

Submission to Inquiry into the sexualisation of children in the contemporary media environment

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Summary:

The Australian Study of Health and Relationships confirmed that the age of first sexual (coitarche) has fallen progressively according to the year of birth so of those born in between 1981 and 1985 40% reported engaging in vaginal intercourse before the age of sixteen. Early first intercourse is an adverse health behaviour that correlates consistently and well with a number of markers of sexual ill-health in later life. Early sexual intercourse correlates with teenage pregnancy, increased number of life partners and increased risk of sexually transmitted infection. The deferring of sexual intercourse even by a mere two years is associated with reduced number of life partners and reduced risk of sexually transmitted infection.

Background:

Currently there is a high and rising incidence of chlamydial infection in Australia particularly in those members of our community aged 15-25 years. In 1995 the rate of notification of chlamydial infection in Australia was approximately 55 cases per 100,000. This rate steadily rose to 100 cases per 100,000 in 2001 (Communicable Disease Intelligence, Figure 1). Increased accuracy of newer available diagnostic tests in the mid 1990's was noted as possibly contributing to the apparent doubling in the rate of notification over the six year period. However by 2005 the rate of notification had risen further so by 2005 the rate of notification of chlamydial infection within our female population aged 20-24 is 1300 cases per 100,000 per year and in our male population aged 20-24 is 800 cases per 100,000 per year (Figure 2). There is a parallel increase in the rate of notification of gonococcal infection (Figure 3). The long-term consequences of chlamydial infection in women, even in those treated, include increased predisposition to subsequent infection from commensal (resident vaginal) organisms either spontaneously or at the time of any gynaecological surgery, increased risk of ectopic (tubal) pregnancy and increased risk of infertility and pelvic inflammatory disease. For men too there are long term consequences which may include scarring of the urethra and epididymis though infection may be without symptoms.

American data suggests the early sexual activity predicts lifetime risk of sexually transmitted infection¹. A survey of 9882 sexually active women in USA in 1995 showed that women engaging in first intercourse before age 15 were 5 times more likely to get a sexually transmitted infection during their lives than those women who deferred first intercourse until >18 years. The risk of pelvic inflammatory disease was also doubled in those engaging in early intercourse compared to those deferring first intercourse. The number of lifetime sexual partners increased in those engaging in early intercourse and those with more than 5 lifetime sexual partners were 10 times more likely to get a sexually transmitted infection.

The Australian Study of Health and Relationships was a telephone survey of 19,307 people aged 16-59 with a 73% response rateⁱⁱ. Detailed questions about many issues related relationships, families, fertility, sexual experiences, sexual attitude and knowledge of sexually transmitted infections were asked. There was a trend of earlier age of first intercourse in both women and men according to the year of birth (Figure 4). For those born in the period 1981-1986 the **median** age of first vaginal intercourse for women and men was 16 years. Nearly 30% of women born between 1981 and 1986 reported engaging in vaginal intercourse before age 16 (Figure 5). In keeping with the data from America early intercourse correlated with increased number of lifetime sexual partners and being ever diagnosed with a sexually transmitted infection (Figure 6).

A small study in New Zealand found that amongst women engaging in early intercourse there was long term regret.ⁱⁱⁱ

The Australian National Sexually Transmissible Infections Strategy allocated \$12.5 million over 4 years from 2005 and much of this has been used in pilot testing of screening for chlamydia in 18-30 year olds. However those younger than 18 may have been forgotten in this programme and there was a noted coyness in addressing the real issues^{iv} Whilst the recognition and treatment of contracted chlamydia is necessary and laudable it would seem appropriate to attempt to reduce transmission in the first place.

Education campaigns to increase level of awareness of risk of sexually transmitted infection and change in sexual practice may be ineffective in achieving a change in behaviour^v. In Los Angeles a theory based curriculum to delay onset of first intercourse and increase condom usage was trialed in six middle schools. The programme was interactive and skill building and implemented by well trained peer educators including HIV positive males and teenage mothers. The study was a randomised-controlled trial of standard sex education *versus* the intervention programme according to classroom. The outcome of interest was sexual behaviour and attitude at the commencement of the programme and 17 months later. The number of students partaking was 1657. The findings were sobering – there was improved knowledge and improvement in 2 of 21 attitudes studied but no change in sexual or contraceptive practices. Improvements in sex education programmes alone are unlikely therefore to be effective in reducing the unhealthy sexual practices of our some of our Australian young people.

