

Findings from the Adolescent Sexual Health Research Project

Amanda Purington

Jane Powers

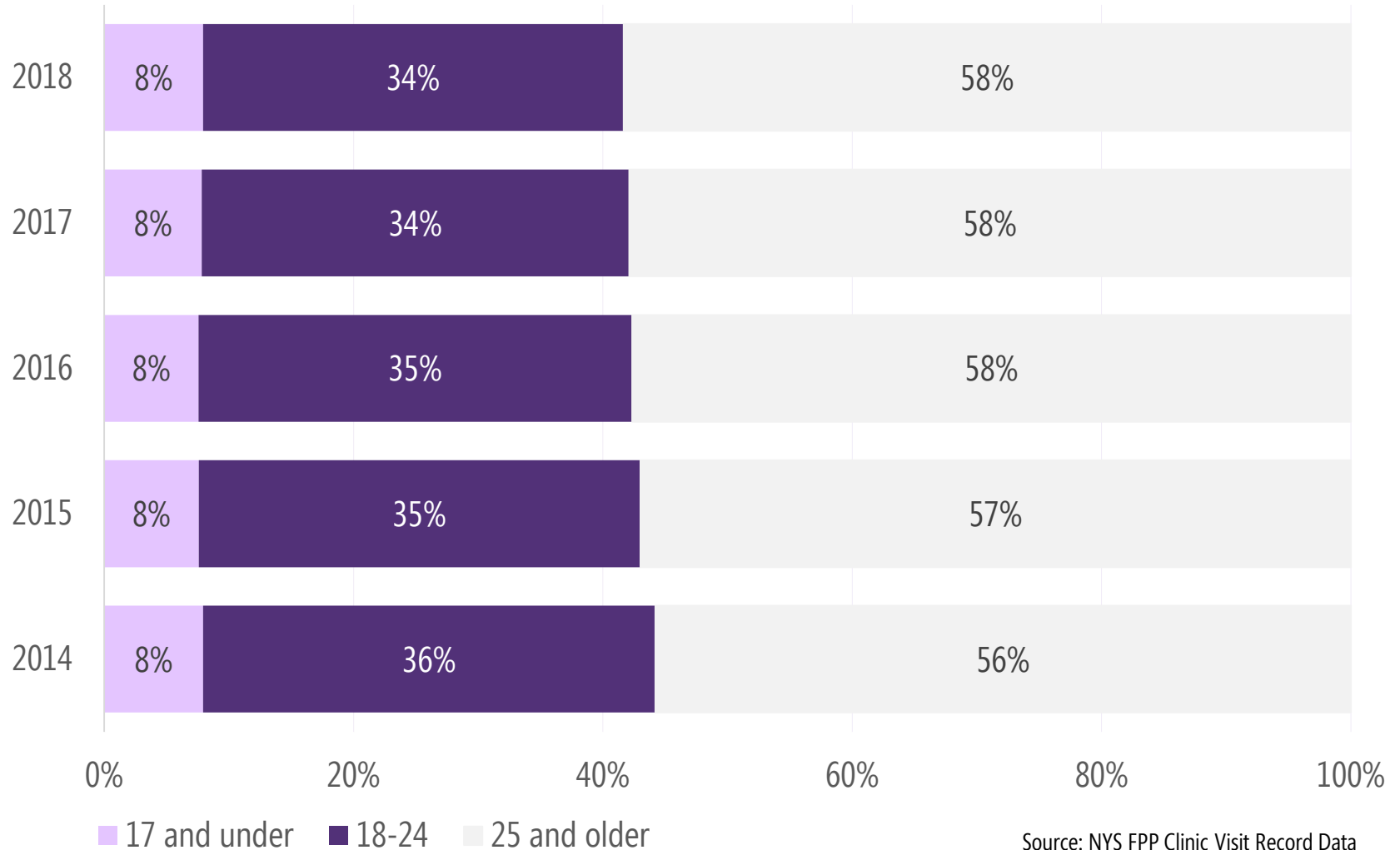
ACT for Youth Center for Community Action

Cornell University

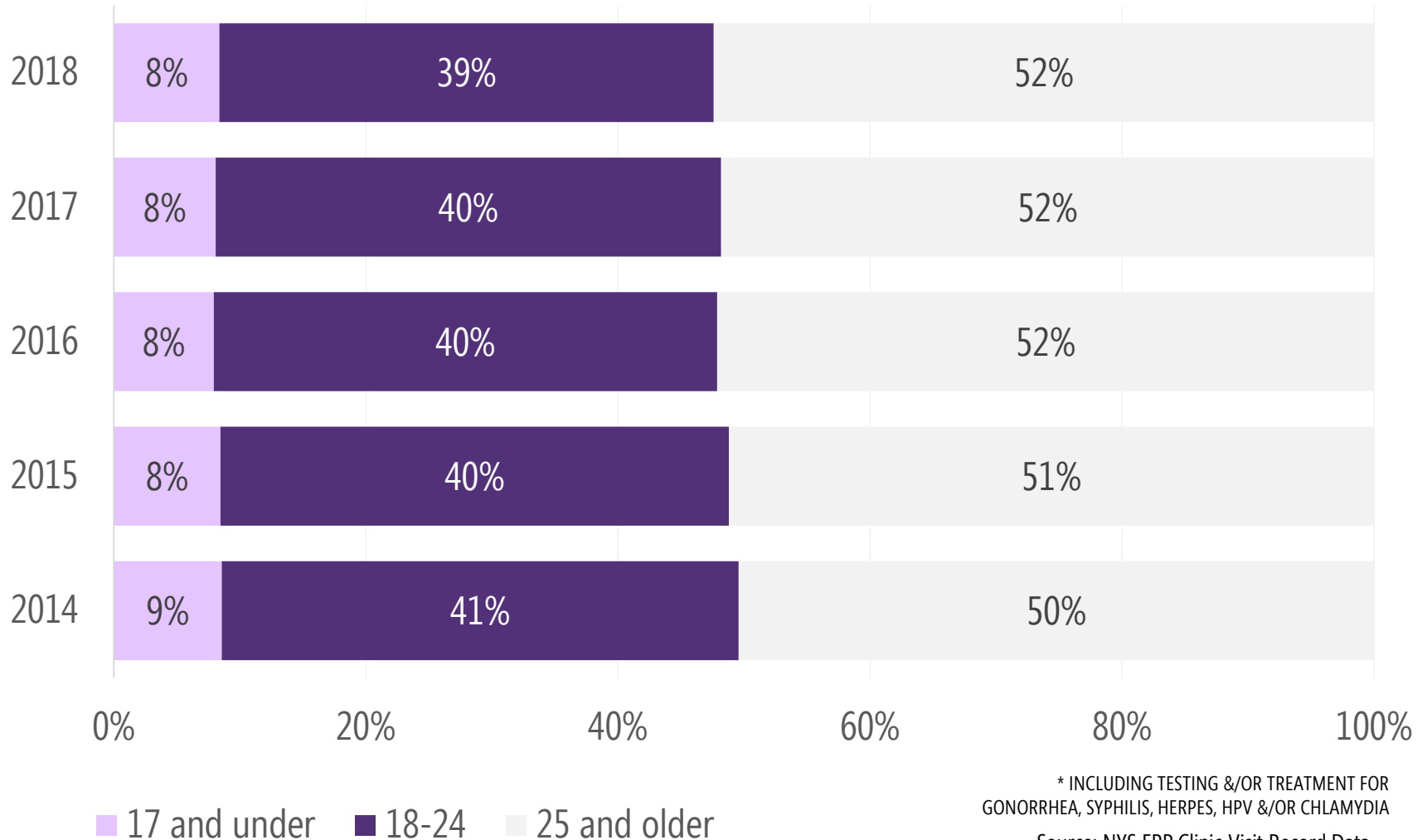
November 12, 2019

Why study adolescents and young adults?

NYS Family Planning Program Clients Served, by Age Category



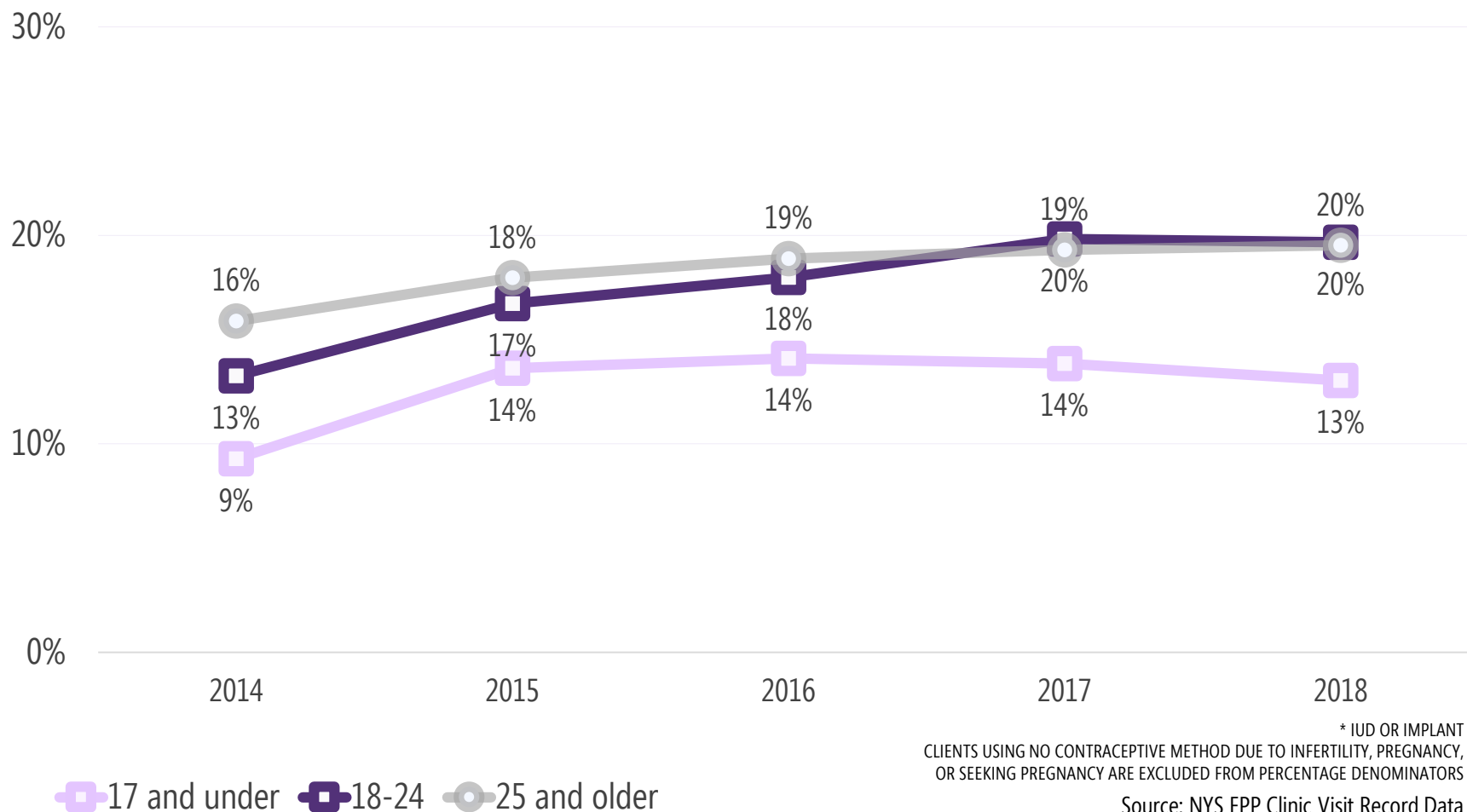
NYS Family Planning Program Client Visits with STD Services*, by Age Category



* INCLUDING TESTING &/OR TREATMENT FOR GONORRHEA, SYPHILIS, HERPES, HPV &/OR CHLAMYDIA

Source: NYS FPP Clinic Visit Record Data

NYS Family Planning Program Percentage of Female Clients in Age Category Leaving with Highly Effective* Contraceptives





**Can you describe the
research study and who
participated in the study?**

Study questions

Where do young people get sexual & reproductive health care?

What are youth attitudes about youth sexual relationships?

What are youth perceptions of the need for risk reduction behaviors?

What explanations do young people and sexual health education & care providers give for why teen pregnancies are decreasing while youth STIs are increasing?

