Studying adolescent sexuality and sexual health

From Research to Practice:
Training in Research in Sexual Health
Geneva 2005

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- **Many of the slides presented are from the Family Health International web site:**

  http://www.fhi.org/training/en/modules/ADOL/prestools.htm

- **Many others are based on the WHO-RHR web site:**

  http://www.who.int/reproductive-health/adolescent/

- **The slides in the end give some examples of research carried out in various countries with RHR support**

Why Focus on the Reproductive Health of Young Adults?

More than 1 of every 4 persons worldwide is between ages 10 and 24 years

Youth Are Assets

Youth are a great potential resource

Reproductive Health Risks and Consequences for Young Adults

Risks:

- Unintended and too-early pregnancy
- STIs, including HIV/AIDS
- Unsafe abortion
- Sexual violence and unwanted sexual activity

Consequences:

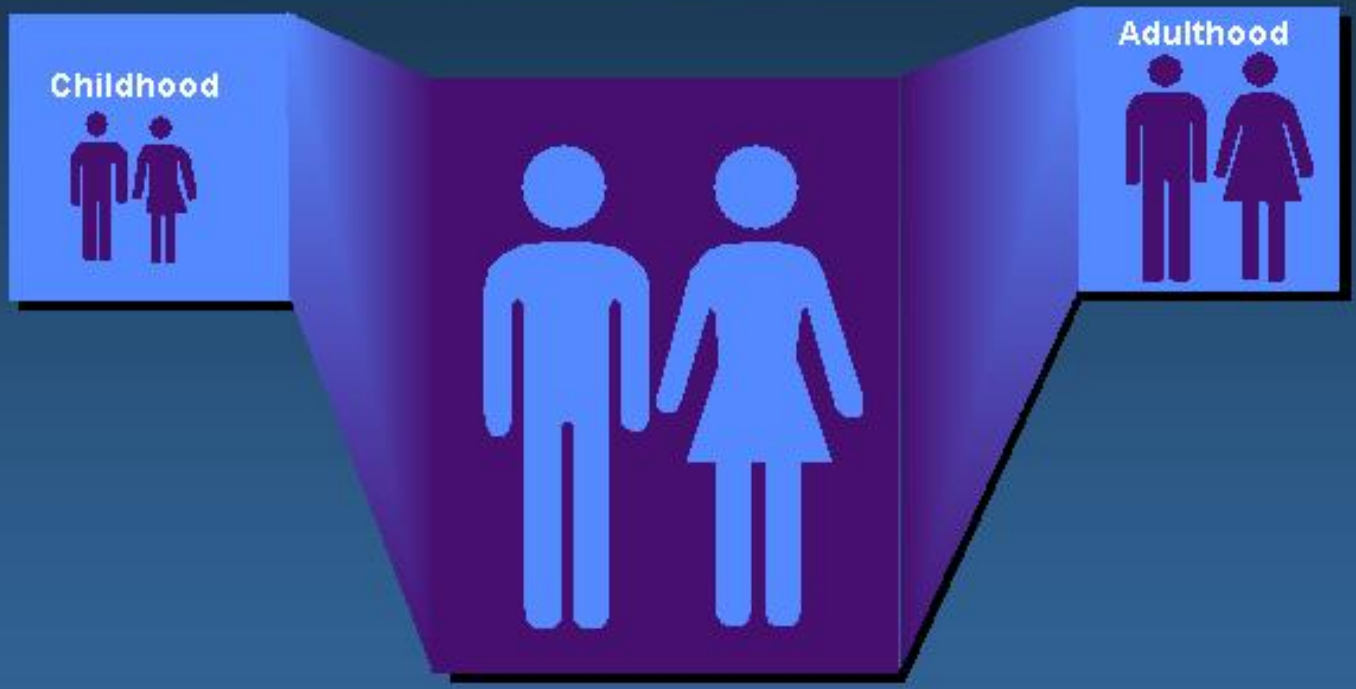
- Medical
- Psychological
- Social
- Economic

Transition from Childhood to Adulthood

Involves physiological, psychological, cognitive, social and economic changes

Universal process that varies by individual and culture

Defining Young Adults



Terms used: adolescents, young people, young adults, teenagers, youth

Age Range: 10-24 years

Factors Affecting the Reproductive Health Needs of Young Adults

- Age
- Marital status
- Gender norms

- Sexual activity
- School status
- Childbearing status
- Economic/social status
- Rural/urban
- Peer pressure
- Political/cultural

Married and Unmarried Youth

Common Characteristics:

- Biological
- Need for accurate information

Differences:

- Access to services
- Contraceptive needs

Gender Affects the Reproductive Health of Youth

Gender involves roles and relationships that are determined by society and culture. Gender affects:

- Expectations of sexual activity of boys and girls
- Views regarding responsibility for contraception
- Social consequences of pregnancy
- Degree of risk for HIV/AIDS infection
- Cultural acceptance of harmful behaviors and practices
- Client-provider interactions

Gender Affects HIV/AIDS, Other Risks

- Males have more ability to use a condom than females, for cultural reasons
- Culture accepts harmful behaviors and practices against females

Young Adults and Contraceptive Use

- Few married youth use contraceptives before first birth
- After becoming sexually active, unmarried youth delay use of contraceptives about a year
- Common reasons for non-use of contraceptives among unmarried youth:
  - did not expect to have sex
  - lacked information about contraception
  - lacked access to contraceptives

