Acknowledgements

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Key contributions came from representatives of Auckland Sexual Health Services and Family Planning Association of New Zealand.

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Version 1: 2006

Introduction to Sexual Health

This resource has been developed to support Registered Nurses working with young people in a school setting and is designed to be used in conjunction with the CMOHB School Based Health Services Policies and Guidelines available on the ANSG website www.schoolnurse.org.nz.

Each nurse will practice in a manner which the client and school determine as being culturally safe. All people have the right to be respected regardless of their age, ethnicity, belief system, sexual orientation or disability.
Every time a young person enters a clinic it is an opportunity to inform them of the services available and the clinic’s confidentiality policy. Explain that this is a safe place to discuss sexual health and sexuality issues. An example of this might be:

Confidentiality:

“All of our discussion is private and confidential. There are three exceptions to this:
If you were harming yourself
If someone was harming you or
If you were, or intended to harm someone else.
In this situation I would discuss with you the need to involve a third person.”

Introducing Sexual Health:

One of the things that young people think and talk about is sex and sexuality. The Registered Nurse in the school clinic is available to assist with sexual health issues. A range of sexual health services are provided on site and where these are not able to be provided at school, referral can be arranged to an appropriate outside agency.

The following are examples of sexual health services:

- Access to information on sexual health, contraception and sexuality, sexual identity and orientation.
- Decision making
- Condoms and safe sex information
- Pregnancy testing and advice
- Emergency Contraceptive Pill (ECP)
- Sexually Transmitted Infection assessment
- Disclosure of sexual abuse or coercion

(Remember when the above services are not provided by your school-based health clinic please be aware of where to refer your students/clients)
Conversation Advice for RN with Student: Saying YES / Saying NO

It's OK to say NO
If you have had sex before and choose not to have sex the next time it's OK to say NO. You can say NO at any time and this MUST be respected.

It is really good to consider the following before saying yes to sex:
Are you sober?
Is this a safe situation?
Are you with a safe person? (see Relationships table: Healthy/Unhealthy)
How are you going to protect yourself and your partner from infection and pregnancy?
Is this the right time for you?
Can you talk to your partner about contraception and condoms?
How will you feel tomorrow/the next time you see this person?

If you have any doubts say NO

It is really good to consider the following before you go out:
Identify situations when you could be put at risk.
Drinks being spiked and how to keep them OK, the most common thing used to spike drinks is more alcohol.
What to do if you are separated from friends.
Transport issues - money for a cab or bus.
Make sure you have money on your phone.
Think about how you could get out of a tricky situation.
Who is looking out for you?
### Healthy Relationships

Two people feel good about themselves and each other.

- You have a **good friendship**, not just a physical relationship.
- You have **freedom** to do your own thing.
- You have time and space to **see your friends**.
- You have your **own interests**.
- Your opinions are **respected**.
- You can **disagree with each other**.
- You can **go at your own pace** including sexually.
- You make **decisions together**.
- When you have an argument you can **talk about it**.
- You **have fun together**.
- You **feel safe**.
- If you want to end it, your decision will be respected.

### Unhealthy Relationships

One person dominates and controls the other.

- You spend time with someone else and your boyfriend/girlfriend gets **angry or jealous**.
- Your boyfriend/girlfriend is **verbally aggressive or physically threatening**.
- Your boyfriend/girlfriend calls you names, puts you down, makes you feel **bad**.
- Your boyfriend/girlfriend uses **force, threats or bargains** to make you do things you don’t want to do.
- Your boyfriend/girlfriend threatens to harm any of your family, friends, pets or property.

**THIS IS CONTROL!**
How to use condoms:
Discuss condom use using fpa ‘condom’ handout available from www.fpanz.org.nz
For access to free condoms see the referral list.

