

Sexual health

by Jane Tolerton

Syphilis and gonorrhoea were a source of deep shame, embarrassment and denial in the 19th and 20th centuries. During the First World War, Ettie Rout pioneered a safe-sex approach to minimise sexually transmitted infections among servicemen – but others opposed her and tried to promote abstinence instead. From the 1980s HIV/AIDS brought a new sense of urgency to sexual-health initiatives, and condoms became a symbol of safe sex.

Sexual health to 1914

Venereal disease

Until the late 20th century sexual health was focused on venereal disease, often just called ‘VD’ – and meaning syphilis and gonorrhoea. Until penicillin became available after the Second World War there was no effective treatment for these diseases.

Syphilis

Syphilis could be a killer, but people often did not know they had it. The symptoms of primary syphilis (a sore), and even secondary syphilis (often a rash), could be overlooked. But tertiary syphilis could cause madness, paralysis and death. Babies infected by their mothers and born with congenital syphilis were often deformed, but many affected fetuses died in the womb.

The standard treatment was weekly mercury injections for at least 40 weeks. In 1906 the Wassermann test made diagnosis more certain, and in 1909 German doctor Paul Ehrlich developed salvarsan, a drug that was termed ‘the magic bullet’. Salvarsan still involved long courses of treatment that often did not work.

Gonorrhoea

Gonorrhoea, considered a minor disease, was a major cause

Sailors bring disease

James Cook's ship Endeavour

of sterility in women, who could have it without any symptoms. It also caused blindness in babies, whose eyes were infected in the birth canal.

A long course of ‘irrigation’ treatments – disinfectant forced into the urethra for men and the vagina for women – was the standard approach. Although it could not be treated effectively, gonorrhoea often became dormant after a few years.

brought venereal disease to New Zealand in 1769. Cook disapproved of his crew having sex with Māori women, knowing they were introducing syphilis and gonorrhoea. ‘A connection with Women, I allow because I cannot prevent it, but never encouraging’. he wrote in his journal.¹ Māori had no immunity to these diseases.

Other sexually transmitted infections

Other sexually transmitted infections, including chlamydia and herpes, were present in the New Zealand population, but were not diagnosed until well into the 20th century.

Shame

No accurate figures on rates of infection are available for the 19th and early 20th centuries. Venereal disease was a source of great shame. Seen as evidence of immoral and illicit sexual behaviour, it often went untreated. Many people died of syphilis, but deaths were often recorded as due to some other final illness, such as pneumonia, to save embarrassment to families.

The Contagious Diseases Act 1869

In 1869 New Zealand followed Britain in introducing a Contagious Diseases Act. Under it, suspected prostitutes could be forcibly inspected for venereal disease and locked up for compulsory treatment. After decades of protest from women’s groups and others, the act was repealed in 1910.

Early 20th-century panic

Around 1900 there was a panic about venereal disease, which was often called ‘the red plague’. Sufferers were classified as ‘guilty’ (people who had had sex outside of marriage) or ‘innocent’ (married women infected by their husbands, and children).

Sex information banned

Information about sex was banned. Under a 1906 law the Post Office could destroy letters or packages suspected of containing references to sexual organs. The Indecent Publications Act 1910 gave the Customs Department the right to intercept ‘obscene’

books. Reference to the sexual organs or to problems arising from sexual intercourse, including venereal disease, were considered obscene.

Footnotes

- Quoted in Anne Salmond, *The trial of the cannibal dog: Captain Cook in the South Seas*. London: Penguin, 2004, p. 313. [Back](#)

Sexual health, 1914–1945

Venereal disease was a major problem during the First World War. No official figures are available, but at the war's end the New Zealand Medical Corps and the Health Department suggested 16,000 soldiers had contracted venereal disease during the war. Behind closed doors, higher figures were discussed. In 1917 General George Richardson told the defence minister that about 7,600 New Zealand soldiers were being infected annually. Decisions made during the war would reshape New Zealand's official response to VD.

VD prevention, 1914–16

In the early years of the war, the army warned soldiers about venereal disease and held regular 'dangle parades' to check their genitals for symptoms. Safer-sex measures like the use of condoms were not mentioned, as this was seen as encouraging immorality. From 1916 there were some early-treatment facilities, to which men reported within several hours of intercourse for urethral irrigation with disinfectants.

