Working from what young people know and do: towards a new agenda for sexual health research

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Yet something is still not working

- Adolescents’ unmet need for contraception nearly 70% in sub-Saharan Africa, South Central and Southeast Asia
- 95% of world’s births to adolescents, of which 90% occur within marriage/union
- Girls <15 years account for a quarter of 7.3 million births under 18, a figure projected to double in next 17 years
- Risk of maternal death for mothers under 15 in low-middle income countries double that older women

- Increases in STI notifications amongst 20-24 year olds
- Sexually active year 10-12 students report sometimes/never use of condom (52%), and young women (28%) and men (20%) report unwanted sex
- Social stigma of being treated for STIs in rural and remote areas
- Discriminatory attitudes relating to gender and youth sexuality, and limited access to services/advice especially in rural/remote areas


Lack of contraceptive use among young people in rural Uganda (13-17 years)

- Conservative moral, social context
- Embarrassment/shame
- Secretive sex
- Lack of information
- Misinformation
- Lack of access to sexual health services
- Use of ‘mythical’ contraceptive strategies

Sexual vulnerability amongst young (17-25 year old) Australians in rural and remote areas

- Conservative moral, social context
- Embarrassment/shame
- Lack of information about STIs
- Surprise about local STI rates
- Reputational threat
- Social distancing and exclusion
- Punishment for wrong doing
- Difficulty for girls to negotiate the terms of a relationship
- Lack of youth friendly STI testing

Typical youth sexual health policy and program approaches

Rights-based participatory policy

Knowledge/life skills development

School-based sexual health education

Peer education

Working with opinion formers

Youth-friendly sexual health clinics and services (for STI testing and condom distribution)

Social marketing (websites, fact sheets, brochures, radio shows, billboard posters, social media, music festivals, safer sex branded items)

Abstaining

Delaying sexual initiation

Increasing condom use

Reducing number of sexual partners

Increasing STI and HIV testing

Starting from everyday life: Working from what young people know and do

1) analyse how social, cultural and moral norms influence young people’s sexual health and sexuality
2) examine place of sex in young people’s everyday relationships (with partners, peers, parents and other opinion formers)
3) working with young people to identify gaps in responses to sexual health and sexuality by education, health and other services
4) identifying young people’s everyday strategies of sexual health risk assessment and risk reduction
5) working with young people, policy makers, practitioners and researchers to redesign approaches to sexual health program delivery and evaluation based on a better understanding of what young people already know and do
Taking account of everyday social life: Working from what young people know and do

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Sexual health service and program gaps in rural Uganda (13-17 years)

- Comprehensive sexuality education in schools?
- Youth-led condom distribution?
- Accessible condom dispensers?
- Youth friendly sexual health services?
- Teacher and health worker training in communication with young people?
- Safe spaces for young people to talk about sexuality?
- Intergenerational dialogue about youth sexuality?

Taking account of everyday social life: Working from what young people know and do

Young people’s everyday strategies of risk assessment and risk reduction - Uganda

- Accessing condoms from the health centre at night
- Use of condoms
- Use of paracetamol and herbs prior to sex
- Safe days

Risk assessment and reduction - Australia


- Carrying condoms
- STI testing before starting a new relationship
- Deliberately not having sex with people who are ‘unknown’ or from outside the local community
- Friends reporting back on cheating boyfriends

Taking account of everyday social life: Working from what young people know and do

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Conclusions

• In Australia, a current lack of youth involvement in program design heavily impedes the effectiveness of sexual health promotion work with young people (Newton et al. 2012)

• This research agenda hopes to improve on this by providing new evidence to improve policy and practice...
  – inverts the conventional logic of program design and delivery (from outside expert to young person)
  – programs and policies
    • evolve from and are centred on young people’s own sexual and social practices
    • engage honestly with what young people may already do to prevent unwanted sexual health outcomes