Condoms

How to use a condom
Check the condom pack to make sure the expiry date has not passed.
Open the packet carefully. Finger nails, rings and teeth can tear the condom.
Make sure the penis does not touch the partner’s vagina, mouth or anus before being covered by a condom.
Check that the condom is the right way up. Push the tip of the condom to remove any air.
Roll the condom on the hard penis all the way down to the base.
Use a water-based lubricant e.g., KY jelly, Wet Stuff, Sylk and Ben-Gol. Oil-based lubricants such as vaseline can cause latex or rubber condoms to break.
After coming and when withdrawing hold the condom on the base of the penis so that no semen is spilled.
Wrap the used condom in tissue or bin bag and put it in the rubbish.

Use a new condom and lube each time you have sex.
For more information about FPA resources, clinical centres and education services go to our website: www.fpanz.org.nz
Contraception

Emergency Contraceptive Pill

Preferably within 72 hours (3 days) of last unprotected sex, but can be given up to 120 hours (5 days).

When was the unprotected sex?
Was it within 72 hours?
Are you using any contraception?
Have you missed any contraception?
When was the first day of your last menstrual period? If overdue do pregnancy test.
Was it a normal period, and was it on time?
Was the sex consensual? (If sex not consensual see Disclosure of Sexual Abuse or Coercion)
Are you taking any medicine?
Do you have any serious illnesses?
Do you have any allergies?
Discuss infection risks: e.g., Have you ever had sex without a condom?
Discuss ongoing contraception.
Give ECP with written and verbal instructions and document in the student's clinical record.

Note:
1. Antibiotics do not interfere with the progestogen only ECP.
2. People on enzyme inducers (rifampicin, rifabutin, ritonavir, nevirapine, nelfinavir, barbituates, tegretol, phenytoin, primidone, topiramate, griseofulvin, tacrolimus, St John's Wort) need to consult / refer with a Doctor.
3. ECP hand out is available from FPA or www.fpanz.org.nz
Contraception
Abridged from ‘Contraception your Choice’ fpa
See Table Below
<table>
<thead>
<tr>
<th>Method</th>
<th>What is it?</th>
<th>Chances of getting pregnant</th>
<th>Health concerns</th>
<th>Advantages</th>
<th>Disadvantages</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contraceptive methods</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Condoms</td>
<td>A thin rubber barrier that fits over erect penis and catches sperm when the</td>
<td>2-15% depending on how</td>
<td>None known</td>
<td>Easy to use, easy to carry</td>
<td>Some people allergic to latex should not use condoms</td>
</tr>
<tr>
<td></td>
<td>man ejaculates</td>
<td>carefully followed</td>
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<td></td>
<td></td>
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<td></td>
<td>Can slip and break</td>
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<tr>
<td>Emergency contraception</td>
<td>Emergency contraception involves using a condom or another method after sex</td>
<td>1-2%</td>
<td>None known</td>
<td></td>
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<tr>
<td></td>
<td>without a condom or condom break, includes diaphragm or spermicidal cream</td>
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<tr>
<td>Combined pill</td>
<td>Pill made of two hormones, oestrogen and progestogen</td>
<td>1-3% depending on how</td>
<td>None serious risk</td>
<td>Simple and easy to take</td>
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<td></td>
<td></td>
<td>carefully followed</td>
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<tr>
<td>Progestogen only pill</td>
<td>Pill made of progestogen alone</td>
<td>1-3% depending on how</td>
<td>None serious risk</td>
<td>Simple and easy to take</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>carefully followed</td>
<td></td>
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</tr>
<tr>
<td>Birth control pessary</td>
<td>Birth control pessary. A small, non-toxic device placed in the uterus</td>
<td>1-3% depending on how</td>
<td>None known</td>
<td>Simple and easy to take</td>
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<td>carefully followed</td>
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<td>Contraception</td>
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</tbody>
</table>
Pregnancy Tests

Do you think you might be pregnant?
Are you planning a pregnancy?
When was the first day of your last menstrual period?
Was that period normal?
Are you using any contraception? if so, what?
Have you missed any of your usual contraception?
Have you had unprotected sex?
Have you thought about what you might do if this test is positive?