VD prevention, 1917–19

The high rate of infection in New Zealand troops persuaded the New Zealand Expeditionary Force to change tack. From late 1917 prophylactic (preventative) kits, devised by Christchurch woman Ettie Rout, were given to men going on leave; they had to take one. New Zealand was the only Allied country to introduce compulsory safe sex kits for its troops. In 1918 Rout organised a brothel for New Zealanders and Australians in Paris, Madame Yvonne's, where kit use was compulsory.

Battle of the Wazza

The VD rate rose fast after the New Zealand Expeditionary Force arrived in Egypt in December 1914 and soldiers visited prostitutes in Cairo's brothel district, the Wagh el Birket (known as the Wazza). Before leaving for Gallipoli in April 1915, Australian and New Zealand troops waged 'the battle of the

Social Hygiene Act 1917

The Social Hygiene Act 1917 made it an offence to perform an act likely to infect another person with venereal disease, and made it the responsibility of hospital boards to set up clinics if they were asked to by the minister of health.

Wazza', a riot believed to have been begun by New Zealanders, partly as payback for venereal infection.

Civilian venereal disease

Welfare groups and the Department of Health were increasingly concerned about venereal disease in the civilian population during the First World War. The great loss of life in the war, high rates of maternal mortality, a low birth rate, and the belief that young, single women coming to towns in search of work were at risk of contracting venereal disease provoked fears of racial decline (a falling [Pākehā](#) population and loss of European dominance).

Post-war epidemic

A global pandemic of syphilis and gonorrhoea followed the return of troops to their own countries. Venereal disease clinics set up in Auckland, Wellington, Christchurch and Dunedin in 1919 were soon overcrowded.

Commission of enquiry

A 1923 government enquiry into venereal disease put the blame on 'loose women', not ex-soldiers. It did not favour publicising safer-sex methods such as condoms or disinfectants. But it led to the Social Hygiene Regulations 1925, which brought in 'contacts tracing' to find partners of infected people.

Sulpha drugs and antibiotics

In 1939 sulphapyridine, one of the first antibiotics that treated gonorrhoea, became available in New Zealand. Penicillin was discovered to be a cure for both syphilis and gonorrhoea in 1943, and became widely used after the Second World War.

Syphilis suicide

The horror of a syphilis diagnosis when it was an incurable disease is hard to overestimate. In Robin Hyde's realistic First World War novel *Passport to hell*, a soldier catches venereal disease during port leave on the return voyage, and leaps overboard before reaching New Zealand. Some soldiers with a venereal disease deliberately put themselves in the front line during battle.

Second World War

Venereal disease was also a problem in the Second World War. This time there was no moral dilemma for the armed services, which issued prophylactic kits from the start. Although a rise in venereal disease rates was expected, they were at times extraordinarily high. Despite the availability of condoms, New Zealand soldiers based in Italy in 1945 were infected at a rate of 116 men per 1,000.

Women

Venereal disease amongst women became a concern during the Second World War, in part because of the presence of tens of thousands of American servicemen in New Zealand. Civilian rates did rise: between 1939 and 1942 the number of women attending venereal disease clinics nearly doubled. Under 1941 regulations, the government employed the first official contact tracers, and people could be compulsorily tested and treated for venereal disease.

Footnotes

- Quoted in Jim Weir, *New Zealand wit and wisdom: quotations with attitude*. Auckland, Tandem Press, 1998, p. 98. [Back](#)

Fighting fit

British Field Marshal Bernard Montgomery complained about the high venereal disease rate in the Second New Zealand Expeditionary Force to General Bernard Freyberg, who commanded the New Zealand forces in the Middle East and Italy. Freyberg is said to have replied, 'If they can't fuck, they can't fight.'¹ He presumably meant that if the men did not have enough energy to want sex, they would be no use on the battlefield.

Sexual health, 1945 to the 21st century

In the second half of the 20th century syphilis and gonorrhoea were two of a number of sexually transmitted infections (STIs), also termed sexually transmitted diseases (STDs).

In the post-Second World War period, antibiotic-resistant strains of gonorrhoea developed. Rates of other sexually transmitted infections, including syphilis, Hepatitis B and C, chlamydia and genital herpes, rose in the following decades. From the early 1980s the advent of HIV/AIDS made sexually transmitted disease a life and death matter, like syphilis before the advent of penicillin.

