

Sexual Behaviour in Young People

Makeda Gerressu

Outline

- **Summary of reviews: Gerressu, Makeda & Stephenson, Judith M. Sexual behaviour in young people. Current Opinion in Infectious Diseases. 21(1):37-41, February 2008**
- **The Young Brent Project- the translation of a clinic based STI re-infection reduction behavioural intervention from the US to the UK**

Sexual behaviour in young people -Review paper

AIM: To synthesise major research findings in relation to young people and sexual behaviour from the period 2006 – 2007 (July)

Global overview

- Original analyses of sexual behaviour data from 59 countries
- Substantial diversity in sexual behaviour by gender and region, reflecting powerful social and economic influences
- Monogamy is the dominant pattern
- Reporting multiple partnerships- more common in men, and generally more common in developed countries
- Most people are married and married people have the most sex
- Sexual activity in young single people tends to be sporadic but is greater in industrialised countries than in developing countries
- Trends later marriage, and more condom use

Wellings, Collumbien, Slaymaker *et al.*, 2006

Factors that affect young people's sexual behaviour

- Systematic review of 268 qualitative studies
- Striking consistencies across regions and cultures
- Seven key themes emerged:
 1. Potential partners assessed as 'clean' or 'unclean'
 2. Partners have important influence on sexual behaviour
 3. Gender stereotypes crucial in determining social expectations and behaviour
 4. Penalties and rewards for sex from society
 5. Reputations and social displays of sex are important
 6. Condoms are stigmatising and imply lack of trust
 7. Social expectations hamper communication about sex

Marston & King, 2006

Predictors & intention to initiate sex

- Review of 69 quantitative studies in the USA 1996-2005 (age 11 - 18 years).
- Intention or motivation to have sex stable predictor
- Parental disapproval - consistently protective
- Youth perceived norms were fairly stable predictors
- Increased time alone with the opposite sex or alone at home without parents associated with increased sexual behaviour and early first sex
- No studies examining relationship with negotiation or communication skills

Buhi & Goodson, 2007

Self-esteem - determinant of sexual risk behaviour?

- Review of 39 publications from 1980-2004
- Question emphasis placed on adolescent self-esteem
- Assumption of a linear association
- Potential negative effects - individual and societal level of over-emphasis on adolescent self-esteem
- Possibility we are diverting resources from more effective intervention targets including self-efficacy, self control and youth development

Goodson P, Buhi ER, Dunsmore SC.

Dating victimisation

- Review of 61 US studies on risk factors
- Living in a broken family or rural area; being less involved in religious activities stronger risk factors than age or ethnic origin
- Depressive symptoms and suicidal behaviours more consistently related to dating victimisation than low self-esteem
- Violence within the family - most reported risk factor
- Effect of parental practices; peer influence and the effect of the community context require further research
- Importance of rigorous and standardised methodologies to measure victimisation- consider developmental stage and different types
- More studies that explore development of non-violent relationships, recruit couples and involve observation of relationship dynamics

Vézina & Hébert, 2007

Same sex sex

- About 5% of women reported a same sex partner (UK)
- Women in the UK reporting sex with women only or men and women compared to women reporting sex exclusively with men reported:
 - More male partners
 - More sexual behaviours associated with increased HIV risk.
 - More likely to smoke, drink heavily and have poorer general health
- Healthcare providers should be aware of the risks faced by this varied group of young women and able to offer the necessary counselling, screening and referrals based on their needs

Mercer, Bailey, Johnson et al., 2007

Sexual behaviour of travellers

- Review of studies about sexual behaviour among travellers.
- Predictors of having sex while travelling include:
 - being male, being young, travelling alone or with a peer group but not a regular partner, high alcohol consumption, recreational drug use, extended duration of travel, early first sex, repeat visits to the same location and frequent casual sex at home
- Consistent condom use with new partners varies and carrying condoms does not necessarily lead to using them
- Suggestions: make safer sex messages part of travel advice, pack quality condoms and activity specific condoms and lubricant, as well as emergency contraception, Hep B vaccination and HIV prophylaxis where appropriate
- Need to include a sexual history during health screens of expatriates upon returning home

Richens, 2006

Interventions to reduce sexual risk behaviour & HIV

- Different types of interventions require different levels of evidence and different thresholds for action
- Review aimed to provide policy makers and programme managers with a simplified 'Steady, Ready, Go' framework for action
- 23 types of intervention from 85 studies reviewed
- Four interventions - one in schools, one health service and two media interventions - were categorised as 'Go'
- None of the community interventions nor those for people at most risk was in this category
- Limitations to current research, include: a lack of 'structural' or 'political' interventions, few studies with biological outcomes such as STI, HIV or pregnancy tests, and few cost data to determine the cost-effectiveness of interventions

UNAIDS Inter-agency Task Team on Young People, 2006

School sex education programmes

- Review of school sex education programmes in developed countries identified 17 characteristics of effective school sex education
- **Curriculum development:** work with people from different backgrounds, have specified goals, assess the needs and assets of target groups, use activities consistent with community values, and pilot-test the programmes
- **Successful curricula:** safe environment, focused on clear goals and specific behaviours, addressed psychosocial factors, used multiple activities to change those factors, used sound teaching methods, personalised the information and presented it in a logical sequence
- **Implementation of curriculum:** trained educators, with support from authorities, and close adherence to the intended design

Kirby, Laris & Rollieri, 2006

How good is the evidence for risk reduction interventions?

