

# Findings from the Adolescent Sexual Health Research Study

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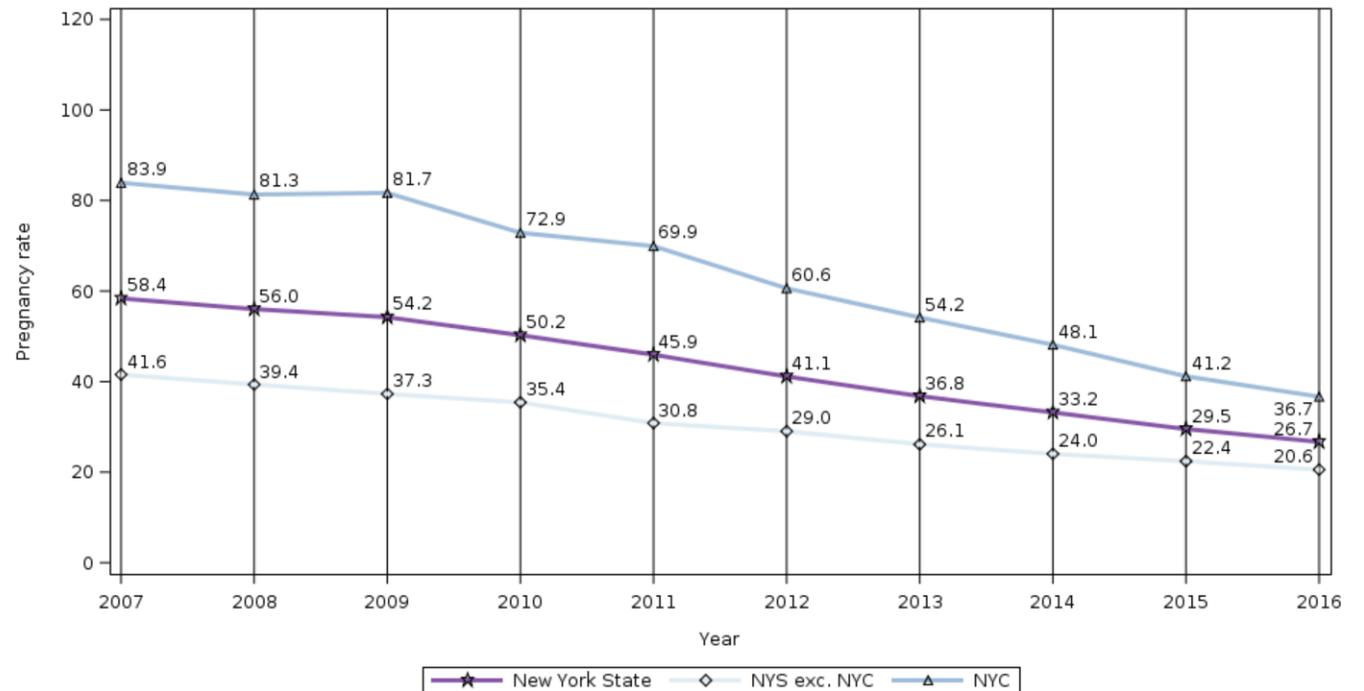
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# Presentation overview

1. Background
2. Study method
3. Findings:
  - Sexual & reproductive health care services
  - Reasons for not seeking care
  - Health care confidentiality concerns
  - Explanations for decreasing pregnancy & increasing STIs
4. Dissemination of findings

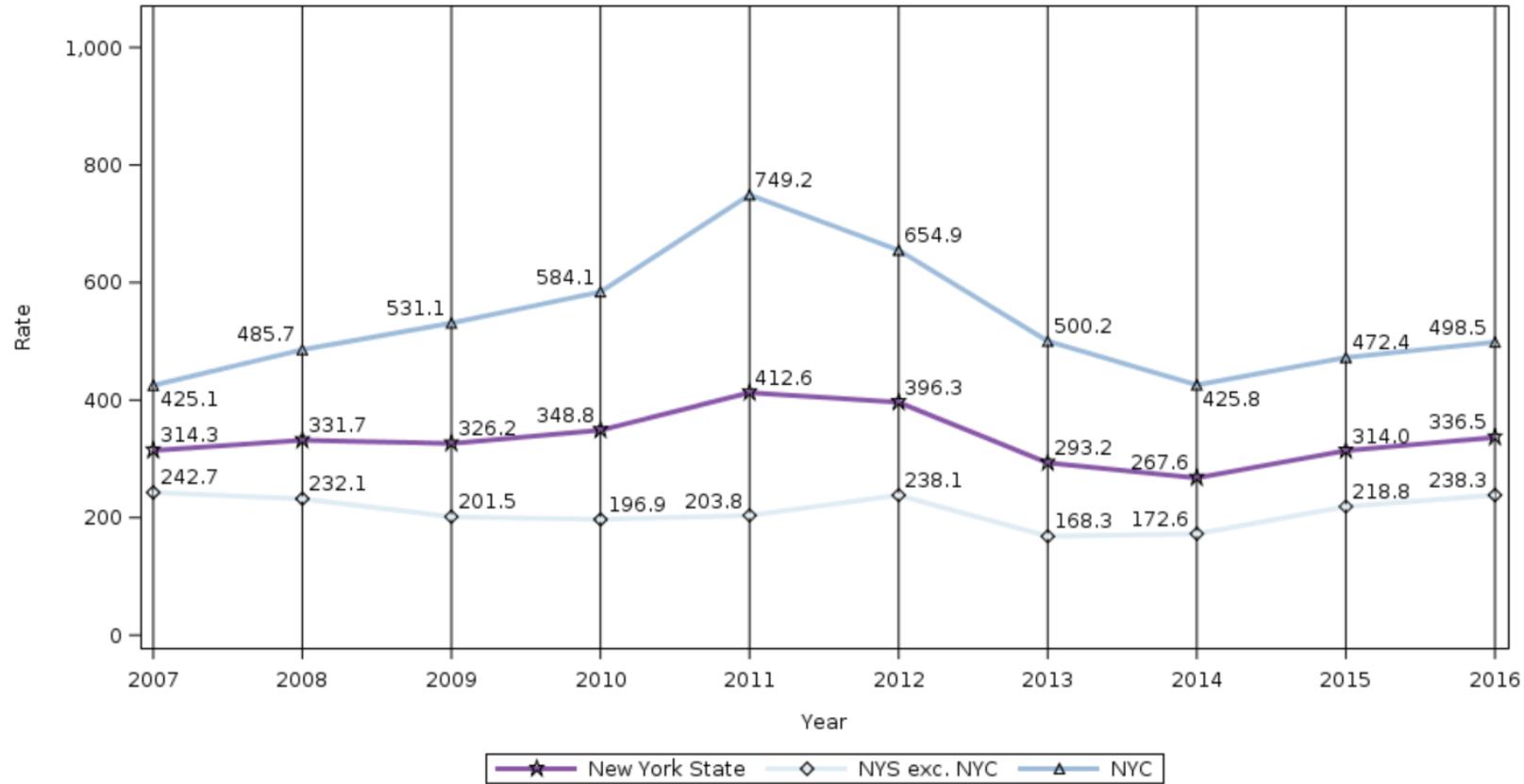
Teen pregnancies in NYS have been declining...

New York State - Teen pregnancy rate per 1,000 females aged 15-19 years



... but youth STI rates are increasing.

New York State - Gonorrhea case rate per 100,000 - Aged 15-19 years



Why?