Pass urine & do pregnancy test (PT):

**Negative PT:**
Discuss contraception, ECP, condoms, screening for STI's, relationships.
Refer as appropriate: see referral list

**Positive PT:**
Reassure
Identify immediate support
Refer as appropriate: see referral list
Sexually Transmitted Infection Assessment

1. Do you have any concerns about your sexual health?
2. Have you had sex without a condom since your last STI check?
3. Do you have any symptoms? What I mean by symptoms is:

**For Males**
- Any discharge? (Urethral and/or any anal discharge for those who have anal sex?)
- Pain with sex?
- Any pain in your testicles?
- Any pain when you mimi/pee (passing urine)?
- Any unusual lumps, bumps or blisters in the genital area?
- Any changes that you’re concerned about?

**For Females**
- Any discharge, vaginal and/or anal (for those who have anal sex)?
- Irregular bleeding e.g. after sex or between periods?
- Any lower abdominal pain or pain with sex?
- Any pain passing urine?
- Are you needing to mimi/pee (passing urine) more often than usual?
- Do you need to get up in the night to mimi/pee (passing urine)?
- Any unusual lumps, bumps or blisters in the genital area?
- Any changes that you’re concerned about?

If yes to **any** of the above questions:
A referral for a Sexual Transmissible Infection (STI) check is required.

**Note**
1. Every time a young man or woman walks into your clinic there is an opportunity to provide sexual health information and/or offer an intervention for a young person.
Disclosure of Sexual Abuse or Coercion

When a young person discloses sexual abuse or coercion you need to:

- Reassure
- Validate
- Consult
- Refer

You can do this by:

- Listening.
- Not over reacting.
- Responding to the young person with calmness and kindness, regardless of how you may be feeling in reality.
- Not asking questions.
- Thanking the young person for telling you.
- Reassuring the young person that what happened was not ok.
- Telling them that you believe them and that they are not in trouble.

Abridged from Te Puawaitahi hand out ‘Advice for parents and caregivers whose children have disclosed sexual abuse’.

Consult with Te Puaruruhau
Phone 307 2860
It is a professional and ethical responsibility to consult and refer.

Note:
1. You need to be aware of the school’s Disclosure of Sexual Abuse Policy.
2. Discuss with a colleague whilst being mindful of young person’s confidentiality.
3. If this is the first disclosure of sexual abuse you may be called as a witness, for both current and historical abuse. Clear documentation is essential.

Disclosure of Abuse
Referral for Sexual Abuse Service

Te Puaruruahu (part of Puawaitahi – Multi Agency Centre)
Child Sexual Abuse Service for all young people from birth to 19 years.

Referral guide:
1. Anyone who has disclosed non consensual sex, sexual abuse/assault or a confusing sexual experience.
2. Where the clinician experiences concern about power imbalance within the client’s sexual relationship.

Between the hours of 7.30am to 5pm call
Phone 307 2860
Fax 307 4930
MOB 021 492365
99 Grafton Road, Grafton, Auckland.

AFTER HOURS: phone 379 7440 and ask for the Duty Child Abuse Doctor and ask for an urgent after hours referral, or contact the police.

HELP Sexual Abuse Counselling Service
Phone 623 1700

HELP provide counselling, assessment, referral, and follow up for people who have been sexually abused/raped both acute and historical. It is likely to be answered by an answer phone please leave a message as they return your call promptly.
Working with Young Men

Registered Nurses working with young men need to recognise that young males are indeed interested and motivated to be involved in sexual health. Early sexual habits and patterns of interaction in intimate relationships form the basis of lifelong habits and partners. Every time a young man enters the clinic it is an opportunity to show this is a safe place for him and to inform him of what services are available.

One of the main objectives for Health Professionals when consulting with young males is to use the opportunity to teach; knowledge and skills necessary to increase self esteem, decision-making, problem solving skills and how to communicate effectively.

