

*The 1993 Education Act may have made it harder for teachers to act as confidential advisers.*

Jaki Hunt is Medical Audit Facilitator with the Northamptonshire Multidisciplinary Audit Advisory Group (MAAG).

## Jaki Hunt

# Teenage sexual health: Do school nurses hold the key?

**Y**oung people are at risk of sexual ill-health, and were targeted by the Government in the 1992 *Health of the Nation* White Paper (DOH, 1992) as a key area for improvement.

Many groups within the NHS are tackling this issue, but the input needs to spread outside health care in order to reach all teenagers. Much work is already taking place in schools, within HIV/AIDS and sex education provision, but a number of questions remain unanswered.

- Can schools play a wider role in helping individuals with problems or questions?
- Has this possibility been affected by the 1993 Education Act directives (DFE, 1993) about advice to individual pupils on sexual health?
- Can teachers work with their most accessible health care professional, the school nurse, to maximise effectiveness here?
- How would young people react to this?

### The under-16s: an 'at risk' group

The 1993 National Survey of Sexual Attitudes and Lifestyles (Wellings, 1994) showed that many more under-16s are now experiencing sexual relationships than in the past (19% of females and 28% of males).

Of these, more than 40% of females and 50% of males did not use contraception. The 1994

summary figures for attendances at STD clinics across the country (DOH, 1995) show a number of under-16s with infections, including a small number with HIV.

This is important because sexually-transmitted infections in females can lead to immediate and long-term problems (infertility following undiagnosed chlamydia infection, for example). Additionally, national figures for pregnancies amongst girls under 16 in 1991 were 9.3 per 1000 (HEA, 1994).

These statistics show that young people are already suffering sexual ill-health, and many more are putting themselves at risk.

### MAAG investigates

Last year, a group of general practices in Northamptonshire worked with the Northamptonshire Multidisciplinary Audit Advisory Group (MAAG) and Northamptonshire Health Promotion to look at the provision of local sexual health services for young people and to discover the views of their teenage 'users'.

We had already run a three-month study in 1994, looking at all the consultations that 13 primary health care teams had with young people. This anticipated the finding from our 1995 questionnaire survey that fewer young males than females attended their practices, with the 16-19 year old group of males being the least likely to have been seen.

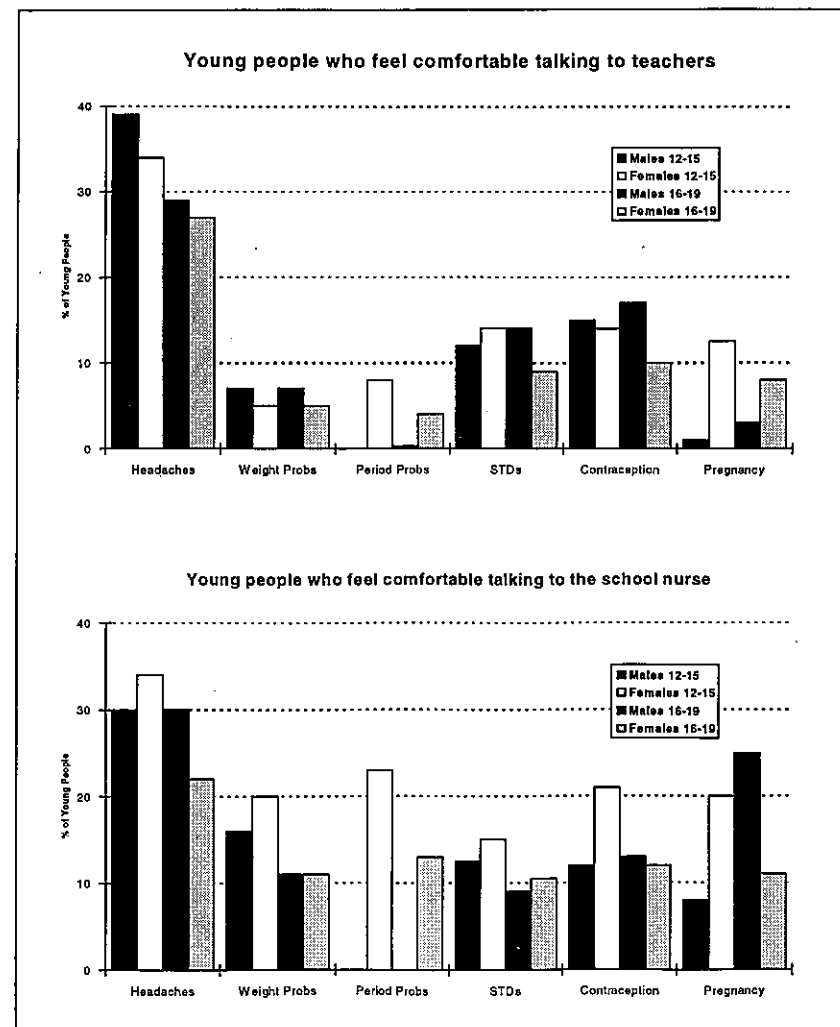
*Many more under-16s are now experiencing sexual relationships than in the past.*