# Study questions

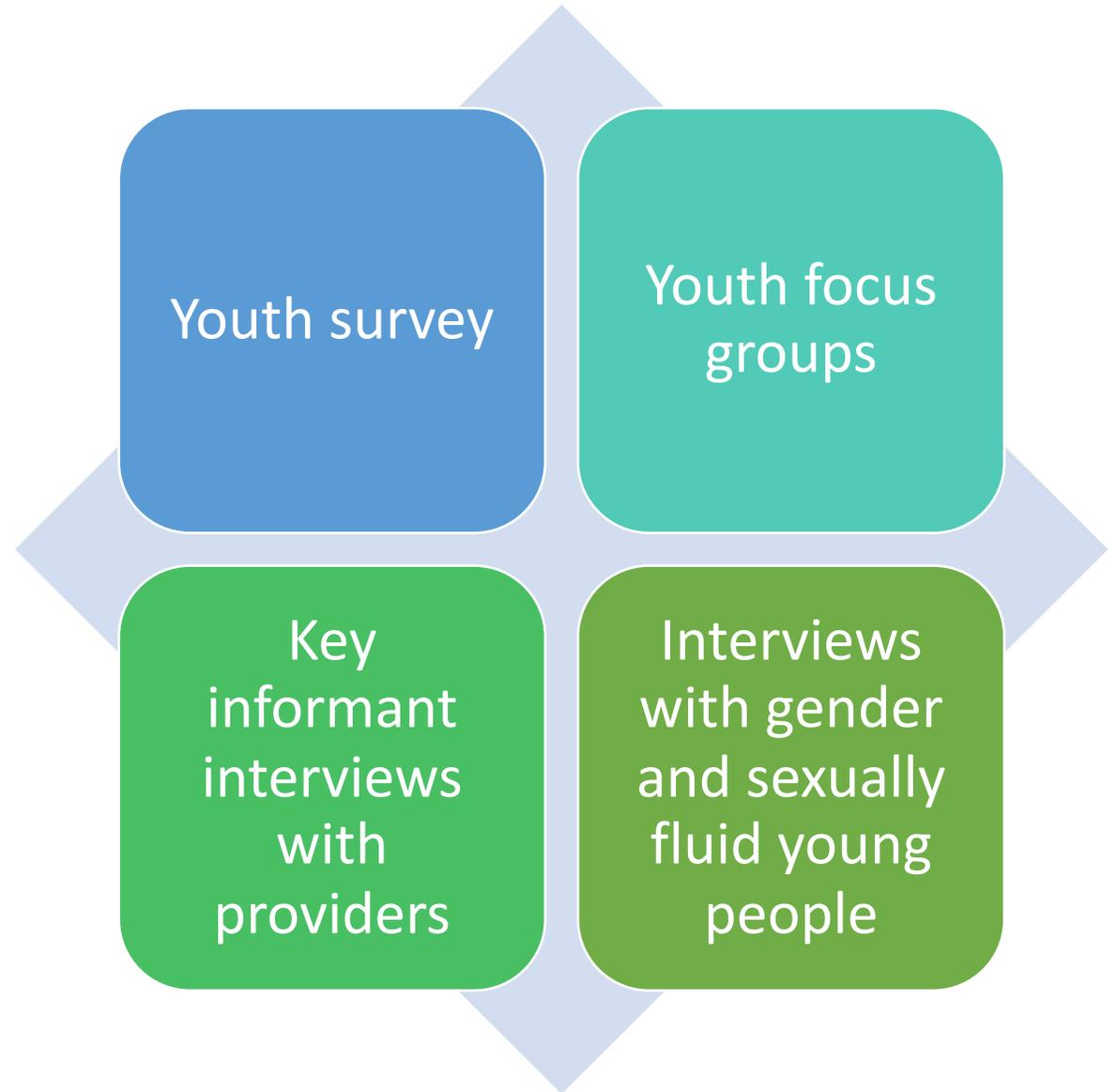
Where do young people get sexual & reproductive health care?