Chlamydia

Chlamydia was New Zealand's most common sexually transmitted infection in the late 20th and early 21st centuries. Tests for chlamydia were not routinely available

until 1984. Over half of infected people have no symptoms, and symptoms that do appear – discharges, burning sensations when urinating, and abdominal or back pain in women – could be due to other common problems. In women chlamydia can cause pelvic inflammatory disease, resulting in infertility.

Sex information limited

As late as 1965 the Department of Health advised the first national venereologists' conference not to use the words 'condom' or 'sheath' in press releases. From 1970 information on venereal disease became much more readily available. However, it remained unlawful to give contraceptive – and therefore condom – information to under-16s until 1990.

Contact tracing

In the 1970s contact tracing (finding and informing the sexual partners of an infected person) began to play an important part in STD control. Legislated for in 1923, and undertaken on a small scale in the 1940s, contact tracing had then lapsed. Changing sexual behaviour in the 1960s resulted in an increase in sexually transmitted infections, and the reintroduction of contact tracing.

Contact was made by nurses, using identifying details that were sometimes inaccurate or sketchy. The news they brought was unwelcome, and sometimes prompted verbal abuse and even physical attack. With HIV/AIDS, contact tracing became critical. In 2017 HIV/AIDS, syphilis and gonorrhoea became notifiable anonymously under the Health Protection Amendment Act. Doctors had to send data, but not names, to the Ministry of Health so accurate figures could be kept.

Clinics and services

In 2018 there were about 35 sexual health clinics in New Zealand. The Family Planning organisation also provided sexual health testing and information. The New Zealand Venereological Society was formed in 1978 to lobby for more attention to sexually transmitted diseases in the health system.

HIV/AIDS

Toothpaste or condoms?

Condoms were used more often for contraception than protection against infection until the 1980s. Supermarkets did not stock them, and asking in a pharmacy was embarrassing. In a 1971 New Zealand Herald article, a pharmacist told of a customer bringing back six packets of toothpaste to swap for condoms. On previous visits a female assistant had served him. He had been too embarrassed to ask a woman for condoms, and had bought tubes of toothpaste instead every time.

West Coast immunity

The major new sexually transmitted disease, Human Immunodeficiency Virus (HIV), arrived in New Zealand in the early 1980s. People infected with HIV usually developed Acquired Immunodeficiency Syndrome (AIDS). With the loss of immune-system strength, opportunistic infections and cancers were rapidly acquired. Before effective treatment was developed, death usually resulted within a year. In 2017 there were estimated to be 3,500 people living with HIV in New Zealand.

Prevention and treatment

The term 'safe sex' was coined after the arrival of HIV/AIDS in the early 1980s, with 'safer sex' preferred in the 21st century (as condoms do not provide 100% protection against disease transmission). Safe sex methods – primarily the use of condoms – became the focus of campaigns to limit the spread of HIV/AIDS and other sexually transmitted infections.

From the mid-1990s the most common treatment was a combination of antiretroviral drugs, which were first available in 1987. Antiretroviral drugs have meant an extension of active lives for those with HIV/AIDS. Those without permanent residence in New Zealand do not have access to free treatment for HIV/AIDS.

The most recent breakthrough in HIV prevention is the availability of a pill that people at risk can take daily to prevent HIV infection. Pharmac (New Zealand's drug-purchasing agency) announced in 2018 that it would publicly fund the use of the HIV Pre-Exposure Prophylaxis (PrEP) drug for people at high risk of HIV infection. Access to this drug, Truvada, was funded from 1 March 2018. PrEP drugs have reduced rates of HIV infections in other countries through significantly reducing the chance of acquiring HIV through sexual contact. Approximately 4,000 New Zealanders were eligible to access this drug.

Government response

From 1985 all blood for transfusion was screened for HIV. In 1992 Parliament extended the provisions of the Human Rights Act, making it illegal to discriminate on the basis of sexual orientation or the presence in the body of organisms capable of causing illness (a reference to HIV). However, in 2004 government concern at the potential cost of treatment led it to deny permanent residence to those who tested positive for HIV. In 2005 HIV tests for visitors planning to stay a year or more were introduced. Waivers of this requirement were available for family members of New

In 1989, the government allocated \$1.5 million to combat the spread of sexually transmitted diseases and expand clinic services. When amounts for the various regions were announced, West Coast area health board member and Greymouth mayor Barry Dallas said their \$42,000 grant should be sent back. 'People would be too embarrassed to attend. Anyway the diseases are not a problem on the Coast.'¹

Zealand citizens and permanent residents and for a fixed quota of refugees.

