Empower girls to be their best

Young women deserve to be self-assured and confident about their sexual health.

SEX education and health information for young women is often framed solely in terms of managing danger and risk. This leaves them with the weight of responsibility for avoiding sexual assault and preventing sexually transmitted infections (STIs) and unwanted pregnancy.

Health professionals, however, are in the unique position of being able to help change this situation. If we can empower young women with good information about their bodies and sexual health – particularly in the lead-up to schoolies week – and are able to speak candidly with them about balancing responsibility with sexual fulfilment, we have the potential to do them a great service.

**DELICATE TOPICS**

Discussing sexual health with patients of any age can be delicate, but it is particularly so for young people. If appropriate and comfortable, it is preferable to provide a one-on-one consultation with the patient after an adequate explanation of confidentiality. From the outset, it is important to not make any assumptions about a young patient’s sexual preference. Be sure to normalise and affirm diversity. Encourage your patient to communicate with a trusted adult if appropriate. Try to use clear, non-threatening and easily understood language. Start with general questions such as, “How are things with you?” or “How is school?”

Maintain a relaxed atmosphere and explain that your questions are a routine part of the consultation. For example, “When I’m seeing young people, I always ask them if they have any sexual partners.”

**SELF-ASSESSED AND CONFIDENT**

Young women deserve to feel self-assured and confident about their sexual health, as well as feeling resilient enough to face the challenges associated with today’s highly sexualised world.

The sexualisation of women in the media and online is a trend that continues unabated. GPs and other trusted adults can help young women to feel normal and to feel good about their bodies, reducing the impact of unrealistic media portrayals of their sexuality.

Empowering young women with confidence and knowledge around their sexual health, and reminding them that they have just as much right to sexual pleasure as their partner, will decrease the likelihood of negative outcomes for them in the short- and long-term.

**EMPOWERMENT**

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**CHLAMYDIA**

Chlamydia is common in young people, and is usually asymptomatic. Its spread is largely prevented with consistent and correct condom use.

With early detection and treatment, it is possible to avoid chlamydia progressing to pelvic inflammatory disease (PID), which is a leading cause of tubal factor infertility and ectopic pregnancy.

Opportunistically screen sexually active women aged 25 and younger for chlamydia at GP visits. Coaching the screen as a routine check can help increase its acceptability. For asymptomatic women, send a first-void urine, self-taken vaginal swab or endo-cervical swab for a nucleic acid amplification test (NAAT).

Uncomplicated genital infections, use azithromycin 1g as a single dose or doxycycline 100mg for seven days.

**Practice Points**

- Discuss confidentiality and maintain a comfortable atmosphere
- Don’t make assumptions about sexual preference
- Ensure young women have a good understanding of their bodies
- Encourage the use of long-acting reversible contraceptives
- Screen opportunistically for chlamydia in sexually active under 25s
- Explain the changes to the National Cervical Screening Program
- Reinforce conversations with written information, diagrams and online resources

**CERVICAL SCREENING**

The National Cervical Screening Program recommendations have changed from a two-yearly Pap test to a five-yearly cervical screening test.

Inform young women that the test is performed in the same way as the Pap smear but it looks for the presence of human papillomavirus (HPV), which is known to cause more than 92% of cervical cancers.

The age at which screening starts has changed from 18 to 25 years. You can reassure a young patient that having the cervical screen every five years is as safe as having the Pap test every two years.

If she experiences symptoms such as unusual bleeding, discharge or pain, further investigation is required.

Also, ensure she knows that even if she has had HPV vaccination, she will still need to undergo screening because the vaccine does not protect from all the types of HPV that cause cervical cancer.

**Resources**

Specialist sexual and reproductive health services:

- Family Planning Victoria — www.fpv.org.au
- Melbourne Sexual Health Centre — www.mshc.org.au
- Online resources:
  - Labia Library — www.labialibrary.org.au
  - Reach Out — www.au.reachout.com
  - Minus 18 — www.mminus18.org.au

This column is supported by Jean Hailes for Women’s Health — a national, not-for-profit organisation focusing on clinical care, innovation research and practical educational opportunities for health professionals and women. www.jeanhailes.org.au