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



# Analytic Approach

## Youth survey

- Descriptives: aggregate & subgroups

## Focus groups & interviews

- Thematic analysis

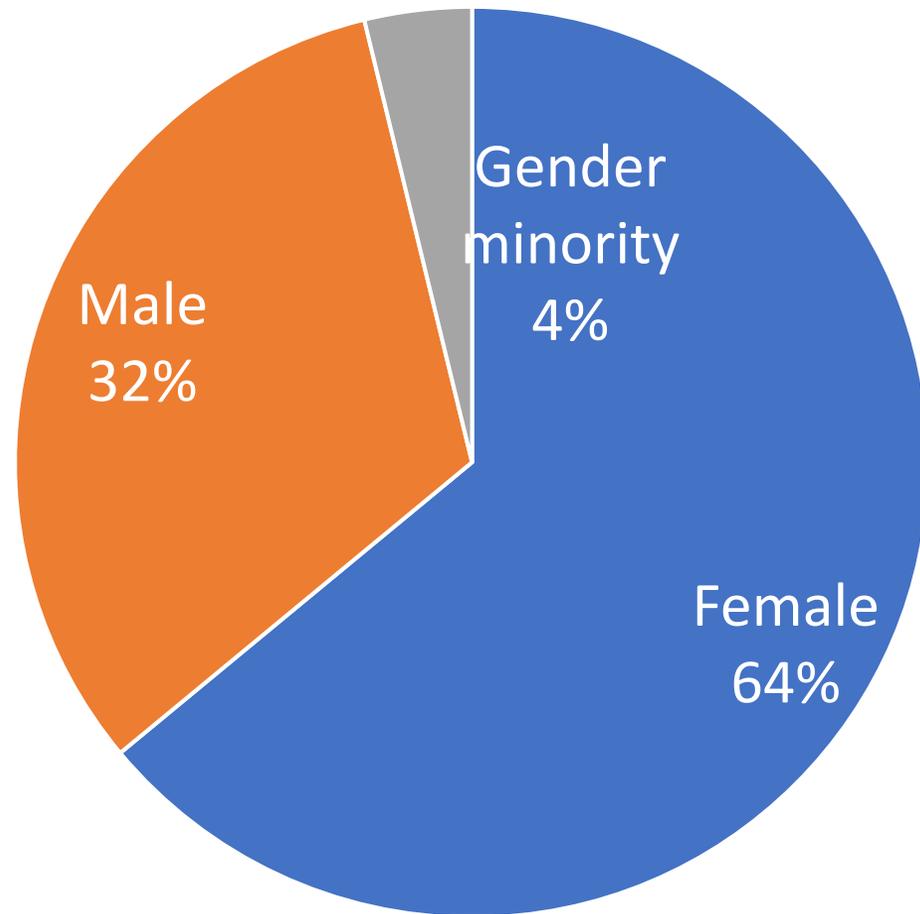
# Youth Respondent Characteristics

211 Youth Surveys

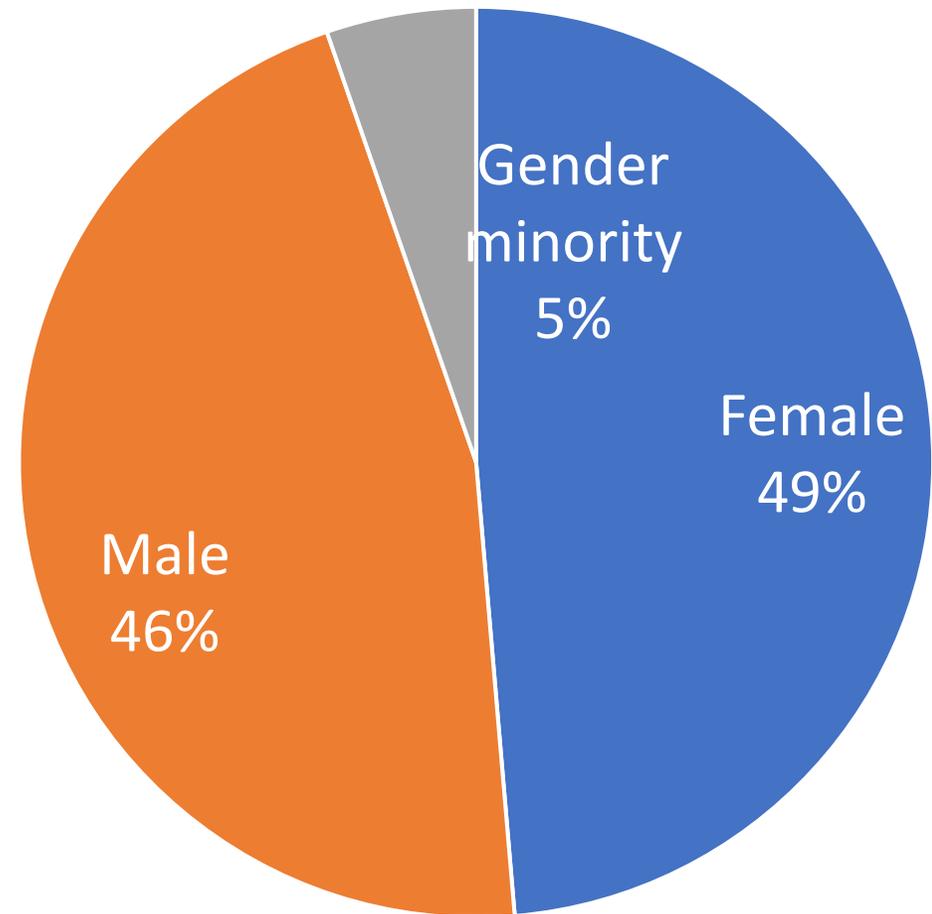
76 Youth Focus Group Participants

19 Youth Interviews

## Youth Survey



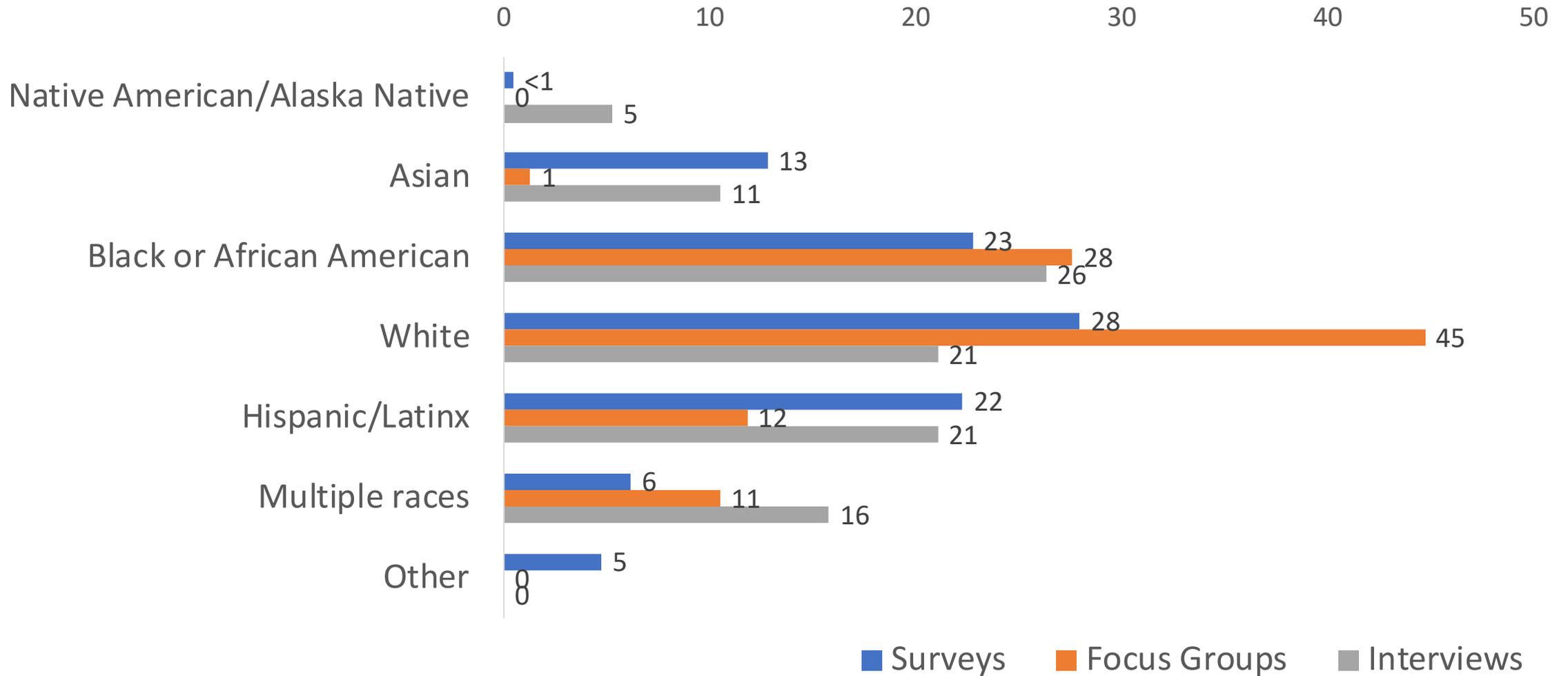
## Youth Focus Groups



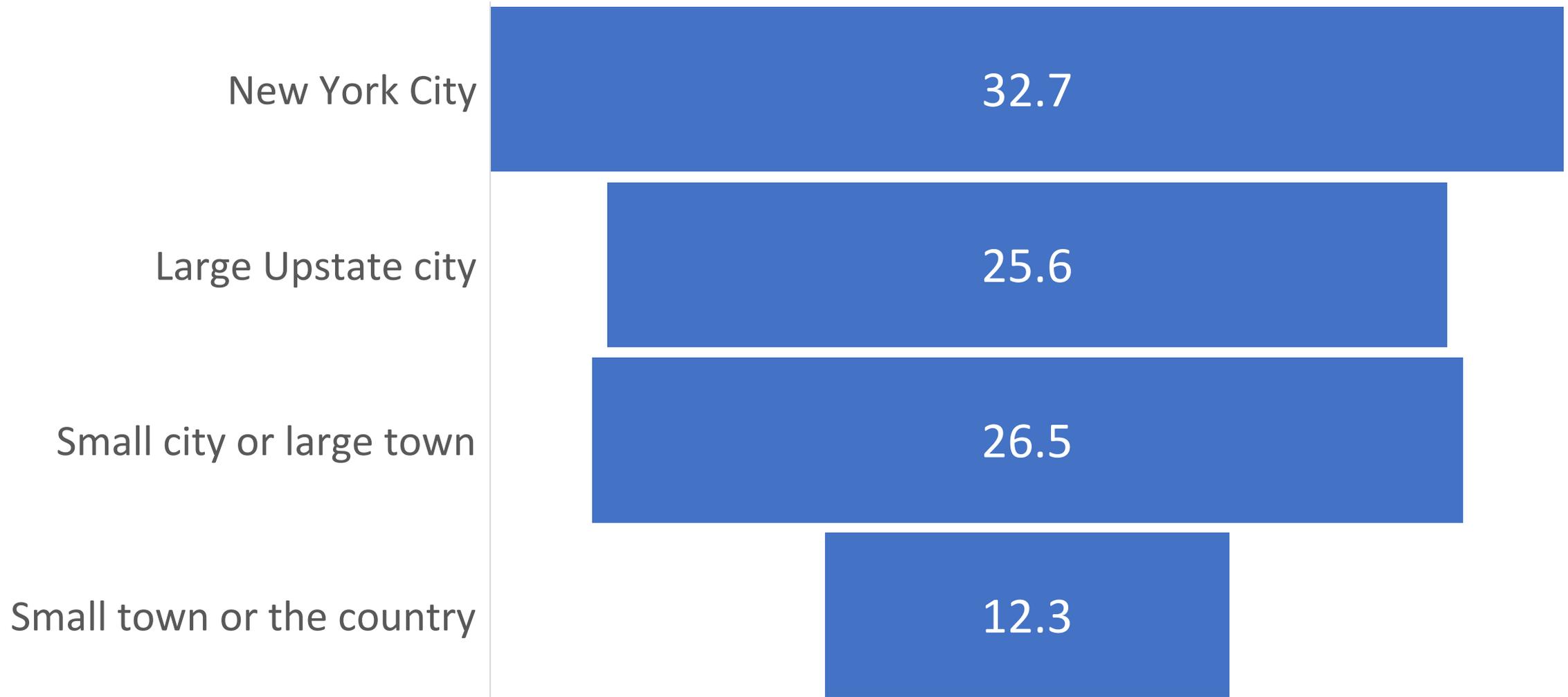
