



*Changing lives.*

**A North Island youth voice on sexual health:**

**Reporting on youth sexual and reproductive health issues, effective health promotion initiatives, strategies in primary care, and the role of parents/caregivers in promoting good health.**

**Prepared by Youthline for the Ministry of Health**

A large, dark shadow of a person is cast on the light-colored, textured ground. The shadow shows the person's head, torso, and one arm extended forward with the hand open, palm facing down.

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## **Disclaimer**

This review was commissioned by the Ministry of Health to provide a North Island youth voice on sexual health. The opinions expressed in this document are the opinions of the authors and do not necessarily reflect the official views of the Ministry of Health.



# **1. Executive summary and recommendations**

## **1.1 Introduction**

This report was contracted by the Ministry of Health to provide “a North Island youth voice on sexual health”. Youth sexual and reproductive health is a key issue for young people in Aotearoa. The ‘North Island Youth Voice on Sexual Health’ project has the overall aim of: promoting responsible sexual and reproductive health behaviour, to minimise unplanned pregnancy and the incidence of sexually transmitted infections including HIV.

Within this aim four key research questions have been defined:

- *What are the sexual and reproductive health issues for young people in Aotearoa?*
- *What sorts of health promotion initiatives improve youth sexual and reproductive health?*
- *What strategies are being used or could be used in primary health care consultations to improve sexual and reproductive health outcomes for young people in Aotearoa?*
- *What sorts of strategies are being used by, or could be used by, parents/caregivers to promote good sexual and reproductive health for young people in Aotearoa?*

## **1.2 North Island Youth consultation**

### **1.2.1 Designing the consultation**

The project was led by a Youthline team including a project manager and Youthline staff. A senior researcher was contracted by Youthline to oversee the process, analyse the results and draft the final report. Youthline also engaged a professional practice group who provide regular input into Youthline projects. The Youthline project team drafted the initial survey and focus group questions and developed methods for their implementation. The senior researcher, the professional practice advisors and the peer research team commented on the draft.

A group of peer researchers were recruited from the national Urge Youth Advisory Group. This group is well-developed, consisting of eight young people, largely from Auckland and Wellington, aged between 13-23 years, and representative of a range of ethnicities and social backgrounds. Their role on the peer research team was to provide a youth perspective on the research tools and processes. In addition to email and online forums, the peer research team met in person, on two subsequent occasions, to provide individual and group feedback on a range of key aspects of the consultation.

In keeping with Youthline's philosophy and the aims of the project, the Youth Development Strategy has been utilised throughout the project to guide the design, implementation, analysis and presentation of the Youth Voice on Sexual Health Project.

### **1.2.2 Consultation methods**

The consultation used a multi-method approach, involving a quantitative survey and qualitative focus groups, to gain young people's views on sexual and reproductive health. Young people's participation was anonymous. The focus groups prioritised at-risk youth, while the survey was completed primarily by school groups of young people aged 15-17 years, broadly representing mainstream attitudes and behaviours regarding sexual and reproductive health.

The survey took approximately 10 minutes to complete and comprised of 130 Likert-scale questions, some open-ended questions, and a range of demographic questions. Questions were written from a strengths-based perspective. A copy of the survey can be found in Appendix A.

Semi-structured focus groups were held throughout the North Island and included young people across the age spectrum of 12–24 years. A copy of the focus group questions are attached in Appendix B.

Two Youthline youth workers facilitated the majority of groups. The recorder was present at all groups to ensure consistency and to note participants' ideas. Group process and dynamics were examined for any impact on young people's participation. The groups were run using interactive, youth-friendly methods including a warm-up exercise and group brainstorms. Food was provided for participants and efforts made to overcome barriers to participation, such as organising transport to interview venues. A \$10.00 Warehouse gift voucher or a movie voucher was provided to group participants.

### **1.2.3 Who participated in the project?**

In total, 1202 responses to the survey were collected from the Auckland and Wellington Coca-Cola careers expo and surveys completed by young people online. Most survey respondents were 15- 17-year old school students. Females comprised two-thirds of respondents and a wide range of ethnicities were represented (see main report). Over half of respondents were city residents, although a substantial number were also town residents. Rural residents comprised 8% of respondents. Twenty percent of respondents did not answer this question. Fifteen survey respondents stated they were intersex/transgender. It is noteworthy that definitions were not given, nor were transgender respondents asked to indicate the physical gender they were born with. In terms of sexuality, a high proportion (90%) of those who responded reported being straight; however, 1 in 6 respondents did not provide an answer. This may reflect either young people who had not come to terms with their sexuality, were not ready to disclose their sexuality, or were not comfortable answering the question.

The focus groups involved 214 participants from across the North Island. Nearly 50% of respondents are aged 15- 17 years. 55% of respondents were female and 45% were male. A broad range of ethnic groups were included (see main report).

### **1.2.4 Ethics**

The North Island Youth Voice project remained within the boundaries of an activity to improve services and complied with the National Ethics Advisory Committee (NEAC) guidelines for observational studies (see sections 3 and 11, Ethical Guidelines for Observational Studies, 2006). In line with these considerations, young people's participation was voluntary and they gave informed consent to participate during the consultation.

### **1.2.5 Analysis framework**

Each of the 130 survey questions was cross-tabulated against the six demographics: age group, gender, ethnicity, sexuality, area type, and occupation. Mean and median responses were calculated for each level of each demographic category. Total mean and median responses were calculated and the distribution of each response was graphed. Not every respondent answered every question. Pearson chi-square tests of independence were performed to determine significant differences by demographics ( $\alpha=0.05$ ). Inferences were derived from post-hoc, standardised contributions to the chi-square statistic.

The focus group data was analysed and thematically coded. Themes were then aligned with the four key consultation questions. All themes were discussed by the research team and validated by the focus group. As in the survey, the thematic analysis found that the responses were similar across groups. Therefore, it was decided by the project team that further coding in relation to age, ethnicity and location would not yield any significant differences. While there are no significant differences between responses across demographics, small variations are noted where relevant in the body of the report.

The limitations of the survey and focus group methodologies are discussed in Section 3.5.

## **1.3 Findings**

### **1.3.1 Young people's views of sexual and reproductive health**

#### **Knowledge of sexual health and making decisions about sex**

- Overall, survey respondents rated the importance of sexual and reproductive health very highly. Many young people were confident about their knowledge of sexual and reproductive health; however, they rated the importance of sexual health higher than their knowledge, indicating there is room for improvement in young people's education.
- Half of young people agree that the age of consent represents an appropriate age for sexual activity. However, young people also emphasised that the decision to have sex is a personal one.
- Young people suggested that education to promote sexual health needs to be improved to better equip young people with the skills and confidence in sexual decision making. Young women were more likely to be aware that this needs to happen before they start to have sex.

- Young men appear to be more interested in knowing what to do when having sex and young women were more interested in the long term consequences of the decisions they make. This gender difference points to a need for education and promotion strategies to be tailored to meet different needs.
- A fifth of young people indicated people their age did not feel good about the decisions they make about sex. Young people acknowledge that they do not always give adequate consideration to the consequences of sex, indicating a gap between knowledge and behaviour.

### **Well-being, sexuality and sexual health**

- Survey respondents indicated that the key to well-being in relation to sexual health is having good self-esteem. Finding one's own values, feeling comfortable with themselves and being confident in relationships were identified as part of good self-esteem.
- Masturbation remains a somewhat taboo subject for many young people, particularly for young women. Only 44% of survey respondents indicated that young people feel okay about masturbation.
- Focus group participants indicated the major effects of sexual orientation for non-heterosexual youth are psychological, as there are cultural and social barriers that make coming out difficult. Participants also indicated there is a lack of support for gay, lesbian and transgender young people.
- More than a quarter of young people rated their peers' ability to handle peer pressure as low. Pressure to have sex comes from a range of sources: peers, partners and general societal mores. This was a key concern in the focus group discussions, and for young women and New Zealand European survey respondents. This indicates a focus for future health promotion strategies.

### **Health issues**

- Young people are aware of sexually transmitted infections (STIs), with about two-thirds of survey respondents indicating that STIs are an issue for young people. Focus group participants also demonstrated some awareness of a range of the consequences of different STIs. Young women appear to be more concerned about STIs than young men.
- The 'stud/slut' double standard is well recognised by young people. This double standard was further acknowledged by focus group participants as having a relationship with sexual violence. Some participants believed there is still a prevailing attitude that young women who are known to have casual sex "deserve it" when they are the victims of sexual violence. This was also borne out in a recent discussion document seeking to review sexual violence legislation in New Zealand (Ministry of Justice, 2008).
- Young people recognise that promiscuity and drug/alcohol use are factors that affect sexual health, as identified by 60% and 68% of survey respondents respectively. Young people acknowledged these two areas as important topics to be covered in health promotion messages and strategies.
- 58% of survey respondents recognise sexual violence as an issue for people their age.

### **Contraception**

- There is a gap between knowledge of condoms and use of condoms. Only one in three survey respondents agreed that young people always use condoms, despite two in three agreeing that young people know how to use condoms. Young men were less likely to agree that young people know about condom use, indicating an area needing attention.
- Knowledge of condom use is similar to knowledge about other methods of contraception. However Māori and Asian young people suggest that people their age are less likely to be aware of other contraceptive methods.
- Many young people, especially males and those over 20, perceive that contraception/condoms are expensive. This may indicate limited knowledge/availability of low cost sexual and reproductive health consultations.
- Many young people are embarrassed about contraception, especially those under 21, males and Pacific respondents. This is likely to be linked with difficulty in accessing contraception and in talking about it in relationships.
- Young people would like condoms to be readily available to all young people (including those with disabilities) and free.

### **Dealing with pregnancy**

- Two thirds of survey respondents indicated concern about unplanned pregnancy. Only 37% of survey respondents stated that people their age know what to do if they get pregnant.



- Few young people surveyed indicated that people their age know how to get an abortion. Awareness of abortion was similarly low in focus groups.

### **Information and support**

- Young people do not always feel like they have someone they can speak to about sexual health who will be supportive. Only half of survey respondents agreed that young people have someone to talk to.
- Barriers for young people using sexual and reproductive health services involve knowing the location of sexual health services, being confident to communicate their needs to professionals, and concerns over confidentiality. A focus group of at-risk Māori young people indicated they may lack the confidence to effectively communicate in a sexual health service setting. This highlights the need for drop-in centres, one-stop-shops and other alternative settings for service delivery.

### **1.3.2 Health promotion initiatives**

#### **School as an information source**

- School was identified as a current information source in 80% of focus groups. Positive experiences in school were largely related to the support provided by school nurses or external groups coming in to speak in classes and assemblies. Young people are aware of the limitations of sexual and reproductive health education they receive at school.

#### **Significant people as an information source**

- Friends have the highest ratings overall as both a source of, and one of the best places for, information. Friends were also the most commonly cited source of information in focus groups. Young people recognise that using a single source of information may not provide everything they need to know. Friends are often consulted for feelings but other sources, such as health professionals are likely to be consulted for physical health.
- There was a mixed response to whether young people see parents as a current source of information and whether they are the one of best sources of information. While most survey respondents rated parents lower as a source of information than other sources, the focus group respondents suggested that more young people would like to talk with their parents if parents responded more positively. Pacific respondents were more likely to see parents as a source of information but focus groups suggest this will often occur after marriage.

#### **Other professionals as an information source**

- Amongst 'other professionals' peer support workers and facilitated groups gained the most high ratings (60% and 61% respectively) in the survey as one of the 'best places' for young people to find out about sexual and reproductive health. However, the results from the focus groups suggest that few had experience getting information from these sources.
- Young people consider friends as a good source of information (see the next section), indicating there may be untapped potential in using peer support workers to provide sexual and reproductive health information. Current peer support programmes in schools are largely centred on combating bullying and peer sexuality support workers tend to focus on providing support to those who identify their sexual orientation as other than heterosexual.
- In the focus groups, counsellors were recognised as a common source of information and young people reported positive experiences of this.
- Pacific respondents were more likely to rate 'other professionals' very highly (5%) and are more likely to identify counsellors, youth workers and peer support workers as a source of information. Māori respondents also rated youth workers very highly. This suggests that culturally appropriate counsellors, youth workers and peer support workers are particularly important for Pacific and Māori young people.

#### **Media as an information source**

- Magazines and internet were highly rated media sources of information by survey participants. This was supported by focus groups, with 20 and 23 groups naming these sources respectively. This suggests a lot of scope to develop these sources as promotional tools for sexual health messages.
- Males in focus groups were more likely to speak about pornographic magazines, which may reflect their interest in learning about how to have sex but raises concerns about the lack of male-focused information on sexual

health. In contrast, females could identify a large number of magazine sources that are more likely to discuss sexual and reproductive health issues.

- Young people aged 18-24 years were also more likely to give lower scores to the media as sources of information compared to school-aged respondents. It may be that the older age group feel more confident about having conversations with people, such as health professionals, and may know from experience that media sources are less likely to reflect what happens in reality.

### **Information key findings**

- Generally, there was little difference between where young people obtain information from and where they see are the best places to get information, with the exception of parents and school. Young people indicated that they would like to have better experiences in getting information from parents and from school. These results suggest that overall the sources of information do not need to change but that there are a number of opportunities to use existing sources of information to promote key sexual health messages. Young people are aware that there are gaps in their knowledge and as they get older, they appear to be more aware that the information they receive might always be accurate or reflect reality; particularly information from their friends and media sources.

### **Media strategies**

- Advertising works! Focus group participants were enthusiastic about advertising sexual health everywhere, including billboards, on alcohol bottles, clothing, websites and text adverts. Young people want a balanced view of sex presented in the media. Young people wanted advertising, pamphlets and music to be inclusive of all groups and representing different sexualities and subcultures. They wanted advertising to promote the risks and the positive aspects of sexual health. The current Smokefree ads featuring local celebrities and musicians were mentioned and seen as a good template for sexual health. Real life stories were seen as important for getting the message across.
- In terms of advertising, young people from at-risk groups were more likely to want hard-hitting adverts, similar to drink-driving ads. At-risk groups, did not seem to be worried about what others thought and wanted promotion strategies that were big and bold, such as large condom cars or buildings.
- In the focus groups, promotion through television (including programmes, documentaries and advertising) was more frequently mentioned as a potential media strategy than forms of print.
- Digital media was identified in the focus groups as a key way to connect with young people. In particular, social networking sites or interactive sites where young people can converse with each other or professionals were popular concepts.
- Males wanted sexual health advertising to feature things they are interested in such as cool cars.

### **Information and education**

- Three quarters of survey respondents rated the need for education about alcohol and drugs to improve sexual and reproductive health highly. Young people aged 21-24 years were more likely to recognise this as an important area for education.
- Young people recognise that STIs can be a significant issue. 77% of survey respondents identified that help with knowing when they are at risk of an STI would improve their sexual health, 75% said that more knowledge of what to do if they think they have an STI would be useful and two thirds wanted more information about the risks of sexual activity. Knowing more about risks was particularly pertinent for 21-24 year olds.
- Just over half of young people identified that feeling okay to talk with partners and feeling more confident to say no to sex would help them to be sexually healthy. This suggests that the teaching of communication skills needs to be included in health promotion and education strategies.
- Sex education that relates to young people's experience was rated highly by 74% of survey respondents. Ongoing education was also rated highly by 72% of survey respondents. Young people are aware of the limitations of the sexual and reproductive health education that they receive at school. In the focus groups, young people felt that ongoing sexual health education is needed and should include more discussions on feelings, relationships and self esteem. Strategies to improve education included real life stories, access to contraception, increased peer support and creative teaching methods. They also suggested that all young people need to get the same quality information through education, regardless of the type of school they attended or their family background.

- Knowing about the effects that sex can have on feelings and relationships was rated highly by 56% of respondents, particularly Pacific young people, while males were more likely to rate knowing when they were ready to have sex highly as having an impact on their sexual health.
- Young people from different ethnic groups had differing responses to the kind of information and education they think would help young people to be sexually healthy, suggesting that health promotion strategies need to be tailored to meet varying cultural needs.

### **Community involvement**

- Young people want sexual health to be a normal part of life. Nearly 80% of survey respondents identified that making sexual health okay to talk about would improve young people's sexual health. Therefore, improving the community's openness to discussing sexual health is of paramount importance. In the focus groups, young people suggested that families and communities be engaged in sexual health promotion and learning, particularly through creative and fun methods, such as concerts and market days. They want community attitudes to sex and sexual health to be balanced and include the positive side of sex, and for the community to encourage them to enjoy themselves safely.
- Three quarters of survey respondents and a significant number of focus group participants identified the provision of free contraception as an effective strategy for improving young people's sexual and reproductive health.
- Both survey respondents and focus group participants spoke about the importance of easy access to contraception for improving young people's sexual health. In the survey young people rated these areas highly: making contraception easy to get (71%), making the emergency pill more available (72%) and having free lube available (66%).
- In the focus groups, young people had a lot of ideas about places to access condoms, with a focus on having them everywhere as a normal part of life, such as attached to deodorant packs, in dispensers, or having the opportunity to text or post to receive a pack with information, condoms and lube. They also emphasised the importance of designing packages that make condoms cool.

### **One key message**

- Young people have a lot of messages to give to their peers, particularly around staying safe. One of the most popular messages was "Don't be silly, wrap your willy".
- Messages about thinking before you act and waiting for the right time were also popular, particularly amongst at-risk groups.

### **1.3.3 Primary health care strategies**

#### **Primary care services as sources of information**

- There was a notable difference between survey respondents ratings of doctors/health services as current sources of information (56%) and as the best place to get information for people their age (65%). In focus groups, young people noted discomfort in primary health care environments, which was linked to fears of being judged, lack of confidence, and feelings of shame associated with talking to health professionals.
- For all three primary health care service types (health services, family planning and sexual health services), young people aged 12-14 years rated them lower as sources of information and perceiving them as the best places for people their age. This may reflect the lower numbers of people this age engaging in sexual activity as well as the developmental aspects of this time which include breaking away from authority figures and utilising peers/friends for information and discussion.
- Family Planning services have a high level of recognition by young people but are significantly less likely to be viewed by males as a place they would access information. It was revealed in the focus groups that the name Family Planning is not perceived as relevant to young males.
- Youth health services are highly regarded by young people who have access to these services. The young people who access these services were seen in the focus groups to have sophisticated and holistic thinking about sexual and reproductive health.

### **Location of health services**

- Survey respondents indicated that increasing the number of services in the local area or available at school or university would make it easier for them to go to a sexual and reproductive health service. The focus groups revealed that there is a perceived lack of information and services available for young people, resulting in young people not knowing where to go for sexual and reproductive health.
- Young people want services that are easy to get transport to, that are visible and known, but that protect their need for discretion upon entry.
- Access to confidential services is an important issue for rural young people who felt that they had limited options if their family doctor was the only service available. Having their own local service or a mobile service that frequented the area at certain times was identified as important strategy for overcoming the access barriers they face.
- As young people may not always feel comfortable talking with their doctor about this topic yet, as this is a place they will most likely frequent, more referrals or information sharing with young people could be initiated by doctors.
- Young people between the ages of 12-17 years would like health services to be part of other recreational services or a youth hang-out space. Hang-out and recreational services were not considered by young people 18-24 years as an important part of a sexual health service.

### **Confidentiality at primary health services**

- Over three quarters of survey respondents rated confidentiality highly as making it easier to go to a sexual health service. It is alarming that the issue of confidentiality at health services is such a concern for young people when they have the right to access confidential health services in New Zealand. Including information on Youth Rights in the promotion of health services may assist young people to feel more comfortable to access services. Doctors and other health professionals also need to assure young people about the confidential nature of the doctor/patient relationship.
- Confidentiality is of particular importance in rural areas where health professionals are scarce and young people are known to community members.
- In the focus groups, confidentiality extended to having a private place to talk through things (not just medical). Having a place to 'be' without intrusion when things are tough was also seen as important.

### **Accessibility of primary health services**

- Ensuring that sexual and reproductive health services are free is a very important accessibility factor for young people.
- The availability of drop in services, texting or online booking, wheelchair access, and after hours or emergency contacts are important for making sexual and reproductive health services more accessible to all young people
- The ideal sexual and reproductive health service interior according to the focus groups would be: comfortable, lounge like, colourful, have distractions like televisions, music, Playstations and art work, that reflected youth.

### **Characteristics of primary health staff**

- Having trustworthy staff at sexual and reproductive health services was the most important staff characteristic (78% of respondents). Staff that can relate to young people and youth friendly services and information were also rated highly. The qualities of the staff at sexual and reproductive health services were seen by the young people in the focus groups as crucial to their experience.
- In an ideal service the young people described staff as: professional, friendly, trustworthy, youth-friendly, approachable, casual and non-judgemental. There appears to be some differences in staff preferences between ethnic groups which cannot be fully explained from this consultation process.
- Focus group participants who were Māori, Pacific and Asian indicated that staff should represent a range of ethnicities, so that they are more likely to be able to get a cultural match.
- At-risk focus groups were particularly likely to mention that staff at an ideal service should be youth-friendly and the initiators of contact.
- Having younger people as well as older staff members was seen as important by 50% of the focus groups to increase their levels of comfort.
- Overall, 67% of respondents indicated that having staff the same sex as young people as important and 63% indicated a gay/lesbian and bi friendly service was important.

### **Additional primary health care services**

- The use of the Internet, email and text messaging to inform and promote sexual and reproductive health are useful means to increasing young people's access to sexual and reproductive health services. Nearly half of young people rated being able to text or e-mail questions and get good answers highly.
- Counselling services, support groups, digital technology support (e.g. phone, text) were noted by focus groups as important adjuncts to traditional sexual and reproductive health services.

### **1.3.4 Strategies for parents and caregivers**

#### **Parent/caregiver responses to sexual activity and approaches to communicating with young people about sexual and reproductive health**

- Young people are generally concerned that parents will find out they are sexually active.
- Pacific respondents indicated particular concern about parents responses, perhaps indicating both cultural and religious attitudes towards sex.
- Young people indicated awareness that discourse on sexual health in a family setting is important. This supports the literature review finding that family openness about sexual health can be a protective factor in the young people's behaviour (DiClemente et al., 2007; Powell, 2008).
- Young people feel uncertain as to whether parents initiating communication around sexual and reproductive health would make it easier for them to communicate with parents.
- Young people do not want to feel pressured or forced into talking to parents/caregivers about sexual health so alternate strategies such as providing parents/caregivers with information such as pamphlets and sexual health service details to give their children may be useful.
- Parents and caregivers need support to deal with communicating with young people without 'freaking out'. Importantly, this would include strategies to deal with anger.

#### **Information and training for parents/caregivers**

- Young people want parents/caregivers to have an understanding of the issues that face young people today. This would include good information about current issues such as STI rates as well as an understanding of adolescent development in the area of sexual and reproductive health.
- Parents need to be aware of the sexual and reproductive health services available to young people.
- Young people believe that parents/caregivers would benefit from education/training that includes role-plays and is presented in a humorous and relaxed style.
- Young people want to learn from their own experiences. Generally young people do not want to know the details of the sexual experiences of parents and caregivers.

## **1.4 Discussion**

The findings from this North Island consultation provide a snapshot of young people's views on a number of critical areas that impact on their sexual and reproductive health. These views highlight areas to consider in designing health promotion strategies, improving primary care consultations and in providing support to parents and caregivers. Refer to the main report for further detail

### **1.4.1 Key themes**

#### **Young people share similar views**

- Most questions were answered with high ratings by young people. Few differences were noted between young people from different demographic groups. Where significant differences existed they were normally the result of small sub-groups, not the whole demographic group.
- Key discussion points and priorities across all groups included: staying safe, making good decisions, developing healthy and enjoyable relationships, finding good information and wanting sexual health to be a recognised and important part of community life.

- Young people were clear that they want any promotion strategies to be inclusive and representative of all groups, particularly for gay, lesbian, bisexual, transgender and intersex (GLBTI) youth who were recognised as facing discrimination.
- There is need for a balance between homogenisation and stereotyping. In practice, this may be an advertising campaign with one key message and a number of different ads with representation of different cultures and sub cultures, as in the current Smokefree advertisements.

### **Young people understand risk and protective factors**

- Young people are aware of the importance of sexual and reproductive health and of the many associated risk and protective factors such as having good self esteem.
- Increasing young people's sexual self-esteem and sexual self-concept can help young people manage the pressure they experience from peers and partners (Rostosky, Dekhtyar, Cupp, & Anderman, 2008). This is an important consideration in education and promotion strategies.
- Young people recognise there is a tension between risk and enjoyment. Young people were well aware of STIs but also wanted to know about the positive sides of sexual relationships.
- Christie and Viner, (2005) note that during early adolescence young people are concrete thinkers and have not yet fully developed abstract thinking skills. During middle adolescence, young people are developing abstract thinking skills but experience the "bullet proof" syndrome (ibid, p. 301). This may be identified by those in the consultation who said it is important to learn by doing and be allowed to make mistakes. Only in late adolescence do young people develop complex abstract thinking and greater impulse control. It is crucial for parents and primary healthcare providers to understand these developmental changes and their consequences.

### **Young people rated all strategies highly**

- Overall, the survey yielded high ratings (4 and 5) from young people for nearly all of the questions. This suggests that the questions were relevant to young people, that young people have a lot of enthusiasm about improving sexual and reproductive health, and are agreeable to a wide range of strategies. There may also be considerable gaps and opportunities for improvement in current knowledge, education, promotion, primary health care strategies and parent/caregiver strategies.
- Given young people's enthusiasm, they need to be involved in subsequent steps of the development and implementation of strategies to improve their sexual and reproductive health.

### **The 12-14 age group have different needs**

- A challenge for young people was coming up with ideas on improving their knowledge of sexual and reproductive health – 'how do you know what you don't know'? This was apparent for 12-14 year olds. Many of the survey questions may not have been relevant to this age group, the majority of whom are not sexually active.
- Sexuality development starts at birth and develops on a continuum starting with genetic sex, followed by the development of gender identity, sexual orientation, and gender roles (Christie & Viner, 2008). However, the two areas where young people source credible information – schools and parents – may not reflect sexual development as a continuum.
- Most young people get information on sexual and reproductive health from school (Adolescent & Health Research Group, 2003), yet the Education Review Office (2007) identifies serious deficiencies in the way many schools implement the sexuality education in Years 7 -13. Young people in this consultation thought sexuality education at school was inadequate.
- The Sexual and Reproductive Health Strategy (Ministry of Health, 2001) recognises that social skills development and sexuality education needs to start in early childhood; however, this rarely happens and is of key importance for developing strategies to improve sexual and reproductive health. These wider issues may be most clearly reflected in the responses of 12-14 year olds.

### **Societal attitudes are important for young people**



- Young people identified ways that community attitudes, social and cultural values, religion, social support and media representations can have both positive and negative effects on the sexual and reproductive health decisions they make.
- A tension exists between sexual health as a health issue and as a moral issue. This was perhaps most clearly noted in young people's discussions of how religion and culture might affect decision making (as a protective factor or as a risk to preparedness).
- Fenton and Coates (2008) note that in countries with lower rates of unplanned teenage pregnancy and sexually transmitted infections than New Zealand: sexuality is not seen as a political or religious issue but as a health issue; teens receive positive messages directed at negative outcomes; and teenagers are regarded as being capable of making responsible decisions in regard to their sexual behaviours. This fits with what young people identified in the consultation, including their wish for attitudes to change about sexual health so that it becomes an openly discussed subject, and for the positive sides of sexual health to be explored.

### **Young people want to participate**

- Evaluations of focus groups demonstrated the extent to which young people are interested in their sexual and reproductive health and pleased to be consulted. 77% of young people identified in the evaluation that they enjoyed the session (rating of 4 or 5) and many added positive comments about the process. This shows that young people want to be consulted and want to stay in communication about the project to know what has happened to their work.
- Given the high number of at-risk young people consulted, the evaluation feedback sends a hopeful message that these young people are interested in improving their sexual and reproductive health and having the opportunity to share their views.
- It is paramount that young people receive follow up from this consultation, so that they can know what has happened to their work and see some of their ideas in practice.

## **1.4.2 Summary of sub-group findings**

### **1.4.3 Age**

Most significant differences were noted with age rather than other demographic variables. Given that the survey questions asked young people to consider issues and strategies for 'people your age', it is to be expected that age might yield more responses that were significantly different.

#### **12-14 years old**

- This group has been discussed above. To reiterate, 12-14 year olds were more likely than other groups to give low ratings across a broad range of questions.
- Notably, 13-14 years was considered by many young people (40%) as the best time to start learning about sexual health. At 11-12 years was the second most common response (30%).
- Further, older focus group members verbalised their concern that people aged 12-14 are not getting the information and education they need in relation to sexual health. Their low ratings may suggest this lack of understanding and information.
- The responses of 12-14 year olds suggest a need for education that is ongoing and age appropriate, reflecting the developmental stage of the young person, and the development of sexual identity as a continuum. Young people agree; 74% and 72% of survey respondents respectively rated sex education that relates to what they are experiencing and sex education that is ongoing as important.

#### **15-17 years old**

- This age group constituted 75% of survey respondents and 50% of focus group participants. As nearly 50% will have had sex by age 17, it is particularly important to capture the views of this age group who are most likely to be considering or engaging in their first sexual activity.
- The high numbers of respondents aged 15-17 coupled with the generally high ratings for every question, suggests that there are a large number of sexual and reproductive health issues for this age group and encouragingly a large number of strategies that they would find useful.
- This group was highly aware of their peers opinions and responses and discussed the stigma associated with visiting sexual health clinics. A desire for confidentiality is to be expected, given that this age group are likely to

be negotiating their first sexual experiences. Reflecting the wish for confidentiality, those aged 15-17 also spoke about helplines, texting and websites as useful.

- While confidentiality was paramount for this group, there was also a wish to hear real life stories. Stories that young people can relate to may help to counteract their sense of invincibility.

#### **18-20 years old**

- These young people were aware of a number of gaps in their knowledge.
- Interestingly, while this group noted a lack of knowledge they also were more likely to give low ratings to books, magazines and pamphlets at health centres as sources of information and less likely to rate friends highly. Non print sources may be more useful for this group.
- Having hang out spaces in service settings was not important to this group; however, cultural matching of health professionals was, and they were more likely to rate this highly than other groups, excepting 21-24 year olds.

#### **21-24 years old**

- In focus groups, this age group was reflective of their experiences while younger and spoke about their memories of school-based education. They were concerned about younger people's overexposure to sexual images in the media, which they felt had increased over time.
- The survey revealed a number of positive things about the sexual and reproductive health of 21-24 year olds, including that they rate themselves highly as always using condoms, they know about other contraception, and what to do if they get pregnant. However, they stated knowing more about the risks of sexual activity would help them to stay healthy.
- Socially, this age group is less affected by peer pressure, know when they are ready to have sex and are less embarrassed about contraception. This age group identified alcohol and drugs and hooking up with lots of people as issues that affect them. They also reported that contraception is expensive, possibly reflecting the cut off age of 22 for free services at Family Planning.
- Impersonal information sources, such as magazines, texting and websites were seen as less important by this group, indicating they feel more confident and competent to discuss their sexual and reproductive health openly. Reflecting this confidence, 21-24 year olds rated sexual health services highly as the best place to get information.

### **1.4.4 Ethnicity**

#### **Māori**

- Māori young people indicated peers had a greater lack of knowledge than other ethnicities (excepting Asian) around contraceptives other than condoms in the issues section of the survey. They also rated being able to say no to sex, as a useful strategy to help them stay sexually healthy.
- Youth workers were seen as particularly useful for this group and this was supported by focus groups, where groups consisting largely of Māori and Pacific youth spoke about the importance of youthful, friendly staff. Initiation of conversation by staff may be particularly important for this group.
- A predominantly Māori rural group provided a comprehensive response on the issues that young people face when visiting health services: finding out where confidential sexual health services are, including after-hours services for emergencies; being confident to communicate your needs to professionals; dealing with meeting people or staff who you know, particularly in rural areas.
- Community promotion strategies were important to Māori youth, who were more likely to talk about community related events that educate parents as well as break down the barriers between 'old school' and young people, suggesting that they want parents and the community involved in supporting their sexual and reproductive health.
- In discussions about strategies for parents, all Māori groups spoke about the importance of reminding parents what it is like for young people today.

## Pacific

- Pacific young people indicated that they felt people their age were able to handle peer pressure. This may be related to the cultural norm identified in the focus groups of no sex before marriage and may support them to cope with peer pressure to have sex. Like other ethnic groups however, Pacific young people indicated in the survey that help to deal with peer pressure would assist them to be sexually healthy.
- Pacific youth indicated that they feel their peers are less likely to use condoms when having sex. While the norm to wait until marriage may act as a protective factor in peer pressure, it may also act as a risk factor. Similarly, this group had an ambivalent response to whether or not they could access condoms easily, and were significantly more likely to feel embarrassed about accessing contraception than other ethnic groups.
- Pacific survey respondents rated counsellors highly as information sources. This was supported by focus groups, where Pacific participants spoke about positive experiences with counsellors. Peer support workers were viewed similarly, suggesting both of these groups may be part of strategies to connect with Pacific youth.
- Pacific respondents were more likely to rate parents highly as a source of information and focus group participants elaborated that this would usually occur after marriage. Similarly, the extended family was seen as a good source of information and further investigation is needed to determine at what point in the young person's life this might occur.
- Pacific respondents were also more likely to fear their parents finding out about sexual activity than other ethnic groups. Focus groups elaborated and reported being scared of parents reactions, including '*getting a hiding*' from parents if they find out about sexual activity. Religion has a significant impact on the way parents respond to sexual activity in Pacific culture.
- For one Pacific focus group, and two alternative education groups (predominately Pacific & Māori) controlling anger was a key strategy identified for parents.
- Books were rated highly as one of the best sources of information. This may be seen by Pacific young people as a discreet and private way to source the information they need. Posters were also identified as a place to get heaps of information by this group. The peer research group felt that posters might be a particularly useful strategy for overcoming cultural norms, since posters are in public places and the information does not have to be actively sought by the young person.
- Regarding services, confidentiality, trustworthy staff, sex match of staff, gay, lesbian and bi-friendly services and texting to make an appointment were not rated as highly by Pacific respondents compared to other ethnic groups. Possibly other service features, such as staff of the same culture, which was less likely to receive low ratings from Pacific youth, may be more important.
- Culture match was discussed in focus groups. Staff need to understand the difficulty Pacific young people experience in initiating discussion around sexual and reproductive health.