Methodology

Youth survey

Youth focus groups

**Key informant
interviews with
providers**

**Interviews with
gender and sexually
fluid young people**

Youth Respondent Characteristics

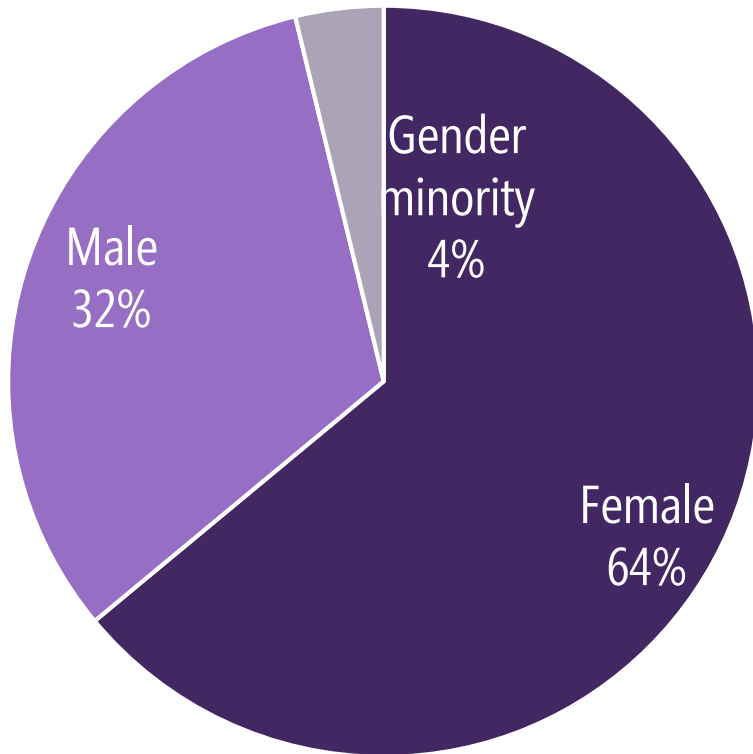
211 Youth Surveys

76 Youth Focus Group Participants

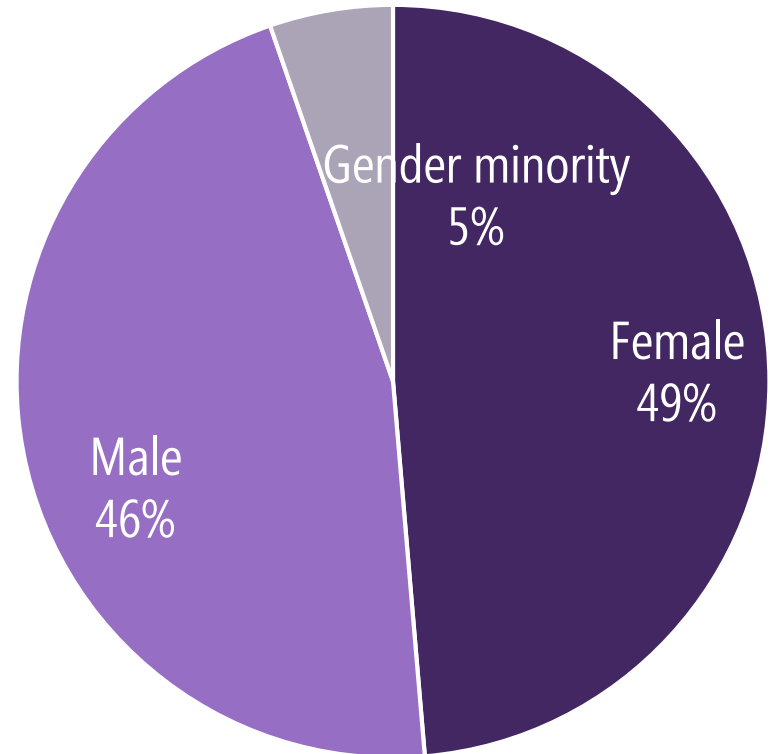
19 Youth Interviews

Participant Demographics

Youth Survey



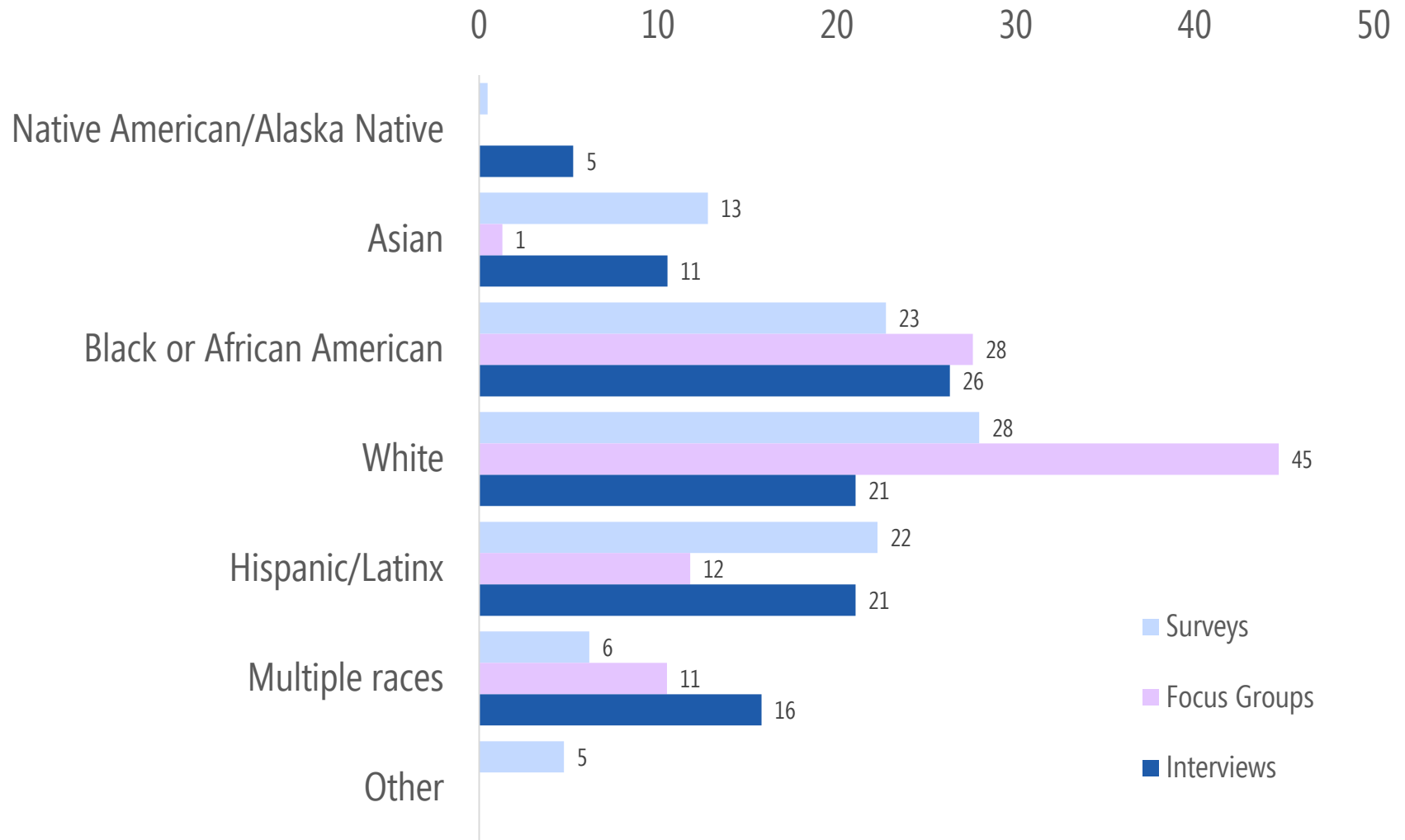
Youth Focus Groups



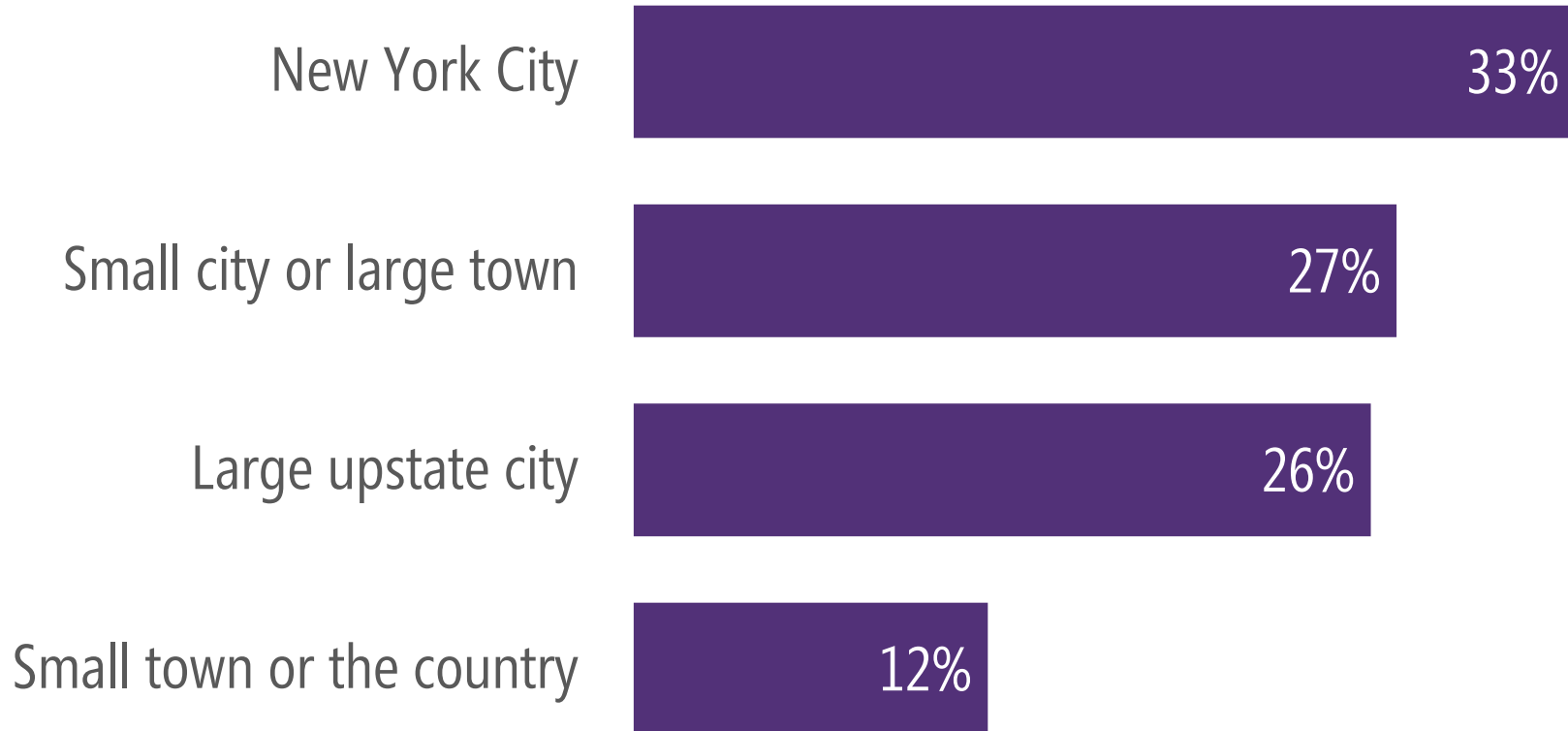
Age of Respondents

	Mean Age (Range)
Survey Respondents	17.6 (13-24)
Focus Group Participants	17.4 (12-23)
Interviewees	22.2 (18-26)

Race / Ethnicity (% of Respondents)



Location (% of Respondents)



Targeted Focus Group Characteristics

Of 10 groups...

- 2 rural
- 2 upstate urban
- 2 small city
- 1 NYC
- 1 older youth
- 1 male
- 1 female



Surveys, Focus
Groups, Interviews

Results



What does “family planning” mean to adolescents?



“Planning to have a kid, I’m assuming...”

“We think of a straight couple at Planned Parenthood trying to have a baby.”

“People think more pregnancy-related, like abortions and birth control.”

T-mobile family phone plan

What are better terms for “family planning?”



“... maybe call it ‘life-planning,’ ‘sexual life plan’ or something like that...Family planning seems like an exclusive term – people in their late 20s trying to have a child.”

“Sexual health services”

“...include the word ‘sex’ or ‘sexual reproduction’...”



What does “birth control” mean to adolescents?



"... people associate it the most with the pill, even though it includes so many different methods"

"People don't realize it's not only things for women... really it's anything that prevents pregnancy, condoms and things like that."

What are better terms for “birth control?”