# Age of Respondents

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

## Race / Ethnicity (Percent of Respondents)



## Location (Percent of Respondents)





## Targeted focus group characteristics

Of 10 groups...

2 rural

2 upstate urban

2 small city

1 NYC

1 older youth

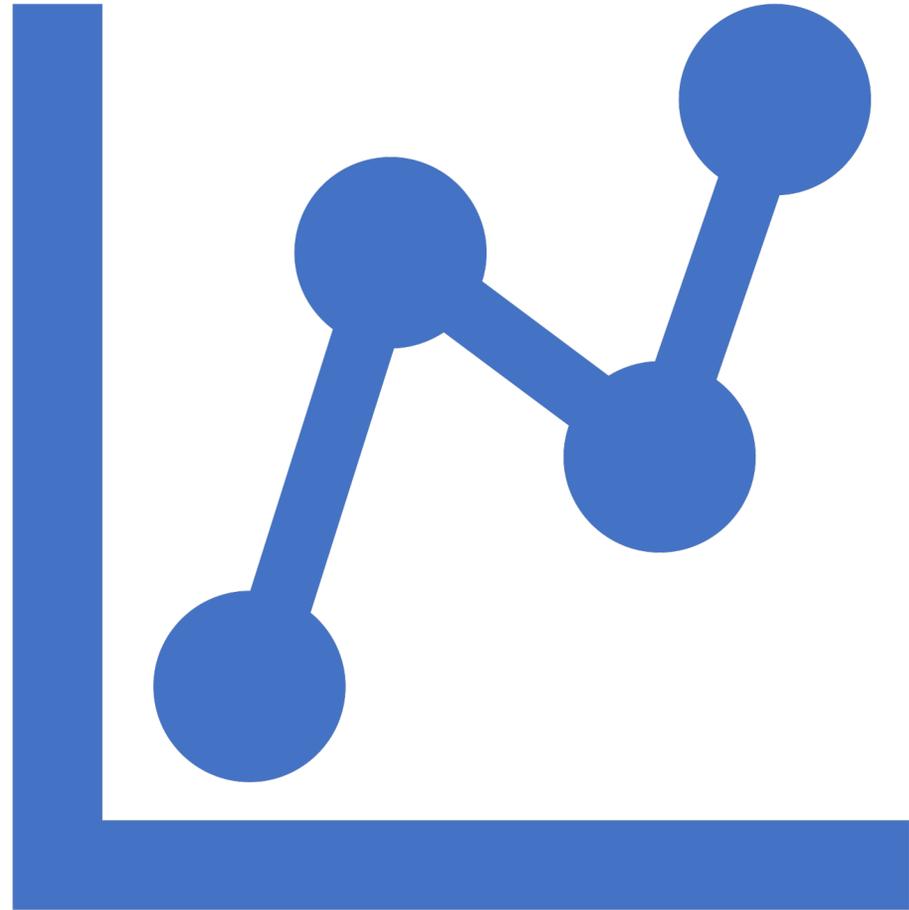
1 male

1 female

# Results

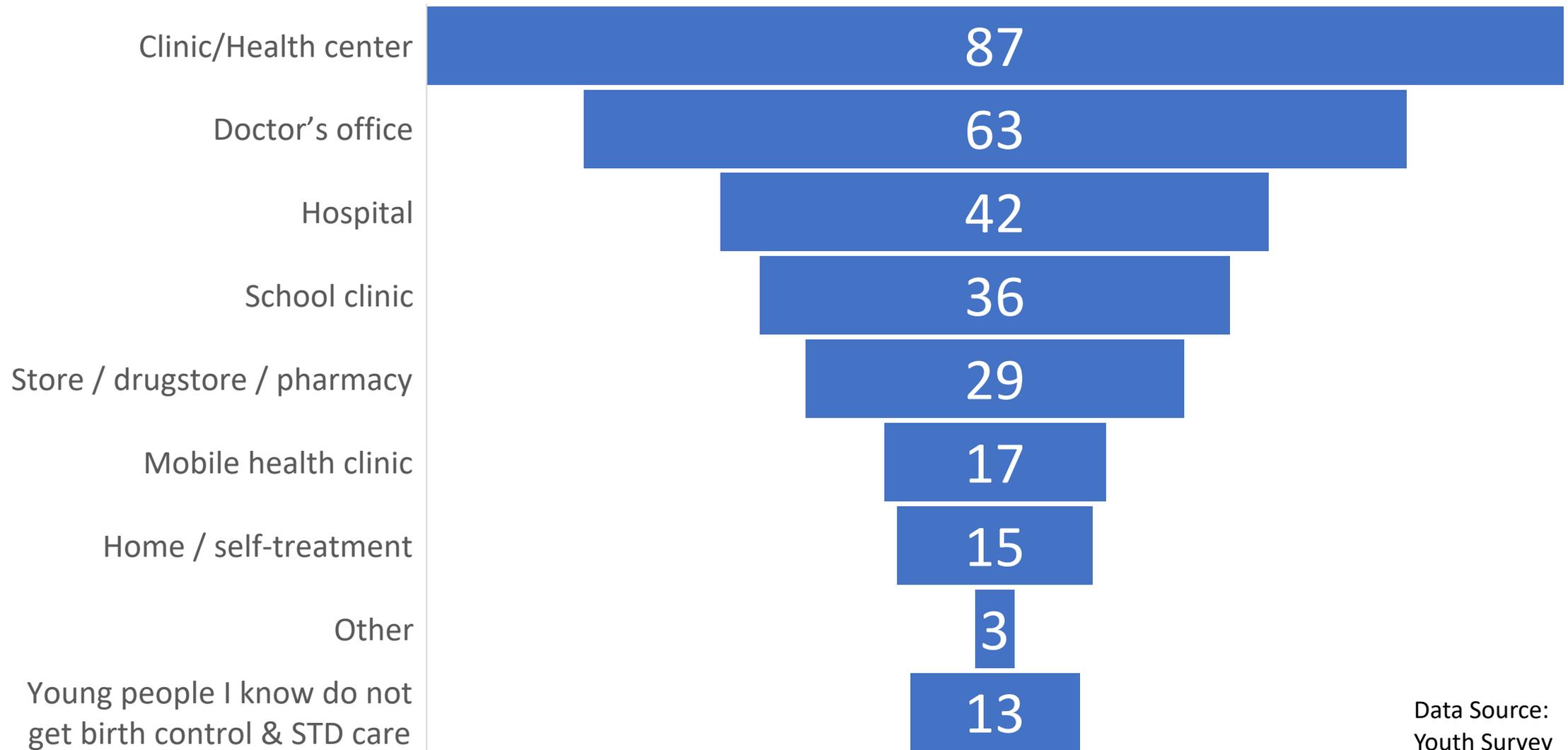
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Surveys, Focus  
Groups, Interviews