## Asian

- In several areas Asian survey respondents were more likely to neither agree nor disagree, these included fear of parents finding out about their sexual activity; using Family Planning as an information source; whether being able to handle peer pressure would help them to be sexually healthy; whether ongoing education in schools would help them to be sexually healthy; whether education about the effects of alcohol and drugs would help them to be sexually healthy; whether sexual health services that are part of other services would make it easier for them to go to a sexual health service.
- Asian respondents also gave significantly lower ratings than other ethnic groups in the following areas: knowing about other methods of contraception; knowing when they are ready to have sex; whether information about how sex can affect feelings and relationships would help them to be sexually healthy; whether information about pregnancy options would help them to be sexually healthy; whether free contraception would help them to be sexually healthy; pamphlets as a useful information source; whether more hang out spaces would help young people to be sexually healthy; having trustworthy staff as important for sexual health services. However, in focus groups, cultural match of staff was again viewed as important, as were having gay, lesbian and bi friendly services.
- Ambivalent and low responses from Asian young people may reflect a lack of relevance of some of the questions for this group. Their responses may also reflect a level of disengagement and their low rating of hang out spaces may reflect discrimination faced by this group. It cannot be determined from the survey what proportion of Asian respondents are recent migrants, and what proportion are New Zealand born and whether responses between these groups may be different.

- Further consultation is needed to more fully understand the views and needs of Asian youth.

#### **Other**

- There were little significant differences for other ethnic groups in the survey and focus groups. Further, since 'other' represents a large number of ethnic groups it is difficult to generalise their responses.
- Several points were of note with regards to information, where this group was more likely not to see peer support workers, posters or pamphlets as a useful source of information but were more likely than other groups, (excepting Pacific youth) to rate extended family highly.
- Those in the other category were not as concerned about parents' embarrassment as other ethnic groups, excepting Pacific youth and also cultural match was not as important as it was for other groups. This may suggest that these young people feel well catered for by mainstream services, or, as a small minority, they have low expectations of finding services that cater to their cultural needs.

#### **New Zealand European**

- New Zealand European respondents were the largest percentage of both survey respondents and focus group participants.
- There were some significant differences for this group in terms of information sources, where they were less likely to rate youth workers and parents highly, and more likely to give lower scores to other family members, suggesting that more impersonal sources of information may be preferred by this group, with the exception of posters, which were rated low by this group. This may reflect the individualism of European culture.
- New Zealand European respondents felt that contraception access would help them to be sexually healthy and rated free contraception and making contraception easier to get highly. Confidentiality of services was more likely to be given the highest rating by New Zealand Europeans than other ethnicities, again reflecting the importance of privacy and individualism.

### **1.4.5 Gender**

#### **Male**

- There is a lack of male targeted information, with the exception of porn, which some recognised as presenting an unrealistic view. Males in focus groups noted that they would pick up a free magazine and while they did not want it to be specifically around sexual health they would find a section about sexual and reproductive health useful if it had lots of pictures and few words.
- Family Planning was not seen by males as somewhere they would access information, with the name seen as off-putting by some. This may help to explain why they were more likely to see contraception as expensive, if they are not accessing it through health services. Males were also more likely to say that accessing contraception was embarrassing, possibly further deterring them from accessing services.
- Some males see sexual health as to be dealt with when it is a problem. Males were less likely in the survey to see STI's as an issue. This may be evidence of concrete thinking and possibly reflecting a double standard, identified by young women regarding promiscuity, where males are seen as 'studs' and females seen as 'sluts.' Possibly, young men's acceptance of these stereotypes put them at risk.
- The discourse regarding men asserting their sexuality (Aggleton et al., 2000) was reflected in the survey where males were more likely to agree that they feel good about sexual decisions and feel okay about handling peer pressure. However, young men were also more likely to say that help with working out when they are ready for sex would help them to be sexually healthy. This may point to a need to broaden views about male sexuality in promotion strategies and identify that sexual health services cater for males, that males have equal chances of getting STIs and that they may also struggle with making good decisions.
- Friends were not rated as highly as a source of information by males, but males felt that they had someone to talk to more than other genders and saw parents as a current source of information.
- Males in focus groups were particularly drawn to the use of humour in sexual and reproductive health promotion.
- Males wanted funky, modern services. Some suggested highly identifiable penis-shaped buildings or cars that tour the streets. This may reflect that young men feel proud of their sexual identities and display a positive sexual self concept (Rostosky et al., 2008), while females may have lower sexual self esteem (Aggleton et al., 2000), reflecting gender stereotypes.

## **Female**

- Females were more likely to speak about their concerns and consequences of sex, such as relationships and pregnancy. Females were very aware of discourses regarding male and female sexuality and spoke about a double standard in terms of responsibility for contraception. Females were also more likely to give low ratings to feeling okay about self pleasure and masturbation.
- In focus groups, talking with mothers or female caregivers and professionals was important. The recorder noted that splitting genders for some questions yielded great responses, particularly amongst those aged 14-17 years where they may feel most awkward to talk about sexual health amongst different sex peers.
- For an ideal service, females wanted things to do in the waiting room and were more concerned about the service feeling homely and relaxing. They wanted additional services for young mothers.

## **Transgender/Intersex**

- Respondents who self-reported as intersex, transgender or other gender (grouped as 'other' for statistical analysis) gave lower responses than male and female respondents regarding a number of issues, indicating a higher level of disengagement. Popular sources of information for male and female respondents such as magazines, television and movies, and pamphlets at health centres, were rated as poor sources of information for intersex and transgender respondents. As information from these sources almost exclusively assumes gender identities of either male or female, it is unsurprising that people whose identities are inadequately described by these categories feel excluded and have less connection with the material presented.
- Intersex, transgender and other gender respondents also gave lower ratings than male or female respondents to a range of strategies for health services and communication with parents and caregivers.
- Although the authors are unconvinced that all of the gender responses were accurate self-descriptions, this group appears to have substantially different needs that are not currently being met by health or education services and deserve more individual investigation in future research.

## **1.4.6 Other sub groups**

### **At-risk youth**

- Young people who are generally considered 'at-risk' are also at-risk when it comes to sexual and reproductive health. Similarly, those who experience poor general health outcomes also experience lower levels of sexual and reproductive health. Together, this includes Māori, Pacific young people and those who have been excluded from mainstream education. It has also been noted that the same is true of GLBTI youth, who are those most likely to feel disconnected from their peers or families and suffer discrimination. Sexual and reproductive health issues are inherently connected with wider societal issues and trends and cannot be viewed discreetly.
- Focus groups of at-risk young people had a range of novel ideas, and were generally well engaged and excited to have the opportunity to share their thoughts about sexual and reproductive health and promotion strategies. They emphasised a need for real stories.
- High visibility campaigns to promote sexual health were particularly well regarded by at-risk young people.
- At-risk young people in focus groups saw music as key to successful promotion of messages. Young people should be consulted further on this topic in order to build a relevant New Zealand literature base on how music could be used to positively support health campaigns.
- At-risk young people also spoke of the discomfort of seeking help in traditional primary health-care settings. This indicates the need for alternative service delivery models, as described widely in the literature.
- At-risk groups were more likely to talk about needing emotional support from staff members at their models of "ideal services". These staff were not necessarily counsellors but people that have been through similar issues themselves. Such roles could be filled by youth workers, mentors and peer support workers.

### **Rural youth**

- The key difference noted for rural young were issues of accessibility and confidentiality. Accessibility is a critical bottleneck in delivering services to rural youth, and means that such young people currently have to be more self-motivated to stay sexually healthy.

- If something happens at a party or on the weekend there is nowhere to get emergency contraception and places to get condoms are not open after hours. It is unrealistic to simply expect that they will always make the best decision, especially if they have consumed alcohol.
- Rural young people were enthusiastic about having access to a mobile service, perhaps one that could be accessed through schools and with weekend access. Numerous advantages for this model exist, including the added confidentiality that would come with such a service.

#### **Youth with disabilities**

- Young people with disabilities, ranging from impaired vision to physical disabilities, experience unique issues relating to sexual and reproductive health. In general, these young people feel their sexual identities were marginalised – often people assume that they simply do not have sex.
- Condom access was a noted difficulty for young people with disabilities. Condom placement on shelves at times meant that they could not be reached from a wheelchair. Similarly, vision-impaired young people may have difficulty finding condoms on shelves.

#### **Gay, Lesbian & Bisexual**

- As noted in the methodology and limitations, response to the sexual orientation question in the survey was low and it was not asked in the focus groups. Discussion about GLBTI youth in focus groups was limited, possibly as a reflection of the marginalisation these young people experience, or due to participants not yet fully forming their sexual identities.
- Young people were aware of the discrimination faced by many GLBTI youth and acknowledged the difficulties in coming out. 64% of survey respondents saw parental acceptance of gay, lesbian and bisexual lifestyles as important. It was recognised that there is a lack of support and information for these groups and one group suggested developing specific pamphlets or even sexual health shops. A need for the celebration of gay, lesbian and bisexual relationships on television and more role models for these young people were also noted.

## **1.5 Recommendations**

### **1.5.1 Young people's views of sexual and reproductive health**

- Young people feel strongly about the importance of sexual and reproductive health yet there is a need for more effective strategies to increase young people's knowledge and in particular increase their confidence with making decisions about sex.
- Health promotion and service strategies for young people need to be tailored to recognise the gender differences in sexual and reproductive health and development.
- Peer pressure is a major issue that needs addressing in sexual and reproductive health education and promotion.
- Sexual orientation is an important sexual and reproductive health issue and this needs to be better reflected in education and promotion strategies. This supports the literature review finding that GLBTI youth are amongst the most likely to be disconnected from peers and family and are further excluded by health promotion which assumes heterosexuality.
- Condom use is lower than young people's knowledge about their usage and availability indicating a need for promotion to emphasise the importance of condom use every time and to make condoms more accessible. However, condoms are young people's contraceptive of choice.
- Overall, young people are highly concerned with unplanned pregnancy yet many indicated that knowledge of pregnancy options is low. Pregnancy support and information services for young people need specific promotion.
- Not all young people feel they have someone to speak to or know where to go for information or support.

### **1.5.2 Health promotion strategies**

- Promotion of sexual and reproductive health in schools and alternative education settings needs to be extended and improved so that all young people receive consistent information. This should include strengthening and extending the curriculum beyond Years 9 and 10. As noted in the literature review, sex education traditionally focuses on biology, STIs and abstinence. Young people want more information about relationships and the



emotional impact of sex. Promotion strategies could also focus on self-esteem and developing relationship negotiation skills.

- Young people want to be consulted and appreciate having their views heard and implemented. Young people need follow-up so they know that action is being taken to implement their views. This was found to be a similarly strong strand in the literature review.
- There is a need to develop peer support programmes, to make more use of youth workers and to promote school and community-based health and counselling services. Pacific young people have indicated a particular regard for professionals such as counsellors as part of any service they are involved in.
- Magazines are places that should be utilised for sexual and reproductive health information for young people. Placing more sexual and reproductive health information in male-oriented magazines might help to better reach young men.
- The Internet and digital media should be used more widely in health promotion, a point also noted in the literature review. General websites (and magazines) with a section about sexual health were preferred so that parents are not alarmed by web browser histories. An example of a broad-reaching youth health information site is Urge/Whakamanawa, <http://www.urge.co.nz>.
- Television and radio are media sources that young people think could be better utilised to promote sexual and reproductive health messages to young people. Young people would like promotion strategies to use role models, humour and positive and inclusive messages that recognise the variety of cultural and sub-cultural groups. Television can be used for advertising, documentaries and talk shows.
- Promoting sexual health in the community is an important strategy for increasing openness, awareness and the importance of family for sexual and reproductive health.
- Young people want access to free contraception. Condoms in particular need to be available in places that young people frequent such as school and recreational centres as well as available via text request and freepost.
- Young people responded to the \$1,000,000 and key messages question with great enthusiasm and creativity. Giving young people the opportunity to create their own promotion and messages around sexual and reproductive health is a youth friendly, participatory approach where young people additionally benefit from having their contributions heard, considered, and utilised for the benefit of the community.
- Young people aged 12-14 years tended to give lower ratings across all information sources. Further research may be needed to understand their needs and that separate strategies may be needed to target this group.
- Promotion strategies need to utilise a variety of different media, reflecting the preferences of different age groups and ethnicities (refer to discussion/conclusion section).
- Young people want inclusive strategies and are concerned about stereotyping.

### 1.5.3 Primary health care strategies

- Doctors and other health professionals need to initiate conversations around sexual and reproductive health with young people to acknowledge the difficulty young people have in feeling okay to talk about sexual and reproductive health. This may require training for staff on how to initiate these conversations. This is consistent with the findings of the literature review, which state that health care professionals need to initiate discussion around sexual health, even when this is not the primary purpose of the visit.
- Māori, Pacific and Asian young people in particular want service staff to represent a range of cultures. The literature review further noted that cultural competency is a key skill set for health professionals.
- Doctors and other health professionals need to explicitly explain young people's rights to confidentiality. A consistent theme in previous consultations with young people is that a perceived lack of confidentiality will impact on service use. This could be undertaken by advertising young people's rights to confidentiality and ensuring the Youth Code of Rights poster is displayed prominently in primary health care settings so young people feel confident in the services they receive.
- Young people in rural areas have a particularly high need for accessible and confidential services. Mobile services that came to schools, universities or rural communities could help to overcome this barrier.
- Promotion of sexual and reproductive health services to young people need to include what services are available and what will happen when they are there.
- Sexual and reproductive health services should be free for young people regardless of where they access these services, i.e. at the doctor or sexual health service.
- Youth health services are highly regarded by young people and need to be available in all areas in New Zealand.

- Counselling, helplines and text services are necessary additional services for increasing good outcomes for young people's sexual health.
- Further consultation with younger adolescents (12-14 years) is necessary to further understand their low responses from the questions on primary health care.

#### **1.5.4 Strategies for parents and caregivers**

- Parent/caregiver training and information needs to focus on communication skills and preparation for the variety of responses that young people have to communicating with parents and caregivers about sexual and reproductive health. The literature review states that greater parental involvement and open channels of communication with young people results in improved outcomes in youth sexual health.
- Parents and caregivers need support to deal with communicating with young people without 'freaking out'. Importantly this would include strategies to help parents cope with their anger.
- The most important skills for parents and caregivers with communicating about sexual and reproductive health according to young people are: being open, listening, being non-judgemental, being supportive, being respectful and not pressuring or forcing young people to talk. Parents and caregivers also need awareness of the embarrassment and awkwardness young people experience when talking about sexual and reproductive health and reminding that telling young people about their own sexual experiences increases these feelings.
- Parents and caregivers need good information and increased awareness around the issues that today's young people face regarding sexual and reproductive health.

## 2. Introduction

### Purpose & Background

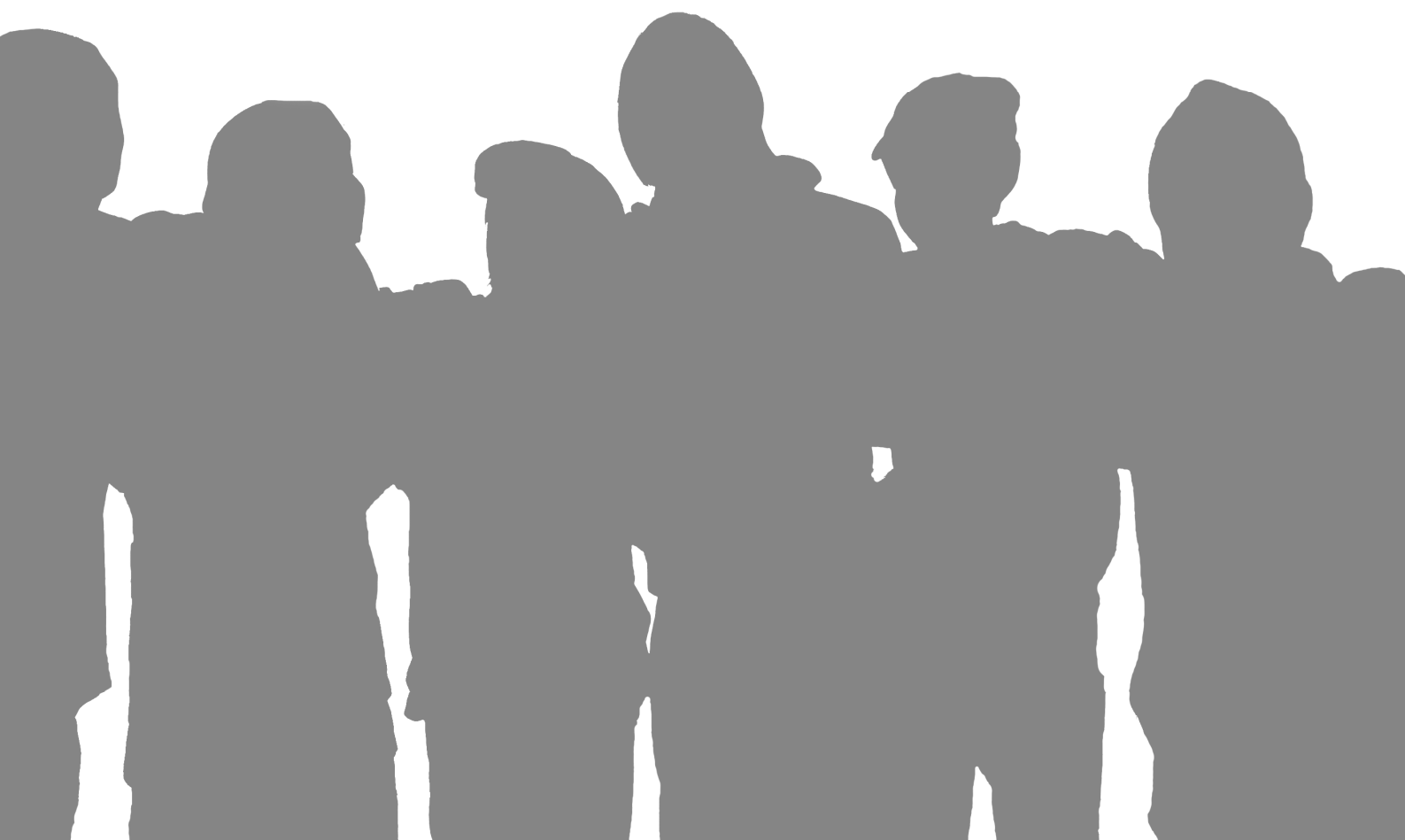
**This report was contracted by the Ministry of Health to provide “a North Island youth voice on sexual health”.**

Youth sexual and reproductive health is a key issue for young people in Aotearoa. The ‘North Island Youth Voice on Sexual Health’ project has the overall aim of: promoting responsible sexual and reproductive health behaviour, to minimise unplanned pregnancy and the incidence of sexually transmitted infections including HIV.

Within this aim four key research questions have been defined:

- *What are the sexual and reproductive health issues for young people in Aotearoa?*
- *What sorts of health promotion initiatives improve youth sexual and reproductive health?*
- *What sorts of strategies are being used or could be used in primary health care consultations to improve sexual and reproductive health outcomes for young people in Aotearoa?*
- *What sorts of strategies are being used by or could be used by parents/caregivers to promote good sexual and reproductive health for young people in Aotearoa?*

This report includes the findings from a North Island youth consultation that captured a youth voice via 1202 surveys and 30 focus groups. The report has been informed by the literature review. The executive summary of the literature review is included in Appendix I (Youth Sexual and Reproductive Health: A literature review of youth sexual and reproductive health issues, effective health promotion initiatives, strategies in primary care, and the role of parents/caregivers in promoting good health).



### **3. North Island youth consultation design and methods**

#### **3.1 Designing the consultation**

The service specifications agreed on with the Ministry of Health provided the basis of the methods used in design of the consultation process. This involved:

- Undertaking a literature review
- Regular communication with the Ministry
- Website maintenance for survey collection
- Establishing a peer review team
- Piloting the survey and focus groups
- Ethical considerations
- Planning incentives for focus group and survey participants

The output from this project includes a literature review, a report of the consultation findings (this report), and a youth-friendly summary of the project findings.

##### **3.1.1 The project team and professional practice advisors**

*Youth development is shaped by the big picture*

The project was led by a Youthline team that included a project manager and Youthline staff. A senior researcher was contracted by Youthline to oversee the consultation process, to assist in analysing the results and drafting the final report. The project team included:

Jayne Lowry	Project manager
Amber Davies	Focus group coordinator, recorder, researcher
Paul McBride	Researcher, data analysis
Sue van Daatselaar	Senior researcher
Dr. Sharon Milne	Advisor/researcher

In addition to the core project team Youthline engaged their professional practice team of advisors who regularly provide input into Youthline projects. This team included:

Dr. Fiona Moir	General Practitioner
Sarah McGregor	Education and psychology specialist
Ben Birks	Youth worker
Kim Elliott	Programme Leader/ Senior Lecturer: Youth Studies and Youth Work University of Auckland

The Youthline project team drafted the initial questions for the online survey and the focus groups and developed an appropriate methodology for the implementation of the survey and focus groups. The senior researcher and a team of professional practice advisors commented on the draft questions and proposed methods. The peer research team advised on both survey and focus group questions as well as the proposed methods. This team is described below.

##### **3.1.2 Peer research team**

*Youth development is triggered when youth fully participate*

A group of peer researchers were recruited from the National Urge Youth Advisory Group. This is an existing group, which has had considerable input into the design, development and content of the Urge youth health information website, a site developed in partnership with the Ministry of Health, ALAC and Youthline. This group is well-developed, consisting of eight young people, largely from Auckland and Wellington, aged from 13-23 years and representative of a range of ethnicities and social backgrounds.

As the young people are from regions across the country, most consultation is managed via e-mail and online forums, as well as periodic meetings in person. This has been a successful means of communication since the group was established in 2007. The group was initially engaged for this project via e-mail. The group were invited to participate in the North Island Youth Voice on Sexual Health project as they were experienced in this role through their work with the Urge website. Their role and what was expected of them as peer researchers was explained and the opportunity to ask any questions and decline if they wished was offered. Their consent to participate in the research was ongoing with the right to withdraw at any time and their participation was entirely voluntary throughout the project. Their role on the peer research team was to provide a youth perspective on the research tools and processes.

In addition to email and online forums the peer research team met in person, on two subsequent occasions, to provide individual and group feedback on the following aspects of the consultation:

- early drafts of the questions for the focus groups and online survey
- the methods used for engaging young people on the topic area, the online survey and the focus groups;
- how young people are recruited to the focus groups;
- a presentation on the initial findings and on the draft report; and
- the development of a youth friendly report for the Urge/Whakamanawa website.

The peer research team were enthusiastic and interested in the topic of sexual health. Apart from the valuable contribution made by these young people to the project there were some personal growth benefits as one member noted that her involvement in the project had initiated discussion between herself and her family about sexual health. This point emphasises the critical contribution these young people and other more informal contacts with young people generated by Youthline work were able to make to the project.

### **3.1.3 The Youth Development Strategy Aotearoa**

In keeping with Youthline's philosophy and the aims of the project, the Youth Development Strategy has been utilised throughout the project to guide the design, implementation, analysis and presentation of the Youth Voice on Sexual Health Project.

The Youth Development Strategy comprises of six principles, which are used to guide policy, programmes and work with young people (Ministry of Youth Affairs, 2002). The principles are described below:

#### **1. YOUTH DEVELOPMENT IS SHAPED BY THE 'BIG PICTURE'**

By the 'big picture' we mean: the values and belief systems; the social, cultural, economic contexts and trends; the Treaty of Waitangi and international obligations such as the United Nations Convention on the Rights of the Child

#### **2. YOUTH DEVELOPMENT IS ABOUT YOUNG PEOPLE BEING CONNECTED**

Healthy development depends on young people having positive connections with others in society. This includes their family and whānau, their community, their school, training institution or workplace and their peers.

#### **3. YOUTH DEVELOPMENT IS BASED ON CONSISTENT STRENGTHS-BASED APPROACH**

There are risk factors that can affect the healthy development of young people and there are also factors that are protective. 'Strengths-based' policies and programmes will build on young people's capacity to resist risk factors and enhance the protective factors in their lives.

#### **4. YOUTH DEVELOPMENT HAPPENS THROUGH QUALITY RELATIONSHIPS**

It is important that everyone is supported and equipped to have successful, quality relationships with young people.

#### **5. YOUTH DEVELOPMENT IS TRIGGERED WHEN YOUNG PEOPLE FULLY PARTICIPATE**

Young people need to be given opportunities to have greater control over what happens to them, through seeking their advice, participation and engagement.

## 6. YOUTH DEVELOPMENT NEEDS GOOD INFORMATION

Effective research, evaluation, and information gathering and sharing is crucial.

### 3.2 Consultation methods

*Youth development is about young people being connected*

The consultation used a multi-method approach and drew on quantitative and qualitative methods for gaining young people's views on sexual and reproductive health. This included a widely dispersed survey and focus groups conducted around the North Island.

#### 3.2.1 Survey

A quantitative survey was developed and implemented by Youthline, with assistance from the professional practice advisors and the peer research team and feedback from the Ministry of Health. The survey was available as a hard copy or accessed online through the Youthline website, [www.youthline.co.nz](http://www.youthline.co.nz) or [www.youthvoices.co.nz](http://www.youthvoices.co.nz), which was set up specifically for the project.

Young people's participation in the survey was anonymous. Young people were not asked to provide personal details (such as name or address). They were asked to provide demographic details, including age, ethnicity, sex, location, education and sexual identity. The survey took approximately 10 minutes to complete and comprised of 130 Likert-scale questions and some open-ended questions. A copy of the survey questions can be found in Appendix A.

In keeping with the Youth Development Strategy, questions were designed to take a strengths based approach. For example, questions posed positive statements such as "what would help young people to be sexually healthy" and asked young people to rate options, as opposed to asking young people to comment on the barriers to sexual health. This was in line with a previous consultation undertaken with young people, where they had identified a wish for a positive take on sex and sexual health (Youthline, 1999).

The Coca-Cola Careers Expo held in Auckland on August 7, 8, and 9 and Wellington on August 13 and 14 was chosen by the project team. As noted in previous research (Nairn, Sligo, & Freeman, 2006), consultation with young people frequently involves either those who are most at risk, or those who are high achievers. Recruiting participants through the Careers Expo was a good way to engage those in the middle of the bell curve. This venue also offered those young people without access to a computer an opportunity to participate in the project. The expo was also a good opportunity to access a range of young people from different ethnicities, and backgrounds. The Careers Expo is open to the public; however young people usually attend with their school. All secondary schools are invited to the expo, with 18,000 participants in Auckland and 12,000 in Wellington.

Youthline set up a stall for young people attending the expo and provided any young people interested with a hard copy of the survey. Young people were invited to participate by a member of the project team or a Youthline youth worker. It was explained to the young people verbally that the survey was designed to explore their opinions and ideas about sexual and reproductive health issues and strategies. The survey also included a description of the project on the front cover and websites and helplines for sexual and reproductive health organisations if the young people wished to access further information after completing the survey. Young people were told explicitly that the survey was not about their own experiences, but about young people their age. Following this explanation, young people voluntarily chose whether to participate in the survey.

A member of the project team was present at both expos and observed young people completing the survey. There was a high level of enthusiasm to get involved expressed by participants. Each young person filled in a survey and it was observed that most did so silently. Some sat with groups of friends to complete the survey.

Twenty packs of 10 hard copy surveys were also provided to the young people attending the focus groups so that they could approach their friends and invite their participation. A self addressed envelope was provided for the surveys' return. One pack of 10 completed surveys was returned by this method.



The online version of the survey was promoted through a range of youth media. It was advertised in the Tearaway magazine, which goes to all secondary schools across the country and their website. It was publicised on the Youthline and Urge websites and an email was sent to Youthline's online membership of young people from across the country (1000 people).

#### *Incentive to participate*

All young people participating in the survey (both hard copy and online) were given the opportunity to enter a competition to win an iPod or a digital camera as an incentive regardless of whether they completed the questionnaire or not. Surveys and competition entry forms were collected and stored separately, ensuring that personal details could not be matched to survey responses. Online entrants also had the opportunity to enter the competition, and could choose to send an email to Youthline once they had completed the survey. Again, these emails were separate from their survey responses and young people did not have to answer all questions to enter the competition.

#### *Participation*

Approximately 80% of the total 1202 surveys completed were filled in by young people at the Careers Expos and the remaining 20% were completed online via the Youthline's website. To collate the results, data from the hard copy surveys were entered online by members of the project team. Surveys that were partially completed were included.

### **3.2.2 Focus groups**

Qualitative data was provided through the implementation of 30 semi-structured focus groups. To ensure that the views of a broad range of young people were captured in this part of the consultation, the focus groups were held throughout the North Island and included young people across the age spectrum of 12-24 years. A copy of the focus group questions are attached in Appendix C.

The following focus groups were held:

- Eighteen focus groups were held in the two major centres of the North Island, with 12 groups within the greater Auckland area and six groups within greater Wellington area.
- Seven focus groups in medium size towns including Hamilton, Tauranga, Palmerston North, Masterton and New Plymouth.
- Four focus groups in smaller more rural centres including Helensville, Hastings and Kapiti.
- One focus group was a national reference group for Youthline, including participants from greater Auckland and Wellington.

#### *Recruitment to focus groups*

Due to the limited time allowed for completion of this project, most of the focus groups were recruited by contacting existing groups, part of Youthline's North Island networks. The project and focus group format was outlined to the local group leader or teacher who then asked their young people if they would like to participate. An information sheet and consent form was provided to potential participants prior to the focus group being held. An additional information sheet was given to the local group leader or teacher and information and consent forms for parents were provided where the local organiser decided that parental consent was required. Consent forms and information sheets are included in Appendices C, D and E.

Four groups were organised by young people on their own initiative after having heard about the project from an email sent to all Youthline members nationwide (approximately 1400 people), after completing the survey, or from being involved in the peer research team.

The recruitment strategy prioritised at-risk youth as well as Māori, Pacific, migrant, Asian ethnic groups and gay, lesbian, bisexual, transgender and intersex young people. Ten of the 30 focus groups included young people considered as 'at-risk'. A key method used to ensure the over-sampling of at-risk groups was the involvement of alternative education schools. These young people are recognised as having high unmet health needs and statistics from the Adolescent

Health Research Group (2003) showed that 85% of these young people were having sex and nearly 25% had either been pregnant or gotten someone pregnant. Eight out of the 30 focus groups were made up of alternative education students. In addition, two focus groups were organised with other at-risk groups – one with young people attending an alcohol and drug rehabilitation service and another with young people in a support group based on referrals from Child Youth and Family.

### *The facilitation of the focus groups*

The groups were all arranged by the recorder in conjunction with the group leader or teacher. Two Youthline youth workers were used to facilitate the majority of groups, one from Auckland and one from Wellington. The recorder was present at all groups to ensure consistency in delivery and recording. The recorder noted participants' ideas and also observed the process and dynamics of the group, identifying what, if any, impact these variables had on young people's participation and the data they contributed. The senior researcher also attended a sample of four focus groups to monitor the delivery and quality of the focus group facilitation.

Each group took two hours. The groups were run using interactive, youth-friendly methods to ensure meaningful youth participation. This included a warm-up exercise and group brainstorm to encourage young people to share their views. Young people were invited to share their ideas verbally and on large sheets of paper. Each focus group included the creation of a group contract, to ensure that young people felt safe, respected and able to participate. Where the groups included more than 10 people, they were split into smaller male and female groups to answer questions 3 and 4 (see Appendix B).

Food was provided for all the participants. The focus group coordinator worked with the young people and their group leaders to overcome any barriers, such as transport that might prevent young people from participating. A \$10.00 Warehouse gift voucher or movie voucher was provided at the end of the session to all young people who participated in the focus groups.

### **3.2.3 Ethics**

The North Island Youth Voice project remained within the boundaries of an activity to improve services and complied with the NEAC ethical guidelines for observational studies (see sections 3 and 11, Ethical Guidelines for Observational Studies, 2006). In line with these considerations, young people's participation was voluntary and they gave informed consent to participate during the consultation.

As a consultation, survey and focus group questions asked young people to comment about 'people their age' or young people in general, rather than their personal experience. Sexual orientation information was gathered for survey respondents but it was felt the question was too sensitive to include in the less confidential setting of the focus groups.

Informed consent was gained in the following way. The survey respondents and the focus group participants were provided with information on what the consultation was about and what their participation would involve (see Appendix D). Young people participating in the focus groups were reminded of this information and that their participation was voluntary. Any direct quotes recorded in the focus groups were taken with the young people's permission and shown to them at the end of the session to amend or remove if they wished. No sound recording of focus groups was undertaken.

Parental consent forms were made available local organisers of each group (see Appendix E). Groups held in schools, including alternative education, held the focus groups as part of the delivery of the Health and Physical Education Curriculum. The organisers for these school-based groups have already received parental consent for young people to receive sexuality education within the curriculum.

The remaining focus groups were organised by Youthline members directly or through agencies that Youthline have a strong and trusted relationship with. The decision to seek parental consent for participation in the focus groups was left to the local organisers to discuss with the potential participants. All of the local organisers reported that they felt parental consent was not needed for this type of consultation because young people had been involved with the service for a period of time and had trusted relationships with the local organisers. Local organisers were confident that the young people would feel able to approach them for support if any personal issues arise as a result of participating in the focus group.