“Personal health”

“Sexual protection methods”

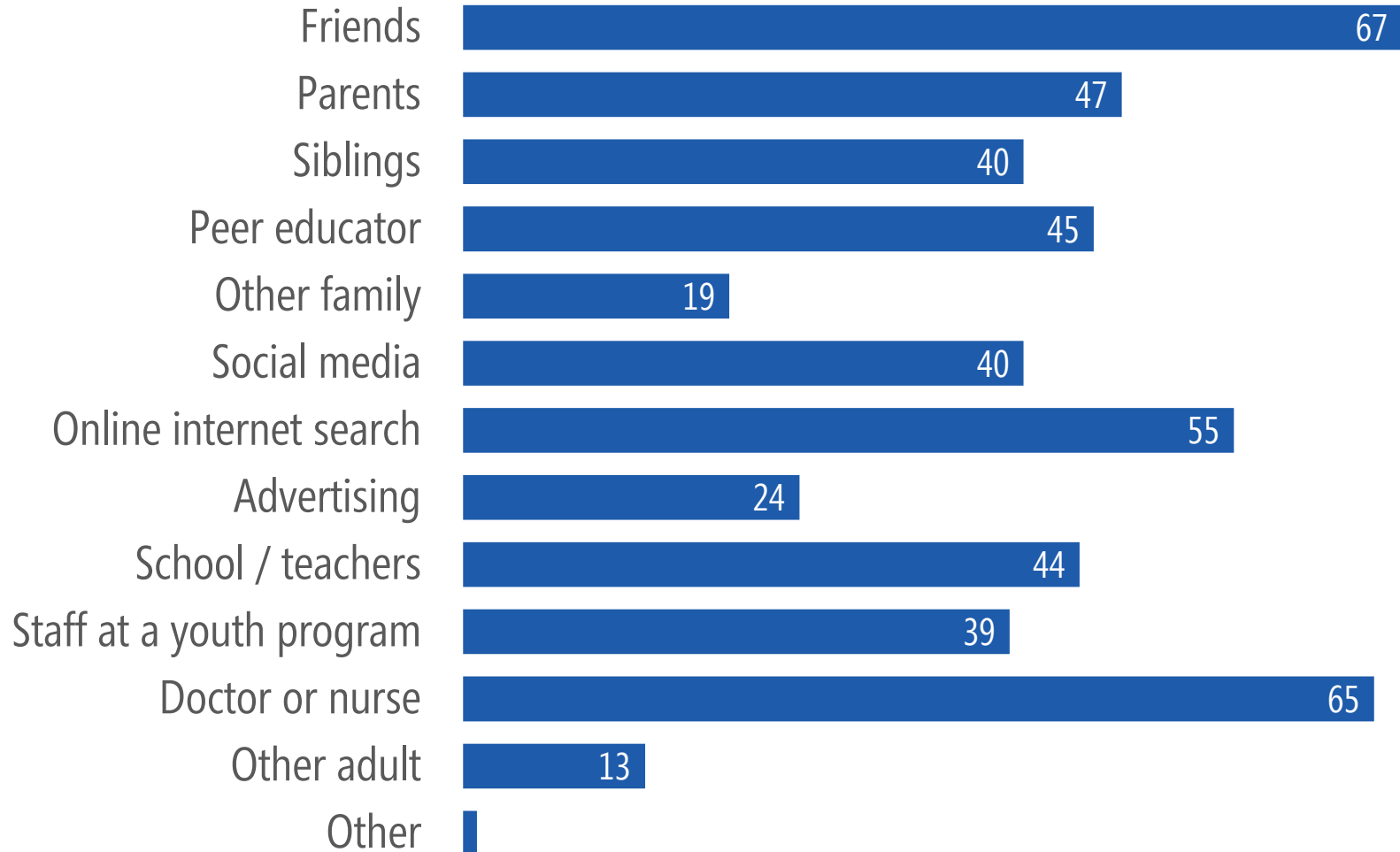
“ Framing it as a way
of taking care of
yourself.”

“Methods of birth control”

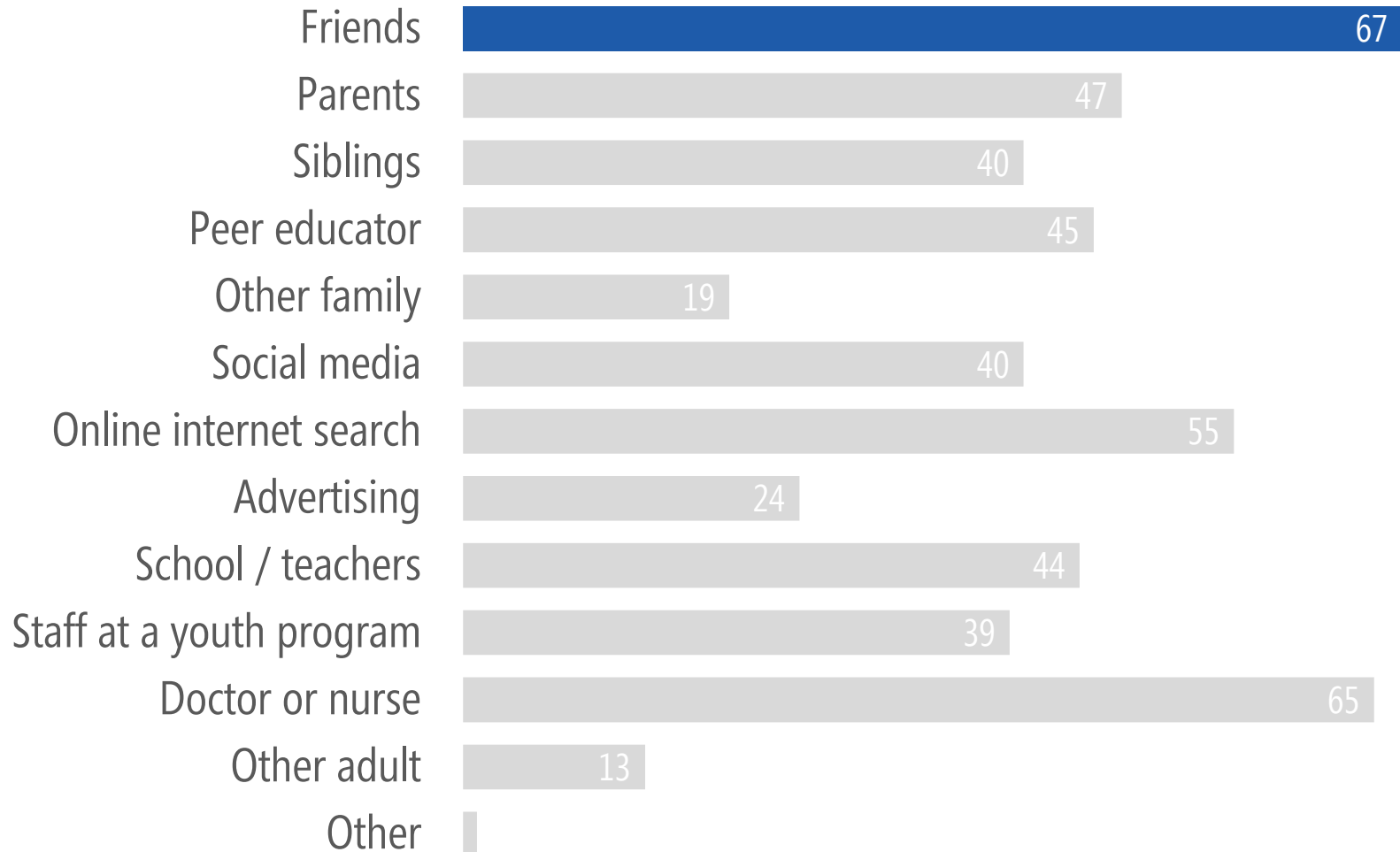
“Sexual safety ...
protective methods”

How do adolescents find out where to get birth control and care for sexually transmitted infections (STIs)?

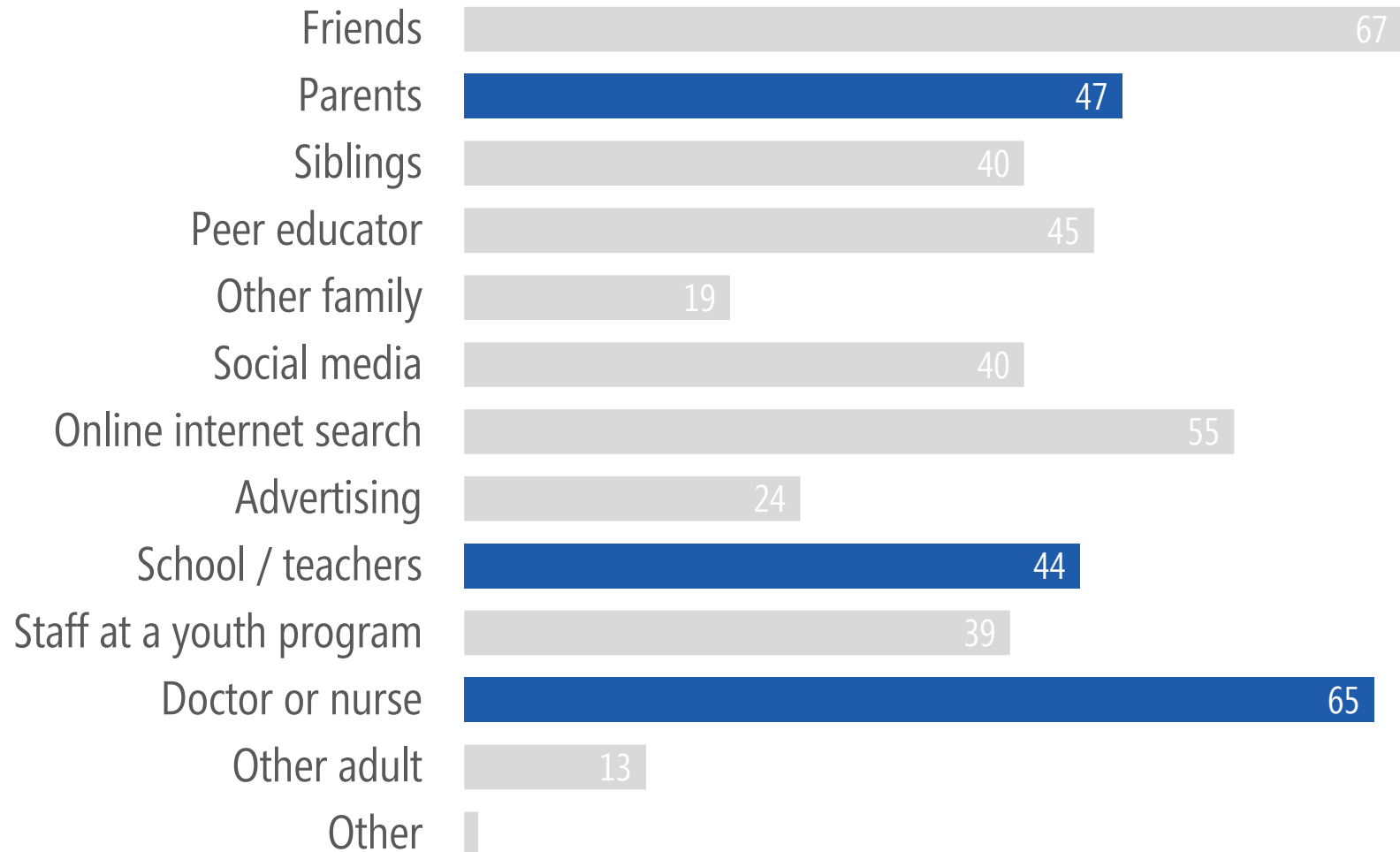
Sexual Health Care Information Source (% of Respondents)



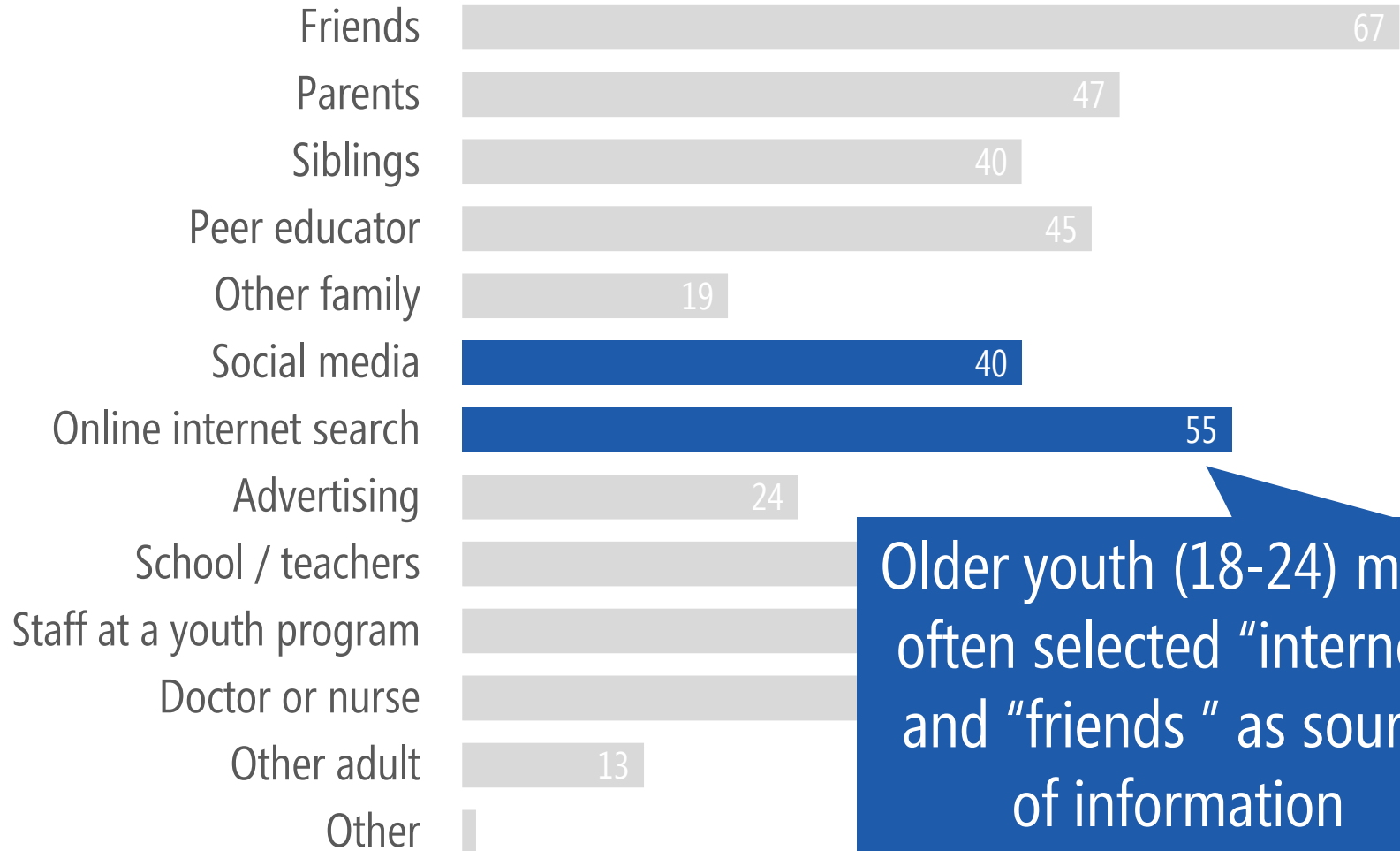
Sexual Health Care Information Source (% of Respondents)



