

Copyright is owned by the Author of the thesis. Permission is given for a copy to be downloaded by an individual for the purpose of research and private study only. The thesis may not be reproduced elsewhere without the permission of the Author.

PROMOTING SAFER SEX

**An examination of agencies within the New Plymouth area providing
sexual health education programmes for adolescents**

A report presented in partial fulfilment of the requirements
for the degree of Master of Philosophy
in Social Policy at
Massey University

Lael Sharland

1999

ABSTRACT

The aim of this report is to identify and describe community agencies in the New Plymouth District that provide sexual health and education programmes to adolescents. Sexual health education appears to reduce unplanned pregnancies and sexually transmitted diseases. When compared to other OECD countries, New Zealand has one of the highest adolescent birth and abortion rates. The incidence of sexually transmitted disease is also rising.

Seven local organisations were identified and participated in this study. I met with representatives from five of the organisations. Two organisations responded to my questionnaire by way of written report. Six of the eight local High Schools also returned details of the sexual health and education programmes they provide to their students. A wide range of topics are discussed ranging from pubertal issues to sexual intercourse and pregnancy.

Results from community organisations highlighted similarities and differences between the agencies. Course content attempts to deal with adolescent sexuality in the broad context of adolescent behaviour. Providers agreed that sexuality has to be considered within the context of issues relevant to adolescence. Therefore programmes need to contain not only sexual health information but also other issues important to adolescents such as relationship building skills and vocational goals.

This report is able to be used as a resource for statutory and voluntary social services and health professionals in the New Plymouth area.

ACKNOWLEDGMENTS

I have appreciated the huge amount of support received over the past years that has enabled me to complete my Masterate. It was no easy feat. My family will be thankful that this part of my life is finally over and the downstairs lounge can again become a lounge. I especially thank my employer and work colleagues, all of whom have put up with my absenteeism on a number of occasions and were beginning to wonder whether I was making this degree up - it seemed to take so long to complete. To my dear friend Sharyn who is also completing her research and who has provided support to me. Thanks for all those pep calls. For the service providers who allowed me to take up so much of their time I am sincerely grateful. Finally to the most patient and tolerant supervisors one could ever wish for, Rachael Selby and Celia Briar, who have provided constant support and encouragement. If it wasn't for the two of you I know I would not have finished. Thank you so much.

CONTENTS

Abstract	ii
Acknowledgments	iii
List of tables	viii
Abbreviations	ix
Definition of terms	x
Chapter 1	
INTRODUCTION	1
Research Objectives.....	3
Target Area.....	4
Outline of Report.....	5
Chapter 2	
LITERATURE REVIEW	
Background.....	7
Legislative Overview.....	8
The Provision of Sexuality Education in New Zealand.....	9
OVERSEAS STUDIES	
Sexuality Education in Denmark.....	11
Sexuality Education in the United States of America.....	12
LITERATURE REVIEW OF ISSUES CONCERNING ADOLESCENT SEXUAL BEHAVIOUR	
Adolescent Sexual Behaviour.....	13
Health Consequences of Early Childbearing.....	14

Health Consequences for the Child.....	14
Child Abuse, Neglect and Murder.....	15
Abortion.....	15
Sexually Transmitted Diseases.....	16
Conclusion.....	16

Chapter 3

METHODOLOGY

Introduction.....	18
Questionnaires.....	20
Selection of Service Providers.....	21
The Interviews.....	22
Data Collection Methods.....	22
Data Analysis.....	24
Ethical Issues.....	25
Summary.....	26

Chapter 4

RESEARCH FINDINGS

Introduction.....	26
GENERAL INFORMATION ABOUT SERVICE PROVIDERS	
Health Promotion Unit.....	29
Family Planning Association.....	30
Team Xtreme.....	32
Rape Crisis.....	35
New Plymouth Young Peoples Trust.....	36

Public Health Nurses.....	38
SAFER Centre.....	39
ANALYSES.....	40
SEXUAL HEALTH AND EDUCATION PROGRAMMES.....	41
Health Promotion Unit.....	41
Family Planning Association.....	42
Team Xtreme.....	42
Rape Crisis.....	44
New Plymouth Young Peoples Trust.....	45
Public Health Nurses.....	46
SAFER Centre.....	47
SUMMARY.....	48
SCHOOL SURVEY RESULTS.....	50
Course Content.....	50
Discussion of Tabled Results.....	54
Opposition Towards Programmes.....	55
Gaps in School Programmes.....	55
Conclusion.....	56