### **3.2.4 Pilot Groups**

*Youth development happens through quality relationships*

The survey and focus group questions were piloted with two groups. The pilot was limited to two groups due to the tight time frame for undertaking the consultation and Ministry of Health officials agreed to this approach. The first was a Manukau-based Youth Advisory Group and the second was a central Auckland alternative education group. At these groups young people were asked to complete the survey and then participated in the focus group. They were then invited to give feedback on their experiences and the questions to see if any further modifications were required to the survey or focus group questions.

The Manukau Youth Advisory Group members are experienced in consultation and their two suggestions for improving the questions were adopted. Firstly, the definition of sexual health provided at the beginning of the survey was used to develop a warm-up exercise for starting the focus groups. Secondly, a question was included in the survey and focus groups that asked young people to identify the key messages that young people need to hear about sexual health. The key messages created by this group were those tested in the survey. The young people reported that they enjoyed the focus group and did not have further feedback to give regarding the survey.

The alternative education pilot group had little feedback to give, and this could be due to the fact that this group is not used to being consulted in this manner. Overall, they reported that they enjoyed the group and the survey and did not have any further input to add.

Given that the modifications made from the pilot based on the young people's feedback were minimal, the survey and focus group data from these pilots has been incorporated into the main consultation findings.

## **3.3 Who participated in the project**

The following graphs identify the key demographics of young people involved in the consultation.

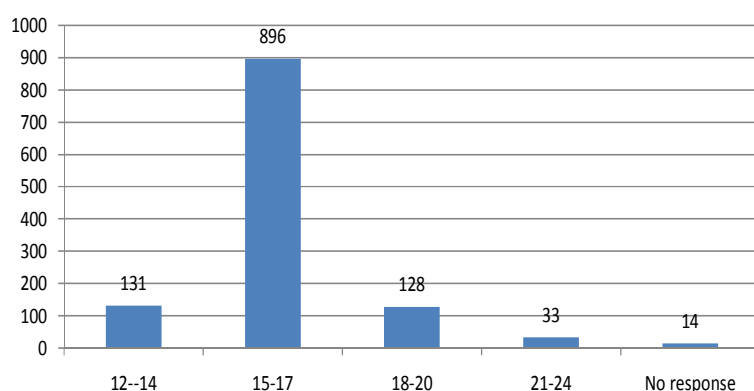
### **3.3.1 Survey**

The survey yielded a total of 1202 respondents.

#### *Age Groups*

A high proportion of the respondents are 15-17 year olds (Figure 1). This is due to the high participation rate (nearly 80% of total surveys completed) from young people attending the Careers Expo.

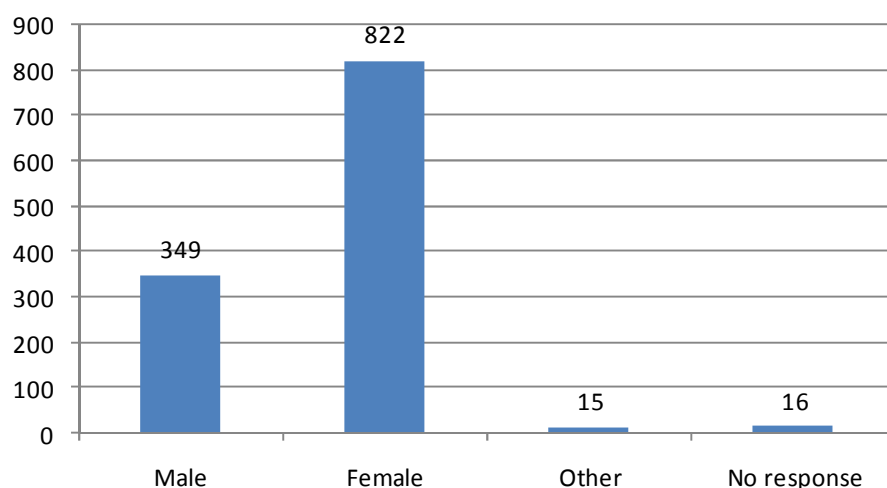
**Figure 1:** Age groups of survey respondents (N=1202).



### *Gender*

Females were over-represented in this study, as approximately two thirds of respondents are female. Males comprised most of the other third. There were also 15 respondents who reported their gender as intersex, transgender or other (Figure 2). With the size of the survey (1200 respondents) the number of responses from individuals who identify with these genders would be anticipated to be lower than 15. There was concern that some or many of the respondents may not have been genuine. An Australian study estimated that about 0.1% of the population are born with a substantial intersex condition and notes estimates for the proportion of the population who identify as transgender range from 1 in 12,000 to 1 in 30,000 for males and 1 in 30,000 to 1 in 150,000 for females (Ministerial Advisory Committee on Gay and Lesbian Health, 2002). With this in mind, we would not expect more than 1 or 2 respondents indicating intersex and probably no transgender respondents, even assuming that all respondents had formed their identities, which is unlikely when considering the median age. Three respondents recorded their gender as intersex, seven as transgender and six as 'other'. It is noteworthy that definitions were not given for the terms 'transgender' or 'intersex', hence some respondents may have mistakenly indicated their gender as one of these. Also, transgender respondents were not asked to indicate their original physical gender. For completeness, the information provided by this group has been included, but caution should be used when interpreting any statistical inferences (where these responses were grouped together as 'other'). It is also noteworthy that because the absolute number is low, chi-square analysis was not always valid for 'other' genders.

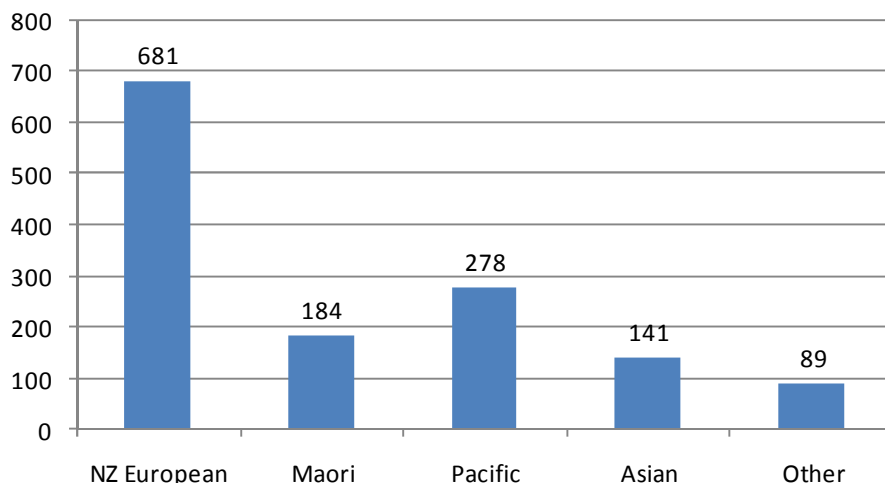
**Figure 2:** Gender of survey respondents (N=1202).



### *Ethnicity*

Survey participants were able to choose multiple ethnicities from a selected list and these were counted separately for each ethnicity, provided responses were in different Level 1 categories. For example, a respondent who listed 'New Zealand European', 'Tongan' and 'Niuean', would be counted once in New Zealand European and once in Pacific. 'Other' includes Europeans, Middle Eastern respondents and African respondents, including South Africa. Pacific and Māori young people were well represented in the survey participants (Figure 3).

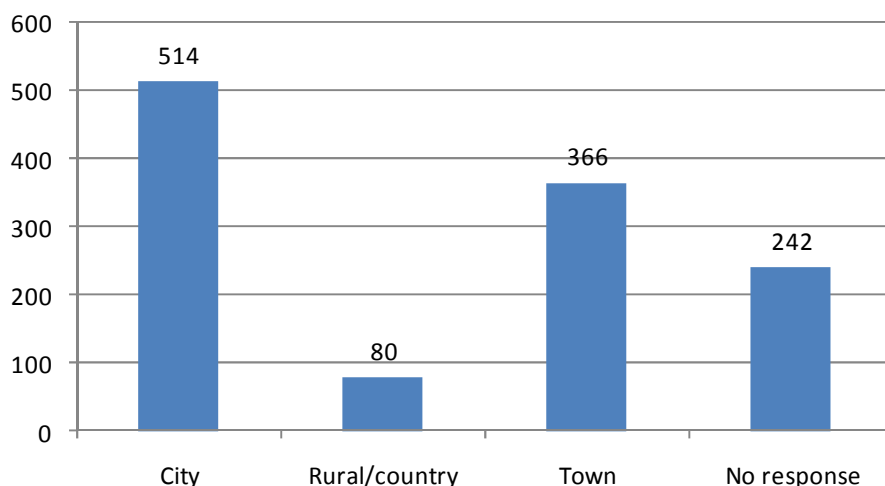
**Figure 3:** Multi-response ethnicity of survey respondents. (N=1202).



### *Area Type*

City and town were better represented than rural, probably a reasonable representation of the wider population (Figure 4). However, a substantial proportion (20%) of respondents did not respond.

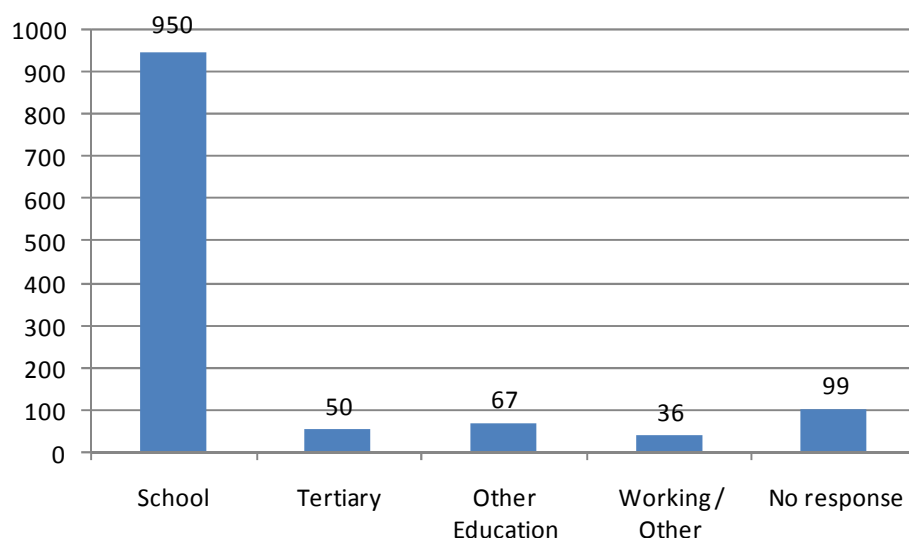
**Figure 4:** Area type of survey respondents (N=1202).



### *Occupation*

As would be predicted by the age of respondents, a high proportion of respondents were school students (Figure 5). The remaining categories each represented between 3 and 6% of respondents.

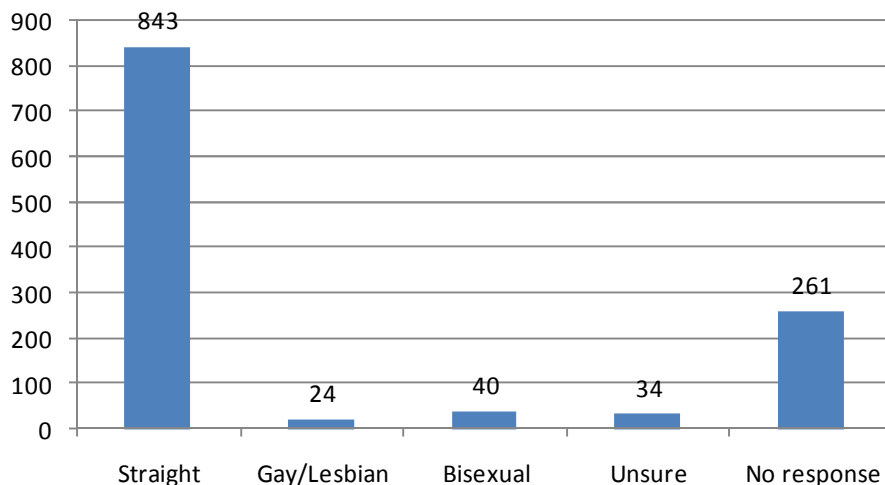
**Figure 5:** Occupation of survey respondents. School=secondary school; Other Education=Alternative education or secondary level course; Working/Other=Full time, part-time or unemployed respondents not engaged in education (N=1202).



### *Sexual Orientation*

A high proportion of those who responded to this question reported being straight (Figure 6). However, this question has a very low response rate. Approximately 1 in 6 did not respond. This may reflect either young people, who had not come to terms with their sexuality, were not ready to disclose their sexuality, or were not comfortable answering the question in the environment they were in.

**Figure 6:** Sexual orientation of respondents. (N=1202).



### **3.3.2 Focus groups**

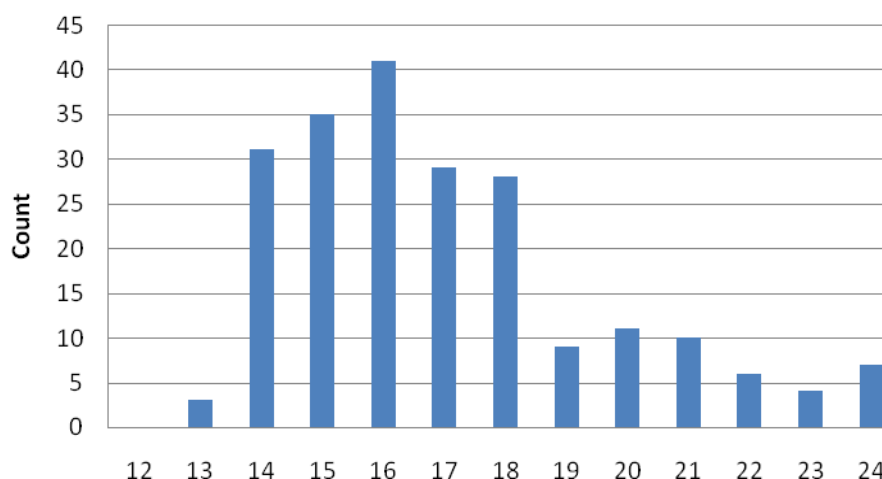
The focus groups involved 214 participants from across the North Island.

#### *Age*

Nearly 50% of participants were aged 15 to 17 years (Figure 7).



**Figure 7:** Age in years of focus group participants. (N=214).



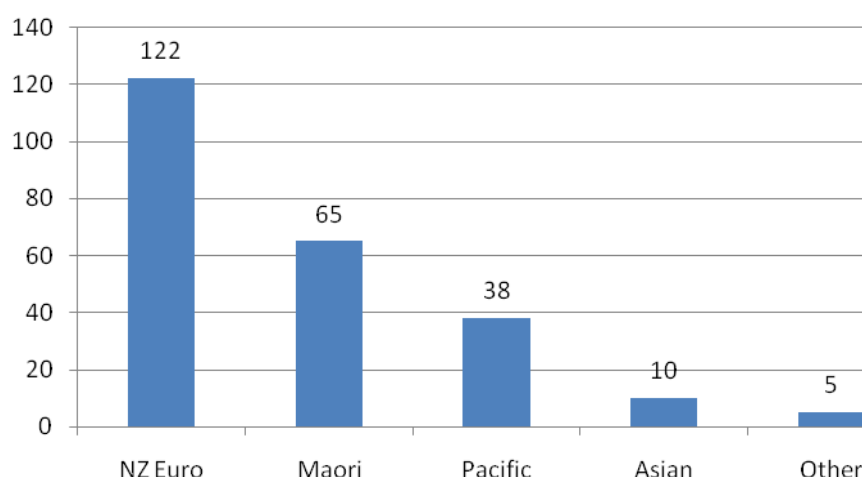
#### Gender

55% of participants were female and 45% were male.

#### Ethnicity

57% of participants identified with a New Zealand European ethnicity, while 30% and 18% identified with Māori and Pacific ethnicities respectively (Figure 8).

**Figure 8:** Ethnicity of focus group participants, multiple responses included. (N=214).



## 3.4 Analysis Framework

### 3.4.1 Survey

#### Analysis

Statistical analysis was conducted using *SPSS 15.0 for Windows* (SPSS Inc). Data from hand-written responses were digitised and added to online responses. Each of the 130 questions were cross-tabulated against the six demographics used for analysis:

- age group (12-14, 15-17, 18-20,21-24);
- gender (male, female, other);
- ethnicity (New Zealand European, Maori, Pacific, Asian (including Indian) and other, multiple responses included);
- sexuality (straight, gay/lesbian, bisexual, unsure);

- area type (city, town, rural/country); and
- occupation (secondary school, tertiary, alternative education/non-tertiary course, working/unemployed)

Mean and median responses were calculated for each level of each demographic category. Total mean and median responses were calculated and the distribution of each response was graphed. Not every respondent answered every question.

Pearson chi-square tests of independence were performed to investigate where statistically significant differences existed within the demographic categories of age group, gender and ethnicity. Where tests were significant at the 95% level ( $\alpha=0.05$ , two-tailed test), inferences were derived from post-hoc, standardised contributions to the chi-square statistic. Hence, in cells where the absolute value of a standardised residual was greater than 2 standard deviations, the cell was considered a significant contributor to dependence between the variables.

Chi-square tests were selected for analysis as they do not rely on the data fitting a normal distribution, and because the response data were categorical. Where violations of the assumptions for chi-square tests occurred (low expected counts), Likert scale responses were recombined into Low (Likert score of 1 or 2), Medium (Likert score of 3), and High (Likert score of 4 or 5). The mid-point of '3' was not defined and this means that a '3' response could either indicate that the respondent is unsure or that it indicates a moderate response. This method avoided losing sensitivity to differences between demographic groups. However, this method could result in the loss of sensitivity between strong responses (1 or 5) and moderate responses (2 or 4). In practice, few differences were noted between re-categorised data and the original analyses, indicating the overall significance of tests was not affected by the potential loss of sensitivity. Where possible the original five-point scale was retained.

The following decisions were made regarding the use of Pearsons chi-square in the write up of the results:

- This test was not performed in relation to sexual orientation, due to the high level of non-response to this question (21.7%) and concern regarding the reliability of the responses received. Many young people are still in the process of forming their sexual identity between the ages of 12-24 years and the peer research group felt that there would be a high degree of discomfort for young people in responding to this question.
- Results that were identified as significant for 'other gender' have been included in the discussion on the findings. However, because of the low response and questions regarding the reliability of these results, caution must be used when interpreting these results.

Overall trends and results are noted with any areas of statistical significance discussed where found (significance as defined above). Chi-square tests revealed few significance differences amongst variables other than age.

### **3.4.2 Focus groups**

Using an iterative process the focus group data was analysed and thematically coded by a member of the project team. Themes were then aligned with the four key consultation questions. All themes were discussed by the research team and validated by the focus group recorder to ensure that the themes were an accurate interpretation of young people's responses as recorded and observed.

Most of the groups consisted of young people across a range of age and ethnicities. As in the survey, the thematic analysis found that the responses were similar across groups. It was therefore decided by the project team that further coding in relation to age, ethnicity and location would not yield any significant differences. While there are no significant differences between responses across demographics, small variations are noted where relevant in the body of the report.

Given that a third of the focus groups involved the participation of young people from at-risk populations, particular attention was paid to the responses of people from alternative education settings (8 groups), an alcohol and drug rehabilitation setting (1 group) and a community organisation receiving Child Youth and Family referrals (1 group).

## 3.5 Limitations of the consultation process

### 3.5.1 Survey

A major source of recruitment was the Careers Expo. This event was a positive environment and young people tended to encourage each other to participate. It was also a good way to recruit those who may not have computer access. The Careers Expo was a youth-friendly and safe environment for young people.

As noted above, project team members were present at the expo to observe the behaviour of young people as they completed the survey. For the most part, completion of surveys was done alone but near friends. This behaviour may be expressed in the data, where the numbers of young people who ticked, gay, lesbian, or bisexual is limited. As one peer researcher noted “It’s ok to ask the question but I wouldn’t answer it if my friends were around.” The literature notes that lesbian, gay bisexual and transgender youth are the most likely to experience discrimination (e.g. Warner et al., 2004); again, suggesting that they may hide their sexual identity from their peers.

This could also reflect that young people have not fully formulated their sexual identity at this stage (75% of respondents were aged 15-17 years). Troiden (1988) states that the average age of self definition as gay/lesbian is 19-23 years. This age has probably reduced since Troiden’s report (see Kreiss & Patterson, 1997), although this is also likely to be dependent on the young person’s individual perception of societal attitudes and the attitudes in their immediate environment.

Additionally, there was no way to control the environments in which young people filled out the survey online. This could also have been completed in the presence of others. The only way to avoid this limitation would be to ensure young people filled out the survey alone, which was outside of the scope of the consultation.

Some young people at the expo did comment that they found the survey too long. The length of the survey may have had an effect on the number of completed surveys returned and the possibility of some participants answering questions quickly and superficially. It was observed that most young people completing the survey at the expo took approximately ten minutes which is not an unreasonable time. Incomplete surveys were included in the data analysis.

Respondents were drawn mainly from Auckland and Wellington, with few from other areas; therefore, participants were not fully representative of young people across the North Island. However, supplementary data was provided by focus groups that included young people from a wide range of areas across the North Island. Focus group responses showed little regional variation, which will be discussed more fully in subsequent sections of this report.

Survey respondents were largely in school groups at the expo, making it difficult to identify how many survey respondents were part of at-risk groups. Focus groups included a wide range of young people including at-risk groups and alternative education students. An emphasis on at-risk and high achieving young people as part of the focus groups, together with a more general youth population participating in the survey, has meant that a broad range of young people were consulted as part of the project.

The framing of the questions, asking young people to comment on what they saw as relevant to “people my age” or other young people, according to one of the peer researchers may have elicited “idealistic” responses rather than personal experience. This is relevant to the analysis of the survey questions. While we can analyse for all demographic details, age is the most relevant analysis as young people were asked specifically about their age group.

### 3.5.2 Focus groups

The focus groups were not divided on the basis of gender and this may have influenced the responses of participants especially if one particular gender dominated. This factor was mitigated by splitting the groups into male and female for some questions. The recorder noted any groups where a particular gender was dominant and it was found that in fact, there was a similarity in responses across all focus groups suggesting that gender was not a significant moderating factor. A further limitation may have been in the use of female facilitators, however, it is unknown what impact male facilitators may have had.

The focus groups were run with groups that knew each other. The utilisation of friendship groups is a common approach when doing research with young people who feel more comfortable with their peers and therefore more able to fully participate. However, there is always the possibility that this arrangement might cause participants to censor their responses knowing that they see their group regularly. One male peer researcher, who also participated in a focus group, commented: *"I wouldn't not say something just because I had friends there who were chicks."*

The majority of groups recruited were recruited outside of school, including health services, alternative education, and youth advisory groups. This was due to the fact that organising groups through schools often required a lengthy negotiation process, taking up to a month or more. The focus groups also had a relatively small number of Asian young people. This may be due to the limited number of existing groups for Asian youth, outside school.

The team was unable to consult with young people in Northland. The group that had been organised was unable to go ahead due to unforeseen circumstances and was not able to be rescheduled. However, given the similarity of responses from focus groups it was felt that a further group would not significantly change the data. Key variables within the focus groups were age and rural versus city location. While Northland is largely rural, all rural groups consulted raised similar location based issues, and will be discussed in the report below.

Access to 12-13 year olds proved difficult across both the survey and focus groups. It was felt by group leaders/teachers of some groups that consultation about sexual health was not appropriate for this age group, given that many 12 year olds had not yet had sexual education sessions at school. Parental consent was not given for some 12 year olds to participate in the project.

## **4. Young people's views of sexual and reproductive health**

As noted in the literature review, New Zealand statistics highlight some key issues relating to young people's sexual and reproductive health. The Youth Development Strategy Aotearoa (Ministry of Youth Affairs, 2002) emphasises the importance of building young people's resilience and in taking a strengths-based approach to reduce risk. For new health promotion and service-based initiatives to be successful, they need to capture young people's attention and '*keep it real*' by meeting them where they are at, without judgements.

This chapter sets the scene by outlining young people's views on what is sexual and reproductive health and gives a window into their lived experiences. Responses to the survey questions on how much young people agree with a list of things related to young people's sexual and reproductive health are summarised. Significant differences in the response due to age, ethnicity or gender are discussed where noteworthy. Each topic area concludes with focus group participants responses where relevant.

To improve readability, those young people who rated 1 or 2 are described as rating low, those who rated 3 as middle and those who rated 4 or 5 as high.

This chapter covers the following topic areas:

- 4.1 Overall knowledge of sexual and reproductive health and making decisions about sex
- 4.2 Well-being, sexuality and sexual health
- 4.3 Health issues, including STIs and alcohol and drug use
- 4.4 Contraception
- 4.5 Dealing with pregnancy
- 4.6 Information and support

### **4.1 Knowledge of sexual health and making decisions about sex**

This section looks at a range of survey questions relevant to knowledge of sexual and reproductive health and decision making about sex.

- ***How much do you know about sexual health? (1= nothing at all, 5= I could run a class on sexual health)***

Most of the survey respondents (71%) rated how much they know about sexual health highly (4 or 5), indicating they believe that people their age have a degree of confidence about their knowledge of this issue.

#### *Age*

Of the nine percent of young people that thought that people their age did not know a lot, they were significantly more likely to be aged 12-14 years or 18-20 years. While it is understandable that 12-14 year olds were more likely to indicate that they knew less, it is interesting that young people aged 18-20 years were significantly more likely to answer low when compared to other age groups. A possible reason for this is that they have reached an age that they are more likely to be engaged in sexual activity and have now recognised gaps in their knowledge they may not have been aware of beforehand. It also indicates that these two age groups may need to be targeted more specifically by promotion and services.

#### *Gender*

While male and female respondents answered similarly, other genders were significantly more likely to indicate that they did not know a lot about sexual health.

- ***How important is sexual health for young people? (1=not important, 5=extremely important)***

Most survey respondents rated the importance of sexual health for young people highly (89%). There were no significant differences for age, gender or ethnicity indicating that young people universally consider sexual health to be an important issue.

- ***People my age know when they are ready to have sex (1 = strongly disagree, 5 = strongly agree)***

More than half of survey respondents rated that people their age know when they are ready to have sex highly (56%). Importantly, however, is the result that 18% of young people rated this question low indicating that young people think their peers may be unsure about when they are ready to have sex. As it is important for young people to feel confident in their knowledge in themselves and their readiness to have sex this is an area for improvement.

Differences across age groups suggest that young people think that knowing when you are ready to have sex improves with age. Young people aged 12-14 years were significantly more likely than others to strongly disagree and 21-24 year olds were significantly more likely to strongly agree than other age groups.

#### *Ethnicity*

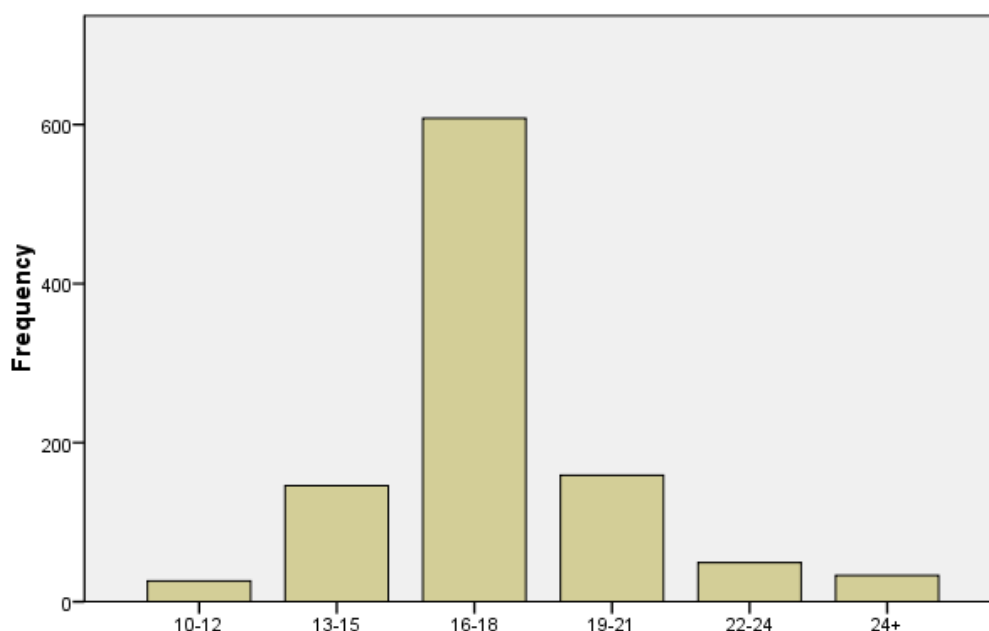
Asian respondents were significantly more likely to state that young people their age are not sure when they are ready to have sex.

Pacific respondents were significantly more likely to feel that young people their age did know when they are ready to have sex. Pacific respondents may feel more confident about people their age knowing when they are ready to have sex due to religious beliefs around no sex before marriage.

- ***What age do you think is ok for young people to have sex?***

For this question survey respondents were provided with a list of age groups. Age 16-18 years was selected by 60% of respondents, reflecting the current age of consent in New Zealand of 16 years (Figure 9). Age 13-15 years was selected by 14% of respondents and age 19-21 years by 16% of respondents.

**Figure 9:** What age do you think is ok for young people to have sex?



- ***When is a good time for people to start having sex?***

Survey respondents were asked to select as many answers as they felt applied from the options outlined in Table 1 below. The most common response was 'when the time is right for them', selected by three quarters of respondents.

**Table 1:** When is a good time for people to start having sex? (N=1202)

Response options	Count	% of respondents
When they've thought about it	338	33.1%
In a trusting relationship	441	43.2%
When married	217	21.2%
When the time is right for them	755	73.9%
When they have all the info	343	33.6%
When they are adults	158	15.5%
Anytime	62	6.1%

- ***What age do you think young people need to learn about sexual and reproductive health?***

Between 13-14 years was considered by many young people (40%) as the best time to start learning about sexual health. At 11-12 years was the second most common response (30%). Male survey respondents were significantly more likely to identify 15 years and over as the best time to learn about sexual health. This was not confirmed in the focus groups within which young males who mentioned age of education thought it was too late to learn about sex at 15 years. In addition older focus group members verbalised their concern that people aged 12-14 years are not getting the information and education they need in relation to sexual health.

- ***People my age know how to be sexually healthy (1 = strongly disagree 5 = strongly agree)***

Just over half of the respondents (53%) indicated that they agreed that people their age know how to be sexually healthy. 17% of respondents rated their peers' knowledge of how to be sexually healthy low.

- ***People my age feel good about the decisions they make about sex (1 = strongly disagree, 5 = strongly agree)***

Nearly half of survey respondents rated that people their age feel good about the decisions they make about sex highly (48%); however, 21% of respondents answered this question low suggesting that there are a large number of young people who do not feel people their age feel good about the decisions they make about sex. This is not a surprising result given the findings above that indicated a fifth of young people thought their peers feel unsure about when to have sex. A lack of confidence and knowledge about when one is ready to have sex is more likely to lead to making bad decisions about sex.

#### *Gender*

Male respondents were significantly more likely to rate highly that young people feel good about their decisions about sex.

#### *Focus groups*

Focus group participants considered the need to think about making the decision on when or whether to have sex as an important issue. Focus groups with younger participants (14-16 years) talked more than older groups about the uncertainty people their age had about making good decisions about sex. They described feeling unsure about when one might decide they are ready and what the consequences of having sex may be. As with the uncertainty noted in the survey around knowing when to have sex and feeling good about decisions, the focus groups confirmed that education and promotion around sexual health needs to further equip young people with the skills and confidence in sexual decision making.

Four groups noted that young people do not necessarily see sex as a serious thing, and that what can be more important to them is being curious and wanting to give it a go. One group noted that even with all the information and knowledge young people just put this out of their minds when it comes down to having sex. Young males noted the influence of sexual frustration and temptation in making decision about whether to have sex as well as compounding factors such as

drinking alcohol which lowers inhibitions and the ability to make good decisions. While having ways to cope with feelings of frustration and temptation was not talked about by the participants, this, alongside promotion that recognises young people's natural curiosity may be areas of consideration for sexual and reproductive health education or promotion.

A group of 21 year old females talked about the issue of younger male adolescents thinking they know everything they need to know about sexual health without much consideration for the potential physical or emotional consequences. This was reflected in other groups where male participants were more likely to focus on knowing what to do during sex, whereas female participants were more likely to speak about concerns about the longer term consequences of sex;

*"If I'm ready to have sex, am I ready for a child, abortion, adoption?" (Focus group participant)*

*"There is a price you pay for every decision you make" (Focus group participant)*

This gender difference may indicate a need for education or promotion aimed at young males in a way that positively frames their relational responsibilities while at the same time recognising their needs as growing sexual beings.

Peer pressure was noted as having a large impact on decision making around sex and is discussed later in this chapter.

#### **Summary: Knowledge of sexual health and making decisions about sex**

- Overall, survey respondents rated the importance of sexual and reproductive health very highly. Many young people were confident about their knowledge of sexual and reproductive health; however, they rated the importance of sexual health higher than their knowledge, indicating there is room for improvement in young people's education.
- Half of young people agree that the age of consent represents an appropriate age for sexual activity. However, young people also emphasised that the decision to have sex is a personal one.
- Young people suggested that education to promote sexual health needs to be improved to better equip young people with the skills and confidence in sexual decision making. Young women were more likely to be aware that this needs to happen before they start to have sex.
- Young men appear to be more interested in knowing what to do when having sex and young women were more interested in the long term consequences of the decisions they make. This gender difference points to a need for education and promotion strategies to be tailored to meet different needs.
- A fifth of young people indicated people their age did not feel good about the decisions they make about sex. Young people acknowledge that they do not always give adequate consideration to the consequences of sex, indicating a gap between knowledge and behaviour.