Sexual Health Care Information Source (% of Respondents)

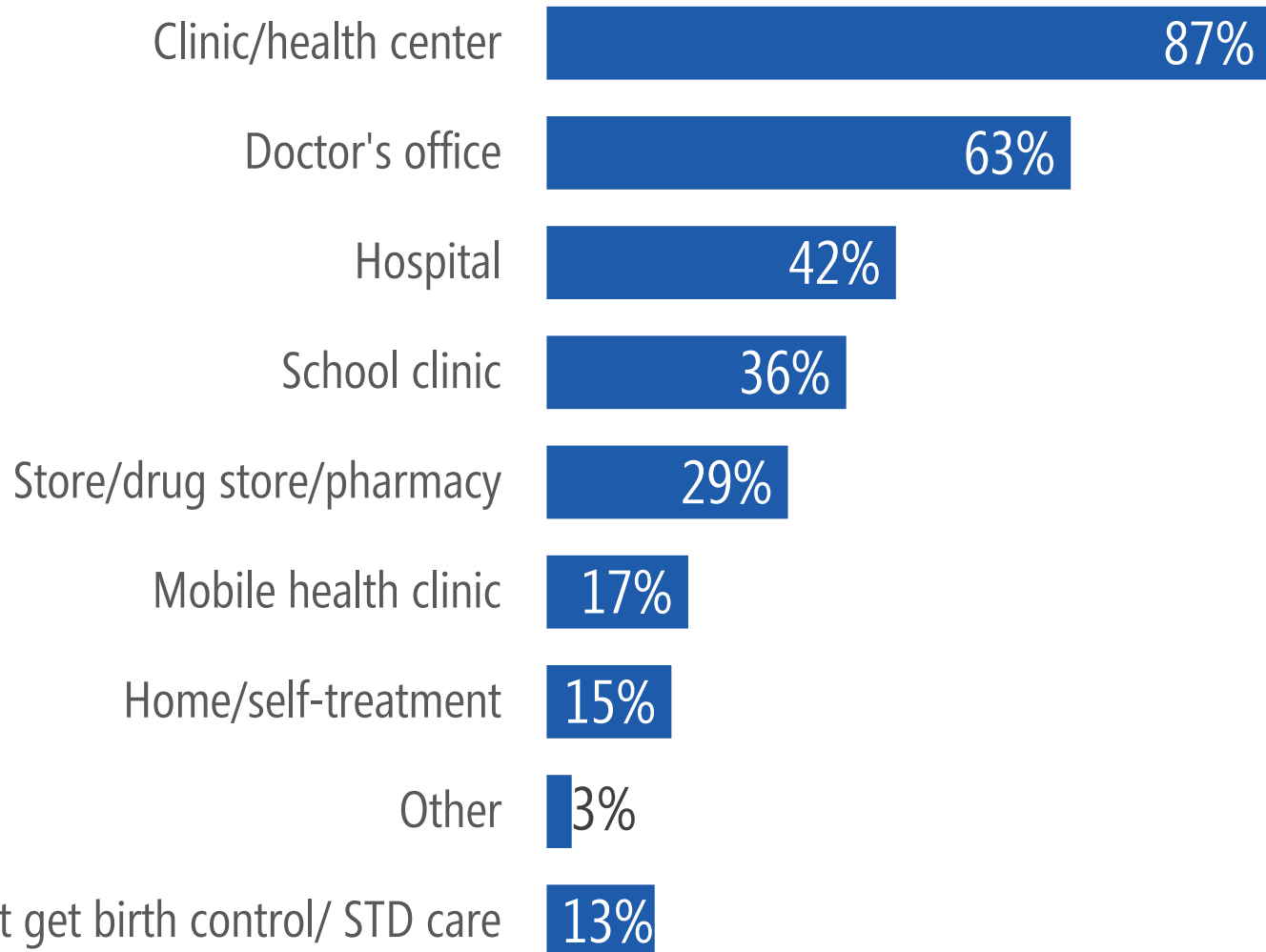


Sexual Health Care Information Source (% of Respondents)

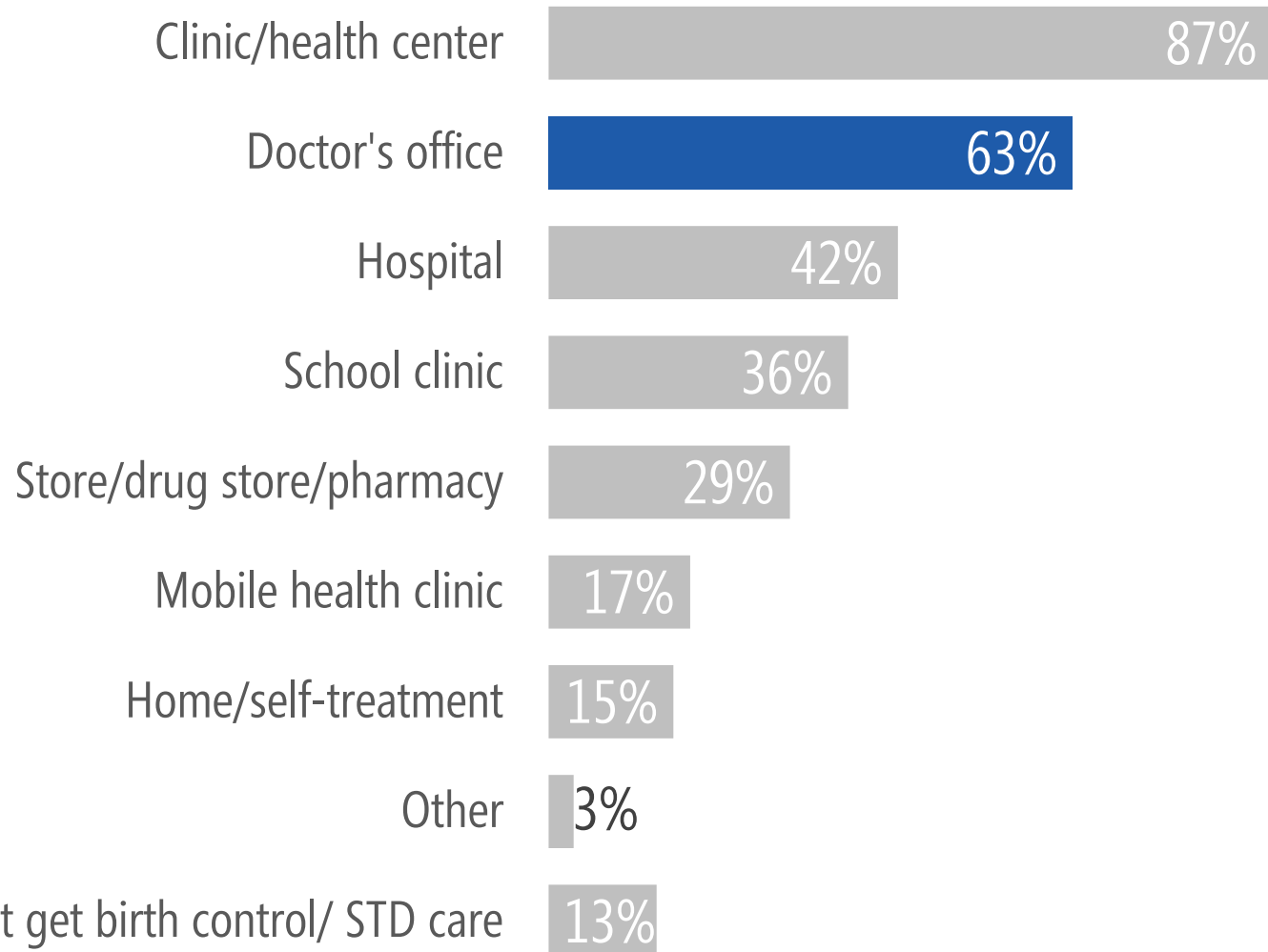


Where do adolescents go if they think they might have an STI or need birth control?

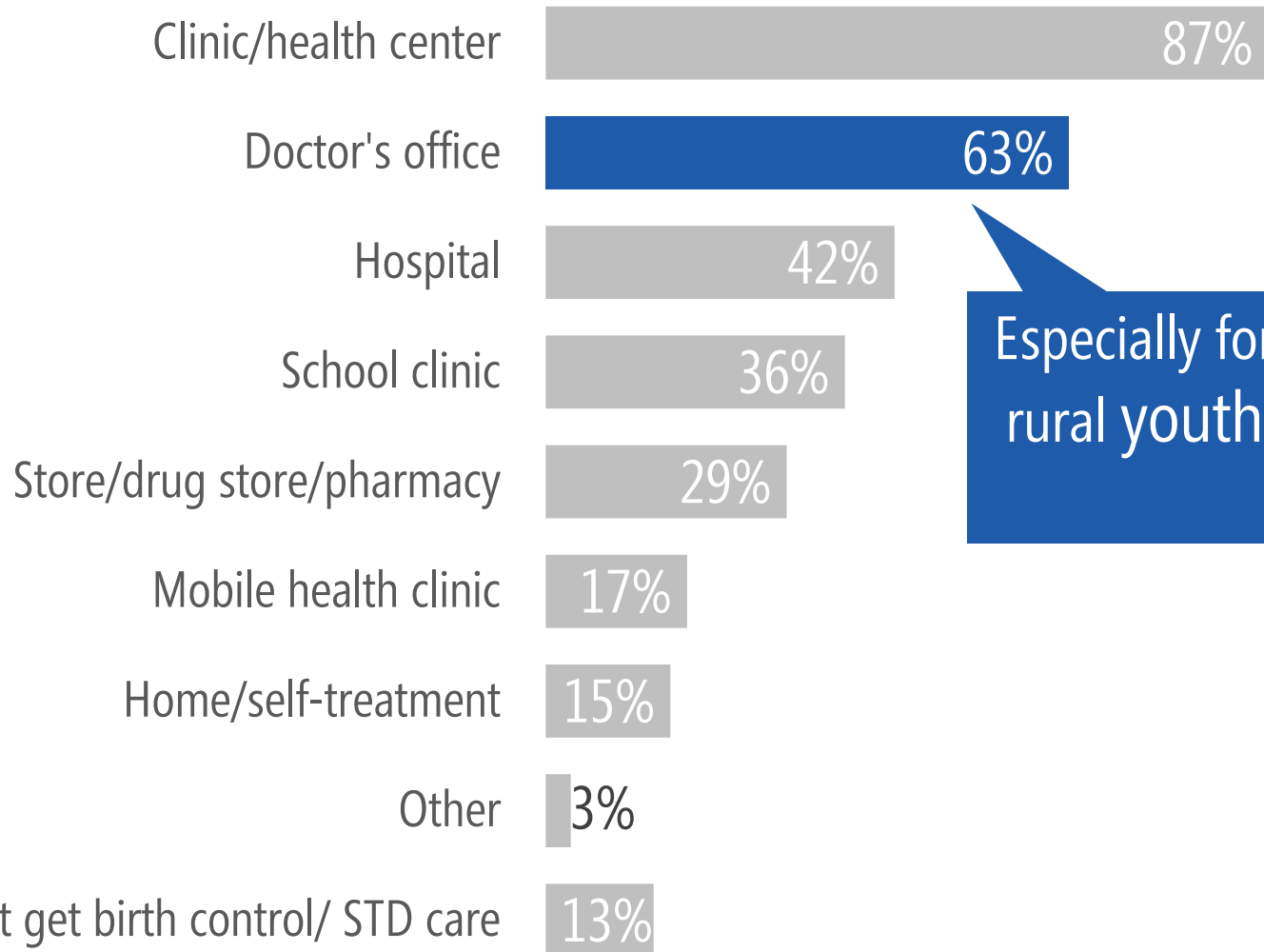
Where do young people get care? (% of Respondents)