- Depends on :
 - type of study-rigour of evaluation study design,
 - outcome measures examined
- Improving awareness & knowledge e.g about HIV and condoms is straightforward
- Accumulated evidence for improving skills and reducing risk behaviour can be quite strong:
 - school-based sex education improves awareness of risk and knowledge of risk reduction strategies, increases intention to practice safer sex and delays rather than hastens the onset of sexual activity *[Kirby et al; Wellings et al]*
- Evidence for the effectiveness of interventions in improving use of contraception is more mixed, and for outcomes such as pregnancy and STI prevention, the evidence is weak *[Ross et al]*

Summary

Powerful and consistent forces sustain gender differences in sexual behaviour

The design of interventions to reduce sexual risk behaviour should take account of these forces that help explain young people's sexual behaviour

Knowledge about the kind of interventions that reduce risk behaviour has improved, but the impact on health outcomes such as pregnancy and HIV/STI is often uncertain

Effective school sex education needs to be part of much broader strategies to improve sexual health

Urgent need for better evaluation of interventions, especially community interventions

Further longitudinal studies are needed to provide insight into the development of relationships and sexual behaviour as well as the course of acculturation



Makeda Gerressu, Gillian Elam, Rochelle Shain, Jane Dimmitt-Champion, Gary Brook, Jonathan Elford, Chris Bonell, Judith Stephenson, Rebecca French, Graham Hart & John Imrie

STI risk, perceptions and relationships among ethnic minority youth in Northwest London

Gerressu, Elam, Shain et al., STI, 2009

Background

- STIs are over represented among young black women in the UK
- There are few potentially relevant intervention programmes that have been rigorously evaluated
- A US intervention (Project SAFE) showed a 30%-40% reduction in STI re-infection rates

Background

Young Brent Project-MRC funded study exploring the feasibility of translating Project SAFE (PS) from US to UK setting

Project SAFE

- Three hour workshops delivered once a week for three weeks to small groups of women
- Recent non viral STI diagnosis
- Relevant cultural cues for commitment to change

Aim & Methods

To present some key findings from the qualitative research exploring the perceptions and contexts of risk behaviours used to establish PS relevance and necessary changes

- Community, expert and youth consultation workshops
- 37 depth interviews with young women & men
- 10 focus groups with young people
- Adaptation workshop (N=38)
- 3 pilot runs (N= 7, 4, 7)
- 13 follow up interviews (N=13)

Aim & Methods

To present some key findings from the qualitative research exploring the perceptions and contexts of risk behaviours used to establish PS relevance and necessary changes

- Community, expert and youth consultation workshops
- 37 depth interviews with young women & men
- 10 focus groups with young people
- Adaptation workshop (N=38)
- 3 pilot runs (N= 7, 4, 7)
- 13 follow up interviews (N=13)

Results

Key factors contributing to sexual risk behaviours:

- Low STI risk perception
 - Limited STI knowledge
 - Flawed risk assessment
- Barriers to condom use
 - Associations- reduced pleasure, lack of trust, interruption
 - Embarrassment
 - Communication- when & how?
- Mismatched perceptions and expectations of partners
- Lack of control
- Concurrency

Results

- Lack of control- condoms, sex
- Concurrency
 - Active
 - While single (no regular partner)
 - While in a relationship (own or partner's)
 - ↔ Intentional/ unintentional
 - Passive

Concurrent sexual partnerships

Active concurrency while single

- Repeat encounters with links

Active concurrency within relationships

- Sex with past partners
- Sex with a person who has other casual sexual partners
- Sex with a person in a relationship with someone else
- Sex with another regular partner

Concurrent sexual partnerships

Active concurrent partnerships within relationships

- **Known concurrency -Intentional**
 - Boredom-**F/M** Revenge-**F** Partner not available-**M**
 - Agree not to have sex with main partner -**M**
 - Emotional vulnerability-**F/M**
 - Self esteem- to prove still can-**M**
 - Wanting sex / temptation-**M**
- **Known concurrency Unintentional**
 - Drunk or opportunity arises when:
 - Relationship in transition or Unhappy in relationship

Concurrent sexual partnerships

Passive concurrency within relationships

- Partner has sex with another regular partner outside 'the relationship'
- Partner has casual sex outside the relationship

Conclusions

In addition to improving STI knowledge and condom use skills, interventions need to address:

- ♦ Concurrency- different forms and messages
- ♦ Lack of control- early relationships/ young age

Implications

STI risk reduction work should contribute to helping young people:

- Identify vulnerability to different forms of concurrency
 - Transition periods/ within relationships
- Identify alternatives to concurrency
 - Try new things/ express needs/ end relationships
- Establish & maintain healthy relationships
 - Knowledge & confidence
 - Skills to redress power imbalances
- Maintain relationship expectations



Collaborators

- Centre for Sexual Health and HIV Research
- Department of Obstetrics and Gynecology, University of Texas Health Sciences Center at San Antonio
- City University
- African HIV Policy Network
- London School of Hygiene and Tropical Medicine
- Patrick Clements Clinic, Central Middlesex Hospital
- The African Child
- Westside Contraceptive Services
- Brent PCT
- Macfarlane Burnett Institute, Melbourne, Australia
- Brent young people and youth services