Even when they did attend, our three-month 1994 audit showed that they were much less likely than females to discuss any health promotion or sexual health issue with the health care professional. The figures from our study were most marked when looking at the amount of sexual health advice that was given to young people:

	Male	Female
12-15 years	0.2%	24%
16-19 years	0.6%	58%

The only sexual health topic that males discussed with their practice was STDs, but at least four times as many females for each age group attended to discuss this topic. Females also came to discuss pregnancy, termination, contraception and period problems, which gave them an opportunity to raise a wider range of sexual health issues with their GP or practice nurse. Young males were unlikely to discuss contraception in the surgery, as condoms are not at present avail-

Fig. 1. The percentage of young people that had felt comfortable when talking to teachers (upper) and the school nurse (lower) about the problems shown.



able on prescription.

To summarise the results from the 1993 national survey and the 1994 MAAG study, males are more likely than females to have first had intercourse under the age of 16 and not to have used contraception on this occasion. They also have less opportunity to discuss sexual health with health-care professionals. Therefore, *young males are perhaps the group most in need of sexual health education from sources outside the Health Service.*

Can teachers and school nurses have an input here?

### 'Feeling comfortable?'

In 1995, a questionnaire was sent to young people aged 12-19 across the county (1,884 replied), asking mainly about their views on primary care. It also included questions about other providers of sexual health services or advice, revealing some interesting lessons for teachers and school nurses.

One of the questions on the questionnaire asked about a range of health topics, to discover with whom the young people would feel comfortable when discussing such issues. Fig. 1 refers to teachers and school nurses.

- In general, only a low percentage of young people said that they would feel comfortable discussing any of the issues other than headaches with either their teacher or their school nurse.
- The figures for school nurses are slightly higher than those for teachers.
- More 12-15 year old females reported that they would be comfortable discussing the range of issues with their school nurse than did the other age/gender groups.
- The young people that replied to our questionnaire were less likely to feel comfortable with their teacher or their school nurse than with their parents, friends, and primary health care teams.
- Fewer males than females across the age ranges said that they would feel comfortable discussing any of the issues, bar STDs, with anyone.

This last finding presents a problem, as the group that we have identified as having the greatest need of sexual health education to be delivered outside the health care service — young males — is also the group that would be

least comfortable receiving it within school.