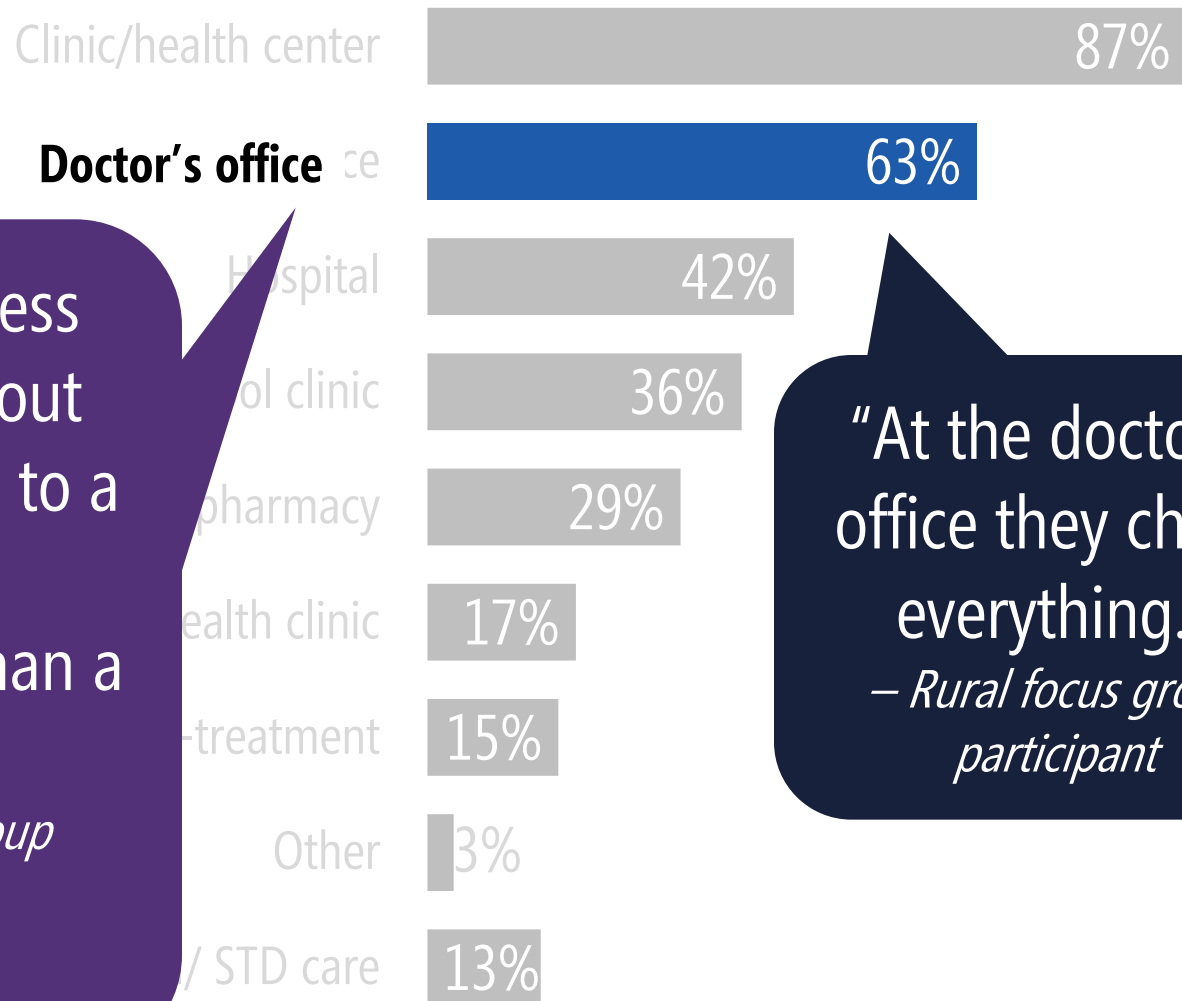
Where do young people get care? (% of Respondents)



Where do young people get care? (% of Respondents)



Where do young people get care? (% of Respondents)



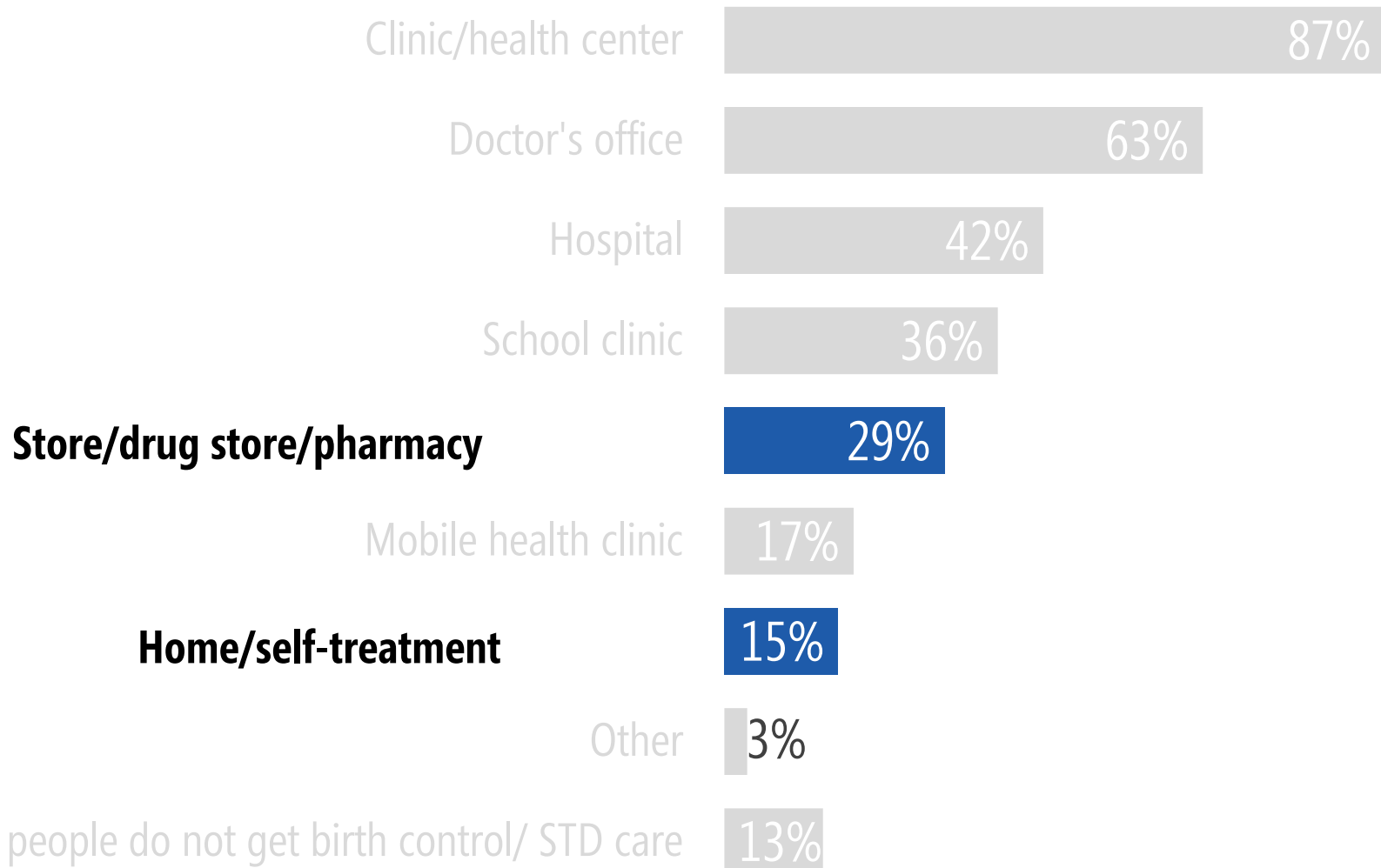
"Parents are less suspicious about taking their kid to a doctor's appointment than a clinic."

– Rural focus group participant

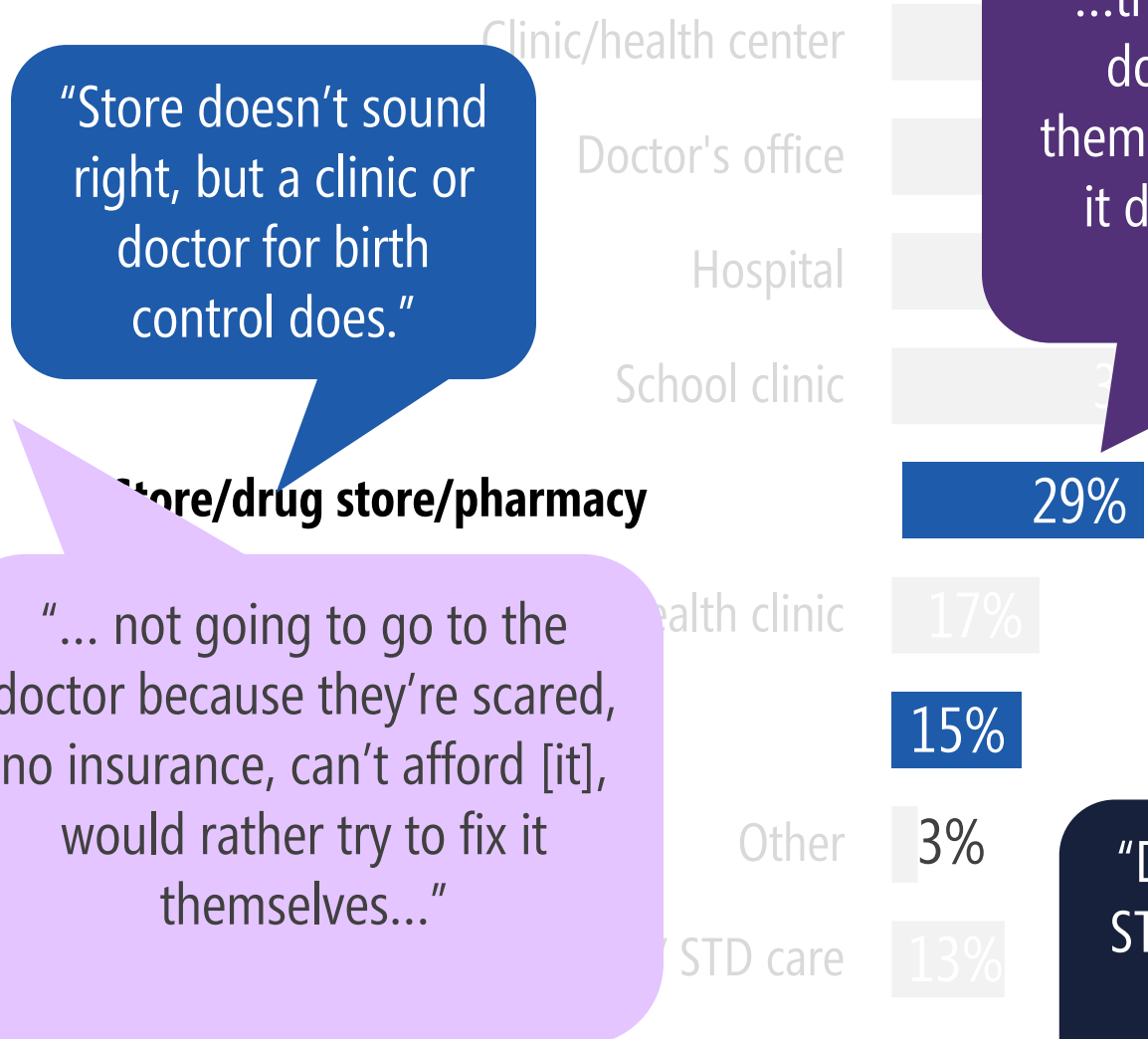
"At the doctor's office they check everything."

– Rural focus group participant

Where do young people get care? (% of Respondents)



Where do young people get care? (% of Respondents)



"Store doesn't sound right, but a clinic or doctor for birth control does."

"...they're not ready to go to the doctor. [They] want to treat themselves first, see if it'll work. If it doesn't, go to the doctor..."

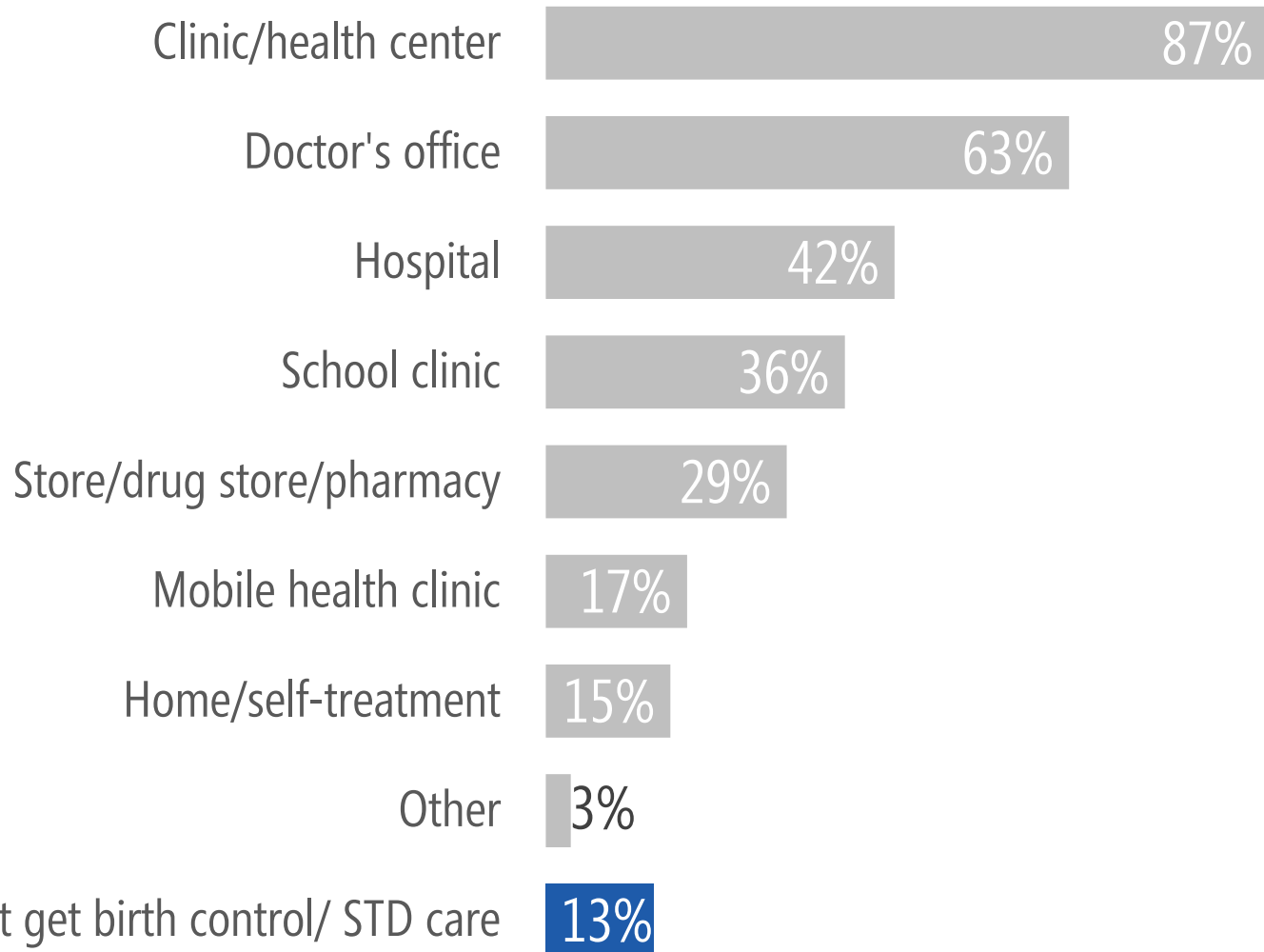
"... not going to go to the doctor because they're scared, no insurance, can't afford [it], would rather try to fix it themselves..."