Limited Contraceptive Use: Characteristics of Youth

- Tend not to plan ahead or anticipate consequences
- Think they are not at risk
- Feel invulnerable
- Lack confidence or motivation to use
- Embarrassed or not assertive
- Lack power and skill to negotiate use
- Social or cultural expectations or beliefs

Limited Contraceptive Use: Barriers to Access

Lack of access to services or methods:

- Clinics not designed to be inviting to youth
- Providers reluctant to serve unmarried youth
- Laws/policy may prohibit provision to unmarried youth

Youth may:

- Lack transportation to clinic or money for contraceptives or services
- Fear judgment or discovery
- Be concerned about having pelvic exam

Psychological and Social Consequences of Pregnancy for Unmarried Youth

- Social stigmas for unmarried mothers and children
- Limited education
- Fewer career or job opportunities
- Heavy economic burden
- Depression, loss of self-confidence and lack of hope
- Consequences more severe for young women than men
- Children of young parents may face psychological, social and economic obstacles

Medical Risks of Pregnancy in Young Women

Under age 16:	May result in:
Small pelvis →	Obstructed or prolonged labor
First births:	
Hypertensive disorders of pregnancy →	Hemorrhage, eclampsia

Can be fatal for both mother and child

Risk of Unsafe Abortion

Each year at least 2 million young women worldwide have unsafe abortions mainly due to:

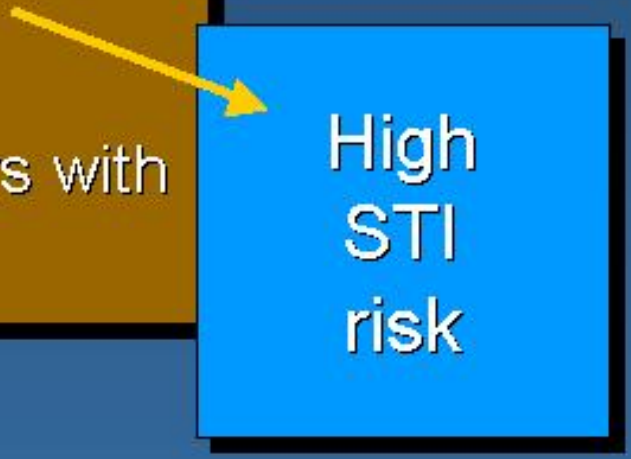
- Inaccessibility or costs of safe services
- Self-induced methods
- Unskilled or non-medical providers
- Delay in seeking procedure past first 3 months of pregnancy

Family planning can reduce unsafe abortion

Youth at High Risk for STIs/HIV

Primary factors are behavioral:

- Non-use or incorrect use of condoms
- Little knowledge of STIs
- Failure to seek treatment
- Multiple partners or partners with multiple partners



Summary and Next Steps

Young adults face high risks of pregnancy and STIs

To address this:

Young adults need information, skills, and access to services

Policy-makers and providers need to know how and where to reach youth, and what contraceptive and STI/HIV services are needed

How to Reach Young Adults

Topics to be covered

- Who provides information and services to young adults
- What reproductive health information is needed by young adults
- Where services for young adults are best provided

Youth Involvement Is Critical

- Involve perspective of target audience
- Work *with* youth, rather than *for* youth
- Draw on youth's energy, hope, eagerness to learn and resilience

Youth "should be involved from the start as full partners . . ."

— World Health Organization, 2001

Who Provides Information and Services to Youth?

To offer a range of services, various providers need to be involved

Teachers

Nurses

Peer Educators

Community Workers

Doctors

Provider Attitudes Often Negative Toward Young Adults

Sexuality: Open Discussions Are Important

- Difficult topic to discuss openly for both youth and adults
- Includes a wide range of issues, such as peer pressure, sexual identity, sexual orientation, sexual capability, sexual coercion
- Helps youth understand and express their feelings
- Promotes responsible sexual behavior, helps prevent unintended pregnancy and STIs

Communication Skills Needed by Providers

- Reflective listening
- Open-ended questions
- Positive body language
- Characteristics that help communication:
  - sincerity, honesty, non-judgment, respect, sense of humor

Confidentiality is critical in serving youth

Provider Training Needed

- Technical knowledge
- Knowledge of issues facing young adults
- Gender awareness
- Counseling skills
- For some: how to train young people in communication skills

Research Shows Sex Education Helps

Sex education:

- Does not lead to earlier or increased sexual activity
- Can give young people skills to delay sexual activity
- Can increase contraceptive use

It is important to begin sex education early

Source: WHO, 1993.

