

# Empower girls to be their best



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## 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



### 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

part of the consultation. For example, 'When I'm seeing young people, I always ask them if they have any sexual partners. I'm wondering if you've had any sexual partners recently?'

Use non-confrontational language when discussing possible sensitive topics, such as, 'Has anything ever happened to you sexually that you wish hadn't happened?'

If time permits, consider psychosocial screening to help understand the physical, emotional and social context of the young woman. The HEADSSS assessment (covering Home, Education, Employment and eating, Activities, Drugs and alcohol, Sexuality, Suicide, depression and self-harm, and Safety from injury and violence) is a useful screening tool to help gain an overview of the young woman's health and lifestyle.

### EMPOWERMENT

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.

A good starting point is to ensure young women have an accurate understanding of their bodies and how they work. This is an essential component of good sexual health. Reinforce conversations with written information, diagrams and online resources, where possible.

Start a discussion on proactive options for optimal sexual health outcomes, including contraception, measures to avoid STIs, appropriate vaccinations, breast self-examination and cervical screening.

Encourage the use of long-acting reversible contraceptives (LARCs) that include implants and IUDs. Both are effective, affordable and ideal contraceptive choices for young women.

### 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. Couching 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).

For uncomplicated genital infections, use azithromycin 1g as a single dose or doxycycline 100mg for seven days. Patients should then completely avoid sex

for one week (after both partners are treated). It is important to trace and treat sexual partners ([letthemknow.org.au](http://letthemknow.org.au)) to avoid spread and prevent reinfection.

A repeat NAAT test for reinfection at three months after treatment is optional and often advisable.

A diagnosis of chlamydia should prompt consideration of further STI testing.

### 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/for-you](http://www.fpv.org.au/for-you)
- Melbourne Sexual Health Centre – [www.mshc.org.au](http://www.mshc.org.au)

Online resources:

- Better Health Channel – [www.betterhealth.vic.gov.au](http://www.betterhealth.vic.gov.au)
- Labia Library – [www.labialibrary.org.au](http://www.labialibrary.org.au)
- Reach Out – [www.au.reachout.com](http://www.au.reachout.com)
- Minus 18 – [www.minus18.org.au](http://www.minus18.org.au)

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