"Don't think this will happen - STDs, pregnancy - so they use over the counter things."

Where do young people get care? (% of Respondents)

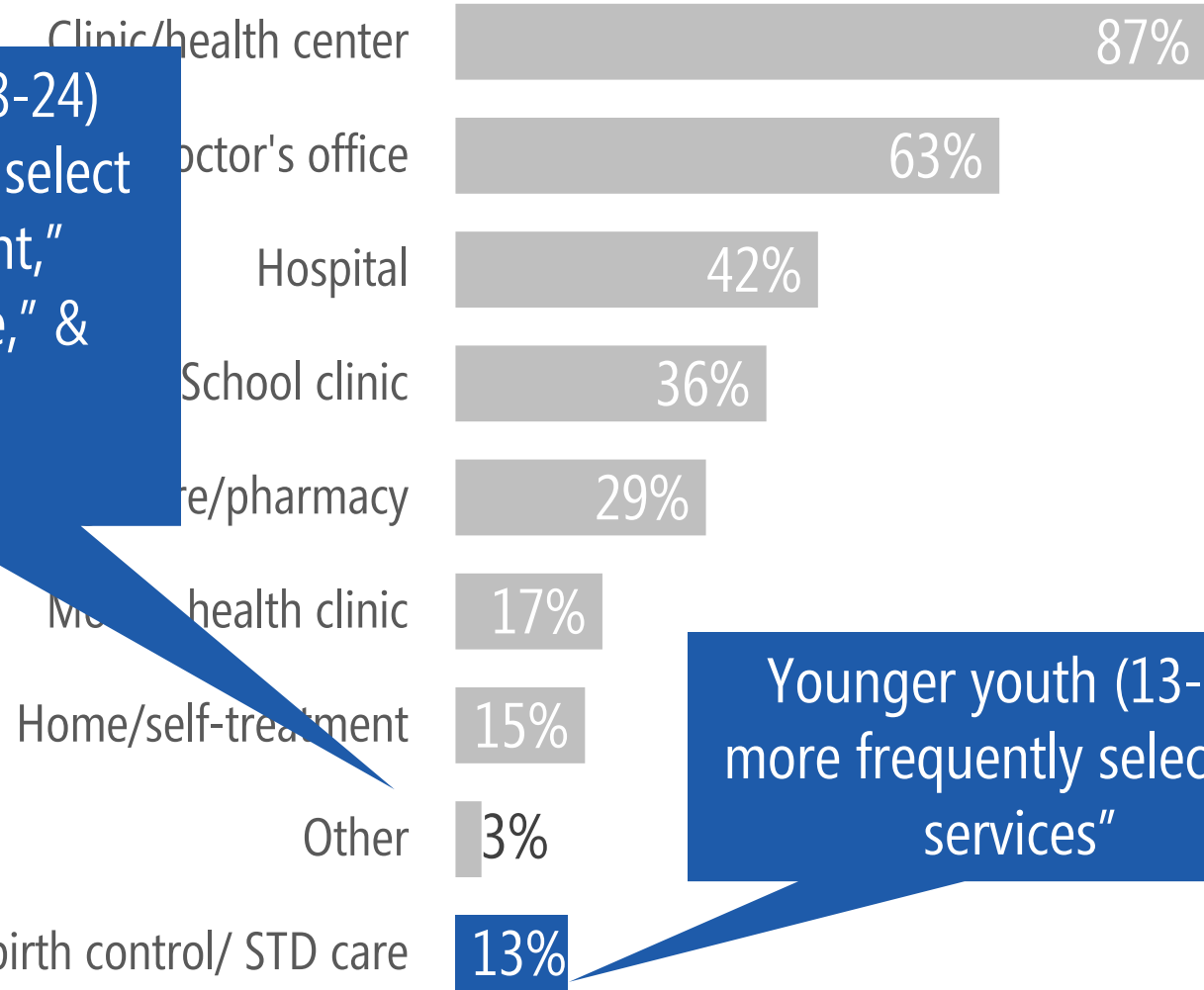


New York State
Family Planning
Training Center
nysfptraining.org



Differences in Age

Older youth (18-24)
more frequently select
"self-treatment,"
"doctors' office," &
"clinic"

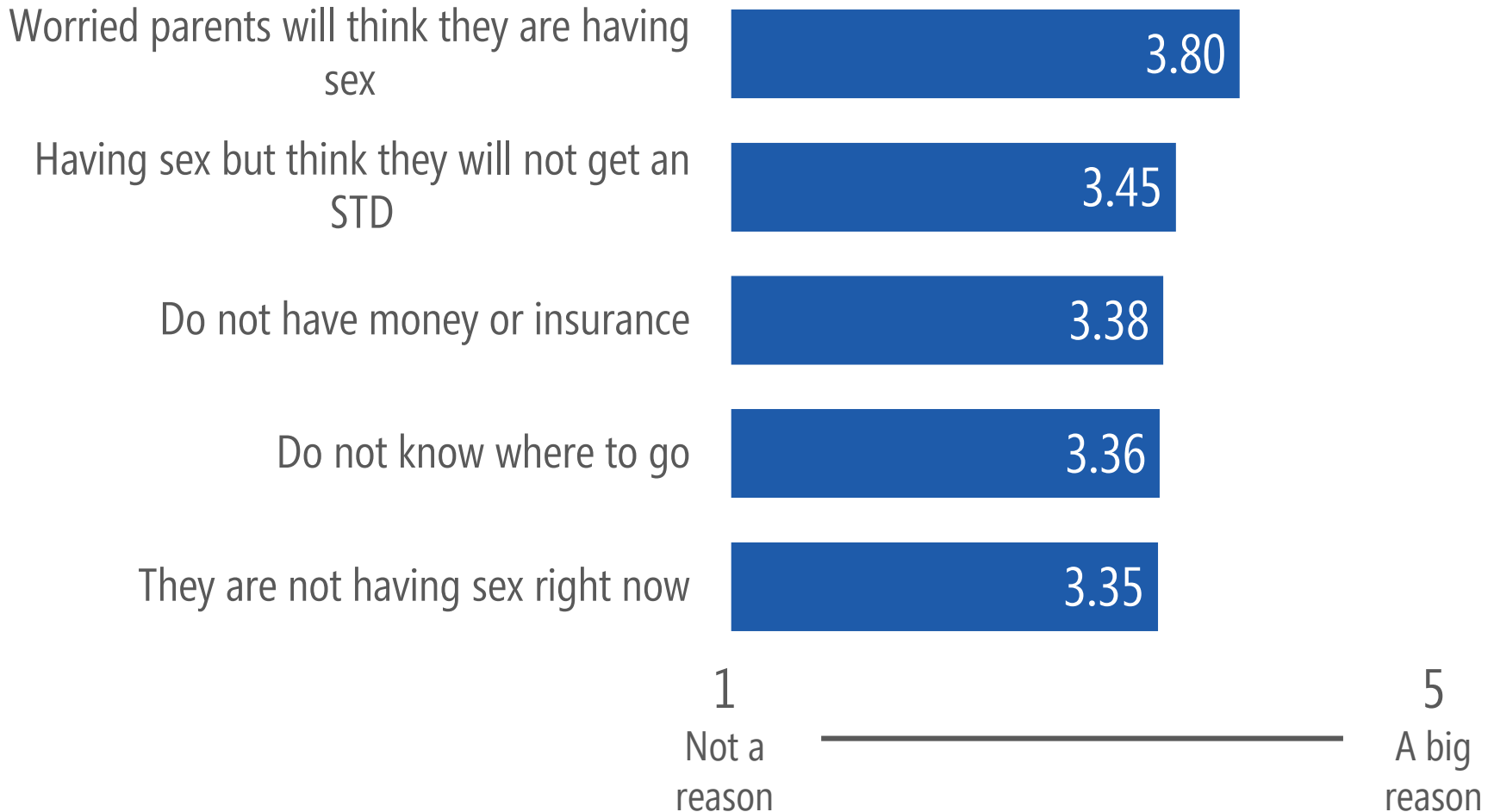


Younger youth (13-17)
more frequently select "no
services"

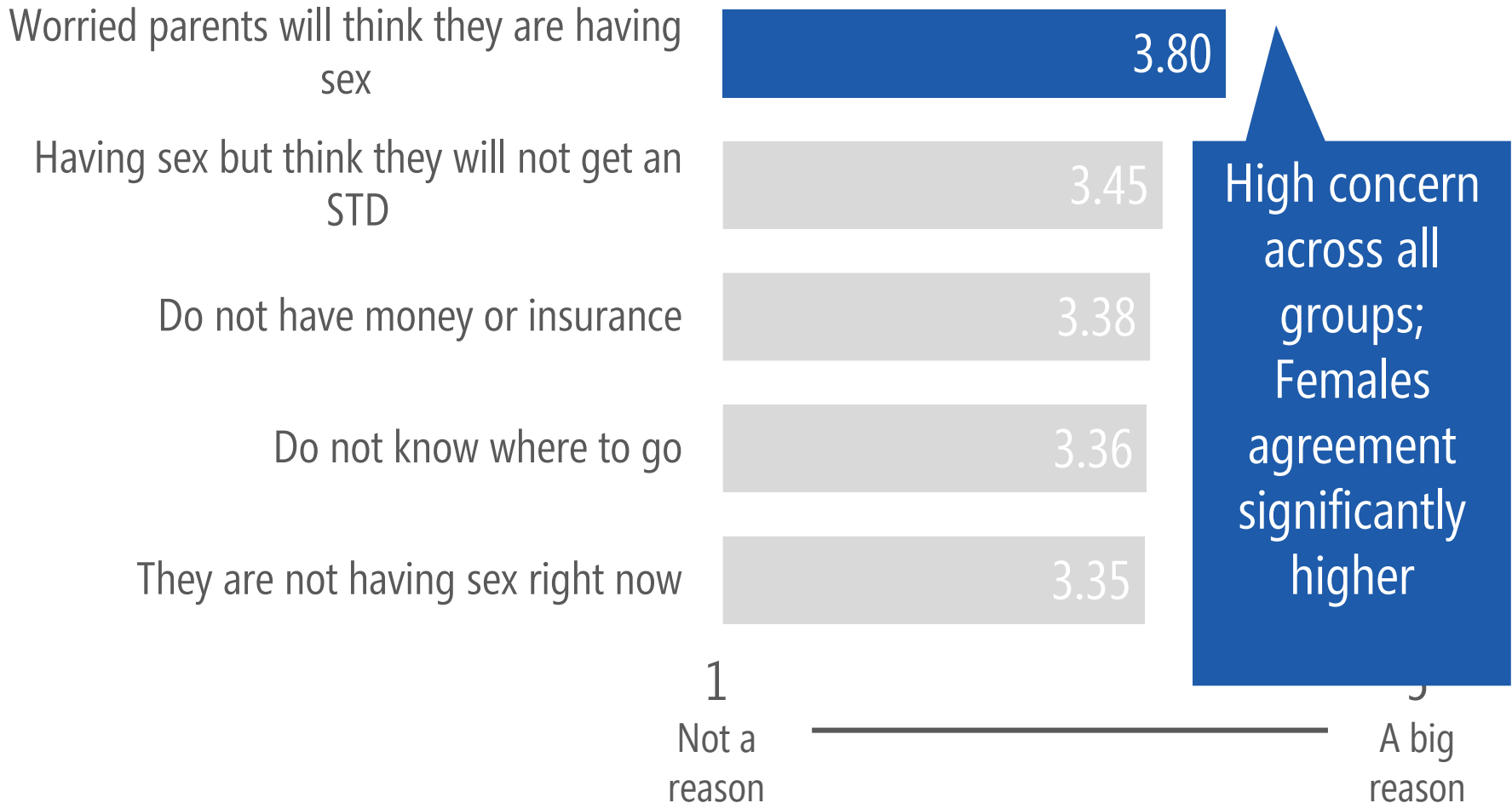
Young people do not get birth control/ STD care

Why might young people not get birth control or STI health care?

Top 5 Reasons Adolescents Do Not Seek Care



Top 5 Reasons Adolescents Do Not Seek Care





Young people are very concerned their parents will think they are having sex.