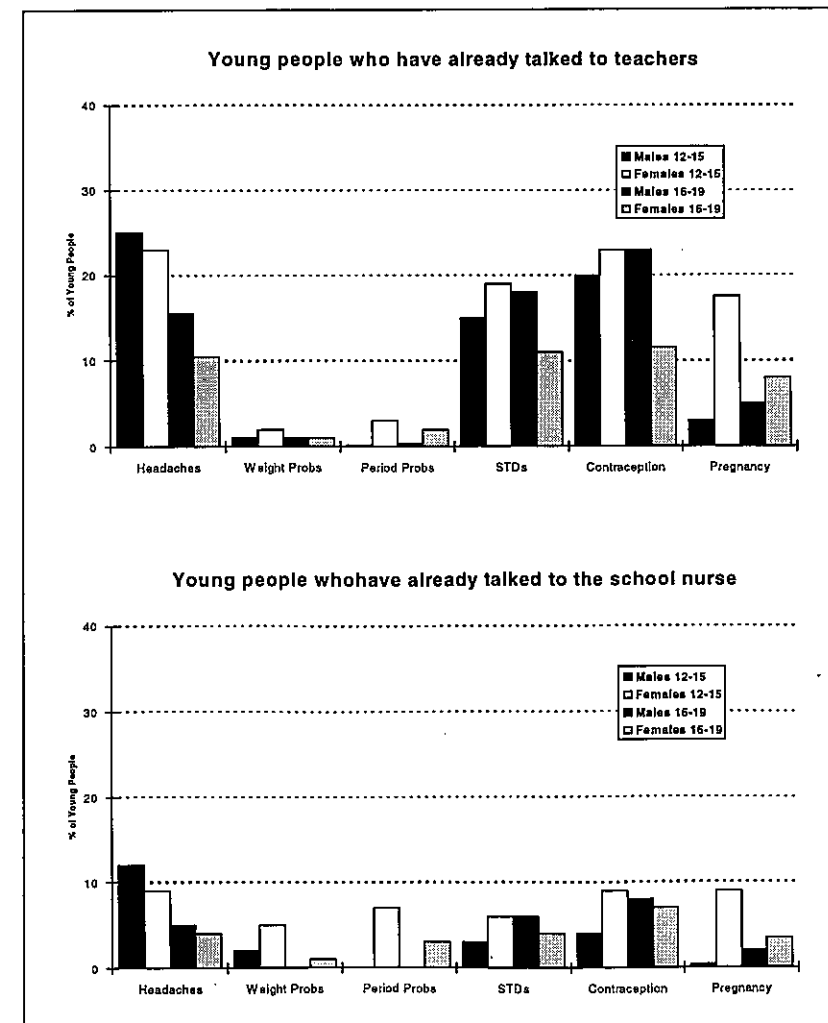
### Teachers: High input, major constraints

Our questionnaire showed that STDs and contraception had already been discussed more often with teachers (perhaps as a class topic?) than with any other professional, except for the 16-19 year old females, who had previously discussed contraception more often with their GP. The percentages having already talked to teachers and the school nurse about some health-related topics are shown in Fig. 2.

Teachers, therefore, are the professionals with the highest level of educational input to young people in these sexual health areas. However, they are also the professional group with which young people feel least comfortable when discussing these issues.

Following the 1993 Education Act, which suggests that teachers should tell the Head and parents if they learn of under-age sexual inter-

Fig. 2. The percentage of young people that had already talked to teachers (upper) and the school nurse (lower) about the problems shown.



course, the message may now be clear to under-16s that they should not discuss their personal difficulties with teachers. Similarly, perhaps teachers are very uncomfortable discussing these issues with young people, because of the restrictions now placed upon them?

Not surprisingly, young men had discussed fewer topics with anyone, and many of them said that the sexual health issues (including contraception and STDs) did not apply to them.

### School nurses: Accessible and friendly, but how secure?

These questions show that more young people aged 12-15 had already discussed these issues with their school nurse (10% on average) than with their practice nurse (3% on average). Perhaps schools can build on the work that is already being done to increase these figures?

Three questions asked young people whether they felt that the range of services offering advice on sexual health (GPs, family planning clinics, STD clinics, local young people's health clinics and youth service clinics) were accessible, friendly and confidential. Teachers were not included in this section, but school nurses were.

