A game, for parents and young people, is used as a resource for teaching Sex and Relationship Education, and, is described with reference to strategies to reduce teenage pregnancy rates.

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Teenage pregnancy, better prevention and a sexual health game for young people

The role that the school nurse might play in reducing rates of pregnancy in relation to Government strategy.

In June 1999, the UK Government launched the Social Exclusions Report on Teenage Pregnancy.[1] Teenage pregnancy rates have been a concern for UK Governments for the past two decades. In recent years those rates in the UK have remained consistently above most of our European neighbours, 3 times higher than France and 6 times higher than Holland. The Social Exclusion Unit (SEU) undertook a detailed analysis of the problem and recognised that teenage pregnancy was both a cause and a consequence of social exclusion. Other evidence,[2] also suggested that teenage pregnancy had serious health and social consequences for teenage mothers.

There may exist different opinions as to both the causes and the ideas for prevention surrounding teenage pregnancy, but the overriding consensus is that the trend in teenage pregnancy highlights a problem of socio-economic deprivation.

The SEU has set an overall national target to halve the rate of conceptions among the under 18 year olds by 2010. To achieve these goals a comprehensive cross Government Teenage Pregnancy Strategy was launched by the Teenage Pregnancy Unit. The action for achieving the goals falls into four categories - 'a national campaign', 'joined up action', 'better prevention' and 'better support'.

This article will focus on 'better prevention', the role of the school nurse and describe one resource used for Sex and Relationship Education (SRE).

Local pregnancy co-ordinator

Every local authority area in England has been given a specific reduction target to meet by 2010 and are required to appoint a local teenage pregnancy coordinator. The SEU recommended that both local authorities and health authorities should combine to develop a local strategy, and outline a plan showing how they are going to meet their specific target to reduce teenage pregnancies.[3] At present there may exist different opinions as to both the causes and the ideas for prevention surrounding teenage pregnancy, but the overriding consensus is that the trend in teenage pregnancy highlights a problem of socio-economic deprivation. This remains a key factor, both for understanding and tackling the issue.[4]

SRE and promiscuity

Does Sex and Relationship Education encourage promiscuity? It is suggested that children are under increasing pressure to have sex at an early age, and, they are exposed to images and information of an adult nature. They can also be targeted by media campaigns which may contain specific sexual images that appear to normalise the idea that sexual experience occurs at an early age. However access to information about contraception and sexual health has not caught up with this early exposure to the message of sex.

Ingham maintains that there is no empirical evidence to support the argument that SRE encourages early sexual relationships, indeed most of the evidence points to the opposite.[5] He promotes the premise that young people, who are sexually active before a SRE programme, are unlikely to change their sexual behaviour. He also suggests that parental attitudes can have a serious affect on young people's sexual behaviour - the closed parental response and just

negating, results in higher non-usage of contraception. This is an area of concern, especially as data from the Social Exclusion Unit indicates that 50% of young people under the age of 16 and 30% of 16-19 year olds do not use contraception the first time that they have sex. This figure is double the rate of other European countries.

High quality SRE

There is evidence to support the notion that schools who deliver high quality SRE, and have sexual health services available to young people within walking distance of school, have seen a marked reduction in teenage pregnancy.

There is evidence to support the notion that schools who deliver high quality SRE, and have sexual health services available to young people within walking distance of school, have seen a marked reduction in teenage pregnancy.[6] However, Allen suggests that young people's experience of sex education was, "too late, too little, too biological and, does not address the emotional side".[7] Naylor strongly opposes all SRE. He is in contention with the findings from the SEU and believes the Unit is a political tool used to discredit family values. He also strongly recommends that parents withdraw their children from all SRE lessons.[8] Naylor has based some of his argument on abstinence education in the USA, where Blake and Francis deduced that there is no clear indication that abstinence education makes any long term difference to young people's sexual behaviour.[9] They discovered that there has been no systematic evaluation proving the effectiveness of abstinence education, with many of the arguments for it based on moral grounds rather than research based. Stammers[10] however, supports the idea that abstinence education should be promoted as sex education and it should be delivered by parents and supported by doctors and not by schools. He also supports an American view that abstinence is the "greatest sexual health promotion behaviour available." He suggests that the decline in teenage sexual health behaviour is due to the availability of contraception and explicit sex education at an early age.