Sexuality: What Youth Need to Know

Includes issues of identity, societal roles, human relationships, biological development

Youth need to learn:

- How their bodies, minds and feelings are changing
- How to communicate about sexuality
- How to handle societal and peer pressures
- How to make responsible decisions about sexual activity, including abstinence

Ways of Expressing Sexuality

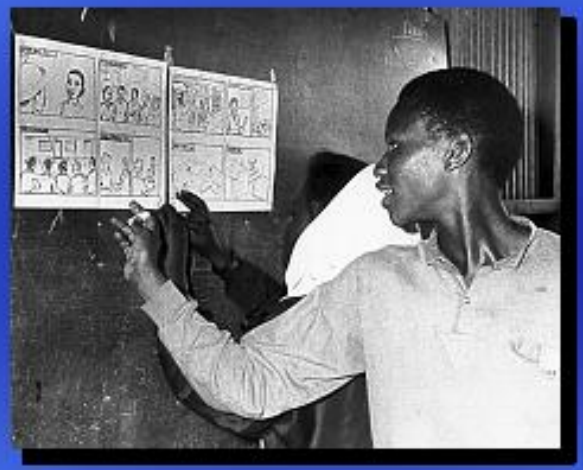
Youth need to know alternatives to risky sexual behavior

- Holding hands
- Hugging
- Dry kissing
- Body rubbing
- Masturbation
- Mutual masturbation
- Sexual intercourse with a condom

Effective Programs for Young Adults

Identify target group, analyze assets and needs

Involve youth



Incorporate evaluation

Work with community, including family members

Make services accessible, as identified by youth

Use materials designed by and for youth

Family Involvement

- Many youth want to talk to family members about sexuality
- Crucial elements:
  - availability of family members
  - attitudes and knowledge
  - communications skills
- Programs needed to help parents learn necessary skills and information
- Family members can support youth in seeking services and information

Health Clinics Designed for Youth

- Separate units for youth
- Outreach clinics with specially trained staff
- Mobile clinics
- Special hours
- Convenient and safe locations
- Youth-to-youth promotion
- Low or no-cost services

Elements of School-Based Programs

Large numbers of youth can be reached efficiently at schools

- Family life education curricula
- School-based or linked clinical services
- Training of instructors and administrators
- Involvement of families and community

Community-Based Youth Organizations

- Multi-service organizations: recreation, sports teams, vocational training, tutoring
- Workplace and religious groups: information and services
- Peer promoters or educators: information, counseling and condoms
- Youth centers for pregnant and parenting teens: continuing education and skills training

Mass Media and Other Creative Outreach

- Mass media: radio, television, film, comic books
- Telephone hotlines
- Entertainment: drama groups, puppet shows, concerts
- Computer technology: Web sites, CD ROMS, distance learning
- Social marketing

Asking young people about sexual and reproductive behaviours: Illustrative Core Instruments

http://www.who.int/reproductive-health/adolescent/core_instruments.en.html

- **Illustrative Questionnaire for Interview-Surveys with Young People**
- **Topics for individual interviews and focus group discussions**
- **Question examples**

Illustrative Questionnaire for Interview-Surveys with Young People

Content

The questionnaire will yield information on the following,

overlapping topics.

- **Sources of information on sexual and reproductive health**
- **Sexual and reproductive health knowledge**

- **Sexual conduct including number and types of sexual partner and details of first sexual partnership**
- **Sexual ideology/attitudes to gender**

- **Protective, or risk, behaviour**
- **Condoms (knowledge, attitudes, use)**
- **Characteristics of current (most recent) boy/girl friend**
- **Sexual and reproductive health services (knowledge, use, evaluation)**
- **Sexual and reproductive health outcomes**
- **Background characteristics**

Topics for individual interviews and focus group discussions

The topic list is ordered into blocks. It is recommended that a pre-interview schedule covering demographic details is also included to gain both an overall assessment of the sample characteristics of the interviewees and also to form the basis of preliminary comparisons both within and between respondents. For example:

- **Age, sex, current relationship status, offspring, siblings, ethnic/language group, religion**
- **Where they lived and where they live now, type of accommodation, urban/rural**
- **With whom have they lived and with whom they live now**
- **Schooling received / are receiving**
- **Current occupational status, income**
- **Parental occupational status**

When considering the blocks it is vital to conceptualise each block's topic list as a 'trigger' list rather than a 'question list'

The *triggers* enable researchers to develop more detailed 'question lists' which are appropriate to the culture in which they are researching and the issues of most interest.

- **'What did you think about that?',**
- **'How did that happen?',**
- **'How did you feel about that?',**
- **'What was the wider situation?',**
- **'What else was going on?'.**

It is also important to constantly probe for the respondent's understanding of why certain events, feelings and situations have materialised.

Question examples

In-depth interviews:

Topic Focus : Sexual inexperience

Core questions :

- Why do you think you haven't had sex yet?
- Reason(s) why first intercourse has yet to occur
- Do you feel under pressure not to have sex?
- Have you ever felt any pressure(s) to experience first intercourse?

Additional questions or prompts :

- **Do you feel ready? Why? Why not?**
- **Have you wanted to but not yet found the right partner?**
- **How do you go about selecting the right partner?**
- **What does the relationship have to be like?**
- **When will the time be right for you?**
- **Have you plans or expectations to engage in sex?**
- **How have you resisted the pressure(s) to have sex?**
- **Do you use other techniques to please partner(s)?**

Question examples
Focus Group discussions:

Topic Focus: Dating

Core questions :

- At what age do young people start dating?
- How do young people select their partners?
- Is dating encouraged / discouraged or influenced in anyway, by anyone?