## **4.2 Well-being, sexuality and sexual health**

Young people's awareness of the importance of well-being supports the growing body of literature that suggests that acknowledging young people's sexuality and their agency as sexual persons is an important step in supporting their capacity to negotiate healthy and consensual sex. In the survey, respondents were asked:

- ***Next is a list of things related to young people's sexual and reproductive health. How much do you agree with each statement? (1 = strongly disagree, 5 = strongly agree)***



### Self-esteem and self confidence is important for being sexually healthy

Good self-esteem is an important aspect of having a strong sense of identity. Agreement of the importance of self-esteem, self confidence and good mental health was high (78%).

#### *Gender*

Male respondents were more likely than females to rate agreement with the importance of self-esteem and self-confidence to sexual and reproductive health as low.

#### Focus groups

Participants across 23 focus groups identified a range of issues relating to self-esteem and self confidence and the impact that these issues have on sexual health:

- Establishing one's personal identity – finding one's own values or 'moral ground' about sexual health;
- Self-image – feeling comfortable with your body and sexuality;
- Coping with sexual feelings and body changes;
- Feeling comfortable about establishing boundaries in relationships, particularly when there is an older partner;
- Dealing with relationship issues, such as jealousy, infidelity and rejection;
- Dealing with impact that sex can have on relationships and on sexual health; including talking about sexual health with a person who is a 'one night stand'.

*"In relationships, sometimes sex makes things good and sometimes it doesn't" (Focus group participant )*

### People my age feel ok about self pleasure or masturbation

Just over 44% of survey respondents agreed that people their age feel ok about self pleasure or masturbation. The mid-point of 3 was selected by 34% of respondents and 22% of respondents disagreed. Young people appear to be not so sure on the level of comfort people their age have about masturbation and self pleasure.

#### *Gender*

Male respondents were more likely to agree that people their age feel okay about self-pleasure and masturbation than females likely reflecting gender differences in discourses of self-pleasure. 'Other' genders were more likely than males or females to disagree that people their age feel okay about masturbation.

### Sexual orientation (straight, bi, gay) affects sexual health

Just over half of survey respondents (55%) indicated that they agreed that sexual orientation affects sexual health. The mid-point of 3 was selected by 23% of respondents and 22% did not agree.

The variable response to this question may reflect the lack of comfort in dealing with issues of sexual orientation in the school setting. The Education Review Office (2007) review of sexuality education found that many schools did not provide effective sexuality education and that information on non-heterosexuality was one of the topics least likely to be delivered.

#### *Gender*

'Other' genders were significantly more likely than males or females to disagree that sexual orientation affects sexual health.

#### Focus groups

Reflecting the uncertainty young people expressed in the survey results about sexual orientation affecting sexual health, in the focus group warm-up activity, participants were similarly unsure whether sexual orientation was a sexual or reproductive health issue, for people their age.

Sexual orientation was, however, identified as a sexual health issue by 10 focus groups, including two alternative education groups. Where participants elaborated on why this is a sexual health issue, the following points were raised:

- Difficulty in making a decision about sexual preferences and identity;
- Culture can be a barrier to exploring sexual orientation;
- Difficulty in coming out due to social stigma;
- Lack support and specific information for people who are gay, bisexual and lesbian.

### People my age are able to handle peer pressure about sex

Just over 42% of respondents agreed or strongly agreed with the statement that people my age are able to handle peer pressure about sex. A very high 28% however rated their peers' ability to handle peer pressure low.

#### *Ethnicity*

New Zealand European respondents were significantly more likely than other ethnic groups to feel that people their age could not handle peer pressure. Pacific respondents were significantly less likely than other ethnic groups to disagree (2) and significantly more likely to agree (4). It is possible that the cultural norms in Pacific culture of not having sex before marriage may support Pacific people in coping with peer pressure to have sex.

#### *Gender*

Male respondents were significantly less likely to disagree (1 or 2). Similarly, other genders were more likely to give high responses (4 or 5). This indicates females feel less able to handle peer pressure than other genders.

#### Focus groups

Participants across 22 focus groups identified peer pressure as an issue. Out of the 10 at-risk focus groups, seven groups identified peer pressure as an issue. While some groups did not elaborate on the issues associated with peer pressure, others provided the following comments:

- Real and perceived pressure from peers, siblings and cousins due to a culture of *everyone's having sex; sex is a cool thing to do* and *'doing it to fit in'* (Focus group participant).
- Pressure in relationships when one partner is more ready to have sex than the other or as females noted pressure from partners where girls feel concerned about partners ending the relationship if they do not have sex;
- Difficulties in getting acceptance from peers of religious, cultural or spiritual beliefs;
- How to cope with this pressure and feeling scared

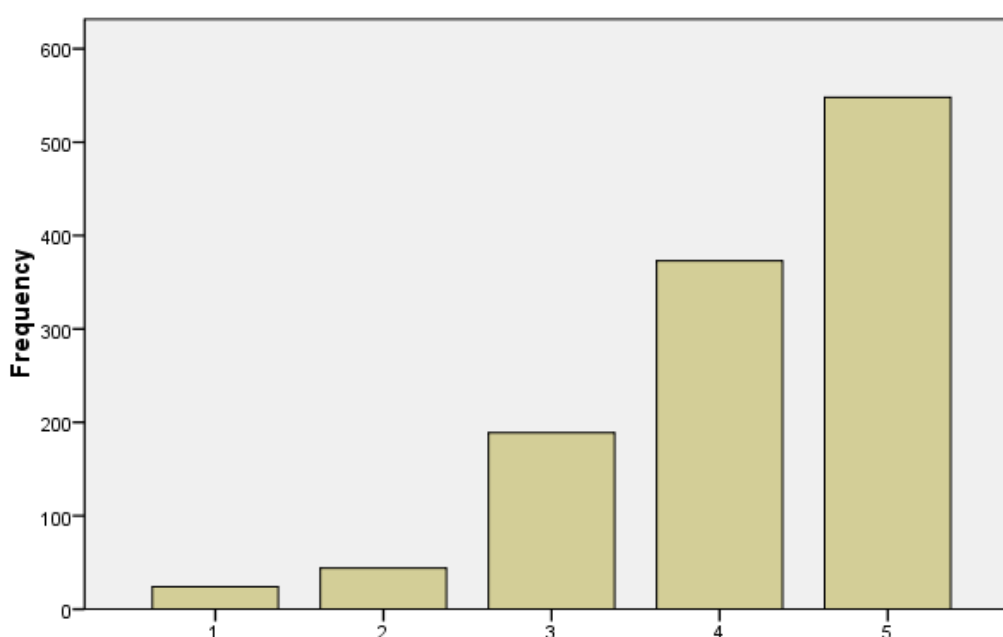
Peer pressure is clearly an issue that needs further focus in sexual and reproductive health education and promotion. Young people need the tools to feel confident about their own personal values and feelings and to utilise these when deciding for themselves to engage in sexual activity

### People my age feel ok to say no to sex and sexual activity

Over half of the survey respondents (57%) agreed that young people their age feel okay to say no to sex and sexual activity. The results suggest some uncertainty as to whether young people can say no easily, as 24% answered '3' and 19% answered in disagreement (Figure 10). Age, ethnicity or gender did not have a significant impact on how young people responded to this question suggesting that saying no to sex and sexual activity can be a difficult thing to do for a number of young people regardless of these differences. Tools for saying no in real life scenarios could do well to be incorporated into sexual and reproductive health strategies to improve young people's ability to confidently assert their decisions to sexual partners.

- ***What do you think would help people your age to be sexually healthy? Please rate the following options. (1= not useful, 5= extremely useful)***

**Figure 10:** Feeling ok to say no to sex



From this graph it is clear that young people see feeling okay to say no to sex as a very useful tool in the endeavour of assisting them to be sexually healthy.

#### Focus groups

Being able to say no was mentioned by three focus groups. Putting boundaries in place, abstinence and seeing sex as special rather than '*just doing it*' were other comments made. When focus groups were asked for a health promotion slogan, variations on the message 'no means no' was mentioned seven times.

#### **Summary: Well-being, sexuality and sexual health**

- Survey respondents indicated that the key to good sexual health is having high self-esteem, though young men were less likely to see this connection than young women. Finding one's own values, feeling comfortable with themselves and being confident in relationships appears were identified as part of good self-esteem.
- Masturbation remains a taboo subject for many young people, particularly females. 44% of survey respondents agreed that young people feel okay about masturbation.
- Just over half survey respondents indicated they thought sexual orientation affects sexual health. Focus group participants indicated that the major effects of sexual orientation for non-heterosexual youth are psychological, as there are cultural and social barriers that make coming out difficult. Participants also indicated there is a lack of support for gay, lesbian and transgender young people.
- More than a quarter of young people rated their peers' ability to handle peer pressure as low. Pressure to have sex comes from peers, partners and societal mores. This was a concern in focus groups and for young women and New Zealand European survey respondents, and could be a focus for future health promotion strategies.

## 4.3 Health issues

This section examines survey results related to risks to health. Survey respondents were asked:

- ***Next is a list of things related to young people's sexual and reproductive health. How much do you agree with each statement? (1 = strongly disagree, 5 = strongly agree).***

Each of the following health risk issues were all found to be less significant for 12-14 year olds. This is likely to reflect young people's limited experience of sex at this age.

### Sexually transmitted infections are an issue for people my age

Almost two-thirds (62%) of the respondents agreed that STIs are an issue for people their age. A quarter (26%) neither agreed nor disagreed that this is an issue, while 13% disagreed.

#### Gender

Male respondents were more likely than other females to report that STIs are not a sexual health issue for people their age. 18% of male respondents (compared to 10% of female respondents) did not agree that STIs are an issue. This finding may reflect the double standard regarding men's sense of responsibility for sexual health issues or the predominance of concrete thinking in young males (Christie & Viner, 2005). As one male stated *'it's an issue if you get it, and it's not an issue if you don't got it'* (Alternative education focus group participant).

#### Focus groups

STIs were a common concern identified in 28 focus groups, including all of the at-risk groups. While many groups mentioned STIs as a general issue, other groups identified the following issues:

- The need for young people to know how to prevent infections and of the possible consequences, such as infertility;
- The social stigma of having an STI can result in young people feeling ashamed and not getting the check-ups they need;
- Young people need good information on STIs, on how the tests are done and how easy it is to cure these infections, to counteract some of the myths associated with STIs.

### Hooking up when drinking or on drugs is an issue for people my age

Nearly two thirds of survey respondents (68%) agreed that hooking up when on drinking or drugs is an issue for people their age.

#### Gender

'Other' genders were more likely than male or female respondents to disagree that hooking up when drinking or on drugs is an issue for people their age.

#### Focus groups

Issues relating to alcohol and drug use were raised in 10 focus groups, including three at-risk groups. Mostly young people noted that alcohol and drug use affects people's behaviour in a negative way, by lowering inhibitions and being less in control of one's behaviour. One group pointed out that this behaviour was common – *'getting drunk and going to parties, everyone does it'*.

### Hooking up with lots of people affects sexual health

Overall, 60% of survey respondents agreed that hooking up with lots of people affects sexual health. People aged 21-24 years were significantly more likely to agree that hooking up with lots of people affects the sexual health of people their age.

### Focus groups

Four focus groups identified hooking up with lots of people as an issue, including two alternative education groups of mixed ethnic groups. Two groups elaborated on some of the issues associated with hooking up with lots of people:

- There is a double standard for males and females, as males are considered studs if they hook up with lots of people but females are labelled sluts;
- People who have been hurt are at risk of having casual sex;
- The difficulty in talking about sexual health issues with a casual partner;
- The 'small town syndrome' of a few dominant men hooking up with lots of women.

### Sexual violence (including sexual abuse, rape or incest) is an issue for people my age

58% of survey respondents recognised that sexual violence is an issue for people their age. Nearly a quarter of respondents (26%) rated this issue '3'. Given that the Adolescent Health Research Group (2003) found that 11.3% of males and 22.2% of females under 18 reported being touched in a sexual way or forced to do sexual things they did not want to do, the prevalence of sexual violence is high.

### Gender

'Other' genders were significantly more likely than males or females to rate sexual violence low as an issue for people their age.

### Focus groups

Issues relating to sexual violence were raised in 11 focus groups. Mostly the word 'rape' on its own was mentioned. One group mentioned that males worry that someone they have had sex with will '*have you up for rape*'. A Youthline group discussed the risks for girls being taken advantage of due to drink spiking and the attitude that '*she's a slut who deserved it*' if sexual violence occurs to women known to have casual sex.

### **Other issues**

The following issues were identified in the focus groups that were not covered by questions in the survey:

- Being in a relationship can make people feel immune to the risks;
- The need for information on the legal consequences of underage sex (also referred to as statutory rape);
- Determining consent to engage in sexual activity.

### **Summary: Health issues**

- Young people are aware of sexually transmitted infections (STIs, with about two-thirds of survey respondents indicating that STIs are an issue for young people. Focus group participants also demonstrated some awareness of a range of the consequences of different STIs. Young women appear to be more concerned about STIs than young men.
- The 'stud/slut' double standard is well recognised by young people. This double standard was further acknowledged by focus group participants as having a relationship with sexual violence. Some participants believed there is still a prevailing attitude that young women who are known to have casual sex "deserve it" when they are the victims of sexual violence. This was borne out in a recent discussion document seeking to review sexual violence legislation in New Zealand (Ministry of Justice, 2008).
- Young people recognise that promiscuity and drug/alcohol use are factors that affect sexual health, by 60% and 68% of survey respondents respectively. Young people identified these two areas as important areas to be covered in health promotion messages and strategies.
- 58% of survey respondents recognise sexual violence as an issue for people their age.

## 4.4 Contraception

Use of contraception by young people in New Zealand has been identified as a concern (New Zealand Parliamentarians' Group, 2007). At age 17, nearly half of young men and women have had sexual intercourse. Of those having sex, more than half (63% males and 60% females) report always using contraception to prevent pregnancy. In other words, up to two in five young people are not always using contraception. In the survey, young people were asked a range of questions about contraceptives (1= Strongly disagree, 5= Strongly agree).

### 4.4.1 Use of contraception

#### *Condoms*

##### People my age know how to use condoms

Most young people (65%) tended to agree that people their age know how to use condoms and 12% disagreed. Just over one in five (23%) respondents recorded '3', indicating some ambivalence about young people's knowledge of using a condom. It is not surprising that 12-14 year olds were more likely to report that people their age do not know how to use condoms, given that intercourse is not common before the age of 17 years. However, it is interesting that male respondents were more likely than other genders to disagree that people their age know how to use condoms and less likely to choose the mid-point of '3'.

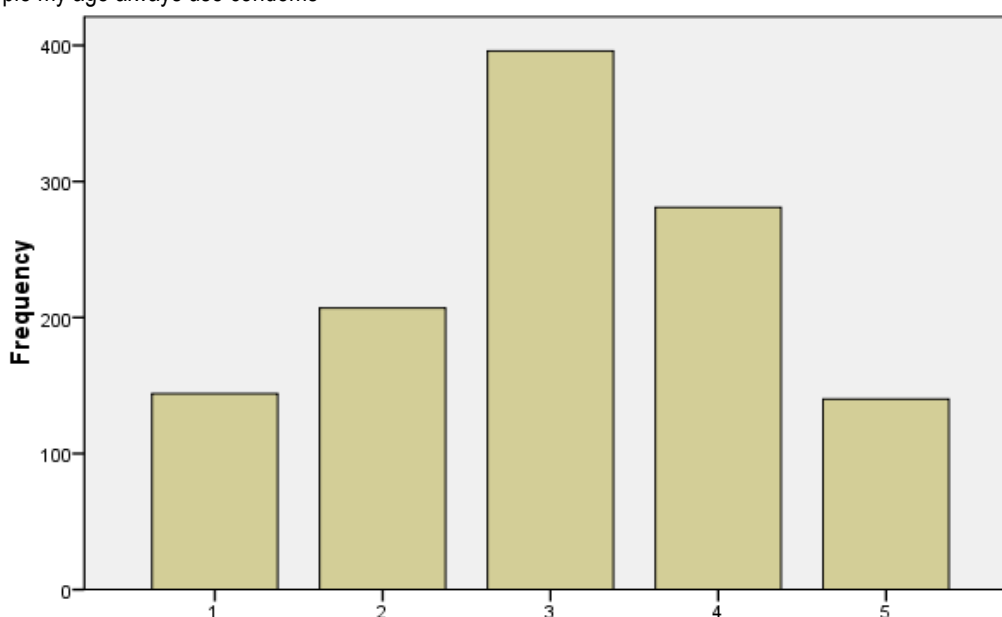
##### People my age always use condoms

Only 36% of respondents agreed that people their age always use condoms despite 65% agreeing that young people know how to use condoms (above). The mid-point of 3 was selected by 34% and 30% disagreed (Figure 11). The 12-14 year olds tended to give extreme responses, either strongly agreeing or strongly disagreeing. This may indicate variability in whether young people are engaging in sexual activity at that age. Given that most young people are likely to be having sex by 21-24 years, it is reassuring that 21-24 year olds were significantly more likely to agree that people their age always used condoms.

#### *Ethnicity*

Pacific respondents were significantly more likely than other ethnic groups to strongly disagree that people their age always use condoms. In the focus group, Pacific people referred to the cultural pressures not to have sex until marriage and given this pressure, to carry condoms and be prepared for sex could be seen to be going against this social norm.

**Figure 11:** People my age always use condoms



## *Other forms of contraception*

### *People my age know how to use other contraception (e.g. the pill, the injection)*

Just over half of the respondents (57%) agreed that people their age know how to use other forms of contraception. The mid-point of '3' was selected by 27% of respondents and 16% disagreed. As with condoms, age has an impact on knowledge of other contraception. The 12-14 age group were much more likely to indicate little knowledge whereas young people aged 21-24 years were significantly more likely to indicate that they do know about other contraception.

#### *Ethnicity*

New Zealand European respondents were less likely to agree that young people know about other forms of contraception when compared with the response to their knowledge of condoms. Māori and Asian respondents were also more likely to indicate a lack of knowledge about other forms of contraception. Pacific respondents were more likely to answer '3'.

#### *Gender*

Other genders were significantly more likely than males or females to rate the knowledge of people their age about the use of other contraceptive methods as low.

### *People my age know where to get the emergency pill (morning after pill)*

About half of young people (48%) agreed that young people their age know how to get the emergency contraceptive. The 12-14 age group were more likely to strongly disagree, while 21-24 year-olds were more likely to strongly agree.

## **4.4.2 Barriers to contraception use**

### *Access to condoms*

#### *People my age can get condoms easily*

The majority of young people (70%) felt that young people can get condoms easily. The mid-point of '3' was selected by 17% of respondents and few (13%) disagreed with this statement. Young people aged 12-14 years were significantly more likely to strongly disagree that young people could get condoms easily. This response may relate to the limited availability of sexual health support to younger age groups.

#### *Ethnicity*

Pacific respondents were significantly more likely to answer '3' and less likely to disagree. This may be because Pacific people may not plan to use condoms, due to social norms restricting sex, and therefore be less sure about condom availability.

#### *Gender*

'Other' genders were significantly more likely than males or females to disagree that people their age are able to easily get condoms.

### *Price of contraception*

#### *People my age find contraception expensive*

There was a mixed response to the issue of whether price is a barrier to contraception use. While 47% agreed that contraception is expensive for people their age, 30% neither agreed nor disagreed and 24% felt that contraception was not expensive. People aged 21-24 year were significantly more likely to agree, that contraception is expensive, than other age groups.

#### *Ethnicity*

Pacific respondents were marginally more likely than other ethnic groups to report contraception as expensive.



### *Gender*

The price of contraception was also more of an issue for males. Female respondents were less likely than males to see the price of contraception as expensive. This may indicate that males are less aware than females of how to access condoms at low cost through health providers.

### *Social embarrassment*

#### *People my age feel embarrassed about contraception.*

There was also a mixed response to whether embarrassment is a barrier to contraception use. While 47% agreed that people their age are embarrassed, 31% neither agree nor disagreed. Nearly a quarter (23%) disagreed or strongly disagreed. Unsurprisingly, 21-24 year olds were significantly less likely to see embarrassment as a barrier to contraception use.

### *Ethnicity*

Pacific respondents are significantly more likely to strongly agree, that young people their age would feel embarrassed, than other ethnic groups.

### *Gender*

Female respondents were significantly less likely to see embarrassment as an issue while male respondents were more likely to agree.

### *Focus groups*

The price of contraception and embarrassment about contraception use were rarely raised as issues in focus group discussions. Price was identified by three focus groups (alternative education, school and disability groups). Embarrassment about using contraception was raised in four focus groups (three Youthline groups and one disability group). Access issues for people with disabilities were identified by one group, including being able to reach condoms on shelves when in a wheelchair and the difficulty people with impaired vision have in identifying where they are on the shelves.

Focus group participants mentioned condoms in particular as a contraceptive which should be available and preferably free at an ideal sexual health service.

### **Summary: Contraception**

- There is a gap between knowledge of condoms and use of condoms. Only one in three of survey respondents agreed that young people always use condoms, despite two in three agreeing that young people know how to use condoms. Young men were less likely to agree that young people know about condom use, indicating an area needing attention.
- Knowledge of condom use is similar to knowledge about other methods of contraception; however, Māori and Asian young people suggest that people their age are less likely to be aware of other contraceptive methods.
- Many young people, especially males and those over 20, perceive that contraception/condoms are expensive. This may indicate limited knowledge/availability of low cost sexual and reproductive health consultations.
- Many young people are embarrassed about contraception, especially those under 21, males and Pacific respondents. This is likely to be linked with difficulty in accessing contraception and in talking about it in relationships.
- Young people would like condoms to be readily available to all young people (including those with disabilities) and free.



## 4.5 Dealing with pregnancy

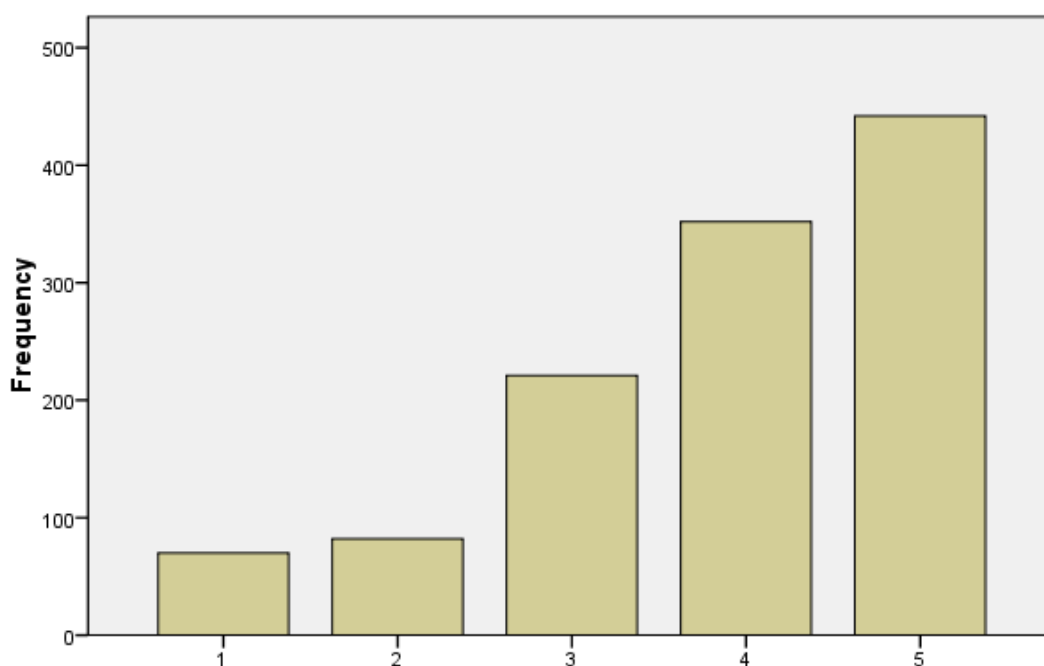
Young people's views on the issues related to pregnancy are important in understanding why pregnancy rates are high and on the rise in New Zealand. In the survey, respondents indicated attitudes and knowledge to issues around pregnancy (1=Strongly disagree, 5=Strongly agree.)

### 4.5.1 Unplanned pregnancy and options

#### People my age are concerned about unplanned pregnancy.

Two thirds (68%) of survey respondents felt that people their age are concerned about unplanned pregnancy (Figure 12). Those aged 12-14 years were significantly less likely to see this as an issue than other age groups.

**Figure 12:** People my age are concerned about unplanned pregnancy



#### People my age know what to do if they get pregnant.

Less than half (37%) of survey respondents agreed that people their age know what to do if they get pregnant. Similar numbers of people neither agreed nor disagreed (32%) or disagreed (31%) with the statement. It appears that knowledge on what to do about a pregnancy improves with age, as the older age group (21-24 years) were significantly more likely to report that people their age know what to do. Those aged 12-14 years were significantly more likely to report that people their age do not know what to do.

#### *Ethnicity*

New Zealand European respondents were less likely than other ethnic groups to strongly agree that people their age know what to do about a pregnancy. Asian respondents were more likely to consider that young people are unsure what to do if they get pregnant (rating of 3).

#### Focus groups

In the focus groups, pregnancy was identified as a sexual health issue in 25 focus groups. Two out of the ten at-risk groups did not identify pregnancy as an issue (the average age of one of these groups was 14 years). Where pregnancy issues were discussed in detail, young people noted the following issues related to pregnancy:

- The difficulty in dealing with people's reactions to being pregnant and getting the support needed;

- The need for support and information about pregnancy options early on;
- The difficulties in choosing to continue with the pregnancy and raise the child, particularly without the support of the father;
- The issue of infertility if you want a baby;
- The effect that pregnancy has on a young women's education.

#### 4.5.2 Getting an abortion

##### People my age know about how to get an abortion

Survey respondents held differing views on whether people their age know how to get an abortion. Only 38% of survey respondents agreed with this statement, 31% neither agreed nor disagreed and 31% disagreed. People aged 12-14 years were significantly less likely than other age groups to know how to get an abortion.

##### Focus groups

Abortion was identified as a sexual health issue in only six of the 30 focus groups. The two specific issues raised about abortion were:

- The physical and psychological consequences of abortion; and
- Knowing where to go.

##### **Summary: Dealing with pregnancy**

- Two thirds of survey respondents indicated concern about unplanned pregnancy. Only 37% of survey respondents stated that people their age know what to do if they get pregnant.
- Few young people surveyed indicated that people their age know how to get an abortion. Awareness of abortion was similarly low in focus groups.

#### 4.6 Information and support

The literature review highlights the inequalities that exist in getting information and support for New Zealand young people. Māori, Pacific and new migrant children, and disabled children and children and young people with mental health problems, have difficulty accessing health, education and support services; and have poorer life outcomes as a result (Human Rights Commission, 2004). In the survey, a range of questions were asked about how young people access information and what support they have around sexual health (1= Strongly disagree, 5= Strongly agree). The low level of agreement to the following questions highlights that survey respondents recognise the difficulty in getting the support and information they need.

##### 4.6.1 Finding someone to talk to

##### People my age have someone to speak to about sexual health issues

Overall, 49% of young people agreed that people their age have someone to speak to about sexual health issues. One fifth (21%) felt that young people their age did not have someone to speak to about these issues.

##### *Gender*

Male respondents were significantly more likely to strongly agree, than females that people their age had someone to speak to.

##### Focus groups

The difficulties associated with finding someone to talk to was identified in 11 focus groups, including four at-risk groups. The participants identified the fear that young people have in talking about it with others and the difficulties in identifying who will be supportive.

#### 4.6.2 Services, information and advice

##### People my age know what services are available for sexual health.

Half (51%) agreed that people their age know what services are available, 32% rated young people's knowledge as '3'.

##### People my age find it easy to get information or advice about sexual health.

Just over half (54%) agreed that people their age find it easy to get information or advice on sexual health and 29% neither agreed nor disagree '3'. The response to this question is consistent with the response on the level of knowledge on services.

##### Focus groups

Eight focus groups identified a range of issues associated in accessing services for information and support. A predominantly Māori alternative education group provided a comprehensive response on the issues that young people face:

- Finding out where confidential sexual health services are, including after-hours services for emergencies;
- Being confident to communicate needs to professionals;
- Dealing with meeting people or staff who you know, particularly in rural areas.

##### **Summary: Information and support**

- Young people do not always feel like they have someone they can speak to about sexual health who will be supportive. Only half of survey respondents agreed that young people have someone to talk to.
- Young people have some awareness of the providers of sexual health services and information. However, knowing where the services are, being confident to communicate their needs to professionals and feeling that what they say will be confidential, are barriers for young people using these services. While this consultation did not find any difference in the responses in relation to gender, age or ethnicity, the literature suggests that access to health, education and support services are more difficult for Māori, Pacific, children with disabilities, children with mental health problems and new migrant children.
- A focus group of at-risk Māori young people indicated they may lack the confidence to effectively communicate in a sexual health service setting. This highlights the need for drop-in centres, one-stop-shops and other alternative settings for service delivery.

## 5. Health promotion initiatives

As noted in the literature review, effective strategies are not about single interventions, but the combination of interventions targeted at young people, their families and health professionals.

This chapter looks at young people's views on how sexual and reproductive health can best be promoted to them and covers the following areas.

- 5.1 Information: where young people get it and what they think are the best sources
- 5.2 Media promotion strategies using the media
- 5.3 Education in schools
- 5.4 Health promotion strategies in the community
- 5.5 Key promotional messages

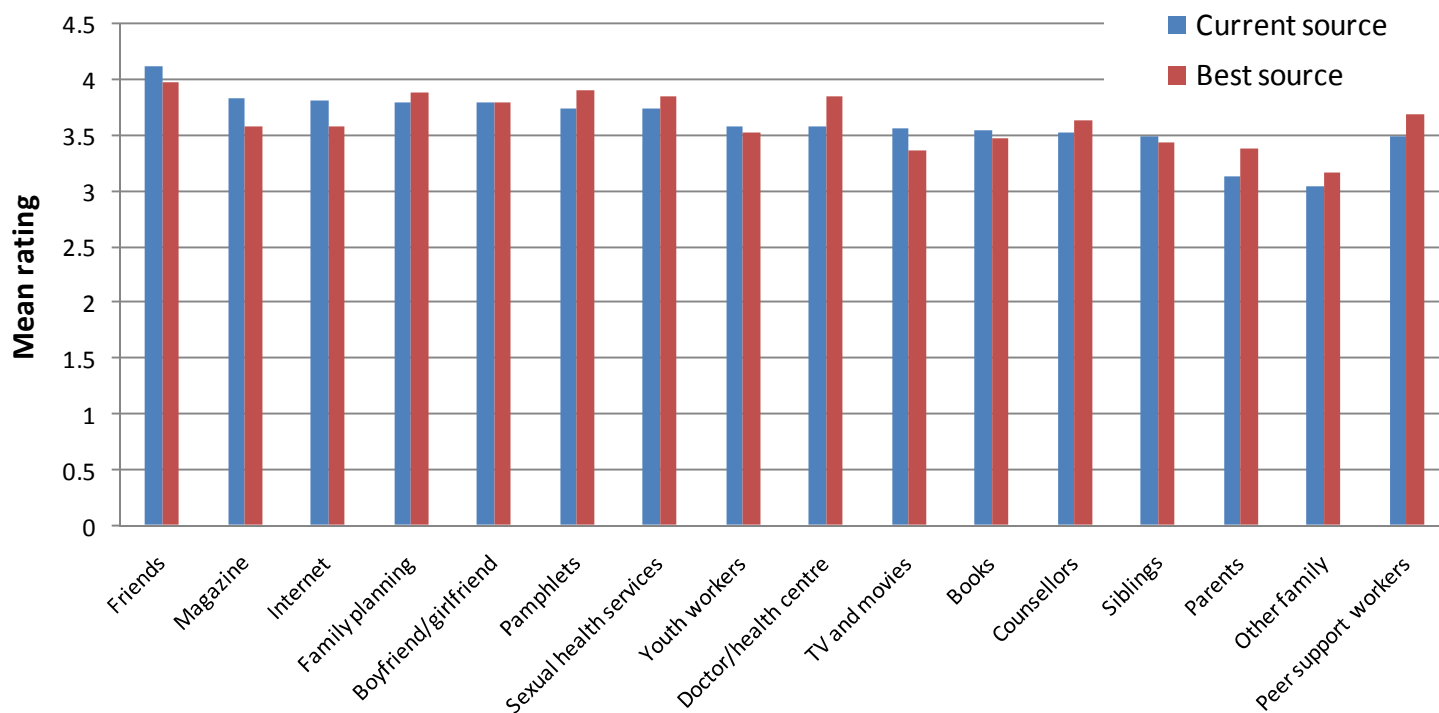
### 5.1 Information

This section compares the results of the following survey questions:

- **Where do people your age find out about sexual and reproductive health? (1 = they would never get information there, 5 = they would get heaps of information there)**
- **Where are the best places for people your age to find out about sexual and reproductive health? (1 = not good at all, 5 = awesome)**

A comparison of young people's responses about current and best sources of information is below (Figure 13).

**Figure 13:** Comparison of young people's survey responses to what the current and best sources of information about sexual health are



Young people find out about sexual and reproductive health from many different sources (Figure 13). On average, talking with friends is considered by young people, responding to the survey, as the most common and useful way to find out sexual and reproductive health information. Health promotion strategies that help peers to provide good information and support their friends on sexual and reproductive health need to be a priority to effectively reach this population group.