Human papillomaviruses

Human papillomaviruses (HPV) are a group of common sexually transmitted viruses which can cause genital warts and may develop into cervical cancer. Between 2008 and 2016 the government funded vaccination against HPV for girls and young women, with the aim of preventing cervical cancer. From January 2017 HPV vaccination was free for males and females aged 9–26, including non-residents aged under 18.

STDs in the 21st century

In the 2000s rates of infection increased. With the availability of effective treatments came complacency and a decrease in condom use. Syphilis, which had virtually died out, reappeared in 2002, and gonorrhoea and chlamydia rose. Rates for most STDs dropped in the 2010s, but incidences of gonorrhoea and syphilis continued to increase. Chlamydia was the most frequently diagnosed sexually transmitted disease, but rates stabilised after 2012. People aged under 25 had the highest rates of sexually transmitted infections.

Footnotes

- Quoted in Margaret Sparrow, 'Milestones in New Zealand sexual health.' Paper to the Australasian Sexual Health Conference, June 2003, p. 20. [Back](#)

Multiple infections

Aucklander Glenn Mills was diagnosed as HIV-positive in May 2007 but continued to have unprotected sex. Seven of about 80 of his partners who were later tested had contracted HIV. Mills faced 28 charges, including wounding and attempting to wound with reckless disregard, and infecting and attempting to infect with a disease, when he was found dead in his jail cell in 2009.

Community responses

In the 19th century and first half of the 20th century, community approaches to sexual health were shaped by a commitment to sex within marriage and a lack of effective treatments for venereal disease. Disease prevention would be achieved by abstaining from sex outside marriage. When HIV/AIDS became the focus of activism in the 1980s and 1990s, a strongly pro-sex gay community – which faced a particularly high incidence of HIV/AIDS – led campaigns that focused on prevention through safe sex.

19th century

The Contagious Diseases Act 1869 provoked opposition from women and some church groups. They argued that the act's focus on inspection and treatment for venereal disease of women suspected of prostitution allowed 'vice' (sexual activity outside marriage) among men to flourish unpunished. After decades of protest, a carefully planned campaign by the Women's Christian Temperance Union (WCTU) led to the act's repeal in 1910.

Early 20th century

In the 1910s and 1920s groups including the WCTU, the National Council of Women and the Social Hygiene Society (SHS) were involved in activism around venereal disease. They shared a belief that provision of condoms would only encourage vice, and a desire to see the government take responsibility for the treatment of venereal disease. Fear of an epidemic of venereal disease at the end of the First World War gave impetus to the groups' activities.

Social Hygiene Society

The SHS, formed in Christchurch in 1916, set up an advice and information centre, distributing pamphlets New Zealand-wide. The society's members included doctors and nurses who gave talks to senior secondary students, women prisoners, hospital staff and Young Women's Christian Association classes. The society advocated free testing, drugs and treatment, and guaranteed confidentiality to those who sought its help.

HIV/AIDS

Gay activism

Initially in New Zealand HIV/AIDS was seen as a gay men's disease, and prejudice against them increased. Gay activists organised early to stop the spread of the disease and support those who had contracted it. The National Gay Rights Coalition produced a leaflet, *AIDS: choices and chances*, in 1983.

AIDS support groups

An AIDS Support Network was set up in 1984 by Bruce Burnett in Auckland, and by Bill Logan and Phil Parkinson in Wellington. Te Roopu Tautoko, the Māori Support Network, was formed in 1987. [Positive Women](#), a support organisation for women living with HIV/AIDS, was founded in 1990. In 1992 Body Positive was set up in

Auckland as a peer support group for people with HIV.

New Zealand AIDS Foundation

The AIDS Support Network became the AIDS Foundation in 1985. The foundation is a charitable trust which has worked mainly with gay men, and aims to make safe sex a gay community norm. In 2018 its goal was to support people living with HIV, gay men, other men who have sex with men, and the African community. The AIDS Foundation has initiated Pamoja, an HIV prevention and support programme specifically for Africans, by Africans, living in Aotearoa New Zealand.

Community-based clinics

Prompted by the advent of HIV/AIDS, the government funded a number of community-initiated activities to prevent sexually transmitted infections, including New Zealand AIDS Foundation clinics in Auckland, Wellington and Christchurch. HIV/AIDS and sexual-health initiatives in New Zealand were influenced by affected communities to a greater degree than in most other countries.