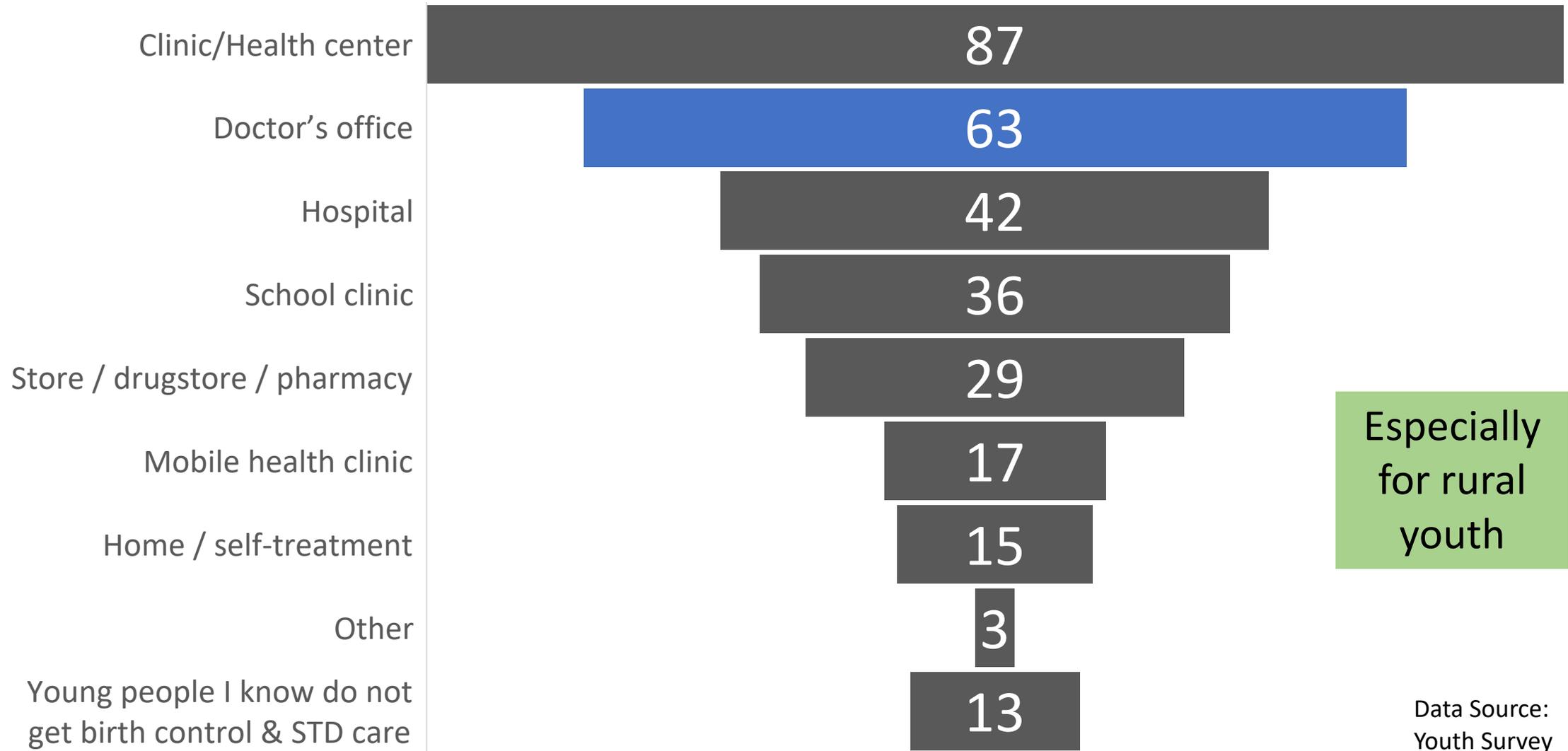
If a young person your age  
thinks they might have an STI or  
needs birth control (like the pill,  
shot, ring, implant, IUD, etc.),  
where do they go?