When comparing the average rating for each information source, a number of key issues emerge. According to the survey young people are currently preferring to access information from sources where the quality of the information may be variable (magazines and the Internet). When young people considered the best sources of information, magazines and Internet have a lower average. This indicates that young people are aware that these sources may not be reliable sources of quality information. After friends, young people rate health-related services of information (such as pamphlets, Family Planning and health services) highly.

A breakdown of the overall ratings for each source of information follows. Significant differences in the responses due to age, ethnicity or gender are discussed where noteworthy.

To improve readability, those young people who rated 1 or 2 are described as rating low, those who rated 3 as middle and those who rated 4 or 5 as high.

Where relevant, focus group responses to the following question are included:

- ***Where do people your age find out about sexual and reproductive health?***

#### **5.1.1 Health Services**

Refer to Chapter 6 for responses to questions relating to health services and health professionals as a source of information.

#### **5.1.2 School or University**

Overall, 64% of survey respondents gave school or university a high rating as places where they would get lots of sexual and reproductive health information. 11% gave this a low rating.

##### *Age*

21-24 years were marginally more likely to rate this '1', possibly reflecting those who are not at school or university.

##### *Focus groups*

- ***Where do young people find out about sexual and reproductive health?***

School was mentioned as a source of information in 24 groups, largely in relation to the Year 9 and 10 health curricular. Despite being more likely to be outside of a traditional school setting, all at-risk groups mentioned school as a source of information.

Young people's views on what is needed to improve sexual education for young people is explored in section 5.3 but it is important to note here that participants described the sexual health education they received at school as basic and their comments supported the Education Review Office's (2007) findings that many schools were not providing appropriate sexual health education in Years 9 and 10. Young people noted that after Year 10 sexual health education is voluntary and has little participation.

Some young people reported positive experiences at school through school nurses, or groups such as Attitude, who had come to talk to them in classes and in assemblies.

Young people were aware of gaps in their education. One young person stated “*we need to know what we don’t know*” (*Focus group participant*) and suggested that surveys would be a good way to assess their knowledge and guide further teaching. One respondent was angered that her school had not provided sexual health education.

#### **Summary: School as an information source**

- School was identified as a current information source in 80% of focus groups. Positive experiences in school were largely related to the support provided by school nurses or external groups coming in to speak in classes and assemblies.
- Young people are aware of the limitations of the sexual and reproductive health education that they receive at school. Section 5.3 outlines how young people think education could be improved.

### **5.1.3 Other professionals**

Young people were asked to rate a range of professionals (see Chapter 6 for health professionals) in terms of whether they go to them for information and whether they would be the best place for information.

#### **Counsellors**

Counsellors were rated highly as a source of a lot of information by 56% of respondents, while 58% agreed that counsellors are one of the best places.

#### *Ethnicity*

New Zealand Europeans gave lower scores to counsellors as a current source of information, while Pacific respondents were more likely to give high ratings.

#### Focus groups

- ***Where do young people find out about sexual and reproductive health?***

Counsellors were mentioned in eight groups in response to this question, and those who had used this source reported positive experiences. Telephone counselling services, including Youthline, Kidsline, Whats Up and helplines in general were identified in seven groups. Youthline was mentioned in eight groups, either the helpline or the website and Whats Up was mentioned twice.

Pacific focus group respondents were more likely than other ethnic groups to identify counsellors and therapists as places to obtain information and the type of people to have at their ideal service.

#### **Peer Support Workers**

Half (53%) of survey respondents rated peer support workers highly as a place where people their age currently source information. 23% of respondents gave peer support workers a low rating.

60% of respondents rated peer support workers highly as one of the best places for information and 15% of respondents gave them a low rating.

#### *Age*

12-14 years were more likely to rate peer support workers as a current source of information as ‘1’.

### *Ethnicity*

Pacific respondents were more likely to see peer support workers as a place where they currently get a lot of information (5) while New Zealand European respondents were less likely to rate them as a '5'. This suggests peer support workers in the Pacific communities may be a useful way to impart information to Pacific young people. 'Other' ethnic groups were more likely to rate peer support workers as a '1'.

### Focus groups

- ***Where do young people find out about sexual and reproductive health?***

Peer support workers and mentors were only mentioned four times in the focus groups. This suggests that this type of professional is not high in young people's awareness as a source of sexual and reproductive health information. This may be because current peer support programmes in schools are largely focussed on combating bullying and there may be a lack of awareness of peer sexuality support workers available in some parts of New Zealand.

### *Youth Workers*

More respondents rated youth workers higher than counsellors and peer support workers as somewhere where young people currently find out about sexual and reproductive health (57%).

53% of young people rated youth workers as one of the best sources highly with 18% rating it low, suggesting that while young people may use youth workers for sexual and reproductive health information, young people may consider other sources as better.

### *Age*

The 18% of respondents who gave youth workers low ratings were significantly more likely to be aged 12-14 or 21-24 years.

### *Ethnicity*

Māori and Pacific respondents were the most likely to rate youth workers very highly, while New Zealand European respondents were less likely to answer '5'.

### Focus groups

- ***Where do young people find out about sexual and reproductive health?***

Youth workers were mentioned in only one focus group, however those young people who are connected into youth health services spoke highly of youth workers and peer sexuality support workers as people who had time to talk with them about things other than physical health.

### *Small group discussions with peers and a professional facilitator*

Respondents were asked if they considered small group discussions with peers and a professional facilitator as the best place to get information. 61% rated this highly, with 15% of respondents rating it low.

#### Summary: Other Professionals as an information source

- Amongst 'other professionals' peer support workers and facilitated groups gained the most high ratings (60% and 61% respectively) in the survey as one of the 'best places' for young people to find out about sexual and reproductive health; however, the results from the focus groups suggest that few had experience getting information from these sources.
- Young people consider friends as a good source of information (see the next section); there may be untapped potential in using peer support workers to provide sexual and reproductive health information. Current peer support programmes in schools are largely focused on combating bullying and peer sexuality support workers tend to focus on providing support to those who identify their sexual orientation as other than heterosexual.
- In the focus groups, counsellors were recognised as a common source of information and young people reported positive experiences of this.
- Pacific respondents were more likely to rate 'other professionals' very highly (5) and are more likely to identify counsellors, youth workers and peer support workers as a source of information. Māori respondents also rated youth workers very highly. This suggests that culturally appropriate counsellors, youth workers and peer support workers are particularly important for Pacific and Māori young people.

#### 5.1.4 Significant People

The literature identified that significant people in the young person's life, particularly friends, parents and partners play a large part in their sexual and reproductive health. This is also consistent with the youth development principle of quality relationships. Again the survey asked young people to rate significant people in terms of whether they get information from them and the best places to get information.

##### Parents and Caregivers

42% of respondents rated parents and caregivers highly as a current source of information for young people. 30% of respondents gave a low rating suggesting that a large number of young people do not currently get information from parents and caregivers.

##### *Ethnicity*

New Zealand European respondents were less likely to obtain information from parents and caregivers and Pacific respondents were more likely to answer '5'.

##### *Gender*

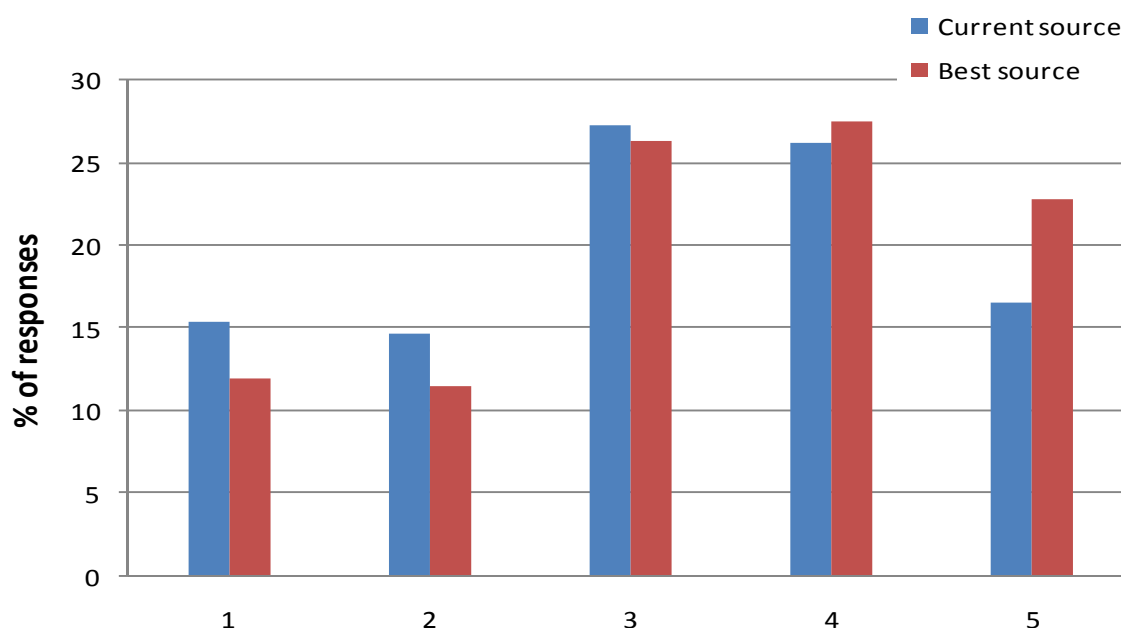
Male respondents were significantly more likely to give parents and caregivers a high rating as a current source of information. 50% of respondents rated parents and caregivers highly as one of the 'best places' to find out about sexual and reproductive health (Figure 14).

##### *Ethnicity*

New Zealand European respondents were more likely, and Pacific respondents less likely, to rate parents and caregivers low as the best sources of information.



**Figure 14:** Comparison of responses to parents/caregivers as a current source of information about sexual health and as a 'best place' to get information about sexual health



#### Focus groups

- **Where do young people find out about sexual and reproductive health?**

Eighteen focus groups spoke about parents as a source of information regarding sexual and reproductive health. Same sex parents were preferable to talk to, particularly for females.

The difference between young people's current experiences of parents as a source of information and what young people would like from their parents identified in survey responses was also reflected in focus group discussions. Focus group participants identified barriers on both sides – it can be detrimental if parents do not talk about sexual and reproductive health, but also embarrassing if they do.

Pacific participants noted that parents are generally a source of information after marriage, where it becomes appropriate to talk about the gift of sex.

#### Other Family Members (e.g. aunties, uncles, grandparents)

44% of respondents rated other family members highly as a current source of information. In comparison with the ratings for other significant people, a high percentage of respondents (30%) also rated other family members as low.

Respondents had mixed views about whether other family members were one of the best sources of information. While 40% felt that they were one of the best places, 28% felt that they were not and a further 23% rated the midpoint of '3'.

#### *Ethnicity*

New Zealand European respondents were more likely to give a lower score than other ethnic groups for other family members as a current source of information. Pacific Island respondents and those in 'other' ethnic groups were more likely to give higher scores. This suggests that there may be cultural differences in the role of the extended family.

#### *Gender*

Males were less likely to rate other family members as low and more likely to answer high.

### *Ethnicity*

New Zealand European respondents were less likely to rate other family members very highly (5) as one of the best places to source information.

### Focus groups

- ***Where do young people find out about sexual and reproductive health?***

Other family members, particularly aunts and uncles were mentioned in 11 focus groups. A key theme across eight of the groups was trust, and the level to which the young person felt the person was trustworthy, as opposed to the type of relationship. Neighbours and 'someone older' were also mentioned as long as they were trustworthy. This is supported in the literature, where perceived legitimacy in terms of how knowledgeable and authoritative they were perceived to be, as well as honesty, openness, anonymity and/or privacy offered by family, were the most important factors as to whether young people will talk with someone (Powell, 2008). The focus groups did not mention feeling embarrassed with this source, as they did with parents and caregivers, but there was still a sense that conversations may be awkward.

### Siblings

Siblings and family members close in age were considered as the most common current source of information out of all family sources with 56% rating them highly as a current source of information for young people. 24% of respondents rated siblings and family members as low.

53% of respondents rated siblings and other family members close in age as a good place to get sexual and reproductive health information. 23% of respondents indicated that they are not a good source of information.

### Focus groups

- ***Where do young people find out about sexual and reproductive health?***

Older siblings were mentioned as a source by 11 focus groups. Some also mentioned cousins. Participants did not elaborate on any issues associated with using siblings as a source of information.

### Boyfriends/Girlfriends

Boyfriends, girlfriends and sexual partners were generally perceived as a good current source of information for young people with 65% rating it highly. Only 12% thought it was not a good current source of information. Respondents rated boyfriends/girlfriends exactly the same as one of the best places to get information.

### *Age*

Respondents aged 12 -14 years were significantly more likely to rate boyfriends/girlfriends '1' or '3' as a current source of information than others age groups and much less likely to rate boyfriends/girlfriends highly than others. This possibly demonstrated that many young people of this age group are not having intimate partner relationships.

### Focus groups

- ***Where do young people find out about sexual and reproductive health?***

Partners were only mentioned in five focus groups, however, 'learning by doing' was mentioned in seven groups, suggesting that while young people may not talk with partners they still see them as a source of experiential information.

## Friends

The literature consistently stresses friends as a source of information and influence regarding sexual health and the survey supports this (Elliot & Lambourn, 1999; Youthline, 2005). Nearly three quarters of respondents (77%) rated friends highly as a current source of information with 43% giving this the highest rating (5).

### Age

Only 6.2% rated friends as a source of information low and these respondents were more likely to be 12-14 year olds or male.

### Gender

Females were less likely to give friends a low rating.

The percentage of respondents who felt that friends are one of the best sources of information for young people was 70%. This is a slightly lower than the proportion who reported that friends are a current source of a lot of information. 36% of respondents rated friends the top rating of '5' in terms of best source of information.

### Age

Few (8%) felt that friends were not one of the best places and were more likely to be aged 12 -14 years. Respondents aged 18-20 years were also less likely to rate friends as a good source of information when compared with other age groups.

### Focus groups

- ***Where do young people find out about sexual and reproductive health?***

27 focus groups spoke about friends as a place to get information about sexual and reproductive health. However, young people were clear that the friend must be trusted and not likely to spread it around. Friends with experience are also preferred and young people noted that they are more likely to talk about feelings rather than health. While not counted as friends, young people also noted that they may learn from overhearing conversations or from other people talking at school. Work colleagues were also identified. One focus group comprising largely of high achieving young people commented that they were often in the role of educator to their friends.

### **Summary: Significant people as an information source**

- Friends have the highest ratings overall as both a source of and one of the best places for information. 43% gave friends the highest rating (5) as a place where they find out information, while friends were the most commonly cited source of information in focus groups.
- Young people recognise that using a single source of information may not provide everything they need to know. Friends are often consulted for feelings, but other sources such as health professionals, are likely to be consulted for physical health.
- There was a mixed response to whether young people see parents as a source of information and whether they are the best source of information. While most survey respondents, with the exception of Pacific and male respondents, rated parents as a source of information much lower than others sources, the focus group respondents suggested that more young people would like to talk with their parents if they received a more positive response from them. Pacific respondents were more likely to see parents as a source of information but focus groups suggest this will often occur after marriage. These issues are discussed further in Chapter 6.

### 5.1.5 Media as sources of information

Media sources, particularly the Internet, are increasingly used by young people as a source of information. The survey asked young people:

- ***Where do people your age find out about sexual and reproductive health?***
- ***Where are the best places for people your age to find out about sexual and reproductive health?***

#### TV and movies

56% of young people surveyed rated TV and movies highly as a place where they would get a lot of information about sexual and reproductive health. 19% rated TV and movies low, indicating they do not get information from there.

TV and movies were identified as one of the best places by 50%; lower than the percentage who identified it as a place where they currently get information. This suggests that young people may prefer other sources and recognise that this form of media is not always reliable. 24% did not think that TV and movies were one of the best places.

#### Gender

Other genders were significantly more likely than males or females to rate TV and movies low as one of the best places to find out about sexual health.

#### Focus groups

- ***Where do young people find out about sexual and reproductive health?***

Focus groups had a lot to say about TV and movies, with 22 groups mentioning this source. Young people were aware that TV may present an unrealistic view of sex and sexual health, particularly advertising. Programmes such as *Shortland St*, American dramas, videos, MTV, *Girls of the Playboy Mansion*, porn and even the news were cited as sources that may present skewed views. They identified that they would be more likely to get good information from the Internet. However, young people named that it was useful when TV programmes discussed an issue, such as AIDS, or pregnancy and gave referral sources at the end of the programme. They also found these programmes a good way to see how different people might react to or understand different situations.

#### Internet websites

65% of respondents identified the Internet as somewhere people their age currently get a lot of information, while 12% rated it low.

58% identified Internet websites as one of the best places to source information and 18% rated it low.

#### Focus groups

Websites were mentioned by 23 groups as a source of information about sexual and reproductive health. Sites ranged from official health sites including Youthline, Urge and the Ministry of Health site, to Google and porn sites (mentioned by males in four groups). Seven out of the ten at-risk groups identified the Internet as an information source and was described as useful because it provided a discrete place to look things up in your own time. Chat rooms, social networking (like Bebo) and dating sites were also mentioned.

#### Books

Books were seen as a current source of information for people their age by 54% of respondents. 52% of respondents rated books as one of the best places for information, while 19% thought that they were not.

#### Ethnicity

Those who rated books as the best source '5' were more likely to be Pacific Island respondents, while New Zealand European respondents were less likely to answer '5'. 18% of respondents rated books low and they were more likely to identify as 'other ethnicity'.

#### *Age*

Of 8% that rated books as the best source a '1', they were more likely to be 12-14 years; 18-20 year olds were more likely to score books as a '2'.

#### *Gender*

Males were more likely to rate books as the best source '5'.

#### Focus groups

- ***Where do young people find out about sexual and reproductive health?***

Books were mentioned in 14 focus groups as a source of information. However, male participants in particular, seemed more interested in finding out 'how to' information from books, such as the karma sutra and porn. Males were more likely to mention these books, which may relate to why they were more likely than females to rate books highly in the survey. Other books like 'Mummy Where do I Come From' and 'Hair in Funny Places' were also mentioned.

#### Magazines

66% of young people identified magazines as one of the places where young people find out a lot, while 12% reported that people their age would not get information from magazines.

Magazines were thought to be one of the best places to find out about sexual and reproductive health by 52% of respondents. 14% did not think magazines were one of the best places

There was a 14% point drop between responses for magazines as a place where young people currently get information and one of the 'best places' to get information. This suggests that they may prefer other sources and possibly recognise that magazines, particularly porn, do not always present a realistic view of sex and sexual health.

#### *Age*

Both 12-14 and 21-24 year olds were more likely to rate magazines '1' as a current source of information than other ages. 21-24 year olds were also less likely to rate magazines a '5', as a current source of information. Similarly, 12-14 year olds were more likely to rate magazines as the best place a '1' and so were 18-20 year olds. 15-17 year olds were less likely to rate magazines as a 1, suggesting that this could be a useful source of information for this age group.

#### *Gender*

Other genders were significantly more likely than males or females to rate the importance of magazines as low: both in terms of where young people find out about sexual health and the best places to find out about sexual health.

#### Focus groups

- ***Where do young people find out about sexual and reproductive health?***

20 focus groups spoke about magazines as a place where they find out about sexual and reproductive health. Female interest magazines, such as Girlfriend, Dolly and Cosmopolitan were mentioned as places that were '*not exposing cause you don't have to approach anyone*' (Focus group participant). Young people liked that the magazines spoke about emotional matters and that people could read write in and get responses. This is reflected in the literature, where young people have identified a wish for more education around emotional issues (Abel & Fitzgerald, 2008; Carmody & Willis, 2008; Measor, Tiffin, & Miller 2000; Powell, 2007; Westwood & Mullan, 2008). Young men were more likely to mention porn magazines and 'Playboy' but one group thought that a magazine aimed at young males with a section on sexual health would be helpful, so long as it was mainly pictures and few words.

### Posters about sexual health

Posters were identified by 54% of respondents as a place where people their age find out about sexual and reproductive health; however, 20% also rated this as somewhere that they do not get information.

#### *Ethnicity*

Respondents who identified as 'other' ethnic groups were more likely to rate posters as somewhere they would never get information from (1). Pacific Island respondents were more likely to say they would get 'heaps' of information from posters (5).

#### *Age*

12-14 year olds were more likely to rate posters as somewhere they would never get information from (1).

### Posters around school/uni

49% of respondents rated posters around school/universities as one of the best places to get information and 23% rated this as not useful. Posters around school/university had the highest percentage of low ratings out of all other media sources.

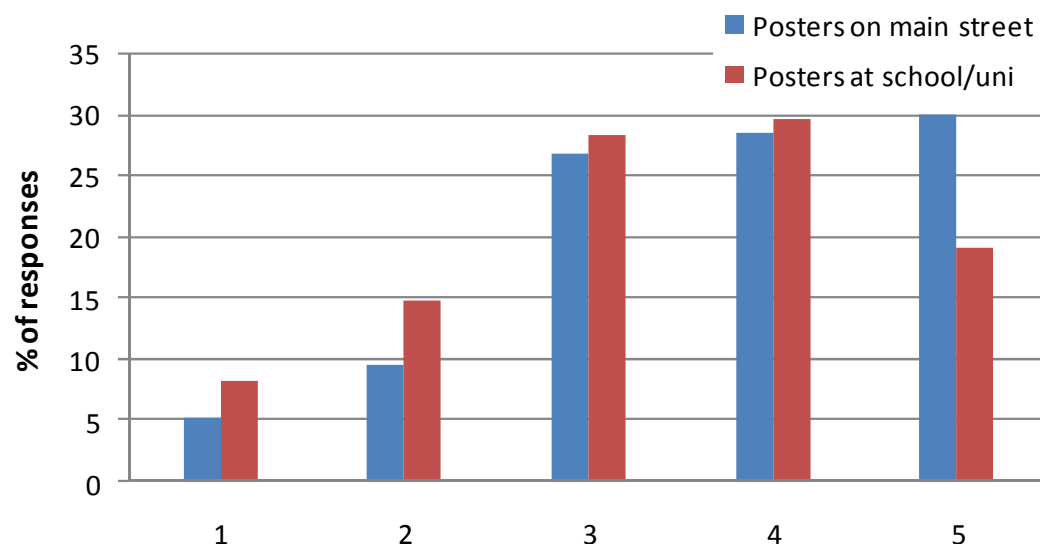
#### *Ethnicity*

New Zealand European respondents were more likely to rate this as a '2' and Asian respondents less likely.

### Posters on main streets

Main streets were considered a better place for posters than school/university, with 58% of respondents rating this as one of the best places to get information (Figure 15). 15% did not consider this as one of the best places.

**Figure 15:** Survey responses to the best places for posters to advertise sexual and reproductive health messages



#### Focus groups

- **Where do young people find out about sexual and reproductive health?**

Posters were mentioned in six groups and participants' views reflected the survey results. Posters in main areas were spoken about, but posters in schools were not. Billboards were seen as information sources by four groups, particularly

on busses, or posters in toilets, clubs and bars. Young people wanted to make sure that billboards in public places were not 'over the top' or crude, possibly because they were aware they would be seen by parents.

### Pamphlets about sexual health

Pamphlets were seen as a source of a lot of information by 63% of respondents. 13 % of respondents rated pamphlets as a current source of information low.

#### Age

12-14 year olds were more likely to rate pamphlets as a '1'.

### Pamphlets available at school/university

68% rated pamphlets at school/university highly as current places to get information. 9% rated pamphlets available at school/university low.

### Pamphlets available at health centres

In contrast, pamphlets at health centres rated highly as one of the best places by 63% of respondents, while 13% gave this a low rating.

#### Age

As with many sources, 12-14 year olds were more likely to rate pamphlets available at health centres as '1' and 18-20 year olds more likely to score a '2'. 15-17 year olds were less likely to rate pamphlets at health centres low.

#### Gender

Other genders were significantly more likely than males or females to rate pamphlets at health centres low as a best place to find out about sexual health.

### Focus groups

- ***Where do young people find out about sexual and reproductive health?***

Pamphlets were identified by six groups as places that young people get information from through doctors, chemists, at school and in the mail. Mail was seen as slightly risky, as young people might be seen with the pamphlet.

One participant talked about how guys get sexual health pamphlets for a laugh. A male member of the peer research team extrapolated that "*we [males] might make a joke about sexual health stuff as a way to deal with the topic but no one thinks 'oh it'd be funny if you got that [STI]'*".

### Text messages

Text messages were rated as the best source of information for young people by 49% of respondents. A further 26% rated text messages as low.

#### Gender

Of the 26% of respondents who gave this a low rating, they were less likely to be male.

#### Age

21-24 year olds were more likely than other groups to rate text messages a '2', possibly suggesting that this age group may be more comfortable to talk directly about sexual and reproductive health.

### Focus groups

- ***Where do young people find out about sexual and reproductive health?***

Focus groups did not identify text messages as a place where they currently get information, but did discuss this as a place useful to promote sexual health information to young people. Groups identified a number of other places where they get information, including the community, condom packets, tagging, chemists, penpals, outside family, Work and Income and the Aids Foundation. Church members and priests were identified by two groups, while Youthline was mentioned by six groups.

Focus group participants suggested additional places they would like to get information, as well as where they get information currently. These included promoting sexual health at alcohol and drug services and offering different information for people who have multiple partners compared to people with long term partners. The literature also discusses this topic, suggesting that young people who are in long term relationships are less likely to use condoms due to increased intimacy (Aalsma et al., 2006).

Alongside the large number of information sources identified, there was also recognition that information might not always be of high quality, such as that which comes from TV and movies. The number of sources that young people identified is reflected in the literature, which suggests that promotion of sexual and reproductive health needs to take a multi pronged approach and recognize the number of contexts which young people are involved in (DiClemente, Salazar, & Crosby, 2007).

#### **Summary: Media as an information source**

- Magazines (66%) and Internet (65%) were the most highly rated media information sources in the survey. This was supported by focus groups, with 20 and 23 groups respectively naming these sources. This suggests much scope to develop these sources as promotional tools for sexual health messages.
- Males in focus groups were more likely to speak about pornographic magazines, which may reflect their interest in learning about how to have sex; but raises concerns about the lack of male-focused information on sexual health. In contrast, females could identify a large number of magazine sources that are more likely to discuss sexual and reproductive health issues.
- Television was seen as an information source in 22 focus groups but was ranked fourth in the survey after magazines, Internet and pamphlets as a place where young people find out a lot of information.
- In the survey respondents saw the best media sources for getting information (in order of high ratings) as: pamphlets in health centres, the Internet, posters on main streets, magazines and books.
- Young people 18-24 years were more likely to rate media as information sources lower than school-aged respondents. The older age group may feel more confident about having conversations with health professionals, and may know from experience that media sources are less likely to reflect what happens in reality.

#### **Information Key Findings:**

- Generally, there was little difference between where young people do get information from and where they see are the best places to get information, with the exception of parents and school. Young people indicated that they would like to have better experiences in getting information from parents and from school. These results suggest that overall the sources of information do not need to change but that there are a number of opportunities to use existing sources of information to promote key sexual health messages.
- Overall, the category of 'significant people' in the young person's life rate higher as the best sources of information than professionals or media, particularly for Pacific respondents (excluding health services,



discussed in Chapter 5). This result demonstrates the importance of the youth development principle of quality relationships.

- Young people are aware that there are gaps in their knowledge and as they get older, they appear to be more aware that the information they receive might always be accurate or reflect reality, particularly information from their friends and from media sources.

## 5.2 Health promotion strategies using the media

This section outlines the results of the following survey question related to media based strategies:

- ***What would help young people to be sexually healthy? (1 = wouldn't make any difference, 5 = would make heaps of difference)***

Where relevant, to media promotion, focus group responses to the following question are included:

- ***If you had \$1,000,000 to spend to tell people your age how to be sexually healthy, how would you spend the money?***

This question generated a lot of interest and ideas in the focus groups. Suggestions on the promotion of health services will be discussed in the following chapter.

### More posters in places people my age are

57% of respondents felt that posters where they hang out would be useful of very useful to help improve sexual and reproductive health, with one third of respondents rating this at the midpoint of '3'. 19% felt that this would not be a useful strategy.

### More pamphlets where people my age are

67% rated pamphlets available where young people are as a useful strategy, with 34% giving this the highest rating. However, young people also noted in the information section that health centres would be more useful than schools as a place for pamphlets.

#### *Ethnicity*

Of the 9% that rated pamphlets as not useful, Asian respondents were more likely to answer '1' and 'other' ethnic groups were more likely to answer '2'.

#### *Age*

12-14 year olds were also more likely to rate pamphlets where people my age are low. Older youth, 21-24 years, were more likely to rate this as a very useful strategy (5).

### More advertising about sexual and reproductive health on TV and radio and in magazines

Advertising in TV, radio and magazines was seen as a useful/very useful strategy by almost two-thirds (63%) of respondents.

#### *Age*

21-24 year olds were more likely to see this as very useful (5) than other age groups. 11% of respondents rated this as low and again were more likely to be aged 12-14 years.

## Sexual health role models in the media

Under media strategies this was the second highest rated strategy with 65% of respondents rating '4' or '5'. 12% rated this as low.

### Focus groups

Participants were asked to identify how they would spend \$1 million to promote sexual and reproductive health to young people. A wide range of ideas on utilising digital, print, television and radio media were identified. These are discussed below in different categories identified in focus group coding including: digital media, print media, television, general advertising and other media.

Māori focus group participants were more likely than other groups to talk about spending the million dollars on community related events that educate parents as well as break down the barriers between 'old school' and young people.

### 5.2.1 Digital media

Digital media was mentioned by 13 groups with websites, social networking sites and chat forums identified. Ideas included:

- Social networking sites (mentioned by six groups including two at-risk groups) with Bebo being the most popular. It was suggested that organisations like Youthline create a Bebo page with themed areas for males and females and provide a way for making referrals.
- Privacy was important, with websites having innocuous names so that parents do not know what young people are looking at.
- Design and content of the site was important. Design needs to be youth friendly and colourful with frequent updates.
- Content should include videos and games about sexual health, information about AIDS, contraception, how to put a condom on and STIs.
- Qualified people should be available online to chat and answer questions or offer support (three groups).
- Pop up ads, particularly on Bebo were suggested by three groups.

### 5.2.2 Print media

Various print media sources, including posters, billboards, pamphlets, books were mentioned by 13 of the 30 groups.

### 5.2.3 Posters and billboards

These were mentioned by 11 groups. Ideas for promoting sexual and reproductive health via this medium included:

- Billboards were a popular idea, particularly ones that are bright, attention grabbing relate to a range of people. The Tui ads were suggested as a possible format "Unprotected sex is cool....Yeah right'. However, it was noted as important that the messages are not degrading. 'Having a baby at 16 is cool...Yeah right'. This latter message was not felt to be appropriate.
- Two at-risk groups and one other group wanted billboards that focussed on the dangers and risks of sex or real life situations, possibly including pictures of sexually transmitted infections (STIs) *"if you can't face the consequences don't do the action"* (Focus group participant). One at-risk group also suggested advertising a sexual health helpline.
- Suggested locations for billboards included: skate parks, school routes and motorways.
- Posters were mentioned by three groups with suggestions to put them on the bus, in the library, bars, nightclubs, toilets, student centres and areas where young people wait.
- The smoking advertisements were also mentioned as a possible format for billboards and posters.

### 5.2.4 Pamphlets and books

Six groups spoke about pamphlets including two at-risk groups. One of these suggested making a booklet that was half for girls and half for guys. Other suggestions included:

- Using humour and fun, particularly for GLBTI (gay, lesbian, bisexual, transgender and intersex) pamphlets, which it was suggested should have the word GAY on the front to stand out.
- Mail boxes and schools were seen as useful places to promote pamphlets.
- Books were mentioned by two groups with a specific focus on the 'how to' such as a karma sutra with protection messages.

### 5.2.5 Magazines

Magazines were seen as a useful promotion tool by 11 groups including three at-risk groups.

- Five groups spoke about making sexual health a section in magazines, including a magazine like Tearaway having a sexual health section. Suggestions also included sealed sections or slotting it into fashion sections for girls or alongside information about hip hop stars and even recipes.
- Pictures were seen as important, particularly for a magazine for guys with a specific focus on sexual health, like porn but not so graphic. Four groups wanted real life stories, problems and pictures.
- Males in groups were more likely to be interested in the 'act' and wanting to know how to have and enjoy sex but also wanted information about risks and protection.

### 5.2.6 Television

Television was the second most popular promotion medium (after advertising) and was discussed by 16 out of 30 groups. When it was discussed the whole group became involved and agreed on this medium as a great way to reach young people.

#### Television programmes

- A documentary was mentioned by three groups, including one at risk-group, who wanted an in-depth documentary to investigate all aspects of sexual health including STIs, contraception and abortion;
- Four at-risk groups and four other groups spoke about having a specific television programme about sexual health, including a sexual health makeover show, a drama called "Sex and Away", like "Home and Away", sexual health scenes on Shortland St, or a sexual health section for young children on Sticky TV;
- Three groups (including two at-risk groups) wanted a 'Dr Phil' type talk show where young people could phone in or go into the studio to talk about issues;
- It was noted that television can be ambiguous about sex, that people are seen kissing and then someone is pregnant, without showing the process in the middle. Conversely some groups felt that television images were over-sexualised and presented unrealistic views of sex and sexuality.

#### Television advertising

- 13 groups (including four at-risk groups) spoke about TV advertising;
- Four groups (including two at-risk groups) spoke about risk based advertising. Suggestions included basing them on drink driving advertisements, using real life people to make them extreme;
- Conversely three groups spoke about funny, relaxed ads, such as the "Lift Plus" advertisements, while a further two groups spoke about the smoking ads and using role models and celebrities. Real life and real people were again mentioned as important to make the ads relevant to young people.
- Between 6-7:30pm was seen as a good time to play the advertisements.

