

# Annual Research Review FPQ 2008

Information  
Resource Centre

Compiled by Jillian Griffin  
and Holly Brennan

**fpq**  
Family Planning Queensland

**FOR SEXUAL AND  
REPRODUCTIVE HEALTH**

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**Title of research**

Evaluation of the book "Everyone's got a bottom"

**Author/s**

Dr Jennifer Sanderson and Professor Paul Mazzerolle  
Griffith University: Key Centre of Ethics, Law, Justice and Governance, Violence Research Project

**Date**

August 2008

**Funding source**

Family Planning Queensland (FPQ)

**Summary**

In 2007 the children's book '*Everyone's got a bottom*' was developed by Family Planning Queensland (FPQ) as a resource to assist parents, carers and early childhood professionals help young children develop effective personal safety skills and communicate positively about sexuality. In 2008, FPQ commissioned Griffith University to evaluate the use of the book and its perceived effectiveness as an educational tool for children.

**Method**

The evaluation survey chose a random sample of 1 000 purchasers from the FPQ database (May 2008). Of these, 280 surveys were returned. There were 20 questions for respondents who used the book and 2 questions for respondents who did not use book. The questions were a series of open ended questions. The majority of returned surveys were from parents (75%) with the remaining coming from grandparents, teachers and child care workers.

**Key findings**

- Over 92% used '*Everyone's got a bottom*' to help develop strategies with their children to deal with unsafe situations. These unsafe situations included those involving both strangers and familiar adults.
- Over 92% used the book to help them communicate about sexuality with their children including the use of correct terminology when discussing private body parts.
- Using the book lead to an increased willingness as a parent or carer to discuss child safety and sexuality issues with their children. 97% reported the book was helpful raising the topic of body awareness.
- 62% reported they were more aware of the risks posed by familiar adults and better equipped to respond to a disclosure.
- 71% reported that they were confident their child was better protected since using the book.
- Reassuringly, 90% of parents and carers also believed it was still necessary to maintain adult vigilance to protect their child from potential harm.
- 98% supported the use of '*Everyone's got a bottom*' in schools and child care centres. More than 40% had already discussed the book with staff at their child care centre.
- 85% had discussed the book with their partner, family and friends.

There was no reported data that use of the book resulted in negative consequences in children's behaviour. In relation to the possible negative consequences of using the book, the majority of children never, or rarely, worried about interacting with adults after being read the book. Similarly, most children did not behave inappropriately after being read the book or use the private terminology at inappropriate times.

## **Conclusion**

Overall the evaluation of the children's book '*Everyone's got a bottom*' shows benefits of reading the book with young children. The evaluation suggests that '*Everyone's got a bottom*' encourages adults to model a willingness and comfort in discussing sexuality with children. It also reports that parents and carers perceived that the book encourages children to disclose sexual abuse to them should it occur.

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For a complete copy of the evaluation go to [www.fpq.com.au](http://www.fpq.com.au)

**Title of research**

Family Planning Queensland client survey 2007 report

**Author/s**

Claire Choo, Alison Farrington, Caroline Harvey and Margot Kingston

**Date**

April 2008

**Funding source**

Family Planning Queensland (FPQ)

**Summary**

Family Planning Queensland has six clinics in metropolitan and regional areas of Queensland. Most clients expressed a high degree of satisfaction with FPQ clinical services. Clients were generally satisfied with the current appointment system and with services provided by staff at clinic reception. Clients reported high levels of satisfaction with clinicians' consultation and counselling skills. Young clients reported high levels of satisfaction with FPQ clinic services.

**Method**

Family Planning Queensland (FPQ) conducted a client survey of 933 clients attending the six FPQ clinics between July and August of 2007. The survey project aimed to seek clients' opinions on service quality and to provide recommendations for future service delivery. Data in the survey tool was collected around key areas of accessibility, acceptability and affordability of services. The identification of feedback from young people was a priority of the project.