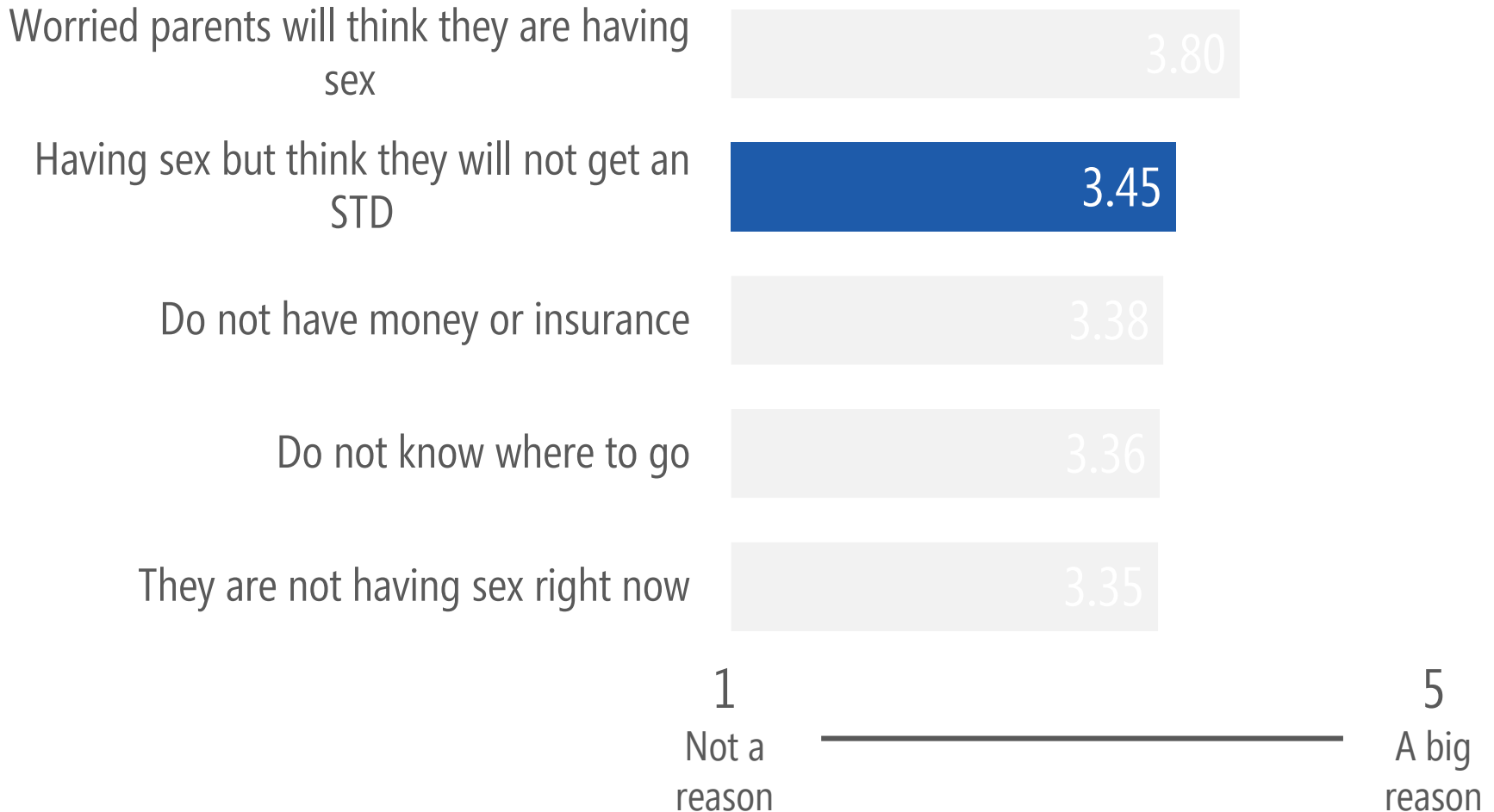
"It's awkward... uncomfortable to talk about."

"People don't want to lose privileges."

"A lot of people don't have an open enough relationships with their parents."

"... you don't know how they're going to react – kick you out? Beat you? ... Fear of the unknown."

Top 5 Reasons Adolescents Do Not Seek Care



Misperceptions



New York State
Family Planning
Training Center
nysfptraining.org

"[There is a] misconception that people can **tell when their partner has an STD.**"

"People **don't think it will affect them.**"

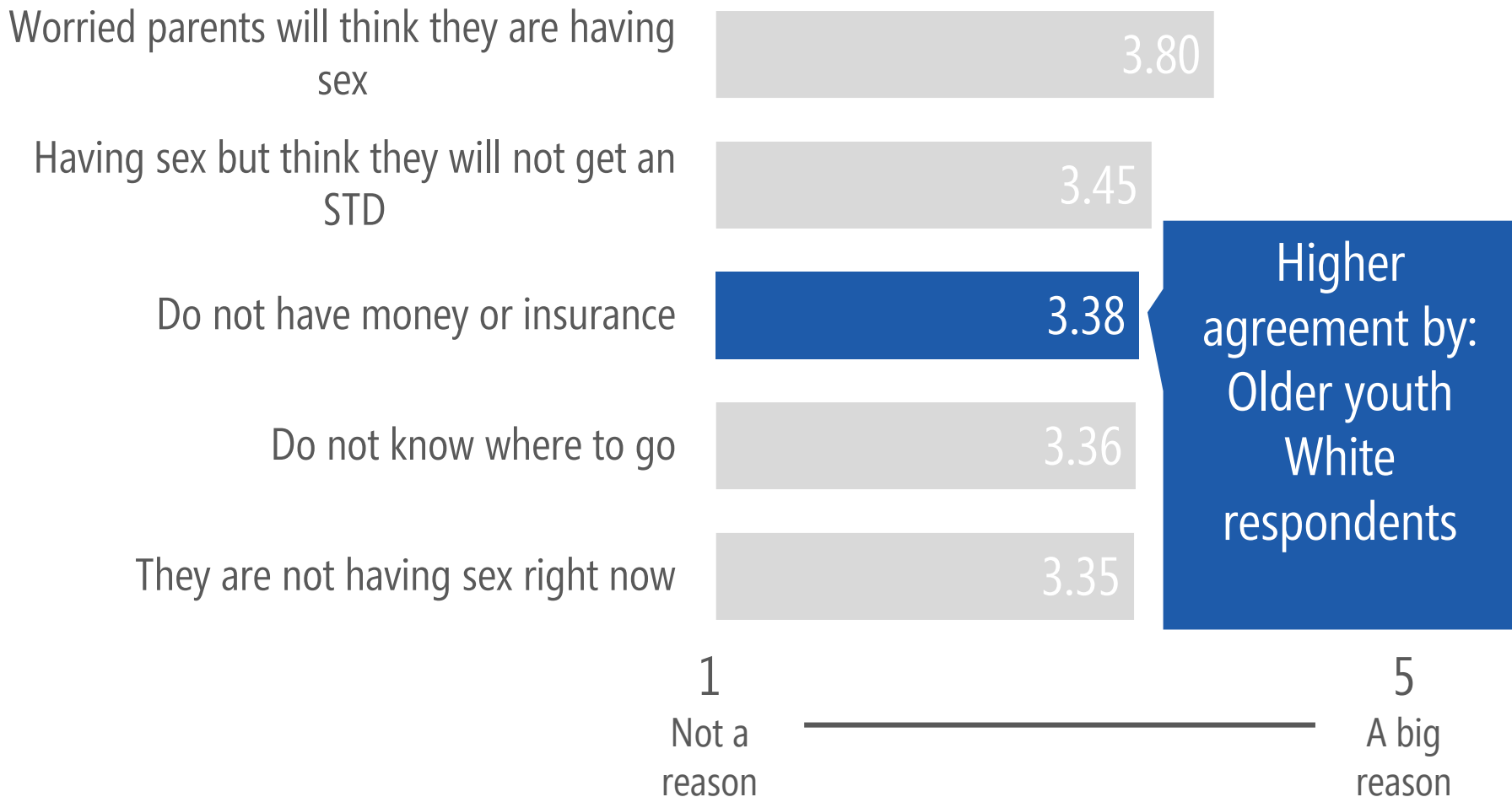
"They don't have the education to know that STDs last longer than pregnancy. Pregnancy only lasts 9 months. **STDs are forever unless treated.**"

"People think you **have to have 27 partners** to have an STI."

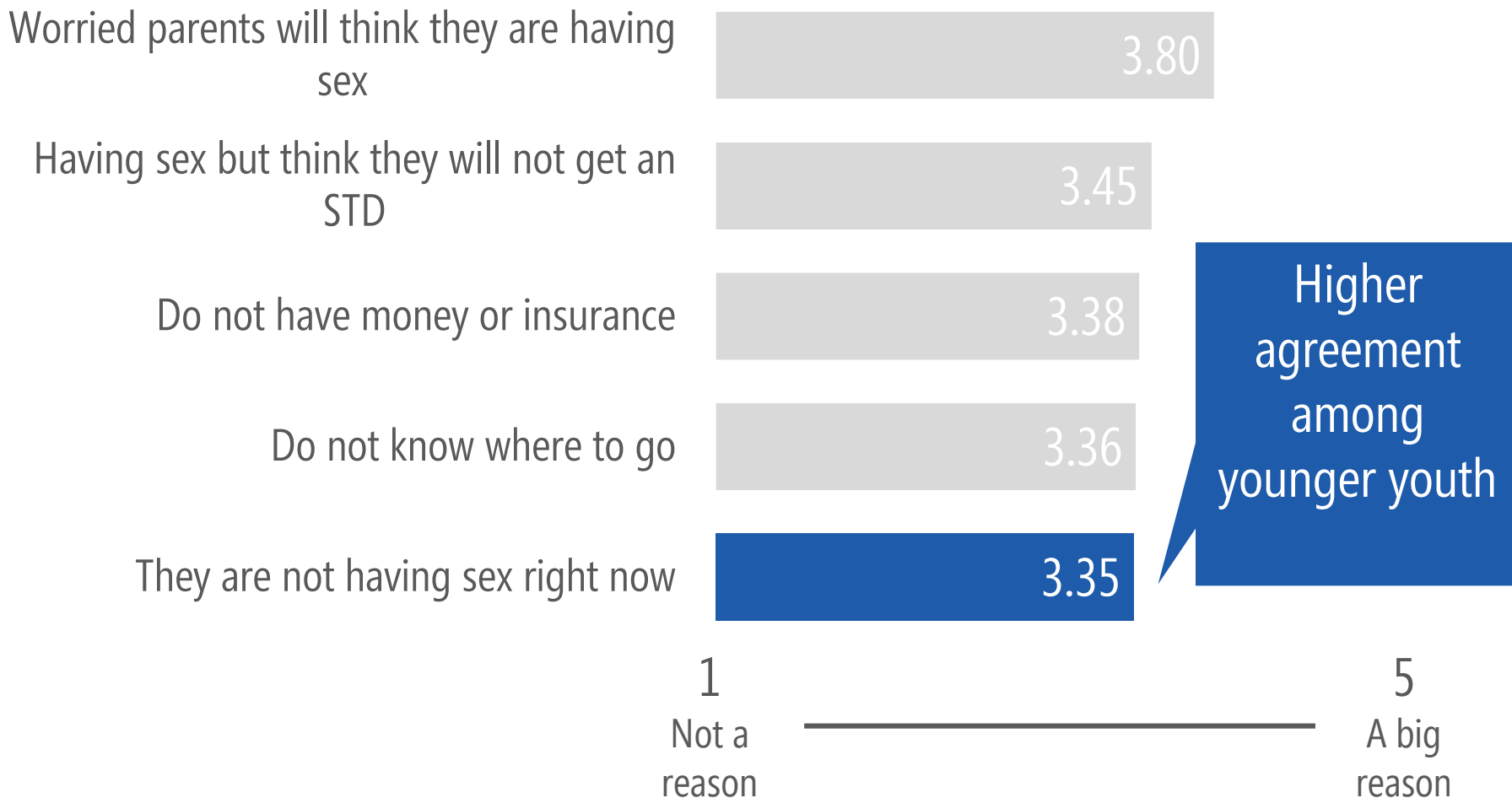
"Some people **think birth control protects** against both STDs and pregnancy."

