

Safe sex messages for adolescents

Do they work?

BACKGROUND Adolescence is a time of risk taking. Constructive risk taking aids the developmental task of becoming a mature, confident adult with a sense of mastery of self and the world. However, ill judged and misinformed risk taking in sexual behaviour can have serious and life long consequences.

OBJECTIVE To assess strategies used for promoting safe sex messages to adolescents and to delineate the role of the general practitioner in promoting these messages effectively.

DISCUSSION The most successful sexual health promotion strategies are those that acknowledge the social and media influences on young people and use these to help strengthen group norms around safe sexual behaviour. GPs have an important role to play in adopting a non judgmental approach to accepting young people as sexual beings and engaging in one to one opportunistic health promotion

Adolescents are risk takers and safe sex messages for adolescents can seem to fall on deaf ears. Developmentally, those young people who engage in constructive risk taking are propelled towards mature and confident adulthood with a strong sense of mastery and individual power to operate in their physical and social worlds. Insofar as we inhibit this characteristic of adolescent behaviour, we risk inhibiting their successful growth. However, the sense of invulnerability which accompanies adolescent risk taking is often ill judged and misinformed. Its inextricable relationship with sexual experimentation, so powerful in the adolescent years, provides a combination of factors against which safe sex messages can seem totally unrealistic.¹ Widely held adolescent myths are the despair of many who are involved with health promotion in this age group (*Table 1*).² They have persisted over time despite our best efforts to change them.³ In this context it is tempting to push adolescent safe sex into the too hard basket despite the evidence of the consequences — some of them life long.

Indications of the message getting through

However, the picture is not an entirely gloomy one. In 1997 a national survey of young people in years 10 and 12 in Australian government secondary schools³ repeated a survey conducted earlier in 1992⁴ to establish any changes in sexual behaviour that had occurred. The news was

good, indicating that between 1992 and 1997 condom use had increased significantly and condoms were being used more consistently. In 1992 43% of the young people surveyed always used condoms, and 42% used them sometimes,⁴ by 1997 this had risen to 54% always using condoms although only 37% sometimes using them.³ In addition fewer students in 1997 had experienced sex without a condom and there had been a marked shift towards having fewer sexual partners. Combined with this, students in 1997 were more confident than in 1992 that they could persuade a reluctant partner to use a condom,⁴ perhaps indicating a shift in the level of acceptance of condoms among young people.

While these data indicate that there is still an unacceptable level of young people putting themselves at risk by their sexual behaviour, it is impossible to argue that the safe sex message is not having an impact in this group, or that it is not worth reiterating. The World Health Organisation (WHO) has listed the important life skills for young people in the sexual health area (*Table 2*).

What sort of messages then are likely to have the greatest impact on young people, what has been demonstrated to work and what has not?

What sort of messages?

The power of the peer group

A recent WHO global review of the research exploring these questions concluded that the most successful health promotion strategies to address

**Anne Mitchell,
Anthony Smith**

Anne Mitchell, MA, Dip Ed, Manager, Community Liaison Unit, Australian Research Centre in Sex Health and Society, LaTrobe University, Victoria.
Anthony Smith, PhD, Senior Research Fellow, Community Liaison Unit, Australian Research Centre in Sex Health and Society, LaTrobe University, Victoria.

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The most successful sexual health strategies are those targeting all the aspects of adolescent life, including cultural norms, peer pressure and relationship expectations rather than being directed at adolescents themselves.

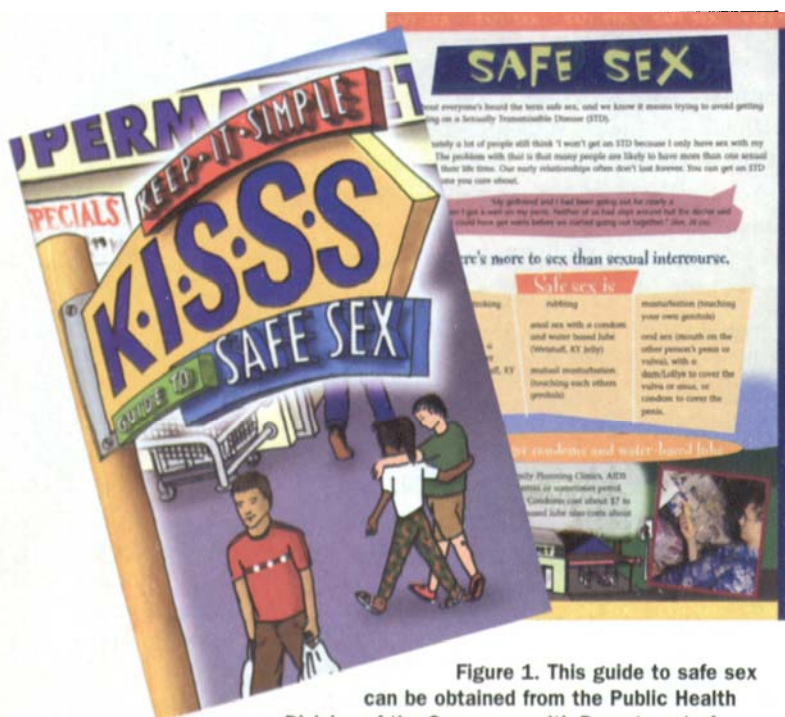


Figure 1. This guide to safe sex can be obtained from the Public Health Division of the Commonwealth Department of Health and Family Services: email phd.publications@health.gov.au

issues of sexual safety are those that do not focus exclusively on the cognitive processes of the individual but take account of the social world in which the risky behaviours happen.⁵ These so called social theories and models look at individual behaviours in a situational context and take account of social and cultural norms, peer pressure, relationships and gender imbalances that clearly impact on sexual behaviour.⁵ The power of the peer group and the strong desire to conform, which characterise the experience of adolescence, make this approach particularly apt for young people (Figure 1).