- **What does dating involve? What do young people who are dating do together?**
- **What expectations are there when young people start dating?**
- **- Number of partners**
- **- Faithfulness**
- **- Marriage**

Prompts & expansion material

- **What is meant by dating**
- **Does it imply exclusivity**
- **Expectations**
- **Implications for their future relations**

- **How does dating vary for young men and women?**
- **Do young women's expectations vary to young men's?**
- **Are there differences between the young people's expectations and other adults?**

Operations research on Improving reproductive health services for adolescents in French-speaking African countries south of Sahara

Background

- **selected as a priority in a meeting for francophone countries, Yaounde, Cameroon, December 1994**
- **Launching meeting with multidisciplinary teams, Abidjan, Cote d'Ivoire, December 1996**
- **HRP strategy sees the project as a vehicle to develop research capacity**

- **Original Countries: Bénin, Burkina Faso, Cameroun, Côte d'Ivoire, Guinée, Madagascar, Sénégal**
  (BF and Madagascar have dropped out)

- **Teams: Ministry of health, gynaecologists, youth representatives, statisticians, social scientists**

MAIN OBJECTIVE:

Test a number of interventions that could improve the quality, accessibility and availability of reproductive health services for adolescents

Protocol

<u>Situational analysis</u>:

- in-depth interviews of "gatekeepers"
- focus group discussions with adolescents and parents
- interviews of health personnel
- interviews of adolescent users of health services
- interviews of adolescents in the community

Interventions:

- providing adolescent related training for health personnel
- modifying existing services to make them “youth-friendly”
- providing information about services to adolescents

Strategy: possibilities to improve the impact and use of results

- **Ministries of health, education and youth involved from the beginning**

- **Youth groups and NGOs working for and with adolescents involved at all stages**

Current situation:

Senegal:

Finalised

Guinea:

Finalised

Cote'Ivoire:

Interventions defined, but no funding

Benin:

Interventions defined, but no funding

Cameroon:

Interventions defined, but no funding

Social Science Research Initiative on Adolescent Sexual and Reproductive Health:

Exampleas of on-going research :
Sexual risk behaviours

Dominique Behague – Brazil – Proposal 98163 "The development of adolescent identity formation: consequences for sexuality and reproductive Health outcomes in Pelotas, Brazil"

Wu Shi-Zhong, Luo Lin, Xiao Yu, Tang Yongjun, Mao Yuanling – China – Proposal 98149 "A comparative study of sexual behaviour and contraceptive needs of young unmarried men and women in rural Sichuan, China"

Luisa Alvarez Vazquez – Cuba - Proposal 98146 "Perceptions and behaviours in adolescents. A reproductive health perspective by gender"

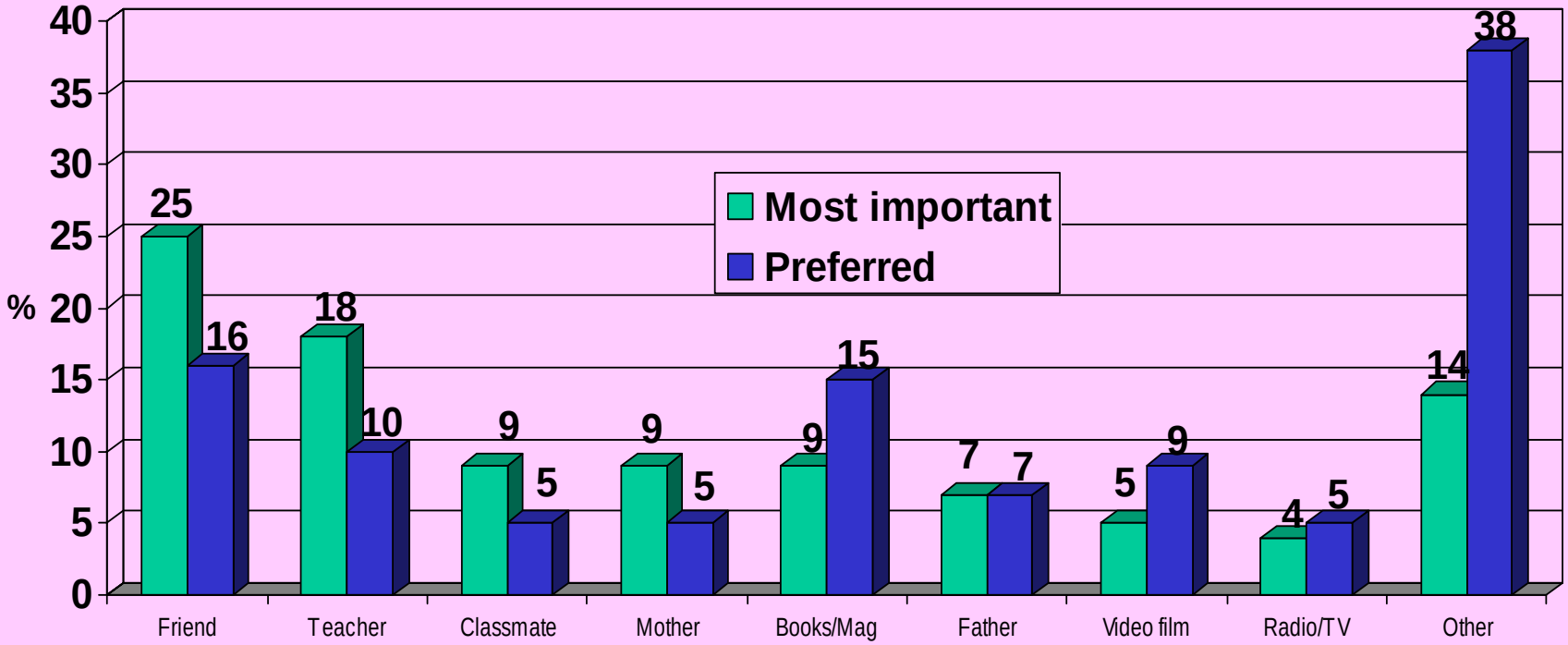
Sunil Mehra – India – Proposal 98152 "Sexual behaviour patterns and their determinants among adolescents in urban slum and urban resettlement areas"