"People can still get STDs from oral and anal sex." *About **half of the participants** in this focus group were **unaware** this is true.*

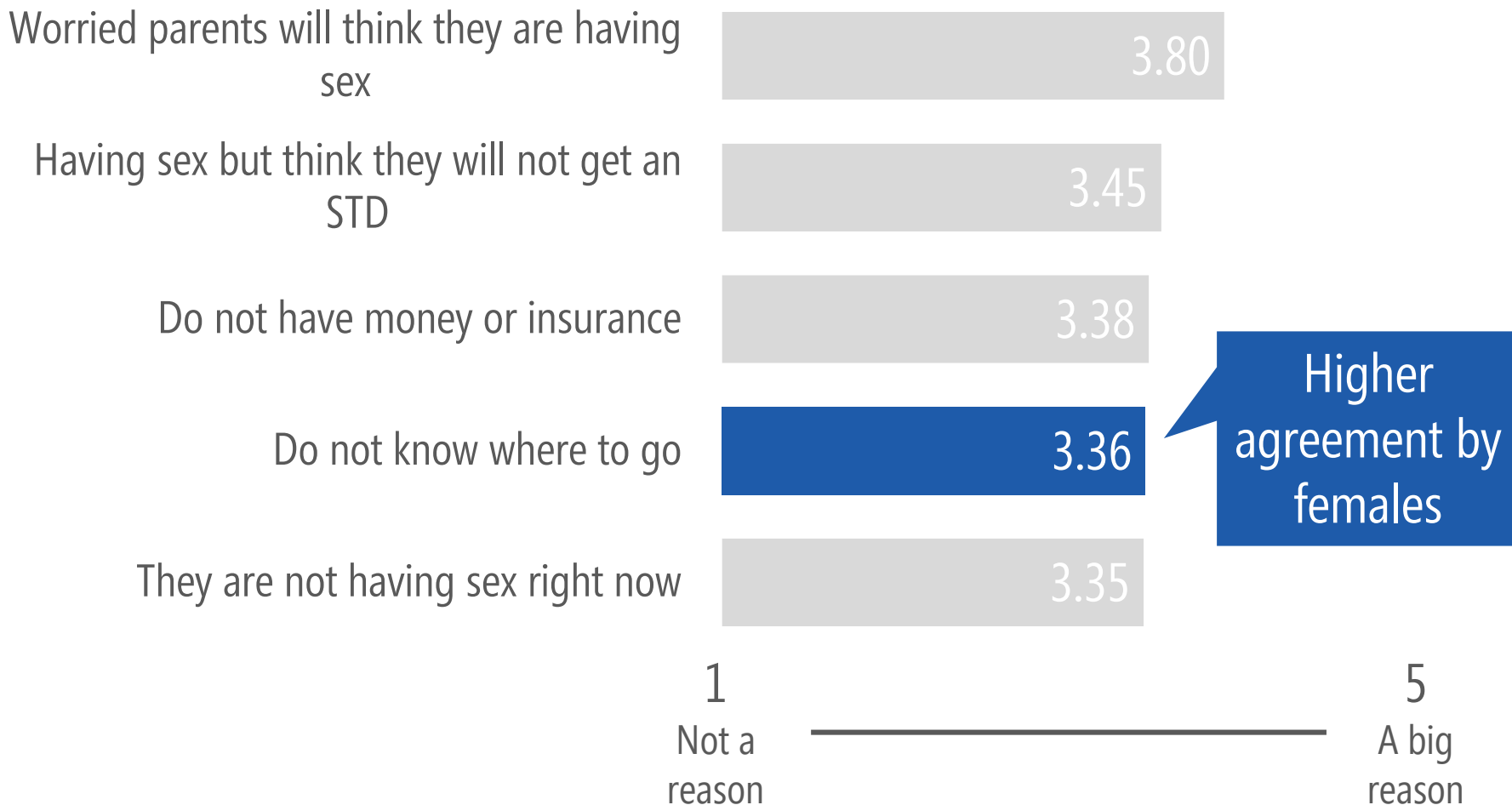
Top 5 Reasons Adolescents Do Not Seek Care



Top 5 Reasons Adolescents Do Not Seek Care



Top 5 Reasons Adolescents Do Not Seek Care



How can we encourage people to use clinics?



"People don't know clinics are free and anonymous."

"Start education younger – get people more comfortable talking about it earlier."

"More advertising – social media and in health classes."

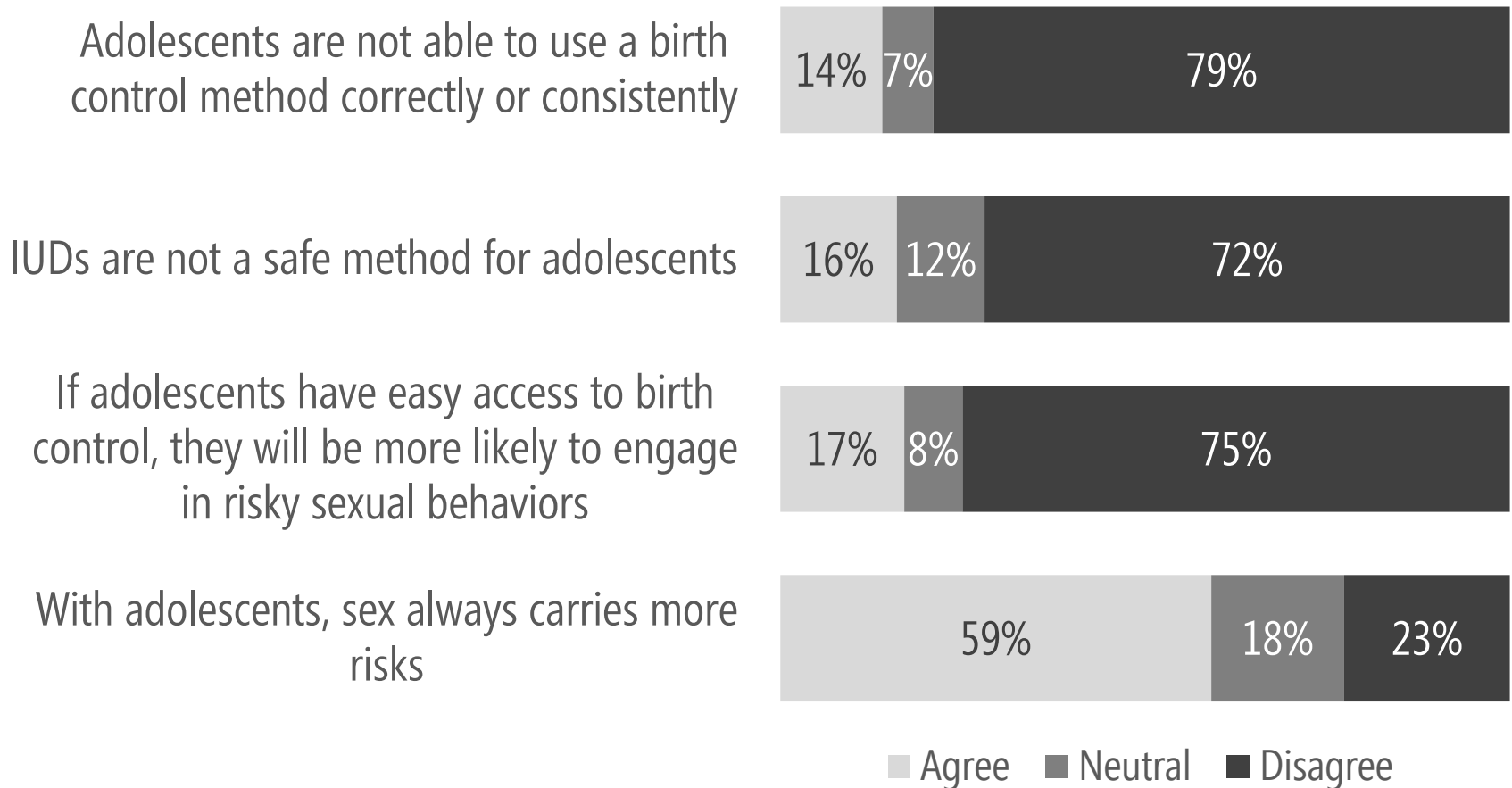
"Offer transportation – a once a month shuttle, a clinic Uber."

"Get more parental involvement."

"Change the narrative... 'You go to the doctor when you have a cold or break your leg, and that's ok. So this also happens and it's ok.'"

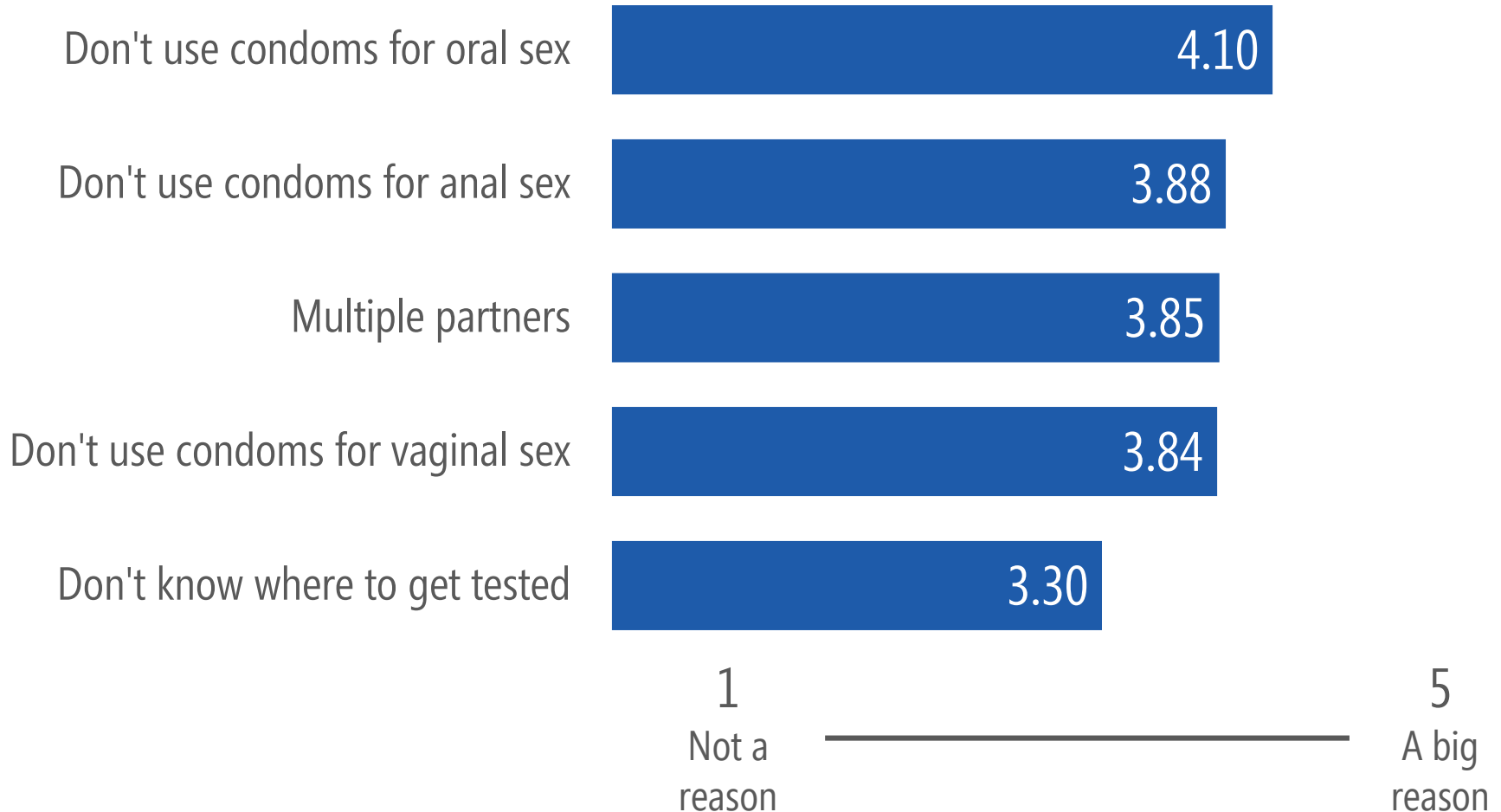
Are attitudes a factor?

Findings from a 2017 FPP Staff Survey (n=248)



Why are youth STIs increasing?

Top 5 Reasons Adolescents Think STIs are Increasing





Youth STIs are increasing because... people don't use condoms.

"[People don't use condoms] especially for oral and anal."

"[They are] more **focused on preventing pregnancy**, not STIs."

"[They use] PReP and PEP [and] they **think they're already protected.**"

"**Don't like the feel** of the condom."



Youth STIs are increasing because...relationships are complicated.

"**Lying** about
STD status."

"People like to be with **multiple partners**."

"Hook-up culture: You **know less** about their sexual history."

"**Girls are afraid** to say
no to their partners."

"Experimenting with other people, [they] **don't make
the status** of STDs known."

"People **trust** their partner."



Gender and sexual identity minority youth interview participants said teen pregnancy is decreasing while youth STIs are increasing because...

- ... unprotected sex is common.
- ... sex work and survival sex happen.
- ... sex education content is limited.
- ... LGBTQ youth might not be comfortable accessing sexual health care.

Unprotected sex is common.

“I think when PrEP started to get put out there it was like ‘oh great **now I can not wear a condom** and have sex with anyone.’”

“LGBTQ folks especially young people are much more likely to become homeless as youth and so a lot of young people **may have to engage in survival sex** and so that is something that will be really hard to negotiate for a young person who is engaging in survival sex...because you are often times not in a position of power.”

Sex work and survival sex happen.

“Even in schools the **sex education is very binary** doesn't really talk about gay sex or lesbian sex, it is always just mostly on reproductive sex...It is **mostly about just how to prevent pregnancy** or how to put a condom on even though they don't teach you that in my opinion.”

Sex education content is limited.

LGBTQ youth might not be comfortable accessing sexual health care.

“I think part of that is related to the fact that the **providers may not be affirming** to LGBT individuals in their identity or their sexual orientation. So, you know they don't want to go to the doctor because their doctor might be an asshole or their doctor might be a family doctor and they don't want their parents to know...”

Recommendations for Family Planning Staff

- Consider fluidity in their questioning, recommendations, and referrals regardless of the patient's identity.
- Communicate the importance of preventative medicine outside the traditional context of sexual orientation.



ACT for Youth Adolescent Health Research project team:

Jane Powers, Director

Amanda Purington, Director of Research and Evaluation

Brian Maley, Evaluation Assistant

Jennifer True Parise, Evaluation Assistant

Vanessa Amankwaa, Evaluation Assistant

Karen Schantz, Communications Coordinator

Student Assistants:

Carlton Max Kelly, Lily McGovern, Carley Robinson, Sophie Matton, Betty Lam

Thank you!

Contact:

nysfptraining@jsi.com