Accepting the sexuality of youth

These theories point to a non judgmental approach that accepts young people as sexual beings. Most young people worldwide have begun sexual intercourse by the age of 18 years with 50% sexually active by 16 years of age.⁶ In Australia 50% of

Table 1. Some widely held adolescent myths about sex

- It won't happen to me
- You can tell a safe partner by their looks
- Love will protect me

young people are sexually active by 18 years and 30% by 16 years.³

Although school based intensive sexually transmitted disease (STD) prevention education can be effective in delaying the onset of sexual intercourse,⁷ it is clearly unrealistic to ignore the salient reality of current sexual activity in the lives of many young people. Social theory approaches for these young people must be located in a realistic appreciation of their current activity, issues around casual and regular partners and the impact of drug and alcohol use on sexual decision making. It must also acknowledge the interconnectedness of sexual health with a range of other health issues such as mental health, body image and eating disorders and substance abuse.

An international review of the evaluation of 110 HIV prevention programs for young people,⁸ distilled the characteristics of effective programs. These included:

- understanding social and media influences on young people to help strengthen group norms around safe sexual behaviour;
- listening to what young people think to ensure programs are relevant; and
- integrating other issues such as reproductive health into STD and HIV prevention.⁸

Evaluations of schools programs indicate a similar range of characteristics in those programs seen to be effective.⁵ These include:

- addressing social pressures to engage in sex;
- promoting small group discussion;
- skills development;
- activities designed to reinforce supportive group and community norms.

A role for the general practitioner

General practitioners have an important role to play in one to one opportunistic health promo-

Table 2. WHO list of important life skills for young people's sexual health

To function well in the sexual health area young people need the ability to:

- make sound decisions about relationships and sexual intercourse and stand up for those decisions
- deal with pressures for unwanted sex or drug use
- recognise a situation that might turn risky or violent
- know how and where to ask for help and support
- know how to negotiate protected sex and other forms of safe sex when ready for sexual relationships.¹²

tion with their young patients. Young people themselves have nominated doctors as a reliable source of information about STD prevention and sexual health.⁹ The trust they place in this source is at odds with their poor levels of use of doctors to gain information^{3,9} suggesting there are barriers to easy access. It may be surmised that embarrassment and anxiety about confidentiality contribute to this level of use. Taking an opportunity to broach sexual health issues when young people attend the surgery for other reasons may help to break some of the barriers down.

Individual versus the group response

Making the leap between the isolated interaction between a doctor and an individual young patient to the broader social context may seem difficult. Social theories rely on changing norms at the community level in order to influence individuals to change and to support those who have already changed. Kippax and Van De Ven have argued that in relation to the complexity of sexual behaviour it is meaningless to measure individual change.¹⁰ Rather, an overall program that works at a local and social level at a particular historical time to change community norms should be valued. In this context the individual interaction, even over and over again with the same individual, can be reassessed. While no

change might be evident in the specific patient, the broader and more valuable agenda of shifting community norms may be well served.

Adults and adolescent communications

Research on communication between parents and adolescents in the sexual health area shows that young people have strong views on the way they want to discuss these matters with older people.¹¹ They indicate that the quality of the communication is much more important than the frequency, and they value communication with parents who are good listeners, give honest answers and who try to understand the young person's feelings and point of view. They are put off or resistant if a parent dictates hard and fast standards of behaviour and insists that the young person adopts to the adult's viewpoint. These findings may well provide some ground rules for communication between GPs and their young patients.

Conclusion

While sound information about such matters as STDs and contraception is important, these broader skills underpin the demonstrated efficacy of, and an ongoing commitment to, a social theory approach. They may provide an appropriate agenda for developing a relationship with younger patients that will move both them and their peers towards the successful uptake of safe sex practices.

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Anne Mitchell
Australian Research Centre in Sex, Health & Society
La Trobe University
215 Franklin St
Melbourne, Vic 3000
email: a.mitchell@latrobe.edu.au

SUMMARY OF IMPORTANT POINTS

- Adolescents are risk takers and peer pressure and social norms are important influences on their behaviour.
- In Australia, 50% of young people are sexually active by age 18 and 30% by sixteen. In 1997, 54% always used condoms.
- Young people nominate doctors as a reliable source of information about STD protection and sexual health but infrequently use doctors to gain this information.
- Adolescents value adults who are good listeners, give honest answers and who try to understand the young persons point of view.
- One on one opportunistic health promotion by GPs may influence the behaviour of the individual, but may also contribute to the broader agenda of shifting adolescent behavioural norms.