Addressing the knowledge gaps: Reproductive knowledge, attitudes and behaviour of adolescent boys (15-18 years) in Tehran

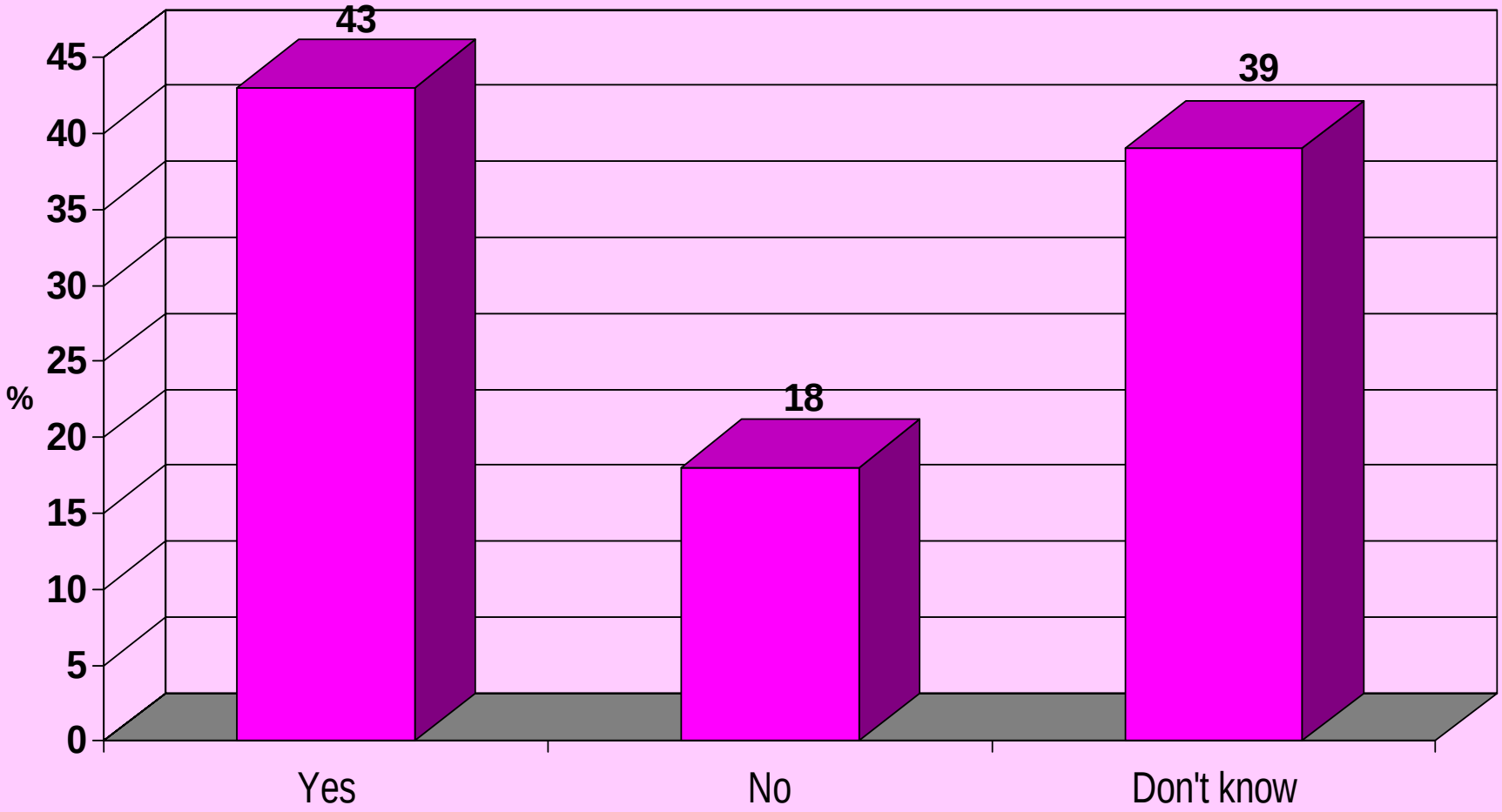
- Community-based representative study
- Study site: Tehran city
- Self-administered questionnaire (following FGDs & adapting RHR "*core*" questionnaires)
- Respondents: 1385 boys of ages 15-18 years (mean age: 16.6 years)
- Research Institution: National Research Center of Medical Sciences, Ministry of Health