### 5.2.7 General advertising

Advertising strategies outside of television were discussed by 21 groups:

- Six at-risk groups spoke about general advertising, with an overall theme of making sexual health a big thing in the community, with suggestions such as having cars driving the length of the country to advertise condoms, a massive condom statue, a sexual health store in town with a big opening party and a free online website, promoting sex toys and plenty of advertising on condom packets, alcohol bottles, cigarette packets and sanitary products for girls and hair wax for guys and a massive campaign that advertised across all media and products.
- For one at-risk group there was recognition of the need for something that balanced their youthfulness with the fact that they are sexually active. This included a suggestion of having advertisements in Happy Meals for 13-15 year olds, alongside recognition that Year 10 *"is too late around here"* (Focus group participant).
- There were a huge number of suggestions of where to advertise including: surf shops, bars, fake tattoos, competitions, aeroplane banners, cereal boxes, bus signs, movie theatres, milk cartons, bread packets and screen savers.
- Celebrities and role models were mentioned by four groups, including the smoke free advertisements.
- GLBTI promotion strategies were seen as important including a gay sexual health shop. Making sure that advertising is inclusive for different sexual orientations and having positive stereotypes of non-heterosexual identities.
- Alcohol packaging was mentioned by five groups, including attaching condoms to alcohol bottles.
- Clothing was mentioned by five groups. This included getting big brands like Dickies behind sexual health, and having t-shirts, hats or sneakers, particularly limited edition items which are highly sought after.
- One at-risk group discussed sexual health tag messages done by cool graffiti artists.

### 5.2.8 Other media

Radio, videos, games and songs were mentioned by 13 groups. Suggestions included:

- Video clips showing girls dancing provocatively and then going home itching.
- Playstation game, like 'Sims' which teach young people about sexual relationships.
- Video clips and songs about sexual health in different music styles, including rap, pop, punk etc., or with well known artists singing about their own experiences.
- A song that is free to download to your phone or iPod.
- Three groups mentioned radio advertising and three groups spoke about a radio talk back show. Half of the groups that spoke about radio as a useful advertising medium were at-risk groups.

#### Summary: Media strategies

- Pamphlets that are accessible for young people and sexual health role models in the media were rated highly by 62% and 60% of survey respondents respectively, as media strategies to improve young people's sexual health. Radio and TV advertising, magazines and posters were also rated highly (by 58%, 58% and 56% of survey respondents respectively).
- Advertising works! Focus group participants were enthusiastic about advertising sexual health everywhere, including billboards, on alcohol bottles, clothing, websites and text adverts. Young people want a balanced view of sex in the media. Advertising, pamphlets and music should be inclusive of all groups and represent different sexualities and subcultures. They wanted to promote risks and positive aspects of sexual health. The current Smokefree advertisements featuring local celebrities and musicians were also mentioned and seen as a good template for sexual health. Real life stories were seen as important for getting the message across.
- In terms of advertising, young people from at-risk groups were more likely to want hard-hitting adverts, similar to drink-driving advertisements. At risk groups, did not seem to be worried about what others thought and wanted promotion strategies that were big and bold, such as large condom cars or buildings.
- In the focus groups, promotion through television (including programmes, documentaries and advertising) was more frequently mentioned as a potential media strategy than forms of print.
- Digital media was identified in the focus groups as a key way to connect with young people, mentioned by 13 groups. In particular, social networking sites or interactive sites where young people can converse with each other or professionals were popular concepts.

- Males wanted sexual health advertising to feature things they are interested in such as cool cars.
- Māori focus group participants were more likely than other groups to talk about community-related events that educate parents and break down the barriers between young people and the older generations.

### 5.3 Information and education

This section outlines the results of the following survey question related to information and education based strategies:

- ***What would help young people to be sexually healthy? (1 = wouldn't make any difference, 5 = would make heaps of difference).***

Where applicable focus group responses drawn from the following question, and relevant to information and education, are included:

- ***If you had \$1,000,000 to spend to tell people your age how to be sexually healthy, how would you spend the money?***

This section contains young people's views on:

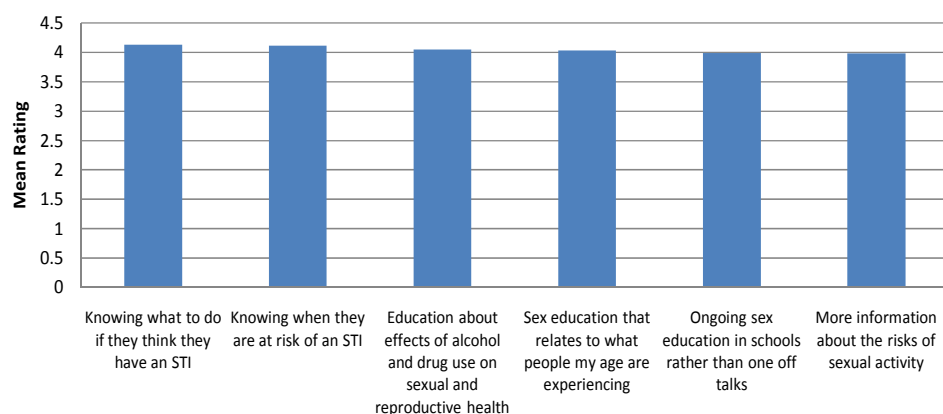
5.3.1 Approach to sex education

5.3.2 Help with decision making, feelings and peer pressure

#### 5.3.1 Approaches to sex education

Sex education was generally seen as important by all survey respondents; all questions received high levels of agreement (Figure 16).

**Figure 16:** Survey responses to approaches to sex education



### Sex education that relates to what people my age are experiencing

Sex education that relates to what people their age are experiencing was rated highly by 74% of respondents, with 39% giving this the highest rating of '5'. Few respondents (7%) rated this as of little or no use.

#### *Age*

Respondents aged 12-14 years were significantly more likely to be part of the 7% who rated this low, and were less likely than other age groups to score this '5'.

#### *Gender*

Male respondents were significantly more likely to give the mid-point '3' suggesting they may feel more ambivalent about whether this would be useful.

### Ongoing sex education in schools rather than one off talks

Just over two thirds (72%) rated ongoing sex education in schools highly useful. Few respondents (8%) rated this as of little or no use in helping young people to be sexually healthy.

#### *Age*

Respondents aged 12-14 years and 21-24 years were more likely to score this '1' than other age groups.

#### *Ethnicity*

New Zealand European respondents were significantly less likely to answer '3'. Asian respondents were significantly more likely to answer '3'.

#### *Gender*

Other genders were significantly more likely than males or females to rate the importance of ongoing sex education as low in terms of helping young people to be sexually healthy.

### Education about effects of alcohol and drug use on sexual and reproductive health

Overall, 75% of respondents rated education about the effects of alcohol and drug use highly as useful in supporting young people's sexual health. Few respondents (7%) rated this as of little or no use.

#### *Age*

Respondents aged 12-14 years more likely to score this '1' or '2' while 21-24 year olds were more likely to score this '5' than other age groups, suggesting alcohol and drugs may be a bigger issue for this age group.

#### *Ethnicity*

New Zealand European respondents were significantly less likely to answer '3' suggesting they either felt strongly for or against learning more about how alcohol and drugs can affect sexual health. Asian respondents were significantly more likely to answer '3' suggesting they may feel more ambivalent or uncertain about whether this would be useful or not useful.

#### Focus groups

Twenty-three focus groups discussed a range of ways that sex education in schools could be improved.

Ten groups (including three at-risk groups) said that they would invest in more sex education in schools and other places where young people are situated; making it regular (weekly), ongoing, and compulsory for everyone. Although sexuality education is a compulsory part of the Health and Physical Education component of the *New Zealand Curriculum* from Year 1 through to Year 10, participants felt that their experience of sex education in schools was inadequate because:

- Dealing with puberty tends to be the sole focus of sex education in Year 9 and Year 10. More information and discussion is needed at this stage on a wider range of issues, including identity, self-esteem, feelings, relationships, decision-making, sexual health risks and handling pressures to have sex.
- The health curriculum is not compulsory in Year 11 and Year 12. Sex education is therefore not provided to all young people at the critical time (between the ages of 15-17) when they are deciding whether they are ready to have sex or not, and dealing with pressure from partners and/or friends.

There were varying views on the policy that requires schools to consult with parents on the content of the sexuality education. Suggestions ranged from:

- Standardising the curriculum so that *'everyone gets the same message'* (Focus group participant );
- Providing information to parents who do exclude their child from sexuality education class, so that this information could be discussed at home;
- Providing education to parents on the same things that is being taught in schools;
- Removing parental rights on excluding their child from sexuality education classes;
- Starting a legal battle to compel Catholic schools to provide sex education and information to their students.

Based on positive experiences, they also suggested ways to improve sex education and the general school approach to sexual health:

- Presentations and fun plays on *real issues* in assemblies and in classrooms, by people who are young, easy to relate to and fun (they liked Attitude);
- Making it easier to access school nurses and sexual health professionals and making sure that young people know who they are;
- Offering free contraception, check-ups and information;
- Youth peer support people to train young people to promote key messages;
- A youth retreat or camp;
- Games, guest speakers, movies and other creative learning tools.

### [More information about the risks of sexual activity](#)

Two thirds of respondents (71%) rated more information about the risks of sexual activity highly useful for helping people their age be sexually healthy. Again, few respondents rated this low (8%).

#### *Age*

Respondents aged 12-14 years were more likely to score this '2' and less likely than others to score this '5'. Respondents aged 21-24 year olds were less likely to score this statement '3' and more likely than other age groups to score this '5'.

#### *Gender*

Other genders and males were significantly more likely than females to rate more information about the risks of sexual activity low.

### [Knowing when they are at risk of an STI](#)

Information that would help young people know when they are at risk of an STI was identified as useful or extremely useful by 77% of respondents (rating 4 or 5). There were no significant differences for age or ethnicity.

#### *Gender*

Other genders were significantly more likely than males or females to rate knowing when young people are at risk of an STI as low.

### [Knowing what to do if they think they have an STI](#)

Similarly, 75% of respondents indicated that information that helped people their age know what to do when they might have an STI is overall rated useful or very useful (4 or 5). Of these, 50% rated this '5'. The high rating given to this

question may indicate young people's awareness of the potential health and relational complexities associated with STI contraction.

#### Age

Respondents aged 12-14 years were significantly more likely to rate this kind of information as not useful (1) and less likely to rate it as extremely useful (5) than other age groups.

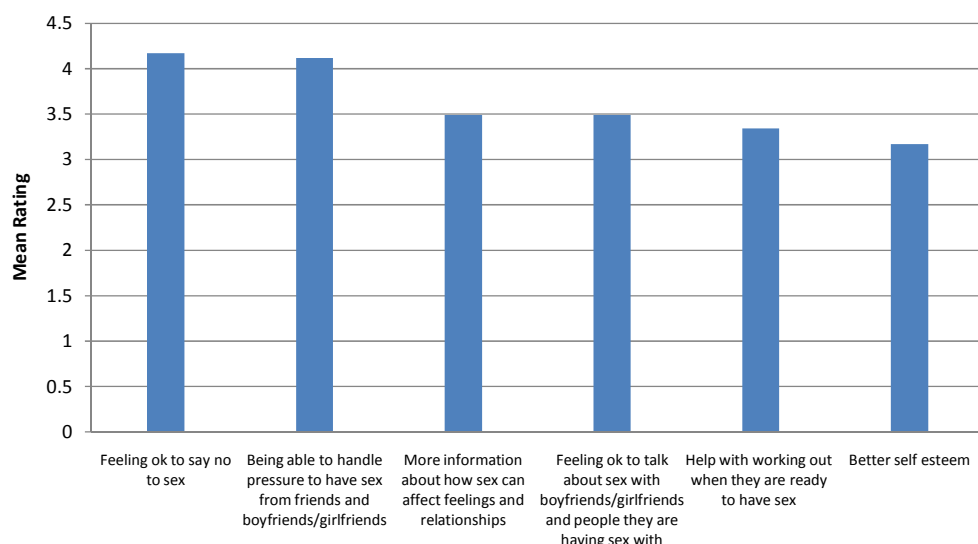
#### Gender

Other genders were significantly more likely than males or females to rate knowing what to do if young people think they have an STI as low.

### 5.3.2 Help with decision making, feelings and peer pressure

Feeling able to say no and handle peer pressure were rated highly by young people as things that would help them to be sexually healthy (Figure 17).

**Figure 17:** Survey responses regarding help with decision making, feelings and peer pressure



#### More information about how sex can affect feelings and relationships

56% of respondents indicated that more information on how sex can affect feelings and relationships is useful or extremely useful for people their age.

#### Age

Respondents aged 12-14 years were more likely to rate this 1 than other groups and 21-24 year olds were more likely to rate this '5' than others. Valuing the importance of information on feelings appears to grow with age.

#### Ethnicity

Pacific respondents were significantly more likely to answer '5'. Asian respondents were significantly more likely to answer '1', less likely to answer '5'.

#### Help with working out when they are ready to have sex



About half of the respondents (48%) indicated that help with working out when people their age are ready to have sex would be useful or extremely useful. One in five respondents (21%) rated help of this kind as of little or no use.

#### *Gender*

Male respondents were significantly more likely to rate this as useful.

#### Being able to handle pressure to have sex from friends and boyfriends/girlfriends

More than three quarters of respondents (77%) indicated that help with handling pressure to have sex would be useful or very useful for people their age. Of these, almost half gave the highest rating of '5' (49%). Respondents aged 15 to 17 years were significantly less likely to see this kind of help as of little or no use. This age group appears to be the time when young people experience the greatest pressure on their choices to have or to not have sex. Few respondents (9%) rated this as of little or no use.

#### *Age*

There are indications that young people at the lower and upper age groups do not feel the same amount of pressure, as respondents aged 12-14 and 21-24 years were more likely to rate this '1'.

#### *Ethnicity*

Asian respondents were significantly more likely to choose the mid-point '3'. Pacific respondents were more likely to indicate that this kind of help would be useful.

#### *Gender*

'Other' genders were significantly more likely than males or females to disagree that being able to handle pressure to have sex was important for people their age.

#### Feeling ok to talk about sex with boyfriends/girlfriends and people they are having sex with

Just over half of respondents (53%) indicated that help for people their age on how to talk about sex with their serious or casual partners would be useful or extremely useful (4 or 5). This kind of help was rated as '3' by 30% of respondents and of little or no help for 17% of respondents. Young people not having sex at the time of completing the survey may see this of little importance.

#### Feeling ok to say no to sex

Over three quarters (78%) indicated that help with saying no to sex would be useful or extremely useful for people their age. Few respondents (6%) rated this kind of help as not useful (1 or 2).

#### *Age*

Respondents aged 12-14 years were more likely to be part of the 6% who rated this '1' or '2'.

#### *Ethnicity*

Māori respondents were significantly more likely to rate this as useful. Pacific respondents were significantly more likely to indicate the mid-point '3'.

#### *Gender*

Male respondents were significantly more likely to rate this as not useful (1 or 2), indicating that saying no is considered as being more of an issue for females.

#### Better self esteem

Overall, 42% of respondents indicated that help with self-esteem would be useful or extremely useful (4 or 5) for people their age. Thirty percent of respondents indicated the mid-point '3' and 28% indicated that this kind of help would be of little to no use (1 or 2). This result is surprisingly, given that 77% of respondents indicated earlier in the survey that self-esteem and self-confidence is important for being sexually healthy.

### *Ethnicity*

New Zealand European and Pacific respondents were significantly more likely to see this as useful. Pacific respondents were also less likely to rate this '2'.

### *Gender*

Male respondents were significantly less likely to disagree that better self esteem is important. Similarly, 'other' genders were significantly more likely to rate the usefulness of better self esteem highly.

#### **Summary: Information and education**

- Three quarters of survey respondents rated the need for education about alcohol and drugs to improve sexual and reproductive health highly. Young people aged 21-24 years were more likely to recognise this as an important area for education.
- Young people recognise that STIs are a significant issue. 77% of survey respondents identified that help with knowing when they are at risk of an STI would improve their sexual health, 75% said that more knowledge of what to do if they think they have an STI would be useful and two thirds wanted more information about the risks of sexual activity. Knowing more about risks was particularly pertinent for 21-24 year olds.
- Just over half of young people identified that feeling okay to talk with partners and feeling more confident to say no to sex would help them to be sexually healthy suggesting teaching communication skills as part of education strategies.
- Sex education that relates to young people's experience was rated highly by 74% of survey respondents. Ongoing education was also rated highly by 72% of survey respondents. Young people are aware of the limitations of the sex education they receive at school. In focus groups, young people felt that ongoing sexual health education is needed and should include more discussions on feelings, relationships and self esteem. Strategies to improve education included real life stories, access to contraception, increased peer support and creative teaching methods. They also suggested that all young people need to get the same quality information through education, regardless of the type of school they attended or their family background.
- Knowing about the effects that sex can have on feelings and relationships was rated highly by 56% of respondents, particularly Pacific young people. Males were more likely to rate knowing when they were ready to have sex highly as having an impact on their sexual health.
- Young people from different ethnic groups had differing responses to the information and education that would help young people be sexually healthy. Health promotion strategies need to be tailored to meet varying cultural needs.

## 5.4 Health promotion strategies in the community

This section looks at what could be useful for reaching young people through community-based strategies to promote sexual health. This includes responses to the survey question:

- ***What would help young people to be sexually health (1 = wouldn't make any difference and 5 = would make heaps of difference).***

Where relevant, focus group responses to the following question are included:

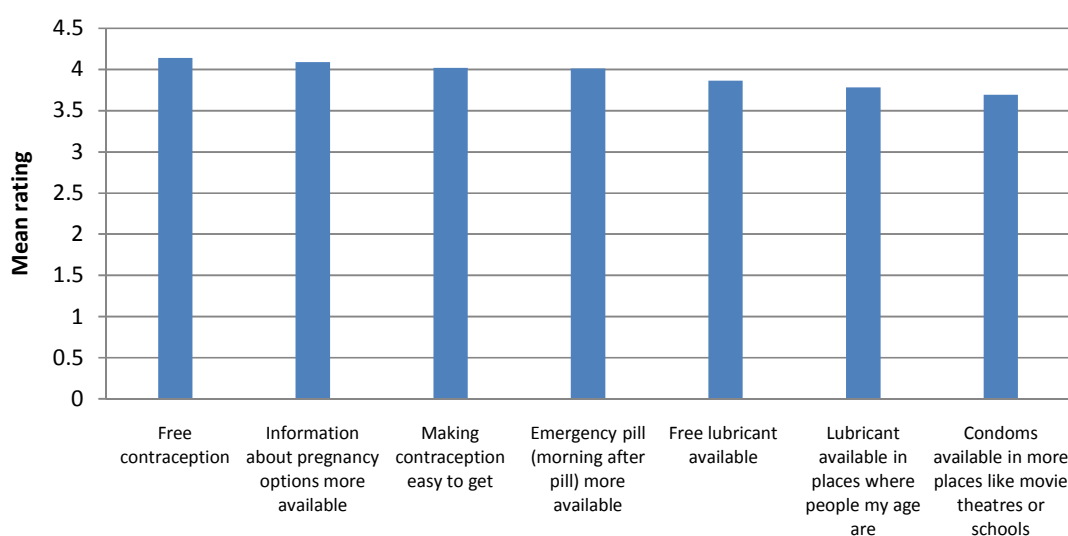
- ***If you had \$1,000,000 to spend to tell people your age how to be sexually healthy how would you spend the money?***

Included in this section are:

- 5.4.1 Promoting contraception
- 5.4.2 Community events
- 5.4.3 Community attitudes

### 5.4.1 Promoting contraception

Figure 18: Survey responses to contraception promotion initiatives



#### Free contraception

75% of survey respondents rated free contraception as highly useful for helping young people to be sexually healthy. 51% of survey respondents thought this was an extremely useful idea (5). Few thought this would not be helpful (8%).

#### Ethnicity

Pacific and New Zealand European respondents were significantly more likely give a high rating, while Asian respondents were significantly more likely to give a low rating.

#### Age

12-14 year olds were significantly more likely than other ages to answer '1'.

#### Making contraception easy to get

71% of survey participants rated the usefulness of making contraception easier to get highly. 46% of all respondents rated this as extremely useful (5). 10% disagreed with this statement.

##### *Ethnicity*

New Zealand European young people were significantly more likely to give higher scores than other ethnic groups. Pacific respondents gave lower scores.

##### *Age*

12-14 year olds were significantly more likely to answer '1' and less likely to answer '5' than other respondents.

##### *Gender*

'Other' genders were significantly more likely to rate this low compared to males or females.

#### Condoms available in more places like movie theatres or schools

60% of survey respondents rated this highly useful for helping young people to be sexually healthy. There were no significance differences between ethnicity or age.

##### *Gender*

Other genders were significantly more likely to rate the importance of condom availability low compared to males or females in terms of helping people their age be sexually healthy.

#### Free lubricant available

66% of survey respondents rated this highly useful for helping young people to be sexually healthy. 13% disagreed that free lubricant would help young people be sexually healthy.

##### *Age*

12-14 year olds were significantly more likely to answer '1' than other age groups.

#### Lubricant available in places where people my age are

63% of survey respondents rated this highly useful for helping young people to be sexually healthy. 14% of respondents rated this as a low means of helping young people be sexually healthy.

##### *Age*

12-14 year olds were significantly more likely to give low scores than other age groups.

##### *Focus groups*

Only one focus group mentioned the availability of lubricant which was in conjunction with condoms and pamphlets in free packs.

#### Emergency pill (morning-after pill) more available

72% of survey respondents rated this highly useful for helping young people to be sexually healthy. Only 10% disagreed with the statement that the emergency pill being more available would help people their age be sexually healthy.

##### *Gender*

Males were significantly more likely to rate this at the midpoint (3) than females.

##### *Age*

12-14 year olds were significantly more likely to give a lower rating than other ages.

### Information about pregnancy options more available

73% of survey respondents rated this as highly useful for helping young people to be sexually healthy. 45% of survey respondents thought this was an extremely useful idea (5). Only 6% of respondents rated this as not particularly useful. There were no significant differences between genders for this question.

### *Ethnicity*

New Zealand European survey respondents were significantly more likely to rate this as useful than other ethnic groups, while Asian respondents were more likely rate this low.

### *Age*

12-14 year olds more significantly more likely to rate this question a '1' or '3' than other ages.

### Focus groups

- Thirteen focus groups mentioned having more places to access condoms, such as youth centres, clothing shops, fast food outlets and schools.
- Ten groups discussed condoms being free or subsidised. There was only one suggestion related to other methods of contraception which was letting young people go on the pill if they want to.
- Participants suggested bringing back condom dispensers in bar toilets and having street dispensers.
- Another popular idea was having free packs that included all the things you need such as condoms, lubricant and pamphlets that you could either send away for or text a number to get sent a pack in the mail.
- Other discussions included packaging condoms with other discrete items such as deodorant, or having them automatically dispensed from EFTPOS machines when you get cash out.
- Design of condom packets was important, particularly for at-risk groups (four groups spoke about design). Packets need to be bright, youth friendly and cool to be seen with. Packets were also seen by these groups as a way to promote STI messages.
- Only one focus group mentioned the availability of lubricant, in conjunction with condoms and pamphlets, to be given away in packs.

## 5.4.2 Community events

### Focus groups

The Youth Development Strategy (Ministry of Youth Affairs, 2002) highlights the importance of quality relationships and of the big picture. Focus group discussions suggest that young people want the community to build relationships with them and with the topic of sexual health. They see sexual health within a wider community context, rather than something specific to young people. There were 90 suggestions of community level involvement and community based strategies in the focus groups.

The majority of the young people's suggestions about community involvement in sexual and reproductive health promotion were around community events and involved parents and caregivers. Some of their ideas included:

- Condom parade or party;
- Sexual health quiz night for families that happen in your town a couple of times a year;
- Stalls set up at market days;
- Create a big event for young people and parents to break down barriers;
- Festival of safe sex/ family festival with safe sex stands;
- Youth concert.

Of the community involvement suggestions the one that was most often mentioned and very enthusiastically talked about was having a Sexual Health Expo. Seven focus groups spoke about this and had ideas of making it a fun, interactive and informative event that all young people can go to. These included:

- Having bands;
- Giveaways and competitions like the fastest person to put a condom on the dildo;
- Show the pleasurable side of sex as well as the serious side;
- A big exhibition with body parts;
- Make it fun and where you can get involved.

### 5.4.3 Community attitudes

This section looks at attitudes to sexual and reproductive health within the wider community. Survey respondents were asked to rate a number of things that may help people their age to be sexually healthy. One of these questions asked whether making sexual health ok to talk about would be useful where 1 was “it wouldn’t help at all and 5 was “it would make heaps of difference”.

#### Making sexual health ok/sweet to talk about

More than three quarters of the respondents (79%) indicated that making sexual health okay to talk about would be useful or extremely useful for people their age, including 49% who rated this ‘5’. The mid-point of ‘3’ was chosen by 15% of respondents. Few respondents (6%) felt that this kind of help would not be useful (Figure 19)

#### Age

Respondents aged 12-14 years were more likely to rate this lower than other age groups.

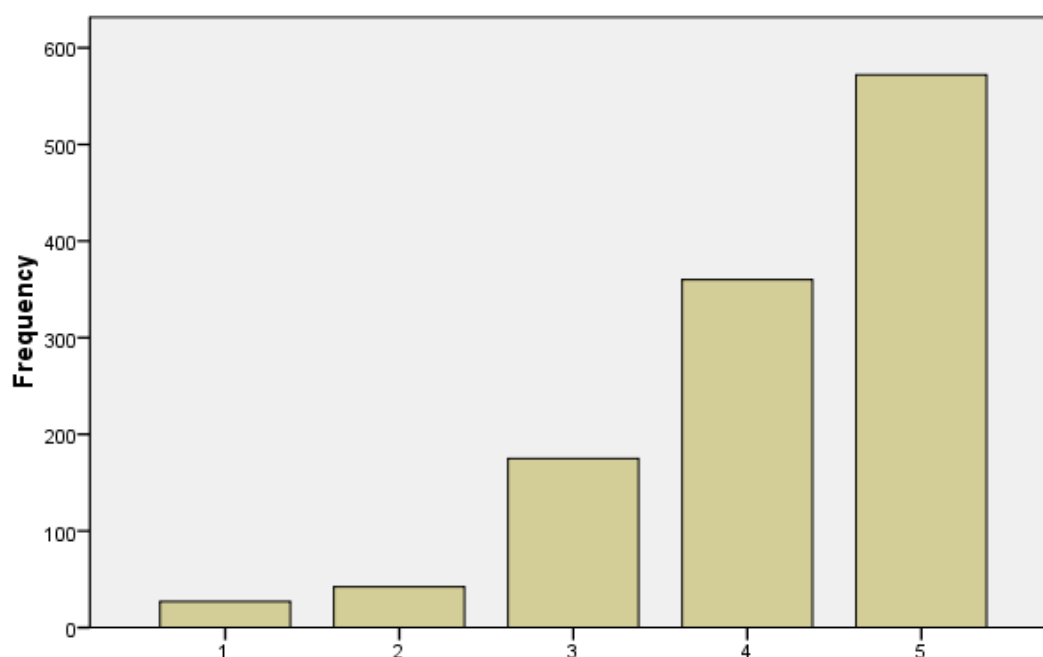
#### Ethnicity

Pacific respondents were more likely to answer ‘3’.

#### Gender

Male respondents were significantly more likely to rate this low than females. This may indicate that talking about sexual health is either not as important for males, or is already more acceptable for them to talk about than it is for females.

**Figure 19:** Making sexual health ok/sweet to talk about



### Focus groups

Focus groups also had a lot of ideas about attitudes towards sexual health within the community. Young people are very aware of the negative and risk based views about sex and sexual health and there seemed to be a tension between wanting to make young people aware of the risks but also give them opportunities to explore the positive side of sex. Some of the focus group ideas on this theme included:

- Seven groups spoke about changing attitudes towards sex; making sexual health youth friendly and fun, not a forbidden subject or solely focussed on the negative - just a normal part of life.
- Two groups discussed showing young people how to interact without alcohol.
- Three groups spoke about the importance of utilising young people to promote healthy safe sex to each other, using real life stories and experiences.
- Two groups discussed changing gender attitudes, including promoting guys responsibility for contraception and creating empowering messages for girls around respecting their bodies.

#### **Summary: Community Involvement**

- Young people want sexual health to be a normal part of life. Nearly 80% of survey respondents identified that making sexual health okay to talk about would improve young people's sexual health. Therefore, improving the community's openness to discussing sexual health is of paramount importance. In the focus groups, young people suggested that families and communities be engaged in sexual health promotion and learning, particularly through creative and fun methods, such as concerts and market days. They want community attitudes to sex and sexual health to be balanced and include the positive side of sex and for the community to encourage them to enjoy themselves safely.
- Three quarters of survey respondents and a significant number of focus group participants identified the provision of free contraception as an effective strategy for improving young people's sexual and reproductive health.
- Both survey respondents and focus group participants spoke about the importance of easy access to contraception for improving young people's sexual health. In the survey young people rated these areas highly: making contraception easy to get (71%), making the emergency pill more available (72%) and having free lubricant available (66%).
- In the focus groups, young people had a lot of ideas about places to access condoms, with a focus on having them everywhere as a normal part of life, such as attached to deodorant packs, in dispensers, or having the opportunity to text or post to receive a pack with information, condoms and lube. They also emphasised the importance of designing packages that make condoms cool.

## **5.5 Health promotion messages**

At the end of focus groups each participant was asked to come up with one key message to give to their peers around sexual and reproductive health. These have been coded into twelve key themes. A selection of common messages has been picked from each theme. Themes are ordered by popularity, for example, the theme which had the most messages is listed first.

### **Safe Sex (80 messages)**

- No glove no love
- Safe sex is good sex
- No rubba no hubba hubba
- Sex is sweet when you're safe
- Always wear a condom to protect your ding dong

- Don't be silly, wrap your willy (5 focus groups)
- Don't be a fool, wrap your tool
- Sex is free and so is contraception
- If in doubt leave it out
- Any sexuality needs safe sex
- Live life to the fullest and keep it safe
- If it's safe then you're all good

### ***Thinking and Behaviour (39 messages)***

- Think twice
- Think before you act
- Be wise, familiarise
- Be informed before you perform
- If you don't know your limits then you can freak out and do what you don't want to do
- It's ok to experiment but have the knowledge first

### ***When to have sex (23 messages)***

- Have a good time at the right time
- Don't do it unless you are ready and feel comfortable
- Trust yourself and don't rush into things
- Will you regret it?
- Wait till you're married – WTYM
- Virgins are stunning

### ***Relationships (13 messages)***

- Make it count
- Find an understanding, genuine person
- Make sure you pick the right person

### ***Self Esteem (11 messages)***

- Accept who you are; don't follow anyone else
- Love your body before you love someone else
- Be yourself around people (and then you'll get laid)

### ***Peer Pressure (9 messages)***

- Make your own trends
- Don't worry about what's cool, do what's right for you

### ***Enjoying Sex (8 messages)***

- Make the most of sex
- Dry hump, crunk (meaning dry humping is cool)

### ***Other messages (8 messages)***

- Remember what it's like to be young and that those times have changed (for parents)
- Come and play basketball (meaning spend fun time together)

### ***Saying No (6 messages)***

- Yes to love, no to sex
- Even if you are half way there it's still ok to say no, there is no one time to say no

### ***Seeking Help (6 messages)***

- Go to the doctor
- Talk to your friends before you have sex



***Alcohol and Drugs (5 messages, 4 out of 5 are from at-risk groups)***

- Don't have sex under the influence
- Don't get wasted

***Values (4 messages)***

- Respect yourself
- No matter how shame it is listen to your mum and dad no matter what

**Summary: One key message**

- Young people have a lot of messages to give to their peers, particularly around staying safe. One of the most popular messages was "Don't be silly, wrap your willy"
- Messages about thinking before you act and waiting for the right time were popular, particularly amongst at-risk groups.

## 6. Primary health care strategies

All New Zealand young people, including those under the age of 16 years, have a legal right to access confidential medical services, including sexual and reproductive health services, without parental consent. However, the *Youth2000* survey found that about half of all students (males 45.9% and females 50.3%) identified barriers to obtaining health care which included: not wanting to make a fuss, can not be bothered, too expensive, do not feel comfortable with the person, too scared and being worried that it will not be kept private (Adolescent Health Research Group, 2003).

This chapter looks in detail at young people's experiences of primary health care and their views on how primary health care consultations could better support young people's sexual health. Survey questions and their responses to the sub-questions on services and on contraception and reproduction will be discussed. Insight from the focus group responses will be highlighted after each section.

To improve readability, those young people who rated 1 or 2 are described as rating low, those who rated 3 as middle and those who rated 4 or 5 as high.

This chapter covers the following topic areas:

- 6.1 Primary health care services as sources of information
- 6.2 Location of primary health care services
- 6.3 Confidentiality at primary health care services
- 6.4 Accessibility to primary health care services
- 6.5 Characteristics of primary health staff
- 6.6 Additional primary health services

### 6.1 Primary care services as sources of information

This section explores the difference between where respondents think people their age currently go for information and where they think would be best place.

This section compares the results of the following survey questions:

- ***Where do young people your age find out about sexual and reproductive health? (1=never get information from there, 5=get heaps of information from there)***
- ***Where is the best place for people your age to find out about sexual and reproductive health? (1=not good at all, 5=awesome)***

It is unclear how young people may interpret 'information'. For example, they may see the doctor as a good place to get information about contraception, but possibly not a good place to discuss relationships.

#### Doctor or health service

Just over half (56%) of respondents indicated that people their age rate their local doctor or health service highly for finding out information. 65% of respondents thought that the doctors or health services are a highly good source of information however 19% rated the doctor or health service low as somewhere that people their age would find out information about sexual and reproductive health. This was a higher percentage of low ratings than either Family Planning or Sexual Health services and although likely reflects the specialisation of these services around sexual and reproductive health also points to an area for improvement for doctors and health services in engaging young people in sexual and reproductive health discussions.