Chapter 5

CONCLUSION AND RECOMMENDATIONS

Concluding Discussion.....	58
RECOMMENDATIONS	
Schools.....	60
Community.....	63
Final Comment.....	65

Bibliography	67
---------------------------	----

APPENDICES

Appendix 1

Questions for Providers of Sexual Health/Sex Education Programmes.....	77
--	----

Appendix 2

Questionnaire for High Schools.....	79
-------------------------------------	----

LIST OF TABLES**Table 4.1**

Selected Similarities and Differences of Service Providers.....49

Table 4.2

Differences and Similarities in High Schools.....53

ABBREVIATIONS

HFA	Health Funding Agency
CHE	Crown Health Enterprise
PHN	Public Health Nurse
FPA	Family Planning Association
STD	Sexually transmitted disease
GP	General Practitioner
WINZ	Work and Income New Zealand
CFA	Community Funding Agency
SAFER Centre	Sexual Abuse Family Education Rehabilitation Centre

DEFINITION OF TERMS

The definitions relevant to this report are outlined as follows.

Adolescence

The developmental period of a person ranging from 12 years to 19 years.

Adolescent

A person aged between the ages of 12 years and 19 years.

I will at times interchange the term adolescent with young people (person) or teenager.

At risk and risk taking behaviours

This is defined as those adolescents who succumb to “behaviours or activities that promote the probability of adverse psychological, social, and health consequences” (Stoiber, 1997:654).

Sexuality

I have used the Department of Health’s (1990) definition that describes sexuality is an “acceptance of ourselves as sexual beings, our feelings about being male or female, the way we express our sexual feelings and the way in which we communicate these feelings to others” (p. 1).

Sex education

A technical exercise where information is given regarding physiology, anatomy and development (Chambers, 1991:1).

Sexuality education

A comprehensive program that explores “feelings, attitudes, values, behaviours, pressures, risks, communication, decisions, and health”, (Chambers, 1991:1) by giving young people the opportunity to take responsibility for their own wellbeing.

Supervision

A formal and explicit process that provides oversight and accountability to practice. It ensures workers practice to the best of their ability and that certain organisational, professional and personal objectives are met (Children, Young Persons & Their Families Agency, 1998:4).

Chapter 1

INTRODUCTION

The aim of this report is to identify the range of educational services which assist adolescents to determine and develop their sexuality and enable them to establish safe and responsible relationships to enhance their sexual well-being. The research was conducted in the provincial New Zealand city of New Plymouth. My interest in this field stems from my experience of working with teenagers known to me through my area of employment as a statutory social work supervisor. Many of these young people become sexually active at an early age. Many do not use any form of contraception and do not see a connection between sexual intercourse and pregnancy. Others make no distinction between sexual intercourse and sexuality and more often than not, some do not have the skills to develop or maintain positive and meaningful relationships. Unfortunately this perception implies a naive and unrealistic cognitive capacity to comprehend the probable consequences of one's actions.

Nearly every day I see young people who are at a stage in their lives where the process of changing from child to adult is exciting yet at times confusing and for some isolating. The issue of sexuality is only one area of change they will undergo in their lives. Sexuality is a complex and confusing aspect of life and the way we resolve needs, desires, values and social expectations in this area has the potential to lead to outcomes ranging from great personal satisfaction to considerable conflict and pain. Although at times sexual questions, conflicts and crises may begin prior to adolescence, most would agree that adolescence is a period which may bring on an upsurge of sexual drives, the development of sexual values and the initiation of sexual behaviours (Moore and Rosenthal,

1993). With the advent of puberty the power of peer group expectations as well as the communication of mixed messages about sex from the adult generation make dealing with sexuality a difficult yet exciting challenge for adolescents.

This report will describe the services and programmes provided by agencies on sexual health education for adolescents in my own locality, New Plymouth. My purpose in selecting this topic was two-fold. Firstly, it was to help me develop research and information gathering skills. Secondly, it was to assist me in my job. Research has shown that it is more common for sexually abused children to become "voluntarily" sexually active at an earlier age than children not abused (Saphira, 1983; Conte, 1987; Von Dadelszen, 1987; Conte, 1991; Moore, Morrison and Gleib, 1995; Eaton, 1998). Despite the incredible amount of work, time and energy social workers invest with young people, the behaviours of some teenagers continue to place them in an "at risk" category health-wise.