Sexual conduct among young people remains a vigorously debated issue. How should those concerned with sexual health education respond to the issues? Ingram[10] suggests that there is a choice between advocating abstinence or promoting a greater openness in homes, schools, health services and other settings in order to improve individual knowledge and skills. The guidance from the DfEE[11] maintains that SRE can and must be based on values of respect and mutuality. Effective SRE should enable young people to understand how to build stable relationships.

Strategy and the school nurse

How does the Government Teenage Pregnancy Strategy impact on school nurse practice? There are some straightforward implications for practice; the strategy recommended that clearer guidelines needed to be given to schools around SRE. The new SRE guidelines recommend that school nurses have much to offer in the delivery of the SRE module. There is also a clear indication that health professionals can maintain confidentiality and give individual advice about sexual health issues in a school setting, "Secondary schools should provide young people with information about the different types of contraception, safe sex and how they can access local services for further advice and treatment."

This does give ample opportunity for innovation and scope to work with schools and parents and is an improvement on the previous guidance from the DfEE.

Confidentiality

Why is the uptake of sexual health services for young people so poor? There is some evidence to suggest that the reason they don't use contraception is because it is too difficult for them to find services, or trust professionals. According to Wardle and Wright,[12] who suggest that regardless of the context in which contraceptive services are provided, young people often find such services inaccessible, unfriendly and lacking in confidentiality. This view was supported by Jones et al.[13] when looking at how to meet adolescents health needs. The British Medical Association[14] clearly recommends the concept of young people having access to confidential, individual advice and support within school premises.

Confidentiality is an issue that is pivotal to providing services to young people, but so often they are let down by adults whom they believe they can trust. A study to discover the attitudes of 15-16 year olds to General Practitioner consultations and contraceptive services revealed that a quarter of the 4481 teenagers surveyed believed that their parents would be informed against their wishes.[15] Sometimes the problem of confidentiality arises because the adults concerned are unclear about their position. Teachers have long been unclear about confidentiality. The DfEE 'Sex Education in Schools' (5/1994) circular states that if teachers believe that a child or young person is, or is about to embark on an action that is illegal, including underage sexual intercourse, the head teacher should be informed and then the parents.

Mixed message

...teachers cannot offer or guarantee absolute confidentiality... However... health professionals can give individual advice about contraception and maintain confidentiality.

Even the latest DfEE guidance is ambiguous about this teacher confidentiality problem. It is suggested that schools should have in place a clear and explicit confidentiality policy, which both pupils and parents understand.

Many head teachers are still concerned about the implications and it remains their policy to inform parents if they are aware of an under 16 aged pupil who is sexually active. The guidelines clearly state that "teachers cannot offer or guarantee absolute confidentiality," this is one of the concerns that teachers have. However these guidelines do confirm that health professionals can give individual advice about contraception and maintain confidentiality. This mixed message is very confusing for young people to understand.

The issues surrounding confidentiality and the under 16's appear complex in the school setting, but for health professionals it should be more clear-cut. Joint guidance issued by the Royal College of General Practitioners,[16] states that, "any competent person, regardless of age, can independently seek medical or nursing advice and give valid consent to medical treatment." However, young people can still be confused about whom they can trust when seeking services. A survey of GPs showed that, when asked, "whom would you routinely inform if a 14 year old attended your surgery and asked for emergency contraception," eight GPs said that they would routinely inform a parent.[17]

The Teenage Pregnancy Strategy document makes it clear that confidentiality is of paramount importance for young people to know that they trust health professionals, including those on school premises. Tumin goes even further by commending to the Cabinet Office, that confidential advice, including full contraceptive and sexual health services, should be available to teenagers on secondary school premises.[18]

Emergency contraception

Is there a need for school nurses to be involved in the issuing of emergency contraception? If the desired intentions for a reduction in teenage pregnancy then schools are going to be called on to play a more of an active part.