Further reasons for the higher percentage of young people not finding information about sexual and reproductive health from the doctor or health service are expanded in the focus group section below. There were no significant differences for ethnic groups in response to this question.

### At Family Planning

Survey respondents rated Family Planning services slightly higher (64%) than the doctor and sexual health services (56%) as the place where they think their peers get a lot of information about sexual and reproductive health. Only 12% of survey respondents rated Family Planning low for getting information. 66% rated Family Planning high as one of the best places to get information.

Male survey respondents were more likely to rate Family Planning as the mid-point of '3' as a place they would get sexual and reproductive health information and were also more likely to rate Family Planning low as a good place to get information. Their uncertainty of this service is expanded on in the focus group section below.

### *Ethnicity*

Asian respondents were more likely to rate this as the mid-point '3' than other ethnic groups although nothing was discovered in the focus groups that may shed light on this indication of uncertainty about getting information from Family Planning.

### At sexual health services

Overall, 64% of respondents rated sexual health services highly as a place where young people their age get a lot of information, while 12% rated low. There were no significant differences noted for gender, ethnicity or age. Sexual health services were rated highly by 65% of respondents as one of the best places for people their age to go for information. Male respondents were more likely to see sexual health services as a low source of information for people their age. 21-24 year olds were more likely to rate this as an awesome (5) place to get information than other age groups.

### Focus groups

Focus group discussion relevant to primary care services as sources of information are discussed from the following questions:

- ***Where do people your age find out about sexual and reproductive health?***
- ***What are the sexual and reproductive health issues for people your age?***
- ***If you went to your ideal service that helped people your age be informed on sexual and reproductive health, what would it be like?***

Doctors and health services were identified as sources of information in 22 focus groups. In comparison, Family Planning services were identified by 18 focus groups. One focus group noted young people see Family Planning as more of a female than a male service. Changing the name to something more relevant to all young people was suggested. One way to increase young people's awareness of the services and information available to them is through promotion and advertising (explored in Chapter 4). A number of young people suggested that good advertising would be part of an ideal service.

*"Good advertising is a big part of an ideal service, advertising about what the service actually does and how it works like examples of what it might be like" (Focus group participant).*

Sexual health services were only identified as a source of information by four groups. One participant reflected on a positive experience that promoted the sexual health service well. A doctor (female and youth-friendly) introduced herself at the school and invited the young people to come to the health clinic at any time – for a check-up or just to hang-out. The participant said that her group of friends ended up meeting there every month afterwards, using the service to chill out and support each other to stay healthy. Further discussion about the importance of health service staff follows in section 6.5.

The focus groups revealed important barriers to accessing the doctors or other health services for sexual and reproductive health as:

- Fear of talking about sexual health – not knowing whether or not it is okay to talk about.
- Fear of getting sexual health check-ups and STI checks due to uncertainty of what happens and myths about the tests.
- Feeling ashamed to get check-ups.
- Not feeling confident to communicate with professionals about sexual health.

It is likely that relationships to authority figures in the young person's life are repeated in consulting room with doctors and other health professionals. There is certainly a power differential between young people and health professionals, particularly younger adolescents. Some young people assume that doctors will judge them and as will be revealed later in this chapter, perhaps even tell their parents/caregivers their health information.

It was clear in the focus groups that there is a lot of fear and shame around sexual and reproductive health for young people. If a young person does not encounter an adult (in this case the health professional) who is willing to engage with them in an open and non-threatening conversation about sexual and reproductive health then this is what could be expected. This suggests that young people need initiation by doctors around these conversations to let the young person know it is okay to talk about sexual health. This supports the literature review finding that young people need to feel comfortable in a primary health care setting but the health professional needs to initiate discussion. If doctors and other health professionals reassure young people about the nature of their relationship, including confidentiality, ability to speak with them about sexual and reproductive health issues and explain what typically happens in a sexual and reproductive health check up this would assist young people.

Other barriers that young people identified to talking with doctors about sexual and reproductive health were; that they tend to visit the doctor with their parents who provide transport and payments and that they feel uncomfortable talking to their long standing family doctor about sexual and reproductive health issues. Although not explicated in the groups, feeling uncomfortable to speak to the family doctor about sexual and reproductive health may indicate that doctors could do more to inquire with young people in order to introduce their role as a source of information about these issues. Confidentiality concerns with doctors are expanded on in section 6.3.

The young people in six focus groups who attended Youth Health services held these services in very high regard. There was a high degree of enthusiasm for the approach taken in Youth Health services in particular the approach of the staff that were seen to be caring and open to talking about more than physical health. The focus group recorder noted that the focus groups connected with Youth Health services had highly sophisticated thinking about sexual and reproductive health that included: physical and emotional health aspects and social awareness. A youth health model has been supported in other consultations (Youthline, 2002).

#### **Summary: Primary care services as sources of information**

- There was a notable difference between survey respondents ratings of doctors/health services as a current sources of information (56%) and as the best place to get information for people their age (65%). In focus groups, young people noted discomfort in primary health care environments, which was linked to fears of being judged, lack of confidence, and feelings of shame associated with talking to health professionals.
- For all three primary health care service types (health services, Family Planning and sexual health services), young people aged 12-14 years were significantly less likely to answer 5 to utilising them as sources of information and perceiving them as the best places for people their age. This may reflect the lower numbers of people this age engaging in sexual activity as well as the developmental aspects of this time which include breaking away from authority figures and utilising peers/friends for information and discussion.
- Family Planning services have a high level of recognition by young people but are significantly less likely to be viewed by males as a place they would access information. Focus groups revealed that the name Family

Planning is not perceived as relevant to young males.

- Youth health services are highly regarded by young people who have access to these services. The young people who access these services were seen in the focus groups to have sophisticated and holistic thinking about sexual and reproductive health.

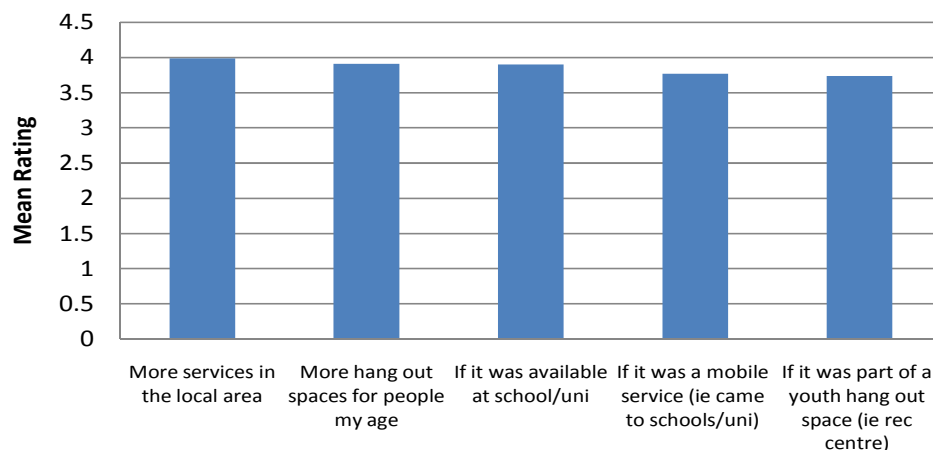
## 6.2 Location of primary health services

This section looks at the role of geographical location in promoting sexual and reproductive health for young people in primary health care. This section compares the results from the following survey question:

- ***Next is a list of things that may make it easier for people your age to go to a sexual or reproductive health service. (1= would not make any difference, 5= would make it heaps easier)***

Mean survey ratings regarding health service location are summarised in Figure 20.

**Figure 20:** Survey responses regarding the location of primary health services



### If it was available at school/uni

Overall, 67% of respondents rated having services available at school or university highly for making it easier for people their age to go to a sexual or reproductive health service. Respondents aged 21-24 years were more likely to rate this '5' than other ages. Only 9% of respondents felt that having a service available at school or uni would not make it easier.

#### Gender

'Other' genders were significantly more likely than males or females to rate this as low.

### If it was a mobile service (i.e. came to schools/uni)

Overall, 62% of respondents highly rated a mobile service as making it easier for their peers to access sexual and reproductive health services. 14% of respondents rated a mobile service low for making a difference to ease of accessibility.

### If it was part of a youth hang out space (i.e. recreation centre)

Overall, 62% of respondents rated having a sexual and reproductive health service as part of a hang-out space highly as making it easier to go for young people their age. 13% of respondents rated a youth hang out low for making a difference for their peers. Respondents aged 18-20 years were more likely to rate this low than other ages.

#### *Gender*

'Other' genders were significantly more likely than males or females to rate as low the inclusion of sexual health services as part of a youth hang out space as being a factor in making the use of sexual health service easier.

Further data related to the location of services was found from the following survey question:

- ***What do you think would help people your age to be sexually healthy? (1 = not useful, 5 = extremely useful)***

#### *More hang out spaces for people my age*

Two thirds (66%) of the respondents rated having more hang out spaces as highly useful to help people their age to be sexually healthy. Respondents aged 18-24 years were significantly less likely to see hang out places as important. 10% of respondents rated this low.

#### *Ethnicity*

Asian respondents were less likely than other ethnic groups to consider hang out spaces as useful.

#### *Gender*

'Other' genders were significantly more likely than males or females to disagree that more hang out spaces for people their age would help them to be sexually healthy.

#### *More services in the local area*

More than two thirds (70%) of respondents highly rated, having more services in the local area for young people their age. Only 7% disagreed that having more local services would be helpful for young people's sexual health. The focus groups debated the need for local versus centrally located services, and these issues are described below. Respondents aged 12-14 years were more likely to give low or middle ratings for this question than other age groups.

#### *Focus groups*

This section looks at focus group discussion from the following two questions relevant to location of primary health services:

- ***If you went to your ideal service that helped young people be informed on sexual and reproductive health, what would it be like?***
- ***What are the sexual and reproductive health issues for people your age?***

Seven focus groups noted that lack of services or knowing where to go was an issue for them. This was emphasised in two of the rural focus groups where access to health professionals was very limited.

Seven groups suggested that a mobile service would help to reach young people in places such as schools, universities and workplaces. Again, in rural areas this was enthusiastically talked about. The idea of having someone from outside of the rural area felt safer and more confidential than going to the local doctor. In addition, rural participants noted the distance that many of them had to travel to see a GP currently.

There was considerable debate within 17 of the focus groups on where the ideal service could be located. Most groups acknowledged that there is a fine balance between having a visible service that is centrally located and easy to find versus having a 'low key off-street place' that protected those that entered the service from being seen.

There were differing views on whether the service should be located in the suburbs or centrally. Ease of transport was a key consideration for most groups around this issue and groups offered ideas such as: the services having transport assistance available or having a central service with smaller satellite services that young people could walk to if needed.

Fifteen groups commented on what the building could look like. Responses included having a normal or retro-looking house (predominantly females), modern or underground style (predominantly males) to the extreme of having a condom, vagina or penis-shaped building (comments from the males in 4 at-risk groups).

Focus groups were enthusiastic for the ideal service to be part of or include a hang out space. Alongside the philosophy or approach of staff this was the most talked about aspect of their ideal health service and included creative suggestions such as:

- Internet access
- Sports areas
- Courses
- Cafe and free food
- Chill-out zone
- Pool tables
- Cool music
- Playstation
- Library
- Gym or dance area

These themes were more frequent in focus groups with members under the age of 18 years. Consistent with the survey responses, participants aged 20-24 years felt that a hang-out space was not required, probably due to the fact that older people are less reliant on the need for organised spaces to hang out.

#### **Summary: Location of health services**

- Survey respondents indicated that increasing the number of services in the local area or at available at school or university would make it heaps easier for them to go to a sexual and reproductive health service. The focus groups revealed that there is a perceived lack of information and services available for young people, resulting in young people not knowing where to go for sexual and reproductive health.
- Young people want services that are easy to get transport to, that are visible and known, but that protect their need for discretion upon entry.
- Access to confidential services is an important issue for rural young people who felt that they had limited options if their family doctor was the only service available. Having their own local service or a mobile service that frequented the area at certain times was identified as important strategy for overcoming the access barriers they face.
- Young people may not always feel comfortable talking with their doctor about this topic, yet, this is a place they will most likely frequent. Thus, more referrals or information sharing with young people could be initiated by doctors.
- Young people between the ages of 12-17 years would like health services to be part of other recreational services or a youth hang-out space. Hang-out and recreational services were not considered by young people 18-24 years as an important part of a sexual health service.

## 6.3 Confidentiality at primary health care services

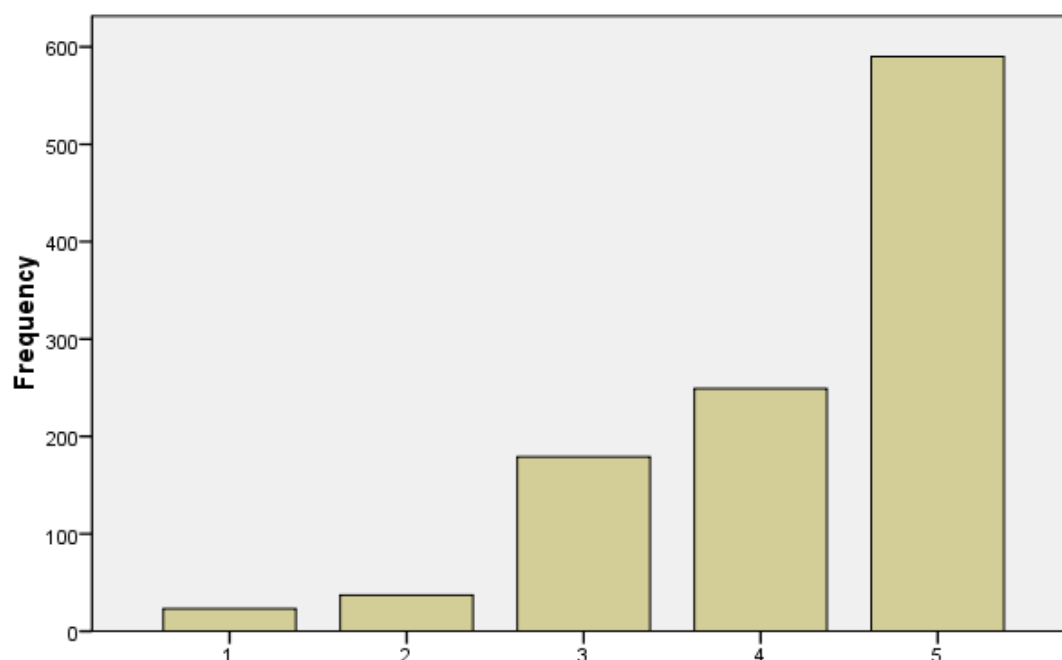
As previously mentioned, confidentiality is a very important aspect of primary health services according to young people. This section looks in greater detail at the level of importance young people placed on confidentiality of primary health services in the survey and focus groups. First are the survey responses related to the following question:

- ***Next is a list of things that may make it easier for people your age to go to a sexual or reproductive health service. Please tell us how useful these would be. (1= Would not make any difference, 5= would make it heaps easier)***

### *If it was confidential*

More than half of all respondents (55%) felt that confidentiality would make it heaps easier to attend the service giving it the highest possible rating of '5'. Overall, 78% of respondents rated confidentiality highly for making it easier to access sexual and reproductive health services. Only 6% rated confidentiality low in terms of making a difference to their ease of use of services (Figure 21).

**Figure 21:** If it was confidential



### *Ethnicity*

New Zealand European respondents were more likely to score this '5' than other ethnic groups. Pacific respondents were less likely to score this '5' and more likely to score this '3'. It is possible that confidentiality is not as important for Pacific respondents as other service features.

### *If it was part of a whole bunch of other services so no one knew why you were there*

Having a sexual health service as part of other services was rated highly by 72% of survey respondents as making it easier to go to a sexual and reproductive health service. Only 8% of respondents rated this aspect low for making a difference.

### *Ethnicity*

Asian and Pacific respondents were more likely to score this '3' than others.

### *Gender*



Male respondents were significantly more likely than female respondents to answer '1' or '2'.

**If no one could see people go in or out**

More than two thirds of respondents (71%) felt that a discrete entry to the service would make it easier for young people their age to use the service. Only 8% of respondents rated this aspect of low importance.

Focus groups

- ***If you went to your ideal service that helped young people be informed on sexual and reproductive health, what would it be like?***

Issues relating to confidentiality were raised in 18 focus groups. For two groups this was named as the most important thing about the service. Young people wanted confidentiality to be 'guaranteed' and were concerned about their parents finding out details from health professionals.

Focus group participants identified the need for private places within the service to talk, no letters home and no records of people's details. One group mentioned the difficulty for smaller towns in finding services where you are not known by the staff and suggested that out-of-town staff are employed. The issue of trust in professionals to keep confidentiality was seen as more important in small communities where everyone knows everyone.

**Summary: Confidentiality at primary health services**

- Over three quarters of survey respondents rated confidentiality highly as making it easier to go to a sexual health service. It is alarming that the issue of confidentiality at health services is such a concern for young people when they have the right to access confidential health services in New Zealand. Including information on Youth Rights in the promotion of health services may assist young people to feel more comfortable to access services. Doctors and other health professionals also need to assure young people about the confidential nature of the doctor/patient relationship.
- Confidentiality is of particular importance in rural areas where health professionals are scarce and young people are known to community members.
- In the focus groups, confidentiality extended to having a private place to talk through things (not just medical). Having a place to 'be' without intrusion when things are tough was also seen as important.

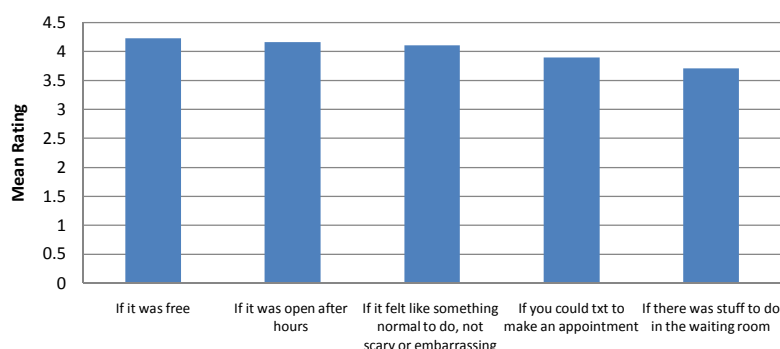
## 6.4 Accessibility of primary health services

This section looks at aspects of accessibility of primary health services that young people rated according to the following survey question:

***Next is a list of things that may make it easier for people your age to go to a sexual or reproductive health service. Please tell us how useful these would be. (1= would not make any difference, 5= would make it heaps easier)***

Mean survey ratings of accessibility questions are summarised below (Figure 22).

**Figure 22:** Survey responses regarding the accessibility of primary health services



### If it was free

It is not surprising that 78% of respondents rated highly that if sexual and reproductive health services were free this would make it easier for people their age to go to the service. The response to a similar question on what would help young people to be sexually healthy found 78% of respondents rated this question highly for helping young people their age. 'Free services' has the highest rating across all of the service-related questions.

#### *Ethnicity*

Respondents of 'other' ethnic groups were significantly more likely to score this low. New Zealand European respondents were more likely to rate this high.

### If it was open after hours (evenings and weekends)

Of the 77% of respondents that rated after-hours opening highly. 50% felt that this would make it heaps easier for people their age to access services '5'. Only 7% rated the importance of after-hours services as low.

#### *Ethnicity*

New Zealand European respondents were more likely to consider this aspect would make it heaps easier than other ethnic groups.

#### *Gender*

Male respondents were significantly more likely to rate opening hours low, than female respondents.

### If you could txt to make an appointment

Being able to text to make an appointment was identified by 68% of respondents as a way of making it easier or heaps easier for their peers to make an appointment. 11% rated the importance of being able to text appointments as low.

#### *Ethnicity*

Pacific respondents were more likely than other respondents to rate texting for appointments as '3' and less likely to give this a '5' than other ethnic groups.

#### *If there was stuff to do in the waiting room*

Overall, 60% of respondents, rated highly, indicated that having stuff to do in the waiting room would make it easier or heaps easier for young people to go to a sexual and reproductive health service.

#### *Gender*

'Other' genders were significantly more likely than males or females to rate the importance of having stuff to do in the waiting room as low in terms of making access to a sexual health service easier.

#### *If it felt like something normal to do, not scary or embarrassing*

If going to a sexual or reproductive health service felt like something normal to do three-quarters (75%) of respondents rated this would make it highly easier for young people their age to go. 46% gave this the highest rating of '5'.

#### *Ethnicity:*

Respondents of 'other' ethnic groups were more likely to score this '1' than the rest.

#### Focus groups

This section looks at focus group responses relevant to the accessibility of services from the question:

- ***If you went to your ideal service that helped young people be informed on sexual and reproductive health, what would it be like?***

Eleven focus groups noted that an ideal service would be free. Five groups suggested that accessible hours, particularly for working people, as necessary. Four focus groups identified the need for a normalised service, described as a nation-wide service that is recognisable to everyone.

Other significant themes related to accessibility that came out in the focus groups included:

- Drop in services, not requiring an appointment;
- Short waiting time;
- Ability to text or book online to make an appointment;
- Transportation available or close at hand;
- Access to online contact information;
- No age limits or restrictions based on residence;
- Wheelchair accessible;
- Open after hours or have an emergency person available on the weekends.

An area of enthusiastic response from focus group participants was in describing what the ideal service would look like inside. Common themes for what they would like to see at an ideal service included:

- Comfortable and relaxed with comfy couches and bean bags – more like a lounge;
- Colourful, with no clinical white walls;
- Things to take your mind off the reason for the visit, such as TV screens, youth magazines, pool table and music;
- Youth paintings, graffiti, a place to bomb;

- Posters on a range of topics, not just sexual health;
- Themed interior decoration to suit different styles.

### Summary: Accessibility of primary health services

- Ensuring that sexual and reproductive health services are free is a very important accessibility factor for young people.
- The availability of drop in services, texting or online booking, wheelchair access, and after hours or emergency contacts are important for making sexual and reproductive health services more accessible to all young people.
- The ideal sexual and reproductive health service interior, according to the focus groups, would be: comfortable, lounge like, colourful, have distractions like TVs music and Playstations and art work that reflected youth.

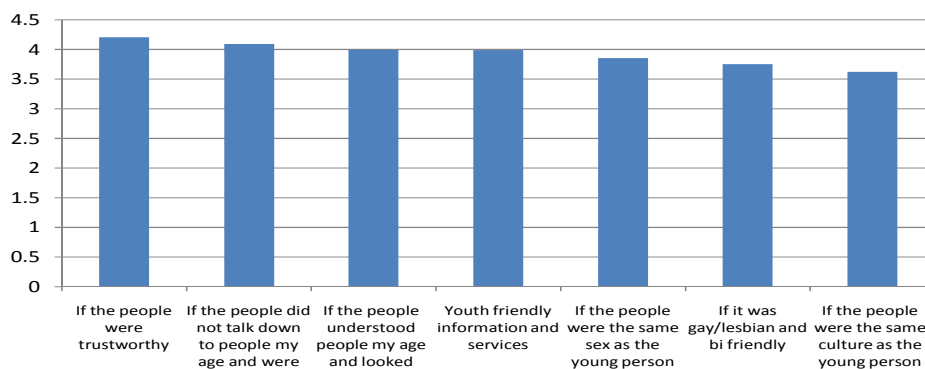
## 6.5 Characteristics of primary health staff

This section looks at the characteristics of primary health staff that young people rated according to the following survey question:

***Next is a list of things that may make it easier for people your age to go to a sexual or reproductive health service. Please tell us how useful these would be. (1= would not make any difference, 5= would make it heaps easier)***

Mean survey ratings from the above question are summarised in Figure 23 and results expanded upon below .

**Figure 23:** Survey responses regarding characteristics of primary health staff



### If the people were trustworthy

Overall 78% rated if the people were trustworthy highly as a factor that would make it easier for people their age to go to sexual and reproductive health service. Only 6% rated low.

#### Ethnicity

Asian and Pacific respondents were more likely than other ethnic groups to score this low indicating that they may not feel that having trustworthy staff would make it easier for people their age to access sexual and reproductive health services.

### **If the people did not talk down to people my age and were respectful**

Staff not talking down to, and being respectful of people their age, was rated highly by 74% of respondents, with 48% rating this as making it heaps easier to go there. 9% of respondents felt that this staff characteristic was not a factor in whether people their age went to a service.

#### *Ethnicity*

New Zealand Europeans were significantly more likely to score this '5' than other ethnic groups.

#### *Gender*

'Other' genders were significantly more likely than males or females to rate as low the importance of having staff who are respectful and do not talk down to young people.

### **If the people understood people my age and looked relaxed**

Over half of respondents (57%) indicated that having staff that understood young people their age and looked relaxed would make it easier or extremely easier to go to a service. Respondents aged 21-24 years were significantly more likely than other age groups to rate this aspect as extremely important. 16% disagreed that having staff who understood young people would make using sexual health services easier.

### **If the people were the same sex as the young person**

Overall, 67% of young people felt that gender matching would make it easier for people their age to go to the service. 12% disagreed that gender was an important factor.

#### *Ethnicity*

Respondents of 'other', Asian and Pacific ethnic groups were more likely to score this low than other ethnic groups; and therefore, not see gender matching as important.

#### *Gender*

'Other' genders were significantly more likely than male or female respondents to rate as low the importance of having staff the same sex as the young person.

### **If it was gay/lesbian and bi friendly**

Overall, 63% felt that having a gay/lesbian and bi friendly service would make it easier for people their age to go to the service. An additional question was asked on the extent to which young people agreed that gay/lesbian and bi friendly services would help young people to be sexually healthy. Similarly, 62% of respondents identified gay/lesbian/bi friendly services as useful or very useful. Respondents aged 21-24 years were more likely to score this '5' than others. It was not considered important by 15% of respondents.

#### *Ethnicity*

Asian and Pacific respondents were more likely to score this low than other ethnic groups.

#### *Gender*

Male and other gender respondents gave lower ratings than females to the usefulness of gay/lesbian and bi friendly services in terms of making it easier for people their age to go to a service. and were less likely to rate it as highly useful.

### **If the people were the same culture as the young person**

The importance of cultural matching of the staff with people their age was rated as high by 57% of respondents. Cultural matching was identified as not important by 16% of respondents, who felt it would have little or no impact on people their age using the service. The importance of cultural matching appeared to increase with age: 18-20 year olds were more likely to rate this '4'; and 21-24 year olds were more likely to rate this '5'.

#### *Ethnicity*

Pacific respondents were less likely to rate this low than other ethnic groups; indicating, that having the same culture on staff may be more important to this group than other ethnic groups. Respondents from 'other' ethnic groups were more likely to score this low.

#### *Gender*

Male respondents were significantly less likely to rate this of low importance.

The other relevant question asked in the survey around characteristics of staff and examined below was:

- ***What do you think would help people your age to be sexually healthy? Please rate the following options (1= not useful, 5=extremely useful).***

#### **Youth friendly service and information**

Just over two thirds of respondents (72%) rated youth friendly information and services as useful or very important for people their age, while just 7% thought youth friendly services would not help young people be sexually healthy.

#### *Focus groups*

- ***If you went to your ideal service that helped young people be informed on sexual and reproductive health, what would it be like?***

The approach and philosophy of the service was a dominant theme mentioned in all 30 focus groups. Focus groups participants described staff in an ideal service as professional, friendly, trustworthy, youth-friendly, approachable, casual, respectful, informative, non-judgemental, caring and fun.. *'People like the Attitude people (focus group participant)*

Also mentioned was the need for staff to take a holistic approach and be willing to talk with them about their lives in general. 'Family-friendly' was mentioned by two groups, one of which was an alternative education group.

Fifteen focus groups mentioned age, but there were differing views on whether they needed solely to be young or whether a mix of ages would be better in terms of providing choice and experience. Of less importance to the focus group participants was the need for staff to include both genders (10 focus groups) and a mix of cultures (six focus groups). A cultural mix was important for focus groups whose members were predominantly Māori, Pacific or Asian. One participant described why sensitivity to cultural difference is needed:

*"Māori and Polynesian people don't talk about it openly at all, the expectation is that you should just know" (Focus group participant).*

At-risk groups were more likely to mention having youth friendly people around (particularly young people) who come up to them and initiate conversation. At-risk groups were also more likely to talk about needing emotional support from staff members at the ideal service although these were not necessarily counsellors, but people that have been through stuff themselves, they can be like mentors, and are gentle and caring.

#### **Summary: Characteristics of primary health staff**

- Having trustworthy staff at sexual and reproductive health services was the most important staff characteristic (78% of respondents). Staff that can relate to young people and youth friendly services and information were also rated highly. The qualities of the staff at sexual and reproductive health services were seen by the young people in the focus groups as crucial to their experience.
- In an ideal service the young people described staff as: professional, friendly, trustworthy, youth-friendly, approachable, casual and non-judgemental. There appears to be some differences in staff preferences between ethnic groups which cannot be fully explained from this consultation process.

- Focus group participants who were Māori, Pacific and Asian indicated that staff should represent a range of ethnicities, so that they are more likely to be able to get a cultural match.
- At-risk focus groups were particularly likely to mention that staff at an ideal service should be youth-friendly and the initiators of contact.
- Having younger people as well as older staff members was seen as important by 50% of the focus groups to increase their levels of comfort.
- Overall, 67% of respondents indicated that having staff the same sex as young people as important and 63% indicated a gay/lesbian and bi friendly service was important.

## 6.6 Additional primary health services

This section looks at additional primary health services that may assist in good outcomes for young people's sexual and reproductive health. The survey ratings for the following question are expanded below:

- ***Next is a list of things that may make it easier for people your age to go to a sexual or reproductive health service. Please tell us how useful these would be. (1= Would not make any difference, 5= would make it heaps easier)***

*If you could txt/email questions and get good answers*

Overall, 71% of respondents felt that a text and email service would make it easier for people their age to go to a service, including 48% who rated this '5'. 10% rated this as making little or no difference for people their age.

*If you could have online conversations with people who knew about sexual health*

The ability to have online conversations with a sexual health professional was viewed by 63% of respondents highly as a means to access sexual and reproductive health services. 13% of respondents felt that it would make little or no difference to whether people their age went to a service.

### Focus groups

- ***If you went to your ideal service that helped young people be informed on sexual and reproductive health, what would it be like?***

Twenty-five focus groups identified a range of sexual health and support services that would be available in an ideal service. Services that they considered important were:

- Free STI check-ups, pregnancy tests, prescriptions and contraception;
- Counselling services, using a variety of techniques to help young people communicate;
- Youth-friendly pamphlets and books available;
- Information on other services;
- Courses on sexual health issues for males and females;
- Support groups such as pregnancy or teenage parents support;
- Online, telephone and text advice and support.

**Summary: Additional primary health care services**

- The use of the Internet, email and text messaging to inform and promote sexual and reproductive health are useful means to increasing young people's access to sexual and reproductive health services. Nearly half of survey respondents gave this the highest possible rating.
- Counselling services, support groups, digital technology support (e.g. phone, text) were noted by focus groups as important adjuncts to traditional sexual and reproductive health services.



## 7. Strategies for parents and caregivers

The literature review found important overt and covert roles that parents and caregivers have in improving sexual and reproductive health outcomes for young people (Buhi & Goodson, 2007). This chapter will look at the significant outcomes from the survey and focus groups related to strategies for parents and caregivers including:

- 7.1 Parental response to sexual activity
- 7.2 Parent/caregiver approaches to communicating with young people about sexual and reproductive health
- 7.3 Information and training for parents/caregivers
- 7.4 Parent/caregiver attitudes to sexual and reproductive health
- 7.5 The importance of privacy and confidentiality
- 7.6 Don't talk to us about your sexual experiences!
- 7.7 Young people need to learn from their experiences

Ratings of 1 and 2 are grouped together (e.g. low/disagree/not useful). Ratings of 4 and 5 are grouped together (e.g. high/agree/useful).

Overall, the young people in the survey rated most of the ideas for assisting parents and caregivers to communicate with them highly (4.00 was the median for all questions apart from 'if parents brought it up first' which was 3.00). The three highest means for strategies that would make it easier to talk to parents in the survey were for 'if parents/caregivers wouldn't freak out', 'if parents/caregivers had good information and 'if parents/caregivers would listen rather than tell us what they think'.

In the focus groups, participants were engaged with the question and enthusiastically suggested content for the training course and actions that parents could take to connect with young people about sexual and reproductive health. The question asked in the focus groups was:

***If you ran a training course for parents/caregivers on how to communicate with their kids on sexual and reproductive health what would you put in the course?***

### 7.1 Parental response to sexual activity

Parental response to sexual activity was asked in the survey in the following question:

- ***People my age are afraid that parents might find out about their sexual activity. (1 = strongly disagree, 5 = strongly agree)***

Recent evidence indicates that it is important for parents to keep talking about sex openly within the family and from an early age, even if parents lack confidence on how to do this appropriately (Walker, 2004). However, three quarters of survey respondents (77%) believed that people their age are afraid of their parents finding out about their sexual activity. This may reflect a general sense of discomfort but also could indicate that many young people do not find their parents open to talking about sex.

#### *Ethnicity*

Pacific respondents were significantly more likely to strongly agree that young people their age are afraid of parents finding out. Asian respondents were significantly more likely to state that they neither disagreed nor agreed (3). Given that people aged 21-24 years are likely to be independent from their parents, this was less of a significant issue for this age group.

#### *Gender*

'Other' genders were significantly more likely, than males or females, to disagree that people their age are afraid that parents might find out that they are sexually active.

