexuality to that intended for us by God, we need to be explaining why. We should be providing an alternative understanding of sexuality, one that differs from secular society and that is aligned to the Word of God. We should be informing young people about the spirituality of sex.

Providing information about God’s intent for sex opens up a unique opportunity to describe God’s love for his people. The intimacy experienced between two people can be an analogy to the spiritual intimacy God longs to have with His people. We know that God loves us even more than anyone here on earth possibly could. He is a God of love! We shouldn’t be reluctant to share this with young

people. We also need to be communicating and demonstrating grace. As Jesus was committed to the dignity and worth of all people, and as He showed grace and acceptance to people found to be in sexual sin (see John 8), so we should try to do likewise.

Considering the fact that Christian young people's sexual experience is generally not much different to the sexual experience of non-Christian young people, youth workers in the Christian field need to be discipling young Christians in the area of sex. This might include addressing why God made sex (not solely for procreation), God's intent for our sexuality, strategies and support for maintaining sexual purity, and skill and personal development in self-esteem, confidence, etc. It also helps to remember that even though 60% of 16-19 year olds are sexually active, 40% are not. These young people who are abstaining need to be encouraged that they are not alone and reassured that not every young person is having sex. In seeking to improve the sexual health and well-being of young people in the church (including their spiritual well-being), youth workers are empowering Christian young people to be salt and light to the world. Empowering young people in the area of sexuality strengthens them to be examples to the world and opens up possibilities for peer-to-peer education and evangelism. (For resources or teaching tools try "The Search For Intimacy" at

[http://www.careforce.org/recovery/search\\_for\\_intimacy.asp](http://www.careforce.org/recovery/search_for_intimacy.asp)

or you could try:

<http://www.youthspecialties.com>

Sexuality is an issue that is greatly embedded in cultural values and belief systems. We need to keep this in mind and work appropriately and sensitively with young people from other cultural, racial and religious backgrounds. It is important that we do not naively impose our ideology of sexuality or be disrespectful to young people from other backgrounds. Facilitating open dialogue about sexuality and cultural values may be helpful in this area.

## **TEENAGE PREGNANCY**

Australia has the sixth highest teenage pregnancy rate among OECD countries (Skinner & Hickey, 2003). Between 5-6% of young women under 20 report being pregnant (Absolutely Women's Health, 2003). Skinner and Hickey (2003) state that half of adolescent pregnancies occur in the first 6 months of sexual activity.

It is also important to note that young women from marginalised or low SES groups, including indigenous women and homeless women, are over-represented among teenagers who are pregnant. For example, in 1999, 21.3% of Indigenous births were to teenagers, compared with 4.2% of non-Indigenous births (Skinner & Hickey, 2003). Furthermore, a study on the health of young homeless people in Melbourne found that 33.2% of young women reported they had been pregnant, with 9.4% becoming pregnant in the last three months prior to the survey (Rossiter et al, 2003). This may be due to several reasons, such as their ability to afford and access health services and contraception (including emergency contraception).



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## **WHAT DOES THIS MEAN FOR YFC & CHRISTIAN YOUTH WORKERS?**

Along with improving the information we make available to young people about sex, YFC and Christian youth workers should continue to seek to reduce the judgment, stigmas and labels associated with teenage pregnancy. We know that it is important for Christian youth workers to be non-judgmental in our approach with pregnant young women, making sure we are respectful, supportive and where necessary, advocate on behalf of these young women to ensure that their pregnancy is managed positively. A recent forum in Melbourne about teenage pregnancy also raised the issue that professional responses can be harmful to pregnant young women. Such responses may include withholding information, making young women feel guilty, and deliberately misleading pregnant young women because of personal values and beliefs. It is important to consider if we (as individuals or as an organisation) have included such responses in our practice with young people and make the changes that are necessary in order to better reflect Jesus.

## **GAY, LESBIAN AND BI-SEXUAL YOUNG PEOPLE**

The National Survey of secondary school students and sexual health found that 4.6% of young men and 8.8% of young women (aged under 18) indicate other than exclusive heterosexual attraction (Smith et al, 2002). Of these, less than 1% reported exclusive same sex attraction, 1.3% of young men and 2.1% of young women were not sure about their sexual attraction, and 2.3% of young men and 6.4% of young women were attracted to people of both sexes (Smith et al, 2002).



