

## Transforming Youth Voices into Resources for the Prevention of Sexually Transmitted Infections

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## Acknowledgements

- Study Participants
- Stakeholders
  - Public Health Nursing
  - Department of Education, and Eastern School Board
- Funders
  - CNF Nursing Care Partnership
  - Canadian Foundation for AIDS Research

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## Presentation Objectives

- After hearing this presentations participants will:
  - Develop greater insight into youth perspectives regarding the appropriateness of prevention resources which may help increase the uptake of these resources
  - Develop a greater understanding of how to enhance the possibilities for sexual health promotion among young people

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## Outline

- Issue and Significance
- Purpose and Research Questions
- Methods
- Findings
- Discussion
- Limitations
- Contributions
- Questions

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## Issue and Significance

- Extensive attempts to prevent negative sexual health outcomes in youth
- Yet, we continue to face the HIV/AIDS pandemic and escalating rates of other STIs
- Suggests youth not reached with prevention education

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## Local PEI Context

- Epidemiological data
  - Rates of sexual activity comparable to Canadian rates in 15-19 y.o.
  - Chlamydia in 15-19 y.o. ♀ lower than national average, but 3 times that of ♂
  - Reported rate of HIV is low

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## Local PEI Context



- PEI Youth: May be more vulnerable to STIs and negative consequences
  - Lack of youth-friendly sexual health services
  - Conservative views of sexuality predominate
- School-based Sexual Health Curriculum
  - Under revision at the time of this study
  - This study provided a youth perspective regarding the factors affecting the development of skills to prevent STIs

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## School-based Sexual Health Interventions

- Recent Systematic Reviews (n=3)
  - Inconclusive evidence regarding effectiveness
  - Focused on individual risk without promising results.
  - Few interventions report longer term successes.
  - Interventions - not well-described or tailored to meet the unique needs of the target group.
  - Explicit youth involvement in development rare
- Participatory research includes youth perspectives to promote behaviour change

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## School-based Sexual Health Interventions: Gaps

- Studies needed to address
  - Involvement of youth to develop and evaluate curriculum
  - Use of participatory, arts-based methods to develop resources for the prevention of STIs

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## Purpose and Research Questions

- 1) What factors do youth identify as being important to facilitate their ability to take control of their sexual health behaviour?
- 2) What do these youth perceive their needs to be in terms of sexual health education?
- 3) How do students perceive the new curriculum resources?
- 4) What can be learned about the participation of youth in a curriculum development process?

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## Methods: Setting

- Two high schools - based on geographic location and access to services



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## Methods: Design

- Three-phase exploratory design with participatory approaches
- Key method – focus group

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## Methods: Conceptual Framework

- Derived from the literature
  - Information-motivation-behavior model
  - Social ecological model

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## Methods: Inclusion Criteria and Recruitment

- Students:
  - Were in grade 10, or 11
  - Previously participated in, or were in Family Life Education
  - Provided written consent
  - Had written consent from their parents
- Students recruited to 4 focus groups based on grade and gender

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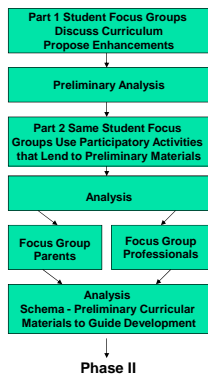
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### Phase I Engaging Participants



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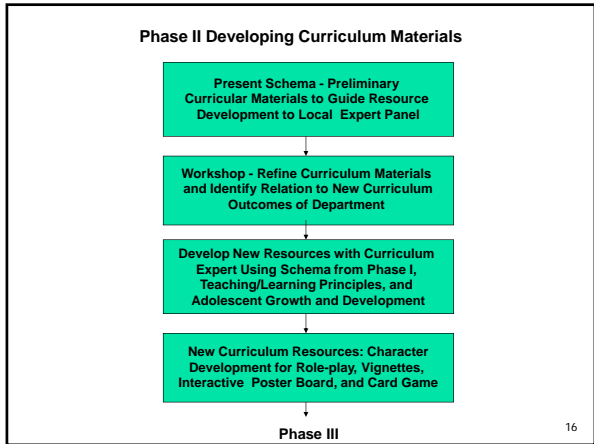
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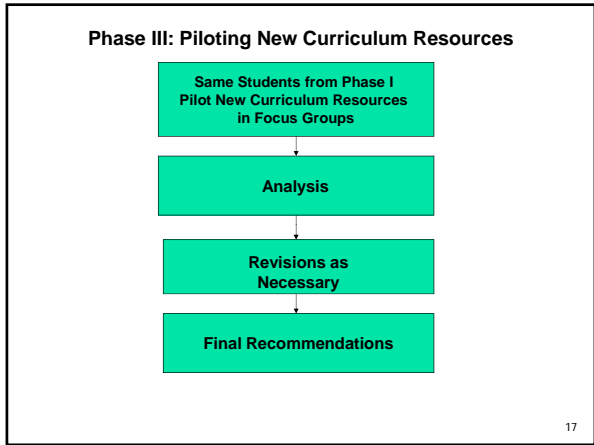
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**Data Analysis**