Sources of information on sexual relations

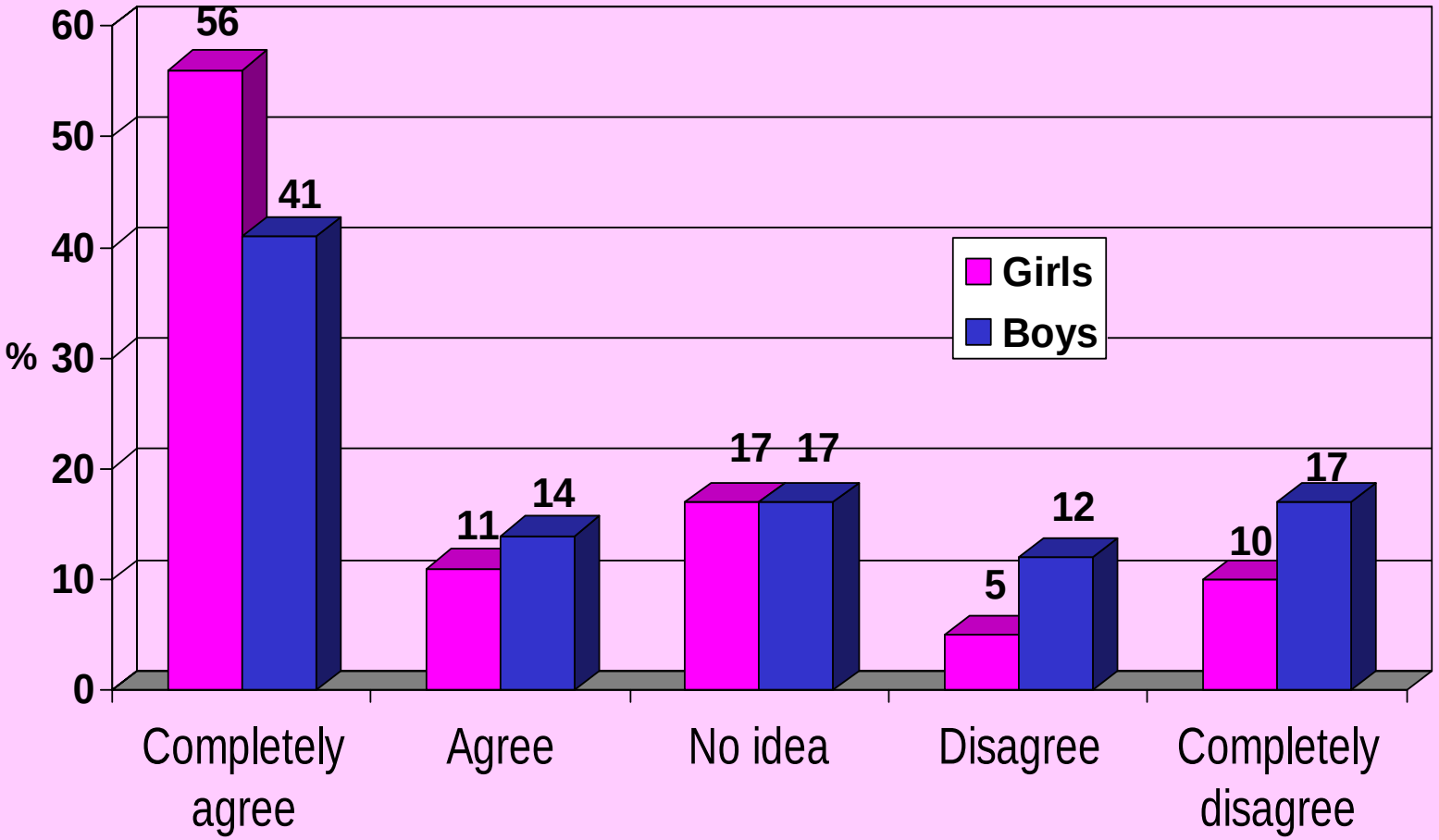
Percent of adolescent boys, by the most important and preferred source of information on sexual relations