Conversely members of the Parent Truth Campaign[19] are outraged by the idea that young girls might be given emergency contraception and other contraceptive advice without parents knowing. This group see it as, "an example of the medical profession intruding into the lives of young children, using unaccountable nurses to dispense dangerous abortifacients and contraceptives."

The campaigners cite the controversy over a school in Derbyshire allowing the school nurse to dispense emergency contraception without parents being informed. They claim that this practice will, "encourage experimentation and say that it seems to mean that schools are making it acceptable to sponsor underage paedophilia."

This dilemma is also apparent in a debate that has taken place in the House of Commons, July 2001, within the cross-parliamentary pro-life group who have expressed the horror at the widespread availability of the emergency contraception for school age children.

The way forward

Young peoples' sexual health appears to be a political 'hot potato'. If the goals, set by the Government Teenage Pregnancy Strategy, are to be realised, then the research findings must be taken into account and faced head on. Teenage pregnancy is not an easy issue for any government to tackle. It touches on very strongly held beliefs but, according to the SEU, the cost of neglecting the issues are too high .

Barlow[20] suggests that, despite the findings of a recent survey showing an increase in the use of condoms,[21] the change is not apparent in attitudes of young people to sex. There continues to be a climate of fear almost taboo, which acts as a barrier to sensible debate. Despite the prevalence of sexual imagery in the media, society adopts a moral and disapproving tone on sexual matters and frowns upon discussion on sex. Young people quickly learn that the subject is taboo.

Furedi[22] suggests that policy makers and health professionals must decide whether it is young people having sex that we disapprove of, or the adverse consequences of young people having sex, such as teenage pregnancies. She goes on to say that it is important to get that straight and tell young people,"if you are having sex have it safely". From a practice point of view, if that is the message then we must provide the means for young people to be able to do that.

SRE resource

After considering some of the recent research which has suggested that some young people lack the skills to be able to talk and discuss sexual issues with both parents and partners, I decided to make an interactive game that could be used in SRE lessons with a whole class. There is some evidence to show that young people respond to competitive element

and are more able to contribute in a team situation.

I have been teaching SRE for many years and was always looking for a really good resource to use with year 10 groups knowing that games appear to go down well. Usually in a classroom situation, board games can only be used with a small group and there was a need for something that could be used with a whole class which still had a competitive element. The game was developed around the use of a dice creating 6 categories, one for each number on the dice. The game takes into account the complexities surrounding young people's sexual health needs and the difficulties that many young people find in being able to express what they want in a relationship. The game involves young people discussing dilemmas, resolving situations as well as working out the consequences of certain behavioural events. The class work in groups, which means that individuals don't feel exposed and they can have an opt-out clause.

The game takes into account the complexities surrounding young people's sexual health needs and the difficulties that many young people find in being able to express what they want in a relationship.

Development of the game was made possible by an award from the Queen's Nursing Institute which led to extensive use in the classroom and led to it being used successfully with a group of 60 parents at a Sex Education Workshop. With a little adaptation the game can be a useful tool when working with groups of disaffected young people or young offenders. It has now been adapted for use in puberty and growing up sessions in primary schools.

Research & guidance

When considering the complex nature of the issues surrounding teenage sexuality, it is easy to see why previous efforts to reduce teenage pregnancy have largely been unsuccessful. It is only in the last two decades that research about sexual issues has been conducted; previously moral or religious grounds have determined attitudes to sex. But research evidence has now influenced the findings of the Teenage Pregnancy Strategy (TPS) with its more liberal attitudes. This has, for many workers in the sexual health fields, been a great step forward, but it is recognised for others that it might cause some personal conflict.

However, if the TPS is going to be effective then it is vital that all government departments are giving the same message. For schools and teachers, better, less ambiguous guidance needs to be given, as well as a clear statement to health professionals, unless this happens then young people will still receive the mixed messages that adults in the past have given.

It has become apparent whilst researching this article that to do the TPS justice warrants a much larger piece of work. Poverty, deprivation, low educational attainment, religion and children's rights are issues that are integral, but not mentioned. At some future date this author would like to address these issues and the impact they have on teenagers in Britain today.

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