**Conclusion**

The client survey provided several key recommendations for FPQ. These included:

- Review aspects of clinic hours and appointment systems to reflect local needs and to increase client confidentiality.
- Consider improvements to facilities and procedures at the reception and waiting areas to address privacy concerns.
- Review and strengthen processes in identifying the professional development needs of clinicians. Key areas to cover include: communicating confidentiality with young people, obtaining consent for the presence of a training practitioner, communication and contraception information.
- Consider other means (such as targeted surveys, focus groups or forums) to improve and maintain FPQ's responsive approaches to young people's feedback and needs.
- Embed and enhance client feedback activities as a component of continuous quality improvement and to inform future directions in all aspects of clinical services.

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**Title of research**

Family Planning Queensland (FPQ): Women's Health (Female Genital Mutilation (FGM) project evaluation report

**Author**

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Health and Social Programs consultant

**Date**

October 2008

**Funding source**

Department of Communities: Queensland community foundation

**Summary**

The FPQ: Women's Health (FGM) project evaluation report documents the educational approach used with a sample of the Culturally and Linguistically Diverse (CALD) community of Queensland with regard to female genital mutilation (FGM) practice. The evaluation describes the project and evaluates the community education approach and training and assesses the worth of this type of training. Overall the evaluation aimed to identify the means to improve the effectiveness and efficiency of the community educator approach employed by FPQ in the Women's health (FGM) project.

**Method**

FPQ commissioned an evaluation of the community education program it conducted as part of the Women's Health (FGM) project. The evaluation assessed documentation and reviewed education resources. It also audited project records and reviewed relevant literature. The evaluation team also convened a series of meetings and workshops with project staff.

**Conclusion**

The research report makes 35 recommendations of how the FGM project can be improved. Implementation of these is ongoing. The broad areas of these recommendations for improvement are:

- A more explicit shift to community development and cultural change processes
- Improvements to education sessions and group programs
- Increased data collection and reporting processes
- Extension of the project into other areas, including regional areas and maternity hospitals.

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**Title of research**

General practitioner sexual and reproductive health knowledge survey

**Author/s**

Samantha White, Stuart Aitken, Alison Farrington, Caroline Harvey, Steve Lambert

**Date**

September, 2008

**Funding source**

Family Planning Queensland (FPQ)  
University of Queensland, School of Medicine

**Summary**

In 2008 a survey on sexual and reproductive health knowledge and education needs of General Practitioners (GPs) in Queensland was conducted by the HIV & HCV Education Projects, School of Medicine, The University of Queensland and Family Planning Queensland.

**Method**

A survey was sent to 6 791 General Practitioners who are registered through the Medical Board of Queensland. 7 755 surveys were sent and 1 061 were returned (13.7%). 743 surveys were returned by GPs who are currently practising in Queensland

The survey asked 15 basic knowledge questions on sexual and reproductive health and 3 questions on education in sexual health.

The education questions were:

- Where have you obtained information about sexual health from?
- What is your preferred mode of delivery of information on sexual health?
- Reasons for not participating in education in sexual health?

Aligned to each of these questions was a series of responses GPs could tick.

**Conclusion**

Whilst the basic knowledge survey questions survey component illustrates a broad level of accuracy of responses, it is also evident that there are knowledge gaps. Around 25% or more of respondents were unsure or incorrect in their answers to many questions. Of all questions answered the correct answer was given 56% of the time. The correct responses to individual questions were variable. Q10: Infection with HPV is usually asymptomatic was answered correctly most of the time and Q11: Women with recurrent genital herpes have a low risk of transmitting HSV to the neonate was answered correctly the least amount of times. These results support the need for further education in Sexual and Reproductive Health being made available to Queensland based GPs.