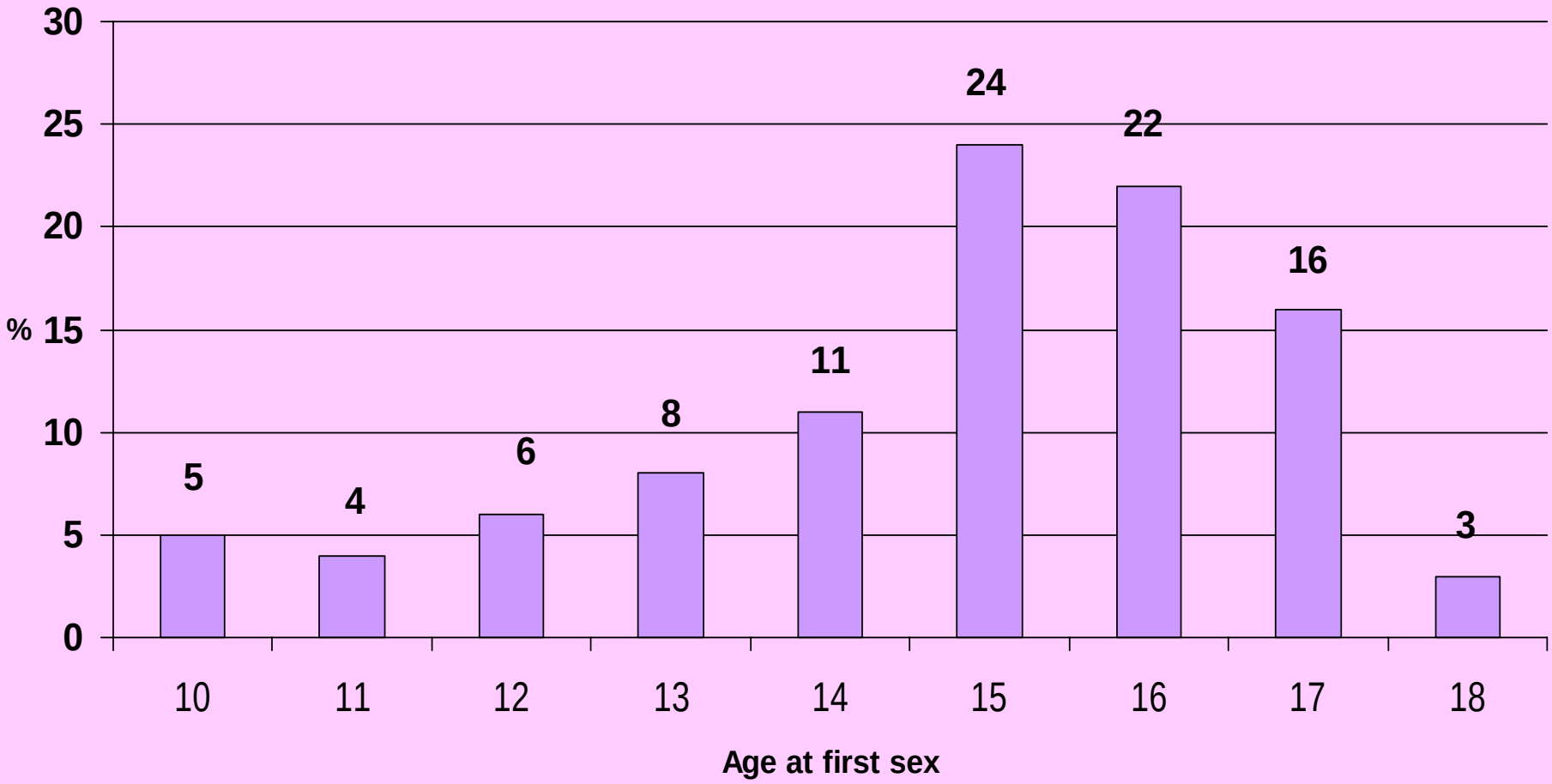
Can a woman get pregnant at first sexual intercourse?



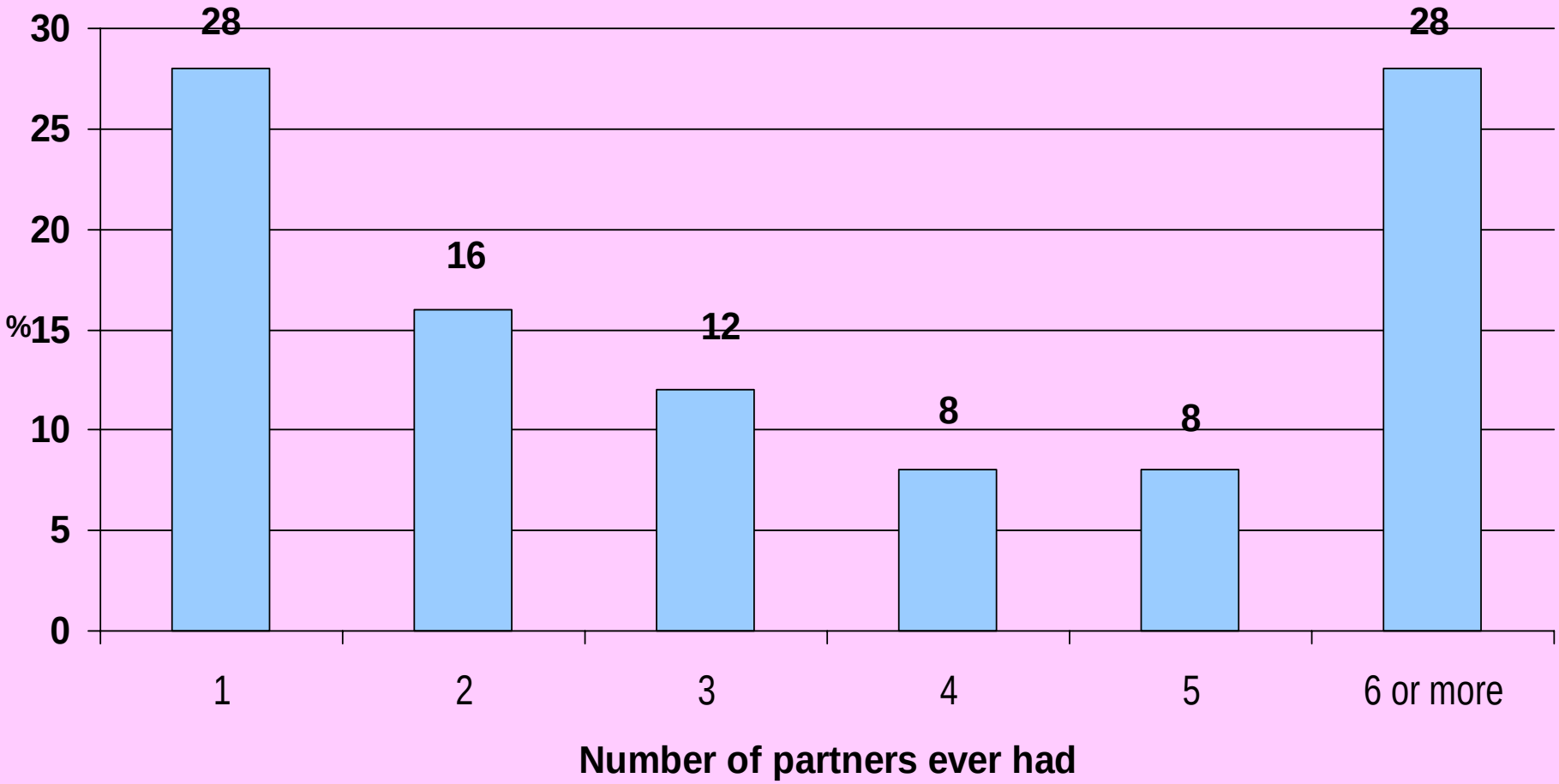
Unmarried girls/boys should not have sex before marriage