Data Sources - Overarching Research Question	Data Analysis Technique
Focus groups (12)	Content analytic techniques (Gillis & Jackson, 2002; Krippendorff 2004)
Focus group field notes (12)	
Descriptive summaries (8)	
Research log (actions & decisions)	

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## Findings: Participants

Phase I focus groups (8)

Part 1	Boys	Girls	Total
Grade 10	6 Mean age 15.3	10 Mean age 15.5	16
Grade 11	7 Mean age 16	7 Mean age 16	14
			30
Part 2	Boys	Girls	Total
Grade 10	6	9	15
Grade 11	7	6	13
			28

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## Findings: Participants

Phase III focus groups (4):

	Boys	Girls	Total
<b>Grade 10</b>	3	7	10
<b>Grade 11</b>	6	6	12
			22

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## Findings – Factors Identified by Youth

	Intrapersonal Factors	
<b>Negative influences</b>		<b>Positive influences</b>
Feeling shy, embarrassed, or awkward		Decision-making skills
Lack of STI knowledge		STI knowledge
'It won't happen to me' attitude		Skills for STI prevention (condom skills, safer sex skills)
Altered state adds increased risk		Ability to discuss sexual history
Perceive non HIV STIs less serious		
Focus on pregnancy prevention		
Focus on abstinence versus other skill development		

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## Findings – Factors Identified by Youth

	Interpersonal Factors	
<b>Negative influences</b>		<b>Positive influences</b>
Peer pressure to have sex	Friends/peers	Learning in groups
Peer pressure not to access information about sexual health		Practice communication skills
		Learn from the mistakes of others
Parents not comfortable discussing sexual health	Family/parents	Encourage family values
Parent control of youth sexual behaviour		Encourage decision-making
Consequences of parent knowledge of youth sexual behaviour		
Lack of parent knowledge of sexual health behaviour		

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## Findings – Factors Identified by Youth

	School (organization) Factors	
<b>Negative influences</b>		<b>Positive influences</b>
	Content	
Too repetitive		Real and relevant to youth experience
Too basic		Visual appeal
Not relevant		
Constant emphasis of abstinence-only approach		
Promotes gender stereo-types		
	Process	
No access to ongoing sexual health education		Interactive approach
Classes not interactive		Include peer models
Too rushed		
Held too late in the year		

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## Findings – Factors Identified by Youth

	School (organization) Factors	
<b>Negative</b>		<b>Positive</b>
	Teachers	
Uncomfortable with sexual health		Open about sexual health
Negative attitude about sexual health		Comfortable discussing sexual health
Give mixed messages about sexual health		Excited or passionate
Lack of preparedness to teach		Preparedness to teach

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## Findings – Factors Identified by Youth

	Community Factors	
Negative influences		Positive influences
No access to services	Health Services	Source of sexual health information
Services not clearly marketed to youth		
	Professionals	
Would not go to doctors or nurses		Perceived as confidential
Perceived mistrust of professionals in small communities		Perceived as helpful
	Other	
No confidential access to condoms		
Mistrust of community members		
Behaviour monitored by community members		
Lack of respect for youth sexual health education needs		
Subjected to 'old values and ideas'		

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## Findings – Sexual Health Education Needs

### ■ Themes:

- **Content** – real and relevant messages for prevention, STI risk, STIs: types and symptoms
- **Structure/process** – tell stories, use games, interaction, use people closer in age to youth to deliver content
- **Preferred teaching style** – open, non-judgmental, competent to teach sexual health content
- **Reasons prior educational processes did not work** – too much lecture, out of context, too repetitive, and offensive (abstinence or gender-biased)

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## How do Students Perceive the New Curriculum Resources?



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**Findings** - What can be learned about the participation of youth in a curriculum development process?

Adolescent developmental characteristics	Affected research process	Research enhanced through adolescent input
Control is an important issue with adolescents	Facilitators: Summarized youth views in focus groups, discussed range of activities (e.g. reflective writing) at the beginning of focus groups PI met with volunteers to ensure emergent analysis what youth intended	Obtained participants impression of the data and shared decision making  Confirmed preliminary materials

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## Discussion

- Participatory process - youth identified multiple factors affecting their ability to take control of their sexual behaviour
- Youth views were incorporated into new curriculum resources
- Highlighted importance of youth participation when conducting research with this population

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## Implications for Practice

- More visible role for nurses with sexual health expertise
- Confidentiality and partnership building with youth
- Adolescent-centered approach to curriculum development

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## Limitations



- May represent a more motivated sample than the population from which they were selected.
- Reported from a small number of participants from two grades (10 and 11).
- No assurance that the findings have meaning and relevance for:
  - Students in lower grades (7 to 9) where schools initiate curricula to prevent STIs/HIV.
  - Youth who may be marginalized (gay or bisexual youth, immigrant youth, aboriginal youth) or those that chose to self-exclude.

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## Contribution to Knowledge

- Strategies and insights proposed to maximize the unique contributions of adolescents to research process
- Curriculum resources – tangible evidence that participatory approaches combined with arts-based methods worked well to engage youth in a curriculum development process

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## In Closing . . .



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Thank-you

■ Questions

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