Conclusion and recommendation:

The consequences of early first intercourse include teenage pregnancy, increased number of life sexual partners, increased risk of sexually transmitted infections and the associated sequelae and long term regret. It is inevitable that the sexualisation of our culture and our youth will influence the decision young people take to engage in sexual activity at a young age. As part of the campaign against cigarette smoking advertising which was associated with smoking imagery was restricted. Reduction of cigarette advertising did contribute to the reduction in cigarette use in our community. It would seem prudent therefore to restrict sexual imagery and references directed towards children and adolescents in our society. In addition we should aim to reduce

sexual imagery and references that are directed towards adults but available to children within our society. These two initiatives should form part of multi faceted programme to achieve improved sexual health and fertility in our community which may also include community and school based education programmes (with outcome evaluations), availability of self test kits to diagnose chlamydia and improved access to treatment for Australians.

Fig. 1

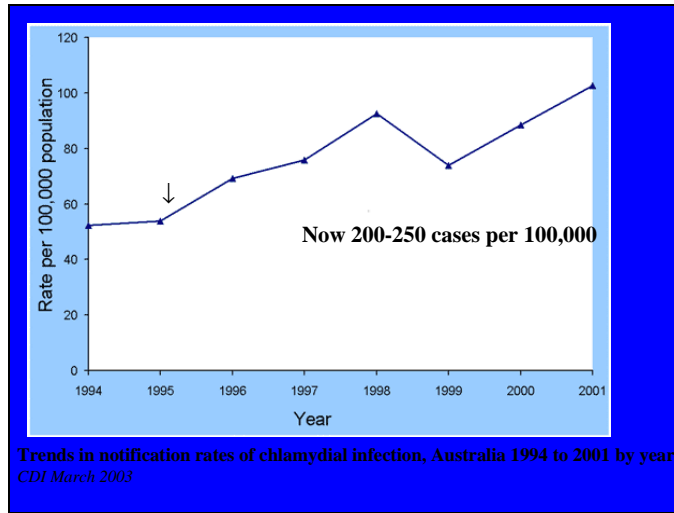


Fig. 2

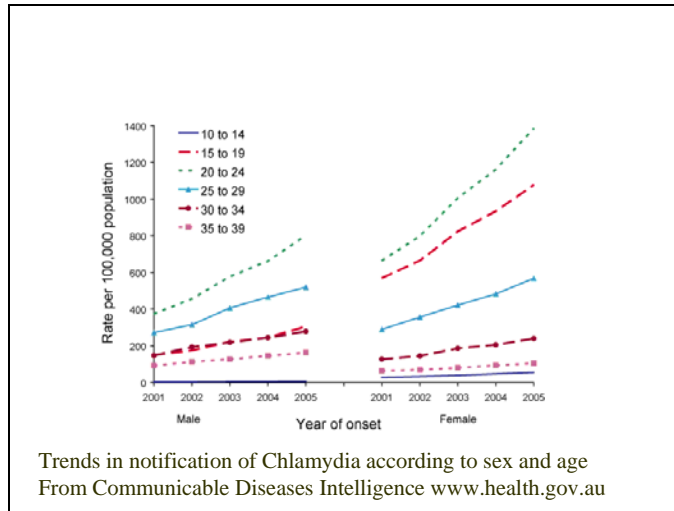


Fig. 3

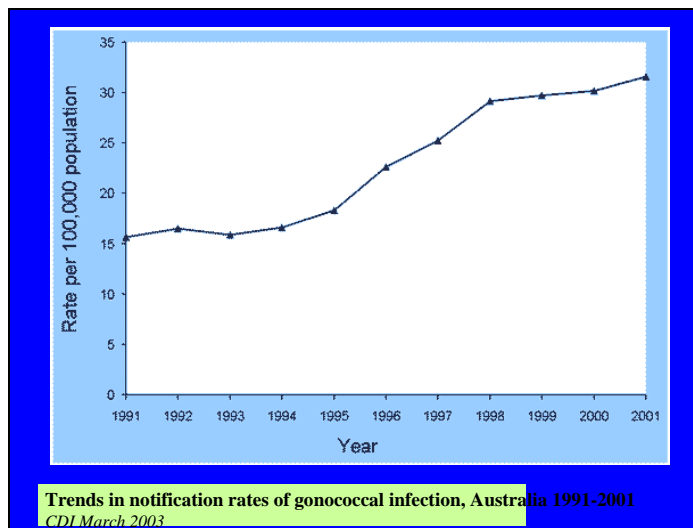


Fig. 4

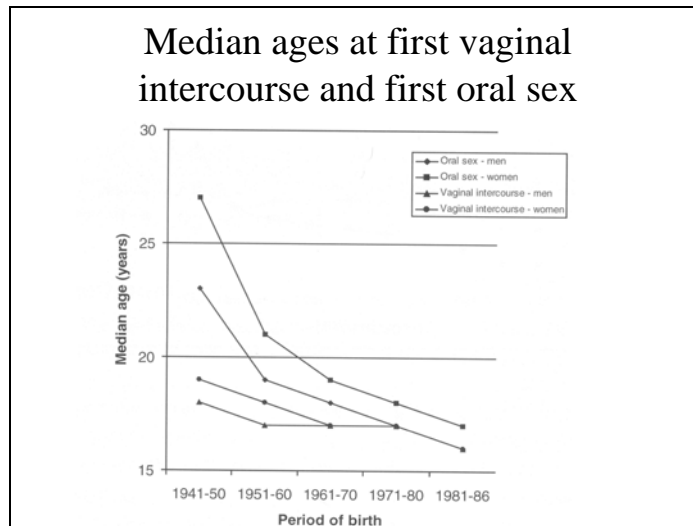


Fig. 5

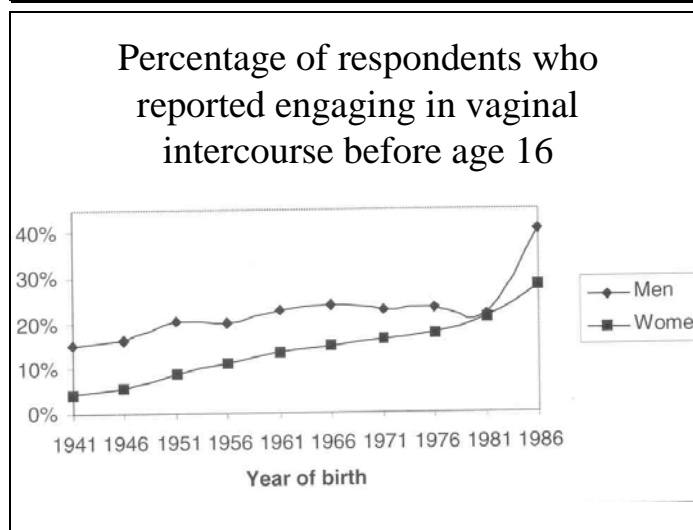


Fig. 6

Correlates of coitarche with STI in Australian population (APHS)

	Men <16	Men >=16	Women <16	Women >=16
Lifetime sexual partners (mean)	30.7	14.9	13.6	6.2
Ever diagnosed with STI	29.4%	18.2%	29.2%	15.6%

ⁱ Miller HG, Cain VS, Rogers SM, Gribble JN, Turner CF. Correlates of sexually transmitted bacterial infections among U.S. women in 1995. Fam Plann Perspect. 1999 Jan-Feb;31(1):4-9

ⁱⁱ Australian and New Zealand Journal of Public Health Vol 27 No 2 April 2003

ⁱⁱⁱ Dickson, N, Paul C, Herbison P Silva P First sexual intercourse: age, coercion, and later regrets reported by a birth cohort. *BMJ* 1998;316:29-33

^{iv} Mindel A, Kippax S. A national sexually transmissible infections strategy: the need for an all-embracing approach. *Med J Aust.* 2005 Nov 21;183(10):502-3.

^v Kirby D, Korpi M, Adivi C, Weissman J. An impact evaluation of project SNAPP: an AIDS and pregnancy prevention middle school program. *AIDS Educ Prev.* 1997 Feb;9(1 Suppl):44-61.