Age at first sex (among 388 or 28% sexually experienced boys)



How many sexual partners have you ever had?



Conclusions

- "Despite the fact that premarital sexual relations are not acceptable in Iranian culture, the present sexual practices of adolescents in Tehran should be considered as a reality and in order to prevent the risky sexual behaviours and to reduce its harm, it should be acknowledged by policy-makers. Hence, providing appropriate information and services for sexual and reproductive health for this group seems to be imperative."
- Mohammadi M.R. et al (Research team)

Programmatic recommendations

- Designing educational interventions
- Encouraging adolescents to seek appropriate on-time care
- Addressing misconceptions and improving knowledge
- Educating peer groups and teachers
- Informing and involving parents, especially fathers
- Developing videos, books and magazines with appropriate information
- Addressing gender double standards
- Involving adolescents in developing programmes and educational material

SPECIAL PROGRAMME OF RESEARCH, DEVELOPMENT AND RESEARCH TRAINING IN HUMAN REPRODUCTION
GUIDELINES FOR RESEARCH ON REPRODUCTIVE HEALTH INVOLVING ADOLESCENTS

It must be recognized that adolescence is a combination of physical, psychological and **social changes which are culturally based.** This is an important issue when consent and the involvement of parents (and guardians) is considered since the degree of autonomy of decision making is considerably varied across cultures and stages of adolescence.

- only by carrying out well-designed studies can adequate information be gained that will enable delivery of appropriate preventive and therapeutic services to this population group. Therefore, research on reproductive health involving adolescents should be undertaken in order to enhance scientific knowledge specific to these individuals. The omission of such research can perpetuate inadequate understanding of the particular reproductive health needs of adolescents and result in failure to deliver adequate services to this group.

- There are no clear ethical justifications for excluding from research adolescent subjects below the age of legal majority. If there are reproductive health problems that are restricted to, or occur also in, adolescents which cannot be solved with existing knowledge, there is an ethical duty of beneficence and justice to conduct appropriate research to address these problems.

- Parents (or guardians) have legal and ethical responsibilities to provide dependent adolescents with preventive and therapeutic health care. Sound research equips parents to discharge such legal and ethical responsibilities. Parents have the best interest of their children at heart, and therefore should have no reason to deny dependent adolescents participation in sound research that could improve preventive and therapeutic care.

- In general, the law does not grant parents veto power over decisions of mature (that is, competent) adolescents who decide to participate in research on their reproductive health. In such cases where adolescents are or are about to be sexually active, investigators commit no legal offence in undertaking research that promises a favourable benefit-risk ratio. However, where the law specifically denies decision-making authority to mature or competent adolescents below a given age, that provision must be respected.

- Before undertaking research involving adolescents, investigators must ensure:
- (a) that the information to be gained could not scientifically be obtained from adult subjects;
- (b) that a goal of the research is to obtain knowledge relevant to the health needs of adolescents;

- (c) that the risk presented by interventions having no direct benefit to the individual subject is low and commensurate with the importance of the knowledge to be gained; and
- (d) that the interventions intended to provide direct benefit are at least as advantageous to the individual subject as any available alternative.

- Among adolescents, younger subjects should not be enrolled when older adolescents are scientifically suitable for recruitment as research subjects. When the specific objective of the research is to gain information about young adolescents, for example, about pregnancy or lactation in 12-year-olds, then research involving this age group is ethically justified.

- Unless specific legal provisions exist, consent to participate in research should be given by the adolescent alone. Capacity to consent is related to the nature and complexity of the research. If adolescents are mature enough to understand the purpose of the proposed study and the involvement requested, then they are mature enough to consent.

- The ethical principle of confidentiality must be adhered to in research involving adolescents.
- 4. Even when consent to the participation of adolescents is granted by parents or by both adolescents and their parents, confidentiality must be maintained.

- 5. Institutions participating in research involving adolescents must be sensitive to the needs of adolescents and should have the appropriate staff and facilities to care for this population group.

- In circumstances where researchers believe they are obligated to report adolescent behaviour to any authorities, the adolescent subject must be made aware of the possibility of such reporting prior to their involvement in the research.

Youth Are Our Future