Use the opportunity to discuss:
- Self examination for testicular lumps
- Wet dreams
- Masturbation
- Ways to enter positive decision-making conversations with their partner
- The connection between alcohol and drugs and sexual relationships
- Contraception and fertility awareness
- Their role in the prevention of STI's and unplanned pregnancy
- The long term effects of STI's for themselves and their partners
- The financial implications of unplanned pregnancy
- Gender identity

Remember to:
- Keep it low key
- Don’t give them too much information
- Keep messages simple
- Be non-judgemental
- Demonstrate a willingness to discuss sexual identity
- Encourage peer support/friends to come too
- Where appropriate utilise male peer support within your school
Introduce Topic:
We ask everyone about sexuality because that is a very important aspect of young people’s lives and can affect their health so much.

Is it OK with you to talk about this now? You can “pass” on questions if you want to:

Have you had any sexuality education at school?
What was that like?
What does safe sex mean to you?
Are your friends having sexual relationships?
Are you, or have you been in a sexual relationship? (If yes, establish how many partners they have had.)
Do you feel OK to say no to sex?
Do you feel OK to say yes to sex?
Are any of your friends wondering about sexual orientation - eg girls liking girls or boys liking boys?
Are you interested in same sex relationships?
Have you ever been touched in a way you didn’t feel OK about?

Abridged from HEADSS assessment

If referral required, see list below
Referral Agencies for Young People with Questions about their Sexual Identity & Orientation

Rainbow Youth
Provides support, contact, advocacy and education for Gay, Lesbian, Bisexual, Transgender, Fa'afafine and Takaapui (GLBTFT) youth and their families
Ph: 09 376 4155
Email: info@rainbowyouth.org.nz
Website: www.rainbowyouth.org.nz

Youthline
Free telephone counselling
Ph: 0800 376 633

Gay and Lesbian Line
Ph: 303 3584
Website: www.gayline.org.nz

NZ AIDS Foundation Hotline (NZAF)
Ph: 0800 802 437

Te Waka Awhina Takataapui
takataapui@nzaf.org.nz

Auckland Sexual Health Services
Provides counselling support and referral services for GLBTFT
Ph: 630 9770
Greenlane Clinical Centre
Building 7 Level 3
Greenlane West

Sexuality
Female Anatomy and Development

Stages of Puberty Female

Stage 1 - Pre-adolescent
Pubic Hair
Vellus hair only and hair is similar to development over anterior abdominal wall (i.e. no pubic hair).

Stage 2
Pubic Hair
There is sparse growth of long, slightly pigmented, downy hair or only slightly curled hair, appearing along labia.

Stage 3
Pubic Hair
Hair is darker, coarser, more curled, and spreads to the pubic junction.

Stage 4
Pubic Hair
Adult-type hair; area covered is less than that in most adults; there is no spread to the medial surface of thighs.

Stage 5 - Adult
Pubic Hair
Adult-type hair with increased spread to medial surface of thighs; distribution is as an inverse triangle.

From: http://www.teenpuberty.com
Breast Development: 4 Stages

Stage 1: Pre-adolescent
Breast
Only papillae are elevated.

Stage 2
Breast
Breast bud and papilla are elevated and a small mound is present; areola diameter is enlarged.

Stage 3
Breast
Areola and papilla are elevated to form a second mound above the level of the rest of the breast.

Stage 4: Adult
Breast
Adult mature breast; recession of areola to the mound of breast tissue, rounding of the breast mound, and projection of only the papilla are evident.