It was not until I started this research that I discovered the collective knowledge of the social work staff in New Plymouth was minimal in terms of knowledge of agencies providing information and programmes or courses on sexual health for adolescents. It was therefore not surprising to see that this lack of knowledge regarding appropriate service providers was reflected in some of our young peoples behaviour. Although this research project highlighted gaps in our networking system it has also opened new doors which were unknown to my workplace and more importantly directed us to further services focused on helping young people.

Early in the identification process, I decided to write to the eight High Schools within the target area. It seemed logical to also survey schools concerning

sexuality programmes since this is the place where the majority of adolescents regularly spend a large amount of their time. Furthermore, I assumed that if programmes were taught in the school they would be more readily accessible to adolescents than those from the community-based organisations. This I thought would surely suggest that adolescents do receive consistent and reliable information on issues concerning sexuality. What I found was that seven organisations provided sexual health education to adolescents while at least six out of eight High Schools also had some form of sexuality education in their curriculum.

Research Objectives

The aim of this report is to identify the organisations within the New Plymouth District boundary of the Taranaki region which provide sexual health and education services for a target population of adolescents. I also aimed at determining what, if any, sexuality education adolescents receive at school. I have chosen the New Plymouth District simply because it is where I work and the information gathered, I hope, would benefit co-workers and our clients.

The following are the objectives which I set myself to achieve. The first step in this study was to identify the service providers who presented and/or provided programmes and information relevant to adolescents. Once this was completed I began identifying the course content information of each service provider. I also determined how each of the services gauged their accessibility to adolescents. Training was an issue of interest. I therefore gathered responses from the organisations on what training the presenters receive and established what on-going learning is required. I also report on the providers methods and frequency of supervision.

Prior to beginning this research, I assumed that the Service Providers were community-based. I therefore focussed on who funds the agencies or how funds were raised; the Management structures, decision-makers and how decisions are made.

Regarding schools, the objective of the survey was to determine whether High Schools provide students with a sexuality education forum and the outcomes of these.

Target Area

As previously mentioned I chose the New Plymouth District because of its accessibility and it seemed logical that knowledge of local service providers would enhance my practice as a social work supervisor.

According to Statistics New Zealand (1996) the New Plymouth District has a population of 68,112 or 1.9% of the New Zealand population. Of interest is that 84.2% of all people are of European ethnicity (compared with a national figure of 74.8%) while only 13.4% claim Maori descent (compared with 15.1% of New Zealand). The area's Pacific Island and Asian populations are small with figures being approximately 0.8% and 1.3% respectively. In relation to age-groups, just over 15% of the population are aged 10 to 19 years. Despite the fact that the Taranaki region contains all of New Zealand's current hydrocarbon fields, the unemployment rate in 1996 was 8.6% (compared with the national figure of 7.7%). Another issue of concern is that nationally, 34.7% of those aged 15 years and over have no formal qualification yet New Plymouth has a figure of just under 40% of young people with no qualifications.

New Plymouth covers an area totaling 2324.26 kilometres (New Plymouth District Council pamphlet titled "Options") making it the largest district in New Zealand. Eight High Schools lie within the region's boundary.

New Plymouth city is the main urban area of Taranaki and is dominated by the snow capped mountain, Taranaki. The area has a strong agriculture base with an emphasis on farming, particularly cattle farming. As mentioned previously, New Plymouth is considered to be New Zealand's Energy Centre with oil and gas production ongoing as well as a major natural gas fueled power station and other petrochemical industries. 14.2% of those working in the New Zealand mining industry are employed in the region. Other specialist industries of interest include heavy and light engineering, horticulture, a variety of uncrowded beaches - having some of the best surfing and wind sailing areas in the country, with walkways, parks and the protected Sugar Loaf Islands (New Plymouth District Council pamphlet titled "Options"). .

Outline of Report

This report is presented in five chapters with Chapter One introducing the subject area, research objectives and aims. New Plymouth is also introduced as the target area. Chapter Two discusses the literature from a national and international level concerning sexuality education programmes and adolescent behaviour. Also included in this chapter is a brief discussion on legislation directly affecting the area of sexuality education programmes.

Chapter Three describes the research methodology. The reasons for choosing a simplified survey method and the research process are discussed.

Chapter Four details the findings of the research. An overview of each provider and discussion of their roles and functions they provide to the community is examined. Gaps are identified as are weaknesses and strengths.

Chapter Five is the final chapter . The conclusions of this study are discussed and a number of policy recommendations are made.