## Where do young people get care? (Percent)

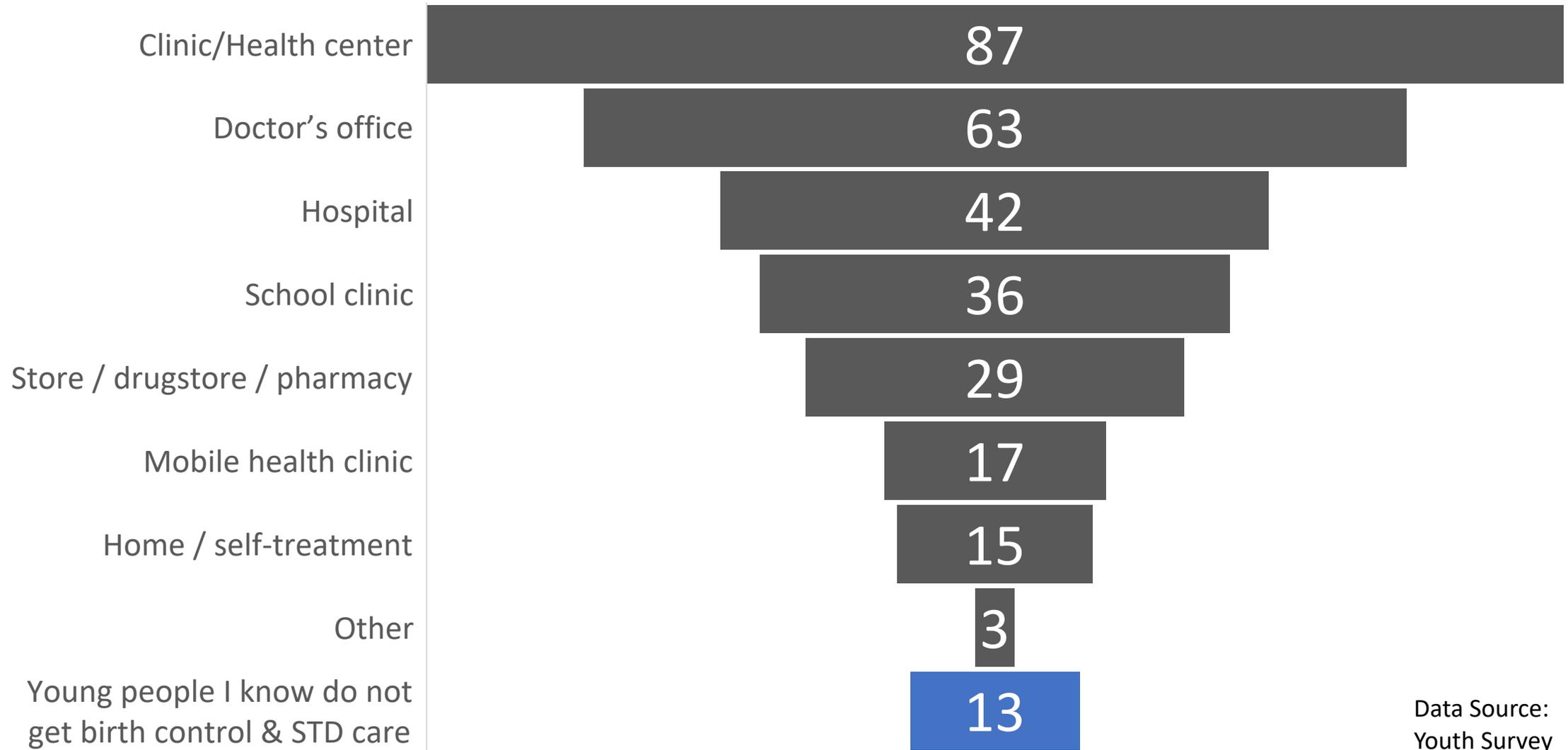


Data Source:  
Youth Survey

# Where do young people get care? (Percent)



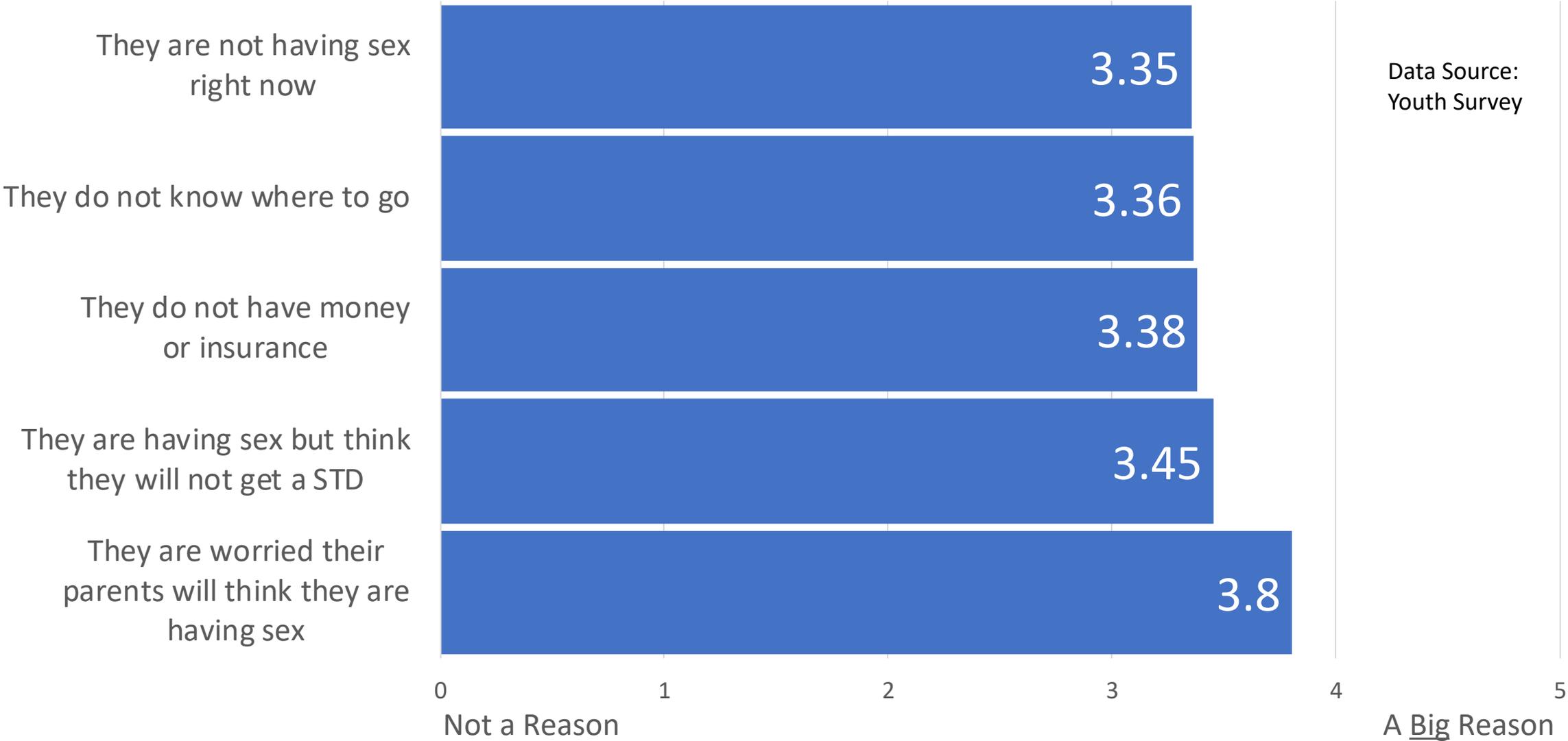
## Where do young people get care? (Percent)



Data Source:  
Youth Survey

Why might young people your  
age not get birth control or  
sexually transmitted disease  
(STI) health care?

# Top 5 Reasons



Data Source:  
Youth Survey

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.”

How much of a concern is confidentiality to young people when it comes to sexual and reproductive health?

# Young people are not concerned about the confidentiality of electronic medical records.

“People aren’t aware or don’t care.”

“Young people trust electronic record keeping – [they’re] not concerned with hacking... [they] don’t mind it being tracked and kept indefinitely by the correct people.”

“Young people aren’t really thinking about that; they might be more worried about being exposed online through social media (like at the individual level).”

# Confidentiality: How important is it?

“It is a really big concern, especially with young people. They feel it exposes a lot because people think they’ll be judged. **If I admit to needing care, then I admit to doing certain things.** By seeking care, there might be guilt.”

“It’s not that big of an issue... It’s **more of a concern if a friend from school** is in the waiting room.”

# Confidentiality: What does it mean?

”[Keep] **everything** confidential with what they were there for – **the reason for the visit.**”

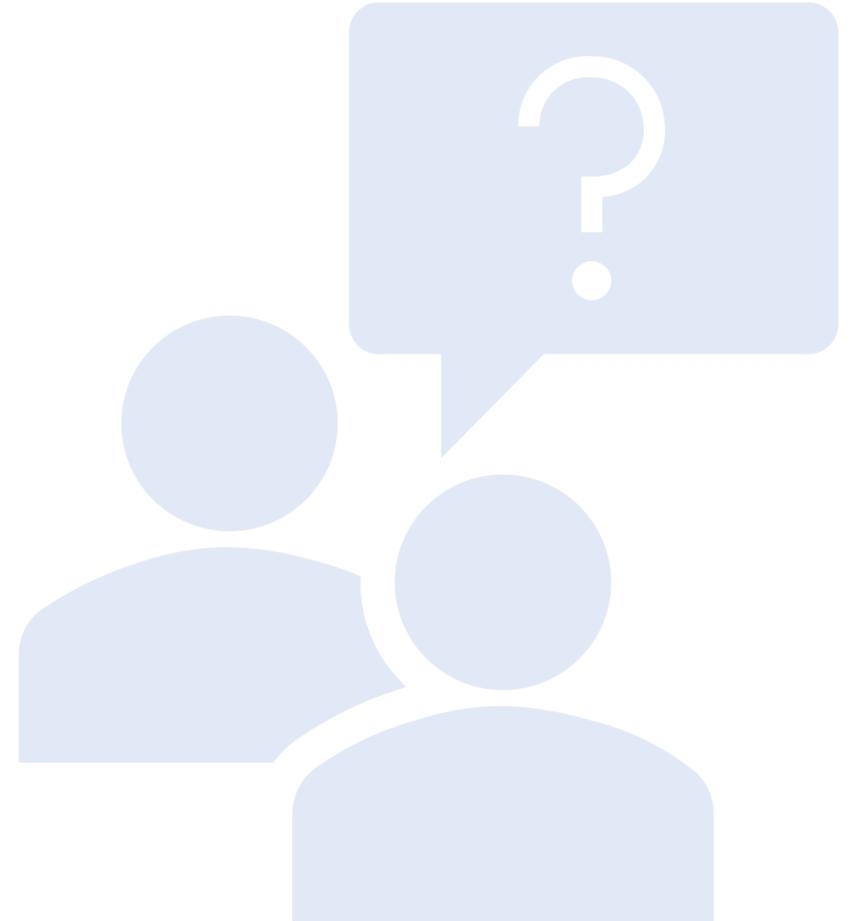
“Means **people wouldn’t know you were there.**  
All of it should be confidential.”