Safe sex education

The concept of safer sex through condom use has become generally accepted. The first television advertisement, in 1986, likened not using a condom to not using a parachute. In 2009 the New Zealand AIDS Foundation launched a new promotion – ‘Get it on!’¹ This was replaced by ‘Love your condom’ in 2011.’²

Sexuality education became a required part of the school curriculum in 2001. Despite this, it remained possible for schools to avoid mention of safe sex and deliver ‘abstinence only’ programmes. The Ministry of Education released a revised set of sexuality education guidelines for principals, teachers and boards of trustees in 2015 following a Health Select Committee report in 2013 that argued that sexuality education in schools needed to be investigated and standardised.

Boards of trustees are still required to consult with their school community on how they will deliver the sexuality education programme. This is the only aspect of the school curriculum where the community has the power to decide the content that is

Angel Eve

Australian girl Eve van Grafhorst contracted HIV/AIDS in 1982 when as a premature baby she had blood transfusions. There was a furore when she started kindergarten, with other parents fearing she would infect their children. After moving with her mother to New Zealand in 1986 she became the human face of AIDS, and was popularly known as ‘Angel Eve’. She died at the age of 11, having been given a Variety Gold Heart Award for her work as a campaigner for AIDS awareness.

taught.

Sex work and safer sex

In 1988 the New Zealand Prostitutes' Collective (NZPC) was given Department of Health funding to promote safer sex and AIDS prevention. It produced a magazine, *Siren*, and a video, *Sold on safe sex*, for sex workers. Male, female and transgendered sex workers were all part of the collective. While sex workers have often been viewed as a source of infection, many New Zealand prostitutes saw themselves as educating clients about safe sex. When sex work was decriminalised in 2003, it became illegal for prostitutes' clients not to use a condom for sex.

The NZPC provides New Worker Packs that include condoms and other safe sex supplies as well as information about working in the industry. They courier safe sex supplies anywhere in Aotearoa New Zealand. NZPC also operates sexual health clinics at its Auckland, Wellington and Christchurch branches.

Acknowledgements to Margaret Sparrow

Footnotes

- “‘Get it on!’ condom campaign launched.’ *GayNZ.com*, 12 September 2009, http://www.gaynz.com/articles/publish/2/article_7895.php (last accessed 20 May 2010). [Back](#)
- ‘Inside NZAF: Love Your Condom.’ *New Zealand Aids Foundation*, 24 March 2015, <http://www.nzaf.org.nz/news-and-media/news/inside-nzaf-lyc/> (last accessed 24 April 2018). [Back](#)

External links and sources

More suggestions and sources

Braun, Virginia. “‘She’ll be right?’ National identity explanations for poor sexual health statistics in Aotearoa/New Zealand.’ *Social Science and Medicine* Volume 67 (2008): 817–825.

Coleman, Tara, Robin A. Kearns and Damian C.A. Collins. “‘Anywhere you can talk about how you feel is better’: young people’s experiences of sexual health messages.’ *New Zealand Geographer* Volume 66 (2010): 61–73.

Gooder, Claire. ‘New Zealand Health Department’s sex education pamphlets 1955–1983’. *New Zealand Journal of History*, Volume 50, Number 1 (2016): 109–133.

Smyth, Helen. *Rocking the cradle: contraception, sex and politics in New Zealand*. Wellington: Steele Roberts, 2000.

Sparrow, Margaret. *Milestones in New Zealand sexual health*. Wellington: M. Sparrow, 2003:
http://www.nzshs.org/images/History/Milestones_in_NZ_Sexual_Health.pdf.

Tolerton, Jane. *Ettie Rout: New Zealand’s safer sex pioneer*. Auckland: Penguin, 2015.

How to cite this page: Jane Tolerton, 'Sexual health', Te Ara - the Encyclopedia of New Zealand, <http://www.TeAra.govt.nz/en/sexual-health/print> (accessed 15 April 2023)

Story by Jane Tolerton, published 5 May 2011, reviewed & revised 7 Dec 2018

All text licensed under the Creative Commons Attribution-NonCommercial 3.0 New Zealand Licence (<http://creativecommons.org/licenses/by-nc/3.0/nz/deed.en>). Commercial re-use may be allowed on request. All non-text content is subject to specific conditions. © Crown Copyright.