

Young Women's Experiences in Obtaining Sexual Health Services and Education in a Nova Scotia Community*

People in their teens and early twenties are sexual beings and many are sexually active. Young people are often able to develop the knowledge and skills required to protect their sexual health. Unfortunately, many of them experience barriers to both accessing information about their sexual health and acting upon this very important aspect of their lives.

This research examined the experiences of twenty-eight young women in Amherst, Nova Scotia, as they attempted to acquire and act upon knowledge related to their sexual health. This research represents an effort to understand the barriers preventing young women from receiving maximally effective sexual health education in their schools and in related services from physicians and in pharmacies.

Barriers to Sexual Health Education in Schools

School-based sexual health programs ... a repetitive and boring curriculum, avoidance of specific topics, contradictions with teachings from home and church, lack of relevancy on a temporal basis, and lack of credibility within schools themselves for sexual health education programs

Teachers' perceptions of their having different values from students and having judgmental attitudes, use of inappropriate personal examples in class, discomfort with certain sexual health topics, and in some situations, lack of knowledge of sexual health

Students ... gender dynamics in sexual health education classes, not seeing teachers and guidance counsellors as resources for sexual health

Key Messages for Teachers

Carry out needs assessments for students at the beginning of the school year to add relevance to sexual health education

Use question boxes so that students can ask questions anonymously and avoid problems of embarrassment or ridicule in class

Establish ground rules in order to avoid inappropriate behaviour and responses in class

Make more use of guest speakers trained to teach sexual health topics

Use methods of teaching which allow students to explore how one might feel in different situations, and how one might handle those situations

Key Messages for Schools

Make sexual health education courses more difficult, with challenging projects and appropriate testing

Create a comfortable learning environment for women, gay and lesbian youth, and students from all religious faiths

Provide continuity of topics and teaching methods between sexual health education classes

Develop methods for increasing the credibility of sexual health education

****This project was carried out as a partnership between the Department of Community Health and Epidemiology, Dalhousie University, and the Amherst Association for Healthy Adolescent Sexuality, a non-profit society. Authors include Donald Langille, Emily Marshall and Janice Graham.***

Barriers to Pharmacy Services

Embarrassment and cost of buying condoms and oral contraceptives

Key Messages for Pharmacists

Display and sell condoms in an appropriately private location in the pharmacy to increase young women's ability to purchase them in a confidential manner

Educate cashiers at pharmacies not to be (or appear to be) judgmental of young people purchasing condoms

Facilitate being able to call ahead when picking up prescriptions for oral contraception at the pharmacy, so that the prescription can be pre-packaged, reducing the probability that other customers will know what is being purchased

Make oral contraception available in a private location, such as the physician's office, to avoid having to purchase it in public

Make oral contraceptives available free when young women cannot afford them

Make condoms available free at teen health centres

Barriers to Physicians' Services

Comfort and communication with the physician ... difficulty with trust in the physician-patient relationship, the age and often male gender of the physician, physicians' lack of time for discussion of sexual health, physicians' apparent reluctance to discuss sexuality

Young women's support needs ... a high personal level of comfort in looking after their sexual health, non-judgmental support for sexual health, a confidential relationship with the physician and a lack of knowledge of their right to such confidentiality, apprehension about Pap testing

Physician access ... obtaining physician services in Amherst, impact of parental presence at the physician's office

Key Messages for Physicians

Introduce the subject of sexuality with young women in ways such as, "You are at the age where some people are choosing to become sexually active. If you ever want to talk about your options for sexual activity or birth control, we can do that."

Explicitly tell young women that their conversations and examinations are confidential, and that they will tell no one, not even their parents ... even if they ask the doctor about it

Make young women feel that their sexual health concerns are real and legitimate

Acknowledge and effectively deal with any discomfort young women have in talking about sexuality and being examined

Explain the Pap test in detail ahead of time, and not make it mandatory for initially obtaining oral contraceptives

Explore ways to improve young women's access to family physicians' services so that they can talk confidentially with their physicians

Conclusion

The insights provided by these young women's direct experiences with sexual health education and use of related health services provide policy makers and service providers with specific examples of adjustments that are required in the system. Making these changes will further protect and enhance the sexual health of young people.

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