“People are their **own unique person**, not property of parents.”

“**Making sure you feel safe.** In general, that information won’t be spread, not having it go outside of the office.”



# Implications



# How should practitioners discuss confidentiality?

“Make it **digestible**, [which] goes beyond age – having a checklist of here’s what you need to know...”

“Try to get them to **connect to their patients**; show them that they mean something.”

“Explain that you **don’t have to be 18** to have confidentiality.”

“Be clear about **not telling parents.**”

“...doctors **asking if you want parents to come in** the room with you to appointments or not.”

# How can we encourage people to use clinics?

“People don’t know clinics are free and anonymous.”

“Offer transportation – a once a month shuttle, a clinic Uber.”

“More advertising – social media and in health classes.”

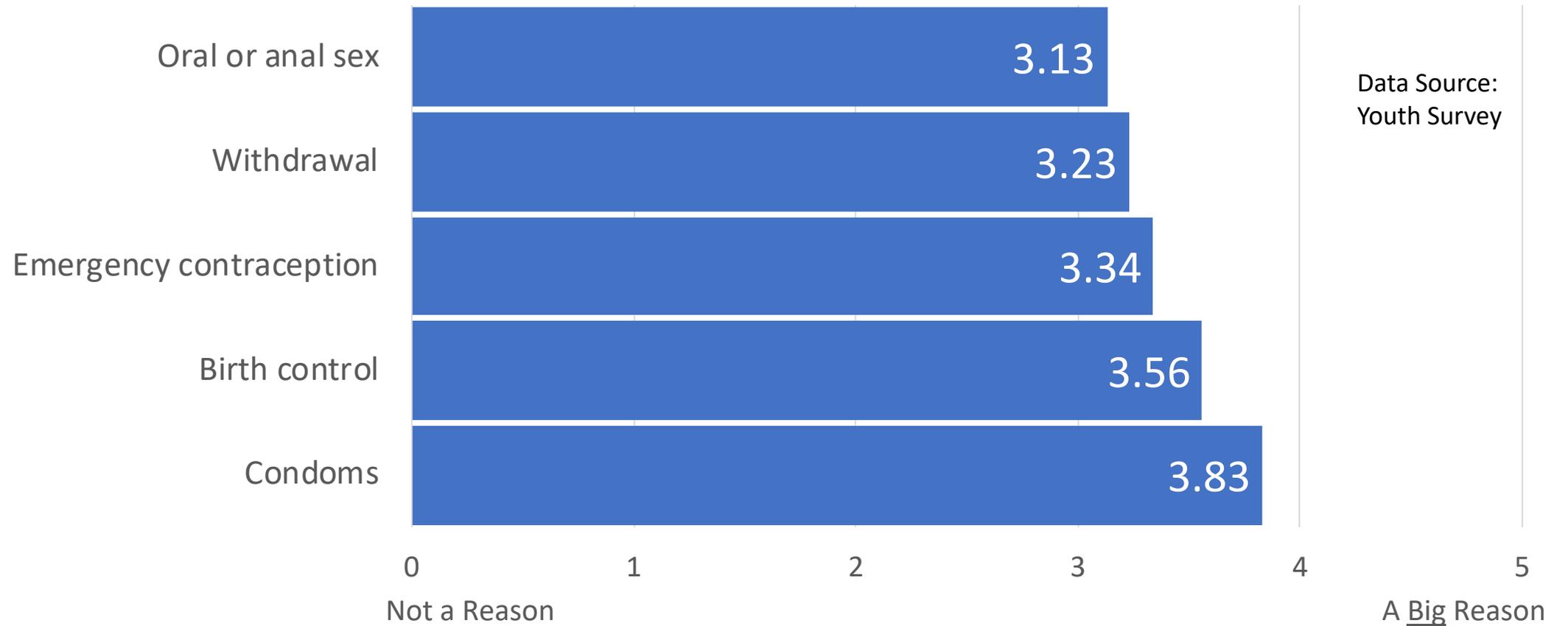
“Get more parental involvement.”

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

“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.’”

Why is teen pregnancy  
decreasing?

# Top 5 Reasons



Data Source:  
Youth Survey

Focus group respondents said teen pregnancy is decreasing because of...

...education and awareness.

...greater access and less stigma.

...other activities.

...other priorities.

...oral and anal sex?

# Focus group respondents said teen pregnancy is decreasing because of...

“Lots of efforts to educate.”

...education and awareness.

...greater access and less stigma.

...other activities.

...other priorities.

...oral and anal.

“More information about **birth control** and **Plan B** all over the place.”

“**Different people** reaching out to **younger kids** to get them to think smarter about their sexual decisions.”

# Focus group respondents said teen pregnancy is decreasing because of...

...education and awareness.

...greater access and less stigma.

...other activities.

...other priorities

...oral and

**“Birth control is less stigmatized – [it] can be used for other things like acne.”**

**“Free condoms.”**

**“People are aware of other options – LARC, used to have to take the pill everyday. Now, [there are] longer-lasting options.” Youth Health Advocate**

# Focus group respondents said teen pregnancy is decreasing because of...

“Sending pictures instead...”

...education and awareness.

...greater access and less sti

...other activities.

...other priorities

...oral and a

“There are other things to do – rather play video games than have sex.”

“Phones – you can do everything on your phone. Don't even find the appeal in sex... because [they're] having fun online.”

# Focus group respondents said teen pregnancy is decreasing because of...

“No one wants a baby – **social reasons.**”

“People are more **goal-oriented** and how know to handle it/prevent it.”

...other priorities.

“Not even a first thought to them - [they are] **thinking about college** and all the work they have to do.”

“More of a **culture shift**... Back in the day, [you would] get married soon, be in a relationship. But there’s more equality now, less taboo to get married later, have children or not have children.”

# Focus group respondents said teen pregnancy is decreasing because of...

“More heterosexual couples are engaging in oral and anal now. **Pop culture has made it less taboo.**”

“[Some people are] **scared** to have vaginal sex.”