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**Title of research**

Implanon audit

**Author**

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**Date**

2007-2009

**Funding source**

Organon Australia (now a division of Schering Plough) and Family Planning Queensland (FPQ)

**Summary**

The project examined the demographics of users, determined continuation rates and identified the reasons for early removal of Implanon (implantable progestoegen contraceptive) at 2 FPQ clinics, one in metropolitan Brisbane and the other in a regional centre.

**Method**

A five year retrospective chart audit was conducted. Limitations of a retrospective audit were recognised.

**Conclusion**

- Continuation rates were consistent with those in audits in United Kingdom but were lower than those of clinical trials. 75% of women continued with the method at one year and 55% at 2 years
- Continuation rates were lower in the regional clinic than in the metropolitan clinic
- Altered bleeding pattern was most commonly sited side effect and most common reason for removal
- No significant removal problems noted at FPQ despite problems reported in other studies
- Emphasises the importance of specific counselling re altered bleeding patterns.

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Submitted for publication

**Title of research**

Settings and solutions: Supporting access to sexuality and relationships information for children in care (Literature Review)

**Author**

Holly Brennan

**Date**

February 2008

**Funding source**

Department of Child Safety

**Summary**

Children and young people in care have poorer sexual health outcomes than peers not in care. They have:

- higher rates of earlier onset of sexual activity
- higher rates of sexually transmitted infections (STI's)
- higher rates of earlier pregnancy and parenting
- higher rates of sexual abuse including participation in sexual exploitation through sex work
- higher rates of problem sexual behaviours and sexual behaviours that cause concern
- less access to sexual health services
- less access to sexuality education and information.

In order to address these poor sexual health outcomes it is essential to engage all key stakeholders. These include:

- children and young people in care
- all carers (including family of origin, foster and kinship carers)
- child protection service providers
- government and non government service providers
- policy makers and legislators.

**Method**

This literature review looked at published research and articles pertaining to the sexuality and relationship needs of children and young people in care. The literature that was reviewed was published between 1987 and 2008 and included books and journals as sources. The literature review was confined to resources available in English. Most sources were from the UK and USA, with another study coming from Sweden. Wherever possible statistics and overviews are provided to give an Australian context to the overseas research and data provided. *The Secondary Students and Sexual Health Survey* (Smith, Agius, Dyson, Mitchell & Pitts, 2003) was used throughout this review as a reference point for comparison.

**Conclusion**

To meet sexuality and relationship needs of young people in care, there needs to be specific initiatives in the areas of:

- policy and guidelines
- training and supervision
- education programs for young people and their carers
- resource development and dissemination
- research and evaluation.

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**Title of research**

Sexuality Education Study

**Author**

Galaxy research

**Date**

June 2008

**Funding source**

Family Planning Queensland (FPQ)

**Summary**

Galaxy research was contracted to conduct a survey on parents and carers perceptions of sexuality education in Queensland. The survey was conducted online among members of a permission-based panel.

**Method**

Galaxy Research designed the questionnaire. The questionnaire was transferred into an online format. For each question the respondent had to click on the response which represented their answer. The study was conducted among 518 parents of children aged up to 17 years, distributed throughout Queensland, including both Brisbane and regional and rural areas, with males and females and with representation across religious beliefs. Following the completion of interviewing, the data was weighted by age and area to reflect ABS population estimates.

**Conclusion**

- There is widespread support for sexuality education in Queensland schools with parents across the state convinced of the benefits that it provides.
- Overall, 82% of parents are in favour of sexuality education in schools. Support may be observed among both mums and dads, residents of Brisbane and those elsewhere in the state, and among those of different religious beliefs.
- As many as 72% of Queensland parents would be concerned if there was no sexuality education in schools.
- The topics that most parents believe should be included in sexuality education reflect the content of programs provided by Family Planning Queensland. The key components included: preventing sexual abuse, sexual development, relationships and reproductive health.
- Parents rate preventing sexual abuse as the most important topic for school children to learn about, followed by sexual development. Preventing sexual abuse is a topic that mothers, in particular, attach great importance.
- Parents recognise the benefits of sexuality education in schools. The most important benefit being that it gives students a better understanding of the consequences of sexual relationships. Reducing the risk of sexually transmitted infections is also considered a benefit by the majority of parents.