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## **WHAT DOES THIS MEAN FOR YFC & CHRISTIAN YOUTH WORKERS?**

Alternative sexual identity (including homosexuality, bisexuality and transgender identities) is a real issue for many young people and is coupled with other issues including mental illness, family rejection, victimisation, self-harm and suicide. As discussed elsewhere (see Gloz, 2003), there are things Christian youth workers can be doing to support young people struggling with their sexual identity. These include:

- At the very least, examining our own attitudes, opinions, biases, fears and prejudices about alternative sexual identities. Being critically self-aware is an important part of our work.
- Notwithstanding our own understanding of biblical principles about this issue, a fundamental value in youth work is seeking to abolish all forms of oppression, part of which we can do by not contributing to it in the first place. Be aware of how religion has been used to justify the actions of people who have degraded and rejected homosexuals and gay, lesbian, bisexual and transgendered young people, and don't contribute to it.

- **Also be aware of how jokes and flippant comments about issues of homosexuality further contribute to oppression.**
- **Be mindful of the hidden lives of young people.**
- **Attempt to incorporate a number of best practice suggestions. For example, providing space for same-sex attracted young people to explore their feelings through ensuring privacy and confidentiality, being aware of the language you use (ie. does it pathologise homosexuality?), being responsible with the way sexuality is reported, recorded and documented (in file notes, etc), and providing support and information to families (Brown, 2002).**

## **OTHER IDEAS FOR EFFECTIVE INTERVENTIONS**

Brisbane Youth Services (2002) developed a guide for working with young people around sexual health. After researching and evaluating sexual health services, they suggest that effective interventions essentially create safety. This means that they are casual and non-threatening, build trusting and positive relationships, are non-judgmental, confidential, youth friendly (ie. fun and lively, use youth language, etc) and are accessible and welcoming to a diversity of young people. Effective interventions should also be developed with the participation of young people. Brisbane Youth Services further recommend that effective strategies may consist of skill development for young people (developing self esteem, confidence, negotiation skills around consent and how this relates to sexual violence and exploitation, and developing support on broader issues such as poverty, abuse, etc), professional development, group work and health promotion (including interactive workshops, peer education and support programs, community action, etc), and community development (creating awareness about the sexual health issues confronting young people, providing sexual health information to parents and community members, supporting young people to educate their communities about sexual health, taking action with young people to challenge discriminating attitudes and ensuring marginalised young people have access to your service).

Brisbane Youth Services suggest a number of issues to think about when considering our response to young people and sexual health. In order to identify good practice standards, they suggest workers consider the following questions:

- **What are our values, knowledge and skills around sexual health and how does this impact on our work with young people?**
  - **Are there situations or issues in sexual health which make us feel uncomfortable?**
  - **Are young people aware of our views, culture and resources?**
  - **How do we demonstrate tolerance to sexual diversity?**
  - **Do young people know what their options are? Do they have the means to express what they need you to do to support them?**
  - **Are our interventions developed with the participation of young people?**
  - **Are we providing sexual health information in a culturally appropriate way?**
  - **Are we using a variety of strategies to support sexual health development?**
  - **Are we aware of the variety of different views on sex amongst young people in our local communities?**
  - **Are we responding to young people holistically and not to sexual health in isolation?**
  - **Are our interventions relevant to young people's lived experiences of their sexuality?**
- (Brisbane Youth Services, 2002)

## SUMMARY

This discussion has highlighted the need for YFC Australia and Christian youth workers to be re-thinking appropriate strategies for working with young people in the area of sexuality and sexual health. This requires us to analyse our own attitudes, values, beliefs, prejudices and opinions. Christian youth workers need to continue informing young people about the why of sex, and also further consider how we can be improving the sexual health of young people by the information we supply to them. This may also prove to be an effective strategy for evangelism. Christian young people need to be further supported and disciplined in the area of their sexuality. Young people also need responses and interventions that create safety, are culturally sensitive and non-judgmental, and communicate Jesus' forgiveness and grace.

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# REVOLVE

Revolve is a quarterly document that provides updates on the current trends and issues pertinent to young people in Australia. Revolve provides an interpretation as to what the research means for YFC and Christian youth workers, which incorporates recommendations about how we can do our ministry and mission better. Revolve is a means by which we can be attuned to the issues and needs of Australia's young people so as to better meet and respond to them.

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