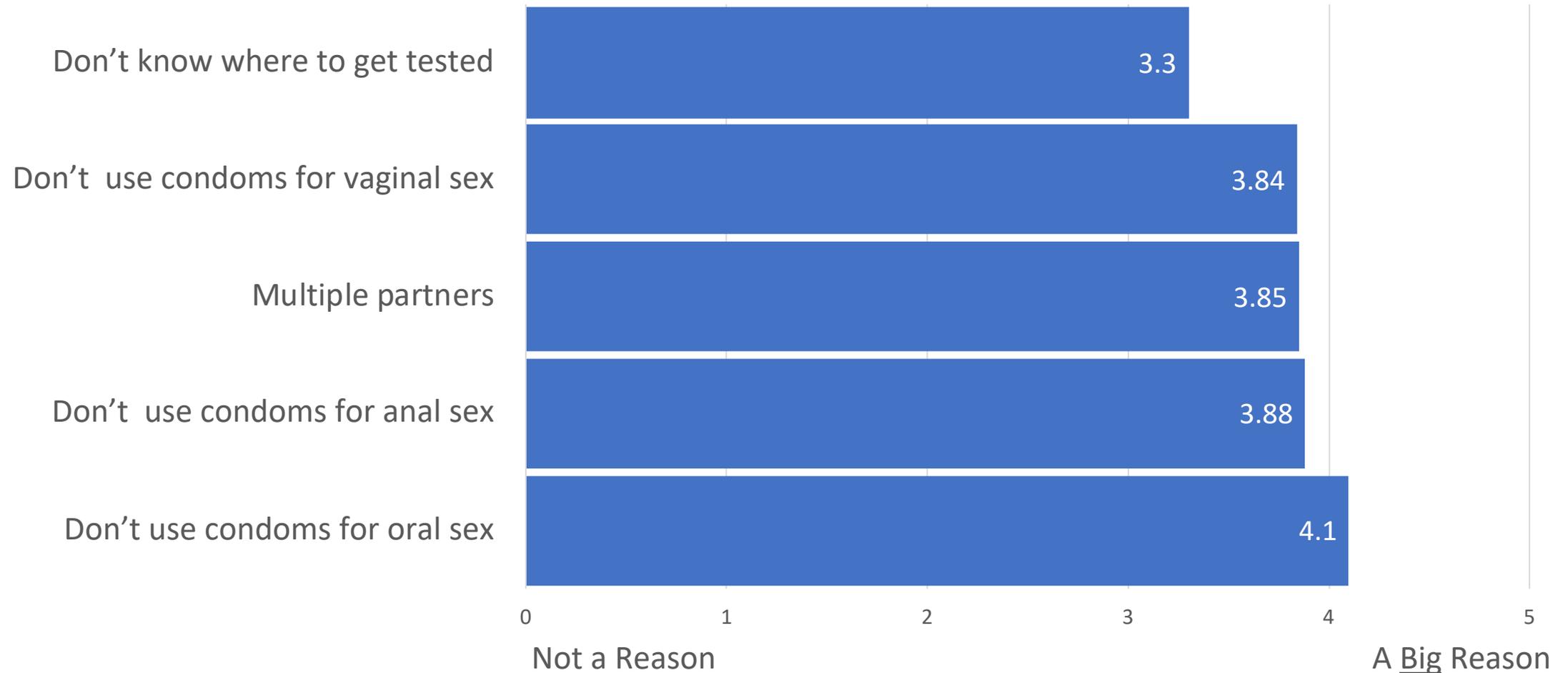
“**Oral sex has become more casual**, and [they are] not using barriers because people don't know about flavored condoms, dental dams.”

...oral and anal sex?

“[I thought] that was a ‘church thing’ – so [a person] **could still be a virgin.**”

Why are youth STIs increasing?

## Increasing Youth STDs: Top 5 Reasons





Young people can't get tested... Why?

- “I'm not sure. Is it because they have to be a certain age to get tested without their parents being notified?”
- “Afraid of their parents' insurance showing the treatment.”
- “They don't have money to afford treatment”
- “Scared”

Focus group respondents said youth STIs are increasing because...



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 of... misconceptions.

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

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

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

“People **don’t think it will affect them.**”

“People think you **have to have 27 partners** to have an STI.”

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

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

“People like to be with **multiple partners.**”

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

“**Lying** about STD status.”

“Experimenting with other people, [they] **don’t make the status** of STDs known.”

“**Girls are afraid** to say no to their partners.”

“People **trust** their partner.”

- Single
- Married
- In a Relationship
- It’s Complicated
- Avocado

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

**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...”

# Provider Interviews

# Interviewee Characteristics

Average of 6.6 years of experience in current role

Average of 14 years of experience in the field

Six with over 15 years of experience

One with over 30 years of experience

Teen pregnancy is decreasing  
while youth STIs are increasing  
because...

Pregnancy prevention efforts have been successful, but to the exclusion of STI prevention.

**“We're really focusing ... on pregnancy prevention and we're focusing a lot less on STI prevention.** And in my specific environment of work we're focusing really on HIV prevention and a lot less on prevention of other STIs. And that has to do with like funding because [campaign] funds into HIV prevention which is amazing and awesome but a lot less funding into like the gonorrhea and chlamydia prevention or education around other STIs that are out there.”

Longer-term contraception is more accepted and available.

“We have **more long-term birth control** that may be easier to access. So they have the - I think with the IUDs it's a little more talked about and accessible to young people. You've got the Depo Provera shot. There's definitely some long-term, so it's not just taking a pill each day.”

# Birth control is accessible, & STIs aren't scary.

“If all we think about is that pregnancy is the worst thing that can happen to us we're not really thinking about everything else. And especially if we as a teen you know feeling invincible that it's not gonna happen to you or we still hear the 'well it's not that big of a deal, you just take a little penicillin and you're fine.' **People don't seem to be afraid of things -- that's the catch-22.** You know like we're happy that HIV is a chronic illness and it's not a death sentence but at the same time are you not afraid at all of contracting something that can still make your life a little - more difficult. So it's, it's having that conversation and really **talking about condoms...**”

# Decreased pregnancy concerns leads to lax condom use.

“...from a lot of the young people we talk to, [they are] definitely moving towards a LARC so an IUD or an implant, which is phenomenal pregnancy prevention but think, “Oh I'm in a committed relationship I don't need to worry about condom use. I'm not gonna get pregnant.” ... So I think that's a huge part of it, is kind of that **focus on pregnancy prevention** and not remembering that **condoms are still important** and just because you have a partner doesn't mean that you're safe.”

STI stigma means we don't talk about them.

**“Pregnancy is something that is like very clean...** The ways in which we talk about STIs are not affirming ways, they're often shameful... ‘Well this is the consequence for you doing this thing that we already have a lot of shame about and now that you've this thing that we already have a lot of shame about, we know that you've done it because you have this, this horrible STI and that means something about you as a person.’ ... which **makes you a bad person if you got an STI** because if you're a woman, you're a slut... [That's] the sort of narrative that people are hearing and believing.”

# Not all STIs have advocates.

“Minorities, low socioeconomic scale individuals seem to have a higher percentage of STIs. Men who have sex with men, African Americans, Latinos, women - here seems to be a larger disparity there. I think there's multiple societal factors for that as well. Like I'll talk about chlamydia - chlamydia ... is the number one reportable communicable disease in the country. **But yet you don't see a national chlamydia campaign. And that's because of who it affects.** It affects young girls mostly... 15 to 19 years old. **So who is their advocate? Who is their leader who stands up for them?** We don't have somebody to charge the hill to say this is a problem that is oppressing a group of girls - young girls. Young, low SES girls throughout the country. But they don't have someone to speak for them... It was white gay men and they have power and they have influence and they took a fight and took a stand against HIV. Okay. We don't have that for chlamydia for example.”

But we should consider a longer-term perspective...

“Pre-HIV nobody ever used condoms and there was all kinds of STDs happening. Syphilis was higher, and all of those trends were higher. **Then HIV came in and changed the game.** There's I think less of a worry about HIV in general with this generation of youth. They didn't live through that and they didn't - I don't think they got that intense education. That was happening in the 80s and 90s and even early 2000s.”

# Next steps

- Further analysis
- Dissemination







# Implications?

# Questions?

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