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**Title of research**

What has sex got to do with it? Reconsidering vulnerability in young people based on findings of a retrospective chart audit of under 16 year olds attending Family Planning clinics in Queensland

**Author**

Margot Kingston

**Date**

August 2008

**Funding source**

Family Planning Queensland (FPQ)

**Summary**

249 of the total of 311 under 16 year olds attending in the study period were recorded as being sexually active prior to their first visit to a FPQ clinic. Most of these clients were in relationships with similarly aged partners. Parental awareness of sexual activity and clinic attendance by the client was evident in more than 50% of cases. Overall, documentation of psychosocial assessment was present in 60% of client records with a higher rate of completion (75%) in the under 15-year-olds. A number of risk factors were identified that raised concerns about the health and social needs of the young people from their charts. The degree of concern warranting notification to child protection services was rarely encountered. Twenty notifications to the Department of Child Safety were made during the study period.

**Method**

An audit tool was developed and a retrospective chart audit was conducted. Client records (n=311) of under 16 year olds who attended FPQ clinics in 2007 were reviewed.

**Conclusion**

Amongst under 16 year olds attending the FPQ service, many were in consensual, age appropriate relationships. This study supports that the provision of confidential preventative health services, STI screening and contraception contributes to better health outcomes for these young people.

The concept of riskiness associated with young people being sexually active is multifactorial and needs to take into account not only the aspects related directly to sexual activity but the broader social context and the support available to the young people. A key factor identified in the study related to school attendance. Regular school attendance appeared to be a protective factor in relation to the physical or psychological well being of the young person. Conversely, those not attending school were identified as being at greatest risk.

The study notes that a number of young people are at risk of long term negative consequences of early sexual activity and a multidisciplinary collaborative approach that involves health, education and community sectors is recommended to meet the needs of these vulnerable young people.

Clinicians working in settings providing sexual and reproductive health services for young people require best practice guidelines that place child protection and mandatory reporting requirements into a broad framework that acknowledges the rights of young people to confidential health care.

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**Title of research**

Youth consultation project

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**Date**

2008

**Funding source**

Family Planning Queensland (FPQ) HIV/AIDS, Hepatitis C and Sexual Health Promotion with Young People Project 2007-08

**Goal of project**

To improve sexuality and relationship health services for young people, through improving the content of training delivered to the youth and sexual health sector workforces.

**Objectives**

1. To improve FPQ's awareness of issues for young people, in order to improve our ability to build the capacity of service providers to meet the sexual and relationship health needs of young people in Queensland.
2. To develop FPQ's experience base in youth consultation, in order to enhance our capacity to support other agencies to do this.
3. To increase awareness among service providers of the process and value of engaging young people and hearing the opinions of young people.

**Method**

Youth Consultation

The model of consultation consisted of working with several small groups of young people, who met in their usual location. These groups were conducted in Ipswich and Central Queensland. A total of 111 young people (55 female, 56 male) participated.

Stakeholder Feedback Process

Following the youth participation events, workshops for local service providers were scheduled in Ipswich and Central Queensland. The session outlined theories of youth consultation, models and benefits of engaging young people, the processes undertaken by FPQ, and a summary of feedback from the young people consulted. The session also included structured reflection on current practice and possible changes to practice.

**Conclusion**

Youth Consultation

Participants were very responsive and enthusiastic. The format of the forums appealed to them that 'they were educating us' and several expressed gratitude for the opportunity to have their say. Some offered to be involved in future events to communicate their issues to service providers.

Stakeholder Feedback Process

Evaluation of these events revealed that the professionals who attended saw benefit to engaging young people and all left feeling confident or very confident about conducting youth participation events.

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