School nurses were felt to be easy to access and friendly (second only to general practices for these factors), but had the lowest score for perceived confidentiality, particularly for under-16s. The following table shows who the young people thought would hear of their visit to the school nurse.

	12-15		16-19	
	Male	Female	Male	Female
Parents	45%	43%	27%	28%
Friends	12%	16%	10%	11%
Teachers	14%	16%	14%	15%
No one	19%	19%	38%	36%

Some comments were made about this lack of expectation of confidentiality with their school nurse:

- *There's no privacy.*
- *I'm afraid she may tell someone.*
- *My friends would want to know why I was going.*
- *You have to make an appointment through the teacher — he's nosy.*

## A better chance for the school nurse?

Discussion of these results with local school nurses has raised a number of issues about the environment in which they work. For example, their room often doubles as a sick bay, so other pupils may be present and potentially listening as sensitive topics are discussed.

Also, it is often close to the main thoroughfare in the school, so pupils feel that they will be seen going in. Systems that require a teacher's permission to visit the school nurse, along with a perception of her as part of the 'establishment' (and therefore chatting with teachers about her work?) may also have contributed to the lack of expectation of confidentiality.

Perhaps some further consideration needs to be given to the siting of the school nurse's room, the access systems for her within the school, and the need for widespread publicity to pupils about confidentiality.

Following the legal changes within the 1993 Education Act, the school nurse may be the only person within a school that can offer confidential personal sexual health advice to pupils under 16. If she is not trusted by her clientèle, then where can worried pupils turn for help?

### Summary

- Young males see their GP less often, and, when there, discuss sexual health issues less often than young females do. They are therefore a group that particularly need sexual health education to be addressed outside primary care. **How can schools help?**
- Young people have discussed many sexual health topics with their teachers (probably as a class subject), but do not feel comfortable doing so. **Do teachers need help (possibly specific training) when tackling these sensitive issues in class or with individuals?**
- Young people feel more comfortable discussing sexual health issues with their school nurse than with their teacher. **Can the school nurse be used more within schools to address sexual health issues? How can school nurses help young people to feel more comfortable when discussing sexual health issues with them?**

***The school nurse may now be the only person within a school legally able to offer confidential sexual health advice.***

Northamptonshire MAAG works with primary health care teams to co-ordinate and facilitate audit across the county. The group offers training to all team members, aiming to provide each practice team with the skills, information and enthusiasm to use audit as a tool to improve the quality of the services that are offered to patients. MAAG also runs multi-practice and interface audit projects, working with other organisations across many boundaries. The co-ordinator is Mrs Christine Burns.

Dr Jaki Hunt may be contacted at the Group's address, Highfield, Cliftonville Road, Northampton NN1 5DN (01604 615205).

- Young people say that it is easy to access their school nurse and that she is friendly. Despite this, they do not expect a visit to her to be confidential. **Are there changes that can be made within schools that will alter this misconception?**

### Acknowledgments

The project leaders are very grateful to John Balding for his invaluable advice when developing the questionnaire, and to the Northamptonshire Youth Services for piloting it. We would like to thank everyone that took part in the audit for the work they put in, and hope that the results have been useful to them. We would also like to thank the local school nurses, who have made comments about these results.

### References

- DFE (1993). *The Education Act 1993: Sex Education in Schools*.
- DOH (1992). *The Health of the Nation*.
- DOH (1995). *Sexually Transmitted Diseases, England 1994*.
- HEA (1994). *Health Update for Sexual Health*. London: Health Education Authority.
- Wellings et al. (1994). *Sexual Behaviour in Britain: The National Survey of Sexual Attitudes and Lifestyles*. Penguin Books.

*Now in preparation*

**YOUNG PEOPLE IN 1995**

*and*

**VERY YOUNG PEOPLE  
IN 1993-95**

*as well as*

**YOUNG PEOPLE AND  
DRUGS IN 1996**

For further details contact  
Sally Forster at the Unit  
(01392 264722)