From: http://www.teenpuberty.com
Menstrual Cycle

(Female Anatomy and Development)

From: http://upload.wikimedia.org/wikipedia/commons/f/f0/MenstrualCycle.png

(Average values. Durations and values may differ between different females or different cycles.)
Male Anatomy - Internal

![Male Anatomy - Internal Diagram]

From Health Awareness Connection: [www.healthac.org](http://www.healthac.org)

Male Anatomy - External

![Male Anatomy - External Diagram]

From Health Awareness Connection: [www.healthac.org](http://www.healthac.org)
Male Anatomy and Development

Stages of Puberty Male

**Stage 1 - Pre-adolescent**

Genital Stage
Testes, scrotum, and penis are about the same size and proportion as those in early childhood.

Pubic Hair Stage
Vellus over the pubes is no further developed than that over the abdominal wall, i.e., no pubic hair.

**Stage 2**

Genital Stage
Scrotum and testes have enlarged, and there is a change in the texture of scrotal skin and some reddening of scrotal skin.

Pubic Hair Stage
There is sparse growth of long, slightly pigmented, downy hair, straight or only slightly curled, appearing chiefly at base of penis.

**Stage 3**

Genital Stage
Growth of the penis has occurred, at first mainly in length but with some increase in breadth. There has been further growth of the testes and the scrotum.

Pubic Hair Stage
Hair is considerably darker, coarser, and more curled and spreads sparsely over junction of pubes.

**Stage 4**

Genital Stage
The penis is further enlarged in length and breadth, with development of glans. The testes and the scrotum are further enlarged. There is also further darkening of scrotal skin.

Pubic Hair Stage
Hair is now adult in type, but the area covered by it is smaller than that in most adults. There is no spread to the medial surface of the thighs.

**Stage 5 - Adult**

Genital Stage
Genitalia are adult in size and shape. No further enlargement takes place after stage 5 is reached.

Pubic Hair Stage
Hair is adult in quantity and type, distributed as an inverse triangle. There is spread to the medial surface of the thighs but not up the linea alba or elsewhere above the base of the inverse triangle.

From: [http://www.teenpuberty.com](http://www.teenpuberty.com)
Referrals

Auckland Sexual Health Services
www2.everybody.co.nz/sexfiles/index.html
South Auckland Sexual Health
12 Waddon Place, Manure
Phone 253 5172
Greenlane Clinical Centre
Building I, Level 3, Greenlane West
Phone 630 9770
West Auckland Sexual Health Clinic
2nd floor, 362 Great North Road, Henderson
Phone 836 0838
North Shore Sexual Health Service
415 Glenfield Road, Glenfield
Phone 443 2544
For details about ASHS Outreach Clinics please phone: (09) 630 9770

Contact Person

Relevant Contacts for your clinic

PHO
Phone
Contact person
Cost $

General Practitioner
Phone
Contact person
Cost $

Pharmacy
Phone
Contact person
Cost $

Condoms, ECP and pregnancy testing are available on MPSO free from GP’s.

Family Planning Association
www.fpanz.org.nz
Manukau Centre
Level 3, Manukau Shopping Centre
(P.O. Box 74219) Manukau
(09) 263 7600
Papakura Centre
Penthouse, Roselands Shopping Centre
(above coffee lounge)
(P.O. Box 72-596) Papakura
(09) 298 4608
Newmarket / Alice Bush Centre
Level 2, 5 Short Street
(Private Bag 99 929) Newmarket
(09) 524 3341
Parnure Centre
Citizens Advice Bureau, Pilkinson Road
(P.O. Box 14-204) Panmure
(09) 570 9874
Queen Street Centre
Level 4, Garico Commercial Building
109 Queen Street, Central City, Auckland
(P.O. Box 105 377), Auckland Central
(09) 379 0657
Takapuna Centre
15 Anzac Street, (P.O. Box 33 330) Takapuna
(09) 486 1013/4/5
Henderson Centre
Level 2, 6 Alderman Drive
(P.O. Box 24 250)
Henderson, Waitakere City
(09) 836 0026
For details about FPA’s Auckland Outreach Clinics please phone: (09) 522 0120

Contact Person

Epsom Day Unit
Phone 630 9943
Contact Person

Awhitia
Phone 276 0044 x 2725
Contact Person