### Focus groups

Parental response to sexual activity was a sexual health issue raised in 13 focus groups to the initial question:

- ***What are sexual and reproductive health issues for people your age?***
  - Being scared of parents reaction, including concerns from a Pacific focus group about 'getting a hiding' from parents if they find out about sexual activity.
  - Religion has a significant impact on the way parents respond to sexual activity, particularly in Pacific cultures.
  - The impact upbringing has on young people's choices and their sexual health.
  - Poor family role models, family conflict and lack of family support can lead to young people making negative choices.

Overall, the importance of being able to talk to parents safely and constructively was a dominant concern for the focus group participants.

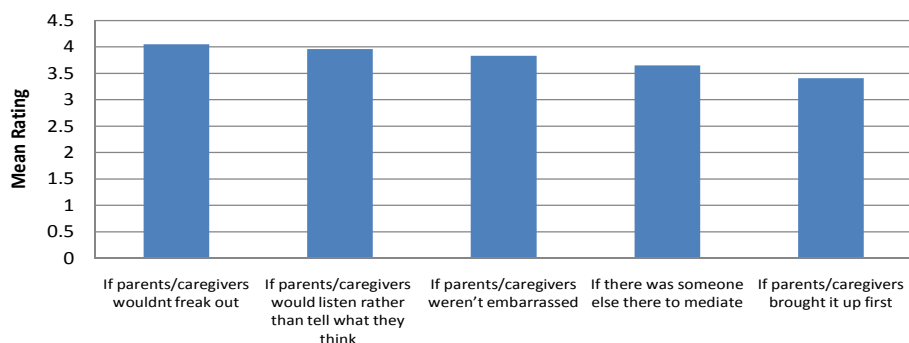
## **7.2 Parent/caregiver approaches to communicating with young people about sexual health**

This section looks at survey and focus group responses for young people related to parents and caregivers approaches to communication about sexual and reproductive health. First we look at the survey results from the following question:

- ***How much would the following things make it easier for people your age to communicate with parents and caregivers about sexual and reproductive health? (1= wouldn't help at all, 5 = would make it a lot easier)***

Mean ratings are shown below (Figure 24).

**Figure 24:** Survey responses regarding parent/caregiver approaches to communication



*If parents/caregivers brought it up first*

In the survey 49% of respondents rated parents bringing sexual and reproductive health up first highly. 23% did not believe that parents bringing up sexual health first would help.

### Focus groups

Uncertainty about whether it was useful for parents/caregivers to approach young people was reflected in the focus groups. Eleven focus groups raised the point of whether parents should open communication first and when this might be appropriate; however, these responses were mixed. Some groups wanted parents to take a more pro-active approach and others wanted their parents to indicate their openness to talking but allow the young people to come to them when they want to talk. Seven focus groups mentioned the importance of parents not forcing or pressuring young people into talking about sexual and reproductive health.

*"If kids don't want to talk, don't force it on them" (Focus group participant)*

Three alternative education focus groups indicated that they would rather that their parents did not talk to them at all about sexual and reproductive health.

#### **If parents/caregivers weren't embarrassed**

64% of survey respondents thought that if parents were not embarrassed this would make it a lot easier to talk (high ratings). Only 14% thought it would not help.

##### *Ethnicity*

Pacific respondents and 'other' respondents were significantly more likely to score low than other ethnic groups.

##### *Gender*

'Other' genders and male respondents were more likely than females to rate the importance of parents/caregivers not being embarrassed as low.

#### **If parents/caregivers wouldn't freak out**

73% of survey respondents rated if parents/caregivers wouldn't freak out highly. 45% answered '5' making this the highest response of all the questions for what would make it easier to communicate with parents about sexual and reproductive health. Only 9% of young people rated this question low.

##### *Gender*

Males were significantly more likely to answer '3' than females.

##### *Focus groups*

The majority of focus group participants were concerned with reactions to talking about sexual and reproductive health and the main concern was parents/caregivers getting angry. Participants believed that freaking out, getting angry or yelling indicated that parents/caregivers feel unprepared to talk about sexual and reproductive health with young people.

Thirteen focus groups mentioned parents controlling their anger as an important part of the training course. For two alternative education groups and one Pacific group this was the main focus of their thoughts around this question. For these three groups, anger management was specifically mentioned as important training for their parents. Other groups focussed more generally on teaching parents how to speak about the issues without getting mad and yelling, suggesting help enabling them to be able to answer questions in a relaxed and conversational style. One group recognised the need for parents to know where to get support if they have issues around anger.

#### **If parents/caregivers would listen rather than tell what they think**

70% of survey respondents rated if parents/caregivers would listen rather than tell what they think as important. Only 10% of respondents rated this question low.

##### *Gender*

Female respondents were significantly less likely to answer low for this question. Conversely males and 'other' genders were significantly more likely to answer low.

### Focus groups

Six focus groups mentioned the importance of parents being there to listen to their kids concerns around sexual and reproductive health. Being non-judgemental and supportive was also mentioned by focus group participants adding to the picture of the approach young people wish their parents/caregivers to take.

#### **If there was someone else there to mediate**

62% of survey respondents rated mediation to help parents and caregivers highly. 17% did not think having someone else to mediate would be helpful.

### Gender

'Other' genders were significantly more likely than males or females to rate the importance of having someone else to mediate as low, in terms of communication between parents/caregivers and young people.

### Focus groups

Mediation was not mentioned often in the focus groups; however, one group participant enthusiastically shared her experience of her parents arranging for someone from outside the home coming in to talk about sexual and reproductive health with her and her friends. Another participant offered the suggestion of having options for parents who felt too embarrassed to have someone from outside the family come to speak to their kids. Two participants from rural groups suggested having a stranger come to talk rather than parents.

Another suggestion by four focus groups was that parents/caregivers and young people could go to sexual and reproductive health courses together. This was talked about as a way to mutually learn and understand each other and also as a place where both parents/caregivers and young people could express their needs and be supported by their peers.

#### **Summary: Parent/caregiver responses to sexual activity and approaches to communicating with young people about sexual and reproductive health**

- Young people are generally concerned that parents will find out they are sexually active.
- Pacific respondents indicated particular concern about parents, perhaps indicating both cultural and religious attitudes towards sex.
- Young people indicated awareness that discourse on sexual health in a family setting is important. This supports the literature review finding that family openness about sexual health can be a protective factor in the young people's behaviour (DiClemente et al., 2007; Powell, 2008).
- Young people feel uncertain as to whether parents initiating communication around sexual and reproductive health would make it easier for them to communicate with parents.
- Young people do not want to feel pressured or forced into talking to parents/caregivers about sexual health so alternate strategies such as providing parents/caregivers with information such as pamphlets and sexual health service details to give their children may be useful.
- Parents and caregivers need support to deal with communicating with young people without 'freaking out'. Importantly, this would include strategies to deal with anger.

## **7.3 Information and training for parents/caregivers**

In the survey young people were asked what they think would help people their age to be sexually healthy.

- ***What do you think would help young people your age be sexually healthy? (1= not useful, 5 = extremely useful)***

#### **Educating parents/whānau/caregivers to talk to people your age about sexual and reproductive health**

65% of respondents indicated that educating parents, whānau and caregivers to talk to people their age about sexual and reproductive health would be very useful in helping young people to be sexually healthy. 11% disagreed that educating parents and family would be helpful. Respondents aged 12-14 years were more likely to give this a low rating than other age group. Possible reasons for this difference in views may relate to the embarrassment that the younger age group may feel in talking to their parents, whānau and caregivers about sexual health. It may also indicate that the younger age group connect 'sexual and reproductive health' with whether they are having sex or not, which is less likely in the 12-14 year age group.

Survey respondents were also asked about the information and training that young people think would help them to communicate with their parents and caregivers about sexual and reproductive health.

- ***How much would the following things make it easier for people your age to communicate with parents and caregivers about sexual and reproductive health? (1= wouldn't help at all, 5 = would make it a lot easier)***

#### **If parents/caregivers had good information**

72% of survey participants thought that if parents/caregivers had good information this would make it easier to communicate with young people around sexual and reproductive health. 9% disagreed that parents having good information would help.

#### **If parents/caregivers had someone to get advice from on what young people need to know**

65% of survey respondents rated if parents/caregivers had someone to get advice from highly. 12% rated parents getting advice as not being helpful. There were no significant differences for ethnicity or gender for this question suggesting that this is an important factor for all young people.

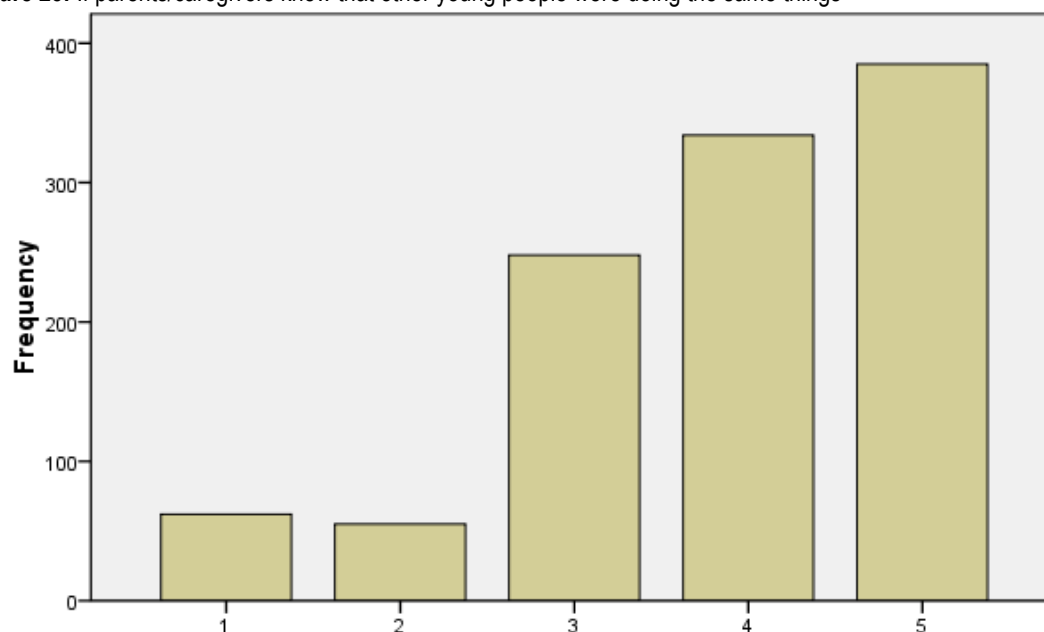
#### **Gender**

Other genders were significantly more likely than male or female respondents to rate as low the importance to communication of parents/caregivers having someone to get advice from.

#### **If parents/caregivers knew that other young people were doing the same things**

66% of survey participants thought that if parents/caregivers knew that other young people were doing the same things this would make it a lot easier to talk to them. 11% disagreed that parents knowing that other young people were doing the same things would be helpful (Figure 25). There were no significant differences for ethnicity or gender for this question suggesting that this is an important factor for all young people.

**Figure 25:** If parents/caregivers knew that other young people were doing the same things



#### *Gender*

'Other' genders were significantly more likely than male or female respondents to rate as low the importance of parents and caregivers knowing that other young people were doing the same things in terms of assisting communication.

#### Focus groups

Seventeen of the 30 focus groups spoke about how important it was for parents to understand and have good information about what the issues are for young people today. This was the most common theme young people expressed in the focus groups.

The three main themes discussed were:

- Giving parents/caregivers an understanding of how things have changed and the challenges that young people face in today's society
- Reminding parents about the challenges of adolescence, for example the difficulty of peer pressure
- Having knowledge of local sexual and reproductive health services available

Young people suggested parents are shown videos or DVD's of realities that kids face today. Information about STIs including specific information about their prevalence and how they are contracted was noted as important.

Young people came up with creative ways for parents to remember what it was like for them including role plays and drama where the parents would be put in scenarios that they might face as young people around sexual and reproductive health. The young people in the focus groups were particularly enthusiastic about getting parents to remember what it was like to be a young person by getting them to act out role plays of some young people's interactions with parents. Enhancing parents/caregivers awareness of how awkward and embarrassing it can be for young people when parents ask them specific questions like 'have you had sex' or associated details was emphasised. These types of questions were seen as intrusive by the young people. The young people also recognised the need for the style of any training for parents to be relaxed and humorous.

#### [If there was a website or pamphlet you could look at together](#)

58% of survey respondents rated if there was a website or pamphlet for parents/caregivers and young people to look at together highly. 18% rated this as 'low'.

### Focus groups

Two focus groups suggested that specific information on STIs should be available to parents in the form of pamphlets that they could take home to refer to or give to their kids. Three focus groups suggested giving parents information pack or resources to take home at the training course to give to their kids and one suggested parents/caregivers get stuff off the Internet to back them up.

## **7.4 Parent/caregiver attitudes to sexual and reproductive health**

- ***How much would the following things make it easier for people your age to communicate with parents and caregivers about sexual and reproductive health? (1= wouldn't help at all, 5 = would make it a lot easier)***

*If parents/caregivers were accepting of gay/lesbian and bi lifestyles*

64% of survey respondents rated this question highly. 16% disagreed that parents being accepting would be helpful.

### *Gender*

'Other' genders were significantly more likely than male or female respondents to give low ratings to the importance of parents/caregivers being accepting of gay/lesbian and bisexual lifestyles.

### Focus groups

Acceptance of gay/lesbian and bi lifestyles was only mentioned once by focus group participants in the question around the training course for parents.

Open mindedness and openness to talking about sexual and reproductive health was cited as important by 14 out of the 30 focus groups. Three groups suggested that training parents to have more general open relationships with their kids from a young age would make it easier for kids to approach them about sexual and reproductive health issues.

Other attitudes that young people wanted parents to have:

- Non judgemental
- Supportive
- Respectful

Focus groups mentioned that it was important parents do not pressure or force young people to talk about sexual or reproductive health and know when to back off when enough is enough. Related to this, four focus groups mentioned how they did not like parents giving them too much information about sexual and reproductive health, all at once.

*"Don't ask confronting or awkward questions" (Focus group participant)*

## **7.5 The importance of privacy and confidentiality**

Focus groups talked about the importance of respecting young people's privacy and confidentiality by not talking to other people about their sexual and reproductive health.

## **7.6 Don't talk to us about your sexual experiences!**

Focus groups indicated that they did not want parents to talk about their own sexual experiences. If one person in the group mentioned this there was usually a resounding group agreement with lots of nodding heads and looks of disgust! The exceptions were one group of older young people and one young female from an alternative education group who talked about how when their parents shared their own experience as a way of making understandable their reasons for saying no to their kids doing something was good as it gave context, realness and rationale for their rules.

*"We don't want details about them, that's the worst!" (Focus group participant)*

## 7.7 Young people need to learn from their experiences

Participants from five focus groups talked about parents/caregivers needing to allow kids to learn from their experiences. The following three quotes nicely summarise young people's thoughts on this issue.

*"Teach them we need to be able to experience stuff for ourselves not just be told what to do" (Focus group participant)*

*"Don't underestimate young people's ability to make decisions for themselves and learn about themselves by making those decisions, it's not the end of the world if that decision doesn't work out, that's how we learn" (Focus group participant)*

*"Instead of telling them not to do things, tell them to be safe" (Focus group participant)*

### **Summary: Information and training for parents/caregivers**

- Young people want parents/caregivers to have an understanding of the issues that face young people today. This would include good information about current issues such as STI rates as well as an understanding of adolescent development in the area of sexual and reproductive health.
- Parents need to be aware of the sexual and reproductive health services available to young people.
- Young people believe that parents/caregivers would benefit from education/training that includes role-plays and is presented in a humorous and relaxed style.
- Young people want to learn from their own experiences. Generally young people do not want to know the details of the sexual experiences of parents and caregivers.



## **8. Discussion and conclusion**

The findings from this North Island consultation provide a snapshot of young people's views on a number of critical areas that impact on their sexual and reproductive health. These views highlight areas to consider in designing health promotion strategies, improving primary care consultations and in providing support to parents and caregivers. There is little need to reinterpret the findings as young people; particularly as part of focus groups, gave clear direction about how they see their sexual and reproductive health could be improved. These are outlined below as recommendations, which are largely direct summaries of what young people reported.

Firstly key themes will be briefly discussed and a snapshot of significant or pertinent findings for each subgroup consulted will be given.

### **8.1. Key themes**

#### **8.1.1 Young people share similar views**

While the consultation aimed to gather the views of young people across the North Island, priority was given to at-risk groups, Māori and Pacific, migrant and GLBTI youth. While these groups were afforded recruitment priority, there was little difference between the views across different groups. Further, statistically significant differences in survey responses reflect small differences between demographic groups. As most questions were answered highly by most participants, significant differences were often the result of small numbers of respondents in sub-groups giving low responses.

Key discussion points and priorities across all groups included:

- Staying safe
- Making good decisions
- Developing healthy and enjoyable relationships
- Finding good information
- Wanting sexual health to be a recognised and important part of community life

Differences were mainly noted in how young people communicate these themes. For example those in at-risk groups were generally more open about the issues they face. Any substantial differences will be summarised more fully in the second section of this chapter.

There were a number of recurring ideas for strategies that occurred spontaneously across different groups. Importantly, there was little or no prompting from youth workers and young people were not told about the ideas of other groups. The similarity of ideas across groups is important and encouraging in terms of developing promotion strategies that are accessible and meaningful for all young people. The quotes of Youthline young people from a research presentation at the recent Australia New Zealand Third-Sector Research conference (November 2008) perhaps summarise their views of similarity best.

*"One of the worst things that can happen in research is stereotyping, like stereotyping us for being Māori or Pacific"*  
(Youthline Youth Advisory Group member)

Another member of this group noted:

*"Young people all have a lot of the same ideas."*

Young people were clear that they want any promotion strategies to be inclusive and representative of all groups, particularly for GLBTI youth who were recognised as facing discrimination. For young people, it seems there is need for a balance between homogenisation and stereotyping. In practice what this may look like, for example, is an advertising campaign with one key message and a number of different ads with representation of different cultures and sub cultures. The young people identified the current Smokefree advertisements as a template for sexual health advertising.

#### **8.1.2 Young people understand risk and protective factors**

It is clear from this consultation that young people recognise the importance of sexual and reproductive health and are aware of many of the associated risk and protective factors, including the relationship between self-esteem and good sexual and reproductive health. While the research indicates that self-esteem alone will not protect against early sexual intercourse (McGee & Williams, 2000), increasing young people's sexual self-esteem and sexual self-concept can help young people manage the pressure they experience from peers and partners (Rostosky, Dekhtyar, Cupp, & Anderman, 2008). This is, therefore, an important factor to consider in both education and promotion strategies.

A further key theme from young people was the tension between risk and enjoyment. Young people seemed well aware of STIs and also presented clear messages about wanting to know about the positive sides of sexual relationships. This tension may also be related to the gap between knowledge and behaviour, identified in the literature review, where young people may have a good understanding of risks and how to mitigate them, while still engaging in risk taking behaviour.

This can perhaps be best understood in developmental terms. Christie and Viner (2005) note that during early adolescence young people are concrete thinkers and have not yet fully developed abstract thinking skills. This may be what is demonstrated in the responses of 12-14 year olds, who may not have found the questions relevant to their experience and could not yet imagine what sexual health and related issues might mean for them later on.

During middle adolescence, young people are developing abstract thinking skills but experience the "bullet proof" syndrome (ibid, p. 301). This may be identified by those in the consultation who let us know that it is important for them to learn by doing and be allowed to make mistakes. It is only in late adolescence that young people develop complex abstract thinking and greater impulse control, which may be identified by those older young people in the consultation, who recognised the gaps in their knowledge. It is crucial for parents and primary healthcare providers to understand these developmental changes and their consequences.

### **8.1.3 Young people rated all strategies highly**

Overall, the survey yielded high ratings (4 and 5) from young people for nearly all of the questions.

This could suggest the following:

- That the questions were relevant to young people's experiences, knowledge and needs;
- That young people have a lot of enthusiasm about improving sexual and reproductive health and are agreeable to a wide range of strategies;
- That there are considerable gaps in current knowledge, education, promotion, primary health care strategies and parent/caregiver strategies and more importantly much that can be done to improve these areas;
- Given young people's enthusiasm, they need to be involved in subsequent steps of the development and implementation of strategies to improve their sexual and reproductive health;
- That sexual health is a complex topic and promotion strategies need to take a multi pronged approach, as is suggested in the literature review.

Another possibility is that young people filled in the survey quickly, without considering the responses, but this does not seem likely as the observations of those conducting the survey were that young people appeared to take their participation seriously.

### **8.1.4 The 12-14 age group have different needs**

One of the challenges for young people in participating in this consultation is coming up with ideas on how to improve their sexual and reproductive health that is outside their current experiences – 'how do you know what you don't know'. This was perhaps particularly pertinent for 12-14 year olds, who were generally more likely to give low ratings (1 and 2) to survey questions.

It could be argued that many of the survey questions may not be relevant to this population group who are largely dealing with puberty issues and the majority of whom are not sexually active. Or, as noted above, young people aged 12-14 years have not yet developed abstract thinking skills. Additionally, their responses could reflect the current environment in which young people come to understand their sexuality development.

As noted in the literature review, the development of sexual activity is more complex than the onset of sexual development; indeed, the Youth Development Strategy (2002) acknowledges the need to understand young people within the bigger picture. An individual's sexuality development starts at birth and develops on a continuum starting with genetic sex, followed by the development of gender identity, sexual orientation, and gender roles (Christie & Viner, 2008). However, it could be argued that the two areas where young people source credible information – schools and parents – are not reflecting sexual development as a continuum.

Firstly, school is where most young people get information on sexual and reproductive health (Adolescent & Health Research Group, 2003), yet the ERO (2007) review identifies serious deficiencies in the way many schools implement the sexuality education component of the curriculum in Years 7 -13. Young people participating in this consultation, both currently at school or those older reflecting on their experiences, found both the frequency and quality of the sexuality education they received at school lacking.

Secondly, research has shown that parents exert more influence on young people's sexual attitudes and behaviours than previously thought. Parent-child sexual health communication has been linked with: more conservative sexual attitudes, later onset of sexual initiation amongst females, greater and more consistent condom use and greater communication with sexual partners (Hutchinson & Montgomery, 2007). The findings from this consultation suggest that young people experience significant barriers in having informative and supportive conversations with their parents on the sexual and reproductive health issues they face:

- 'Parents' freaking out', and in some cases being violent because of perceived or real sexual activity by their children.
- The focus on 'instruction' rather than guiding and supporting young people to deal with the many challenges they face in developing and maintaining good sexual and reproductive health.
- Young people report their parents, whānau and caregivers as 'out of touch' with the realities they face and either unapproachable or conversely forcing young people into talking about sexual health when they do not feel ready to.

It seems that, while the Sexual and Reproductive Health Strategy (Ministry of Health, 2001) recognises that social skills development and sexuality education needs to start in early childhood, this rarely happens, and is of key importance for developing strategies to improve sexual and reproductive health. These wider issues may be most clearly reflected in the responses of the 12-14 year olds.

### **8.1.5 Societal attitudes are important for young people**

The understanding of sexual development throughout the lifespan relates to the importance of societal attitudes, values and behaviours, also identified in the Sexual and Reproductive Health Strategy (Ministry of Health, 2001). Young people identified ways that community attitudes, social and cultural values, religion, social support and media representations can have both positive and negative effects on the sexual and reproductive health decisions they make.

While not overtly discussed, there was a notable tension between sexual health as a health issue and sexual health as a moral issue. This was perhaps most clearly noted in young people's discussions of religion and social norms, where focus groups spoke about how religion and culture might affect decision making (as a protective factor or as a risk to preparedness). This may be an avenue to explore further, as religiosity was not tested in the consultation.

Societal attitudes are an important aspect for understanding the sexual and reproductive health landscape for New Zealand youth. As noted in the Ministry of Health commissioned review of sexuality education (Fenton & Coates, 2008), countries where there are lower rates of unplanned teenage pregnancy and sexually transmitted infections take a very different approach to sexuality development than New Zealand. In Netherlands, Germany and France, researchers found the following consistencies:

- Sexuality is not seen as a political or religious issue but as a health issue;
- Teens receive positive messages directed at negative outcomes, such as teen pregnancy and STIs;
- Teenagers are regarded as being capable of making responsible decisions in regard to their sexual behaviours.

This fits with what young people identified in the consultation, including their wish for attitudes to change about sexual health so that it becomes an openly discussed subject, and to *“break down barriers between ‘old school’ and young people”* (Focus group participant); for the positive sides of sexual health to be explored, particularly for young males who identified a wish to learn about having enjoyable sexual experiences and for young people to be recognised as having decision making ability.

*“Don’t underestimate young people’s ability to make decisions for themselves and learn about themselves by making those decisions”* (Focus group participant).

### **8.1.6 Young people want to participate**

Youthline offers all young people participating in any training group, consultation or workshop the opportunity to complete a confidential evaluation at the end of the group. Evaluations from focus groups demonstrated the extent to which young people are interested in their sexual and reproductive health and pleased to be consulted. 77% of young people identified in the evaluation that they enjoyed the session (rating of 4 or 5).

Comments from young people included:

- “Awesome way 2 gather information. Big upz!! Keep it up....”
- “I really enjoyed this because I am a mother and it gave me a heads up when my boys hit there (sic) teens.”
- “This was a good activity to gather information from young people from different cultures and it will be interesting to see the feedback from all the groups.”
- “Great experience, great people, great fun. Would love to see ‘our’ ideas being brought to youth around the country. Would love to do it again.”
- “It was good to be able to express our opinions and ideas and to be taken seriously about our opinions”
- “I want to make such a confusing time easier for others.”

This clearly shows that young people:

- Want to be consulted
- Want to contribute
- Want to stay in communication about the project
- Want to know what has happened to their work

Given the high number of at-risk young people consulted, the evaluation feedback sends a hopeful message that these young people are interested in improving their sexual and reproductive health and having the opportunity to share their views.

It is of paramount importance that young people receive follow up from this consultation, that they can know what has happened to their work and see some of their ideas in practice.

## **8.2 Summary of sub-group findings**

As noted above, there was significant overlap in young people’s views across genders, cultures and regions, however any significant differences are briefly summarised below.

### **8.2.1 Age**

Most significant differences were noted with age rather than other demographic variables. Given that the survey questions asked young people to consider issues and strategies for ‘people your age’, it is to be expected that age might yield more responses that were significantly different.

#### **12-14 years old**

This group has already been discussed above; however, extra points of note are:

- This age group overall rated questions pertaining to sexual health issues as lower.
- They were more likely to give lower ratings to information sources, both current and their views on the best sources, suggesting research may be needed to understand their needs and that separate strategies may be needed to target this group.
- They were significantly more likely to rate all of the survey questions that centred on the characteristics of staff as of low importance to their age group, with the exception of gender matching.
- They were also more likely to give low ratings to confidentiality and accessibility of health services.

Between 13-14 years was considered by many young people (40%) as the best time to start learning about sexual health. At 11-12 years was the second most common response (30%). In addition older focus group members verbalised their concern that people aged 12-14 years are not getting the information and education they need in relation to sexual health. Their low ratings may suggest this lack of understanding and information.

Findings may suggest the need for education that is ongoing and age appropriate, reflecting the developmental stage of the young person, and the development of sexual identity as a continuum. Young people agree; 74% and 72% of survey respondents respectively rated sex education that relates to what they are experiencing and sex education that is ongoing as important.

Within focus groups 16% of participants were aged 13 and 14 years. As noted in the methodology there was difficulty in engaging 12 year olds in the focus groups.

### **15-17 years old**

This age group constituted 75% of survey respondents and 50% of focus group participants. Based on New Zealand statistics of sexual activity (nearly 50% will have had sex by age 17), it is particularly important to capture the views of this age group who are most likely to be considering or engaging in their first sexual activity. The high numbers of respondents aged 15-17 years, coupled with the generally high ratings for every question, suggests that there are a large number of sexual and reproductive health issues for this age group and encouragingly a large number of strategies that they would find useful. The ideas and responses of 15-17 year olds in focus groups reflected their development. This can perhaps be best seen in the way this age group described their ideal service. There was a wish to be treated as adults and not talked down to but also to be given lollipops after consultations. This demonstrates the negotiation between childhood and adulthood pertinent to this group.

Confidentiality was particularly important for this group, stated overtly and reflected in their wish for general services, so that their reasons for visiting are not obvious. This group was highly aware of their peers opinions and responses and discussed the stigma associated with visiting sexual health clinics and the concern that people would think something was wrong. This level of uncertainty is to be expected, given that this age group are likely to be negotiating their first sexual experiences. Those connected into general youth health services spoke highly of this type of service. Reflecting the wish for confidentiality, those aged 15-17 years also spoke about helplines, texting and websites as useful.

Further, the 'bullet proof' (Christie & Viner, 2005) mentality was observed in this age group, where these young people had a sense that they knew everything already and did not necessarily want more information but did want greater access to services. However, this age group was significantly less likely to give both magazines and pamphlets at health centres low ratings, suggesting that these may be useful information sources for this group.

While confidentiality was paramount for this group, there was also a wish to hear real life stories. Stories that young people can relate to may help to counteract their sense of invincibility.

### **18-20 years old**

Again, the responses of this age group reflected their development, both socially and mentally. The bullet proof feeling was not as prevalent in this group, and in fact, these young people were aware of a number of gaps in their knowledge.

Interestingly, while this group noted a lack of knowledge they also were more likely to give low ratings to books, magazines and pamphlets at health centres as sources of information and less likely to rate friends highly. Non print sources may be more useful for this group. Having hang out spaces in service settings was not important to this group;

however, cultural matching of health professionals was and they were more likely to rate this highly than other groups, excepting 21-24 year olds.

### **21-24 years old**

In focus groups, this age group was reflective of their experiences while younger and particularly spoke about their memories of school based education. They also expressed concern about younger people's over exposure to sexual images in the media, which they felt was greater than when they were younger. At times, facilitators needed to remind this group to talk about their current age group.

The survey revealed a number of positive things about the sexual and reproductive health of 21-24 year olds, including that they rate themselves highly as always using condoms, that they know about other contraception, accessing the emergency pill and that they know what to do if they get pregnant. However, they reported that knowing more about the risks of sexual activity would help them to stay healthy.

Socially, this age group is less affected by peer pressure, know when they are ready to have sex and do not find accessing contraception as embarrassing. Despite knowing when they are ready for sex, this age group reported alcohol and drugs and hooking up with lots of people, as issues that affect them. This could suggest that while they know when they are ready for sex, they do not always feel they make the best judgements, further reflected in their wish for more information about how feelings can impact sexual and reproductive health. This group also reported that they find contraception expensive, possibly reflecting the cut off age of 22 for free services at Family Planning.

Impersonal information sources, such as magazines, texting and websites were seen as less important by this group, as well as information from school, university and youth workers, likely reflecting that they feel more confident and competent to discuss their sexual and reproductive health openly. Reflecting this confidence, 21-24 year olds rated sexual health services highly as the best place to get information and felt that cultural matching of health professionals and professionals who understood people their age and who looked relaxed were particularly important. Services available at university were also highly rated, as well as gay, lesbian and bi friendly services; while advertising on television, radio and magazines was seen as a useful promotion strategy for people their age.

## **8.2.2 Ethnicity**

### **Māori**

Māori youth made up 15% of survey respondents and 30% of focus group participants, with four groups consisting of predominantly Māori youth. Their responses showed little significant differences from other young people; however, any noted differences will be discussed below.

Māori young people indicated peers had a greater lack of knowledge than other ethnicities (excepting Asian) around contraceptives, other than condoms, in the issues section of the survey. They also rated being able to say no to sex, as a useful strategy to help them stay sexually healthy.

Youth workers were seen as particularly useful for this group and this was supported by focus groups, where groups consisting largely of Māori and Pacific youth spoke about the importance of youthful, friendly staff, who had similar experiences and could initiate conversation and offer emotional support or mentoring. Initiation of conversation by staff may be particularly important for this group. As one participant noted:

*"Māori and Polynesian people don't talk about it openly at all, the expectation is that you should just know" (Focus group participant).*

A predominantly Māori rural group provided a comprehensive response on the issues that young people face when visiting health services.

- Finding out where confidential sexual health services are, including after-hours services for emergencies;
- Being confident to communicate your needs to professionals;
- Dealing with meeting people or staff who you know, particularly in rural areas.

A Māori group of 19-24 year olds reflected the difficulty in communicating to professionals and stated that they would prefer a specialist sexual health service to overcome the embarrassment of having to state why you were there. However, the other Māori groups spoke about general services that were fun and relaxed, with colourful decor, including graffiti art and comfortable couches.

Community promotion strategies were important to Māori youth, who were more likely to talk about community related events that educate parents as well as break down the barriers between 'old school' and young people, suggesting that they want parents and the community involved in supporting their sexual and reproductive health. This may also be seen as a way to help overcome the embarrassment and difficulty in communicating their needs noted by these groups.

In discussions, about strategies for parents, all Māori groups spoke about the importance of reminding parents what it is like for young people today.

## **Pacific**

The largest numbers of significant differences were noted for Pacific young people, which will be discussed below.

Pacific young people indicated that they felt people their age were able to handle peer pressure. This may be related to the cultural norm identified in the focus groups of no sex before marriage and may support them to cope with peer pressure to have sex. Like other ethnic groups however, Pacific young people indicated in the survey that help to deal with peer pressure would assist them to being sexually healthy.

Where Pacific young people may not feel as pressured to have sex as other ethnic groups, in the survey Pacific youth indicated that they feel their peers are less likely to use condoms when having sex. While the norm to wait until marriage may act as a protective factor in peer pressure, it may also act as a risk factor; for example, carrying condoms and being prepared for sex may be seen to go against the social norm. Similarly, this group had an ambivalent response to whether or not they could access condoms easily, and were significantly more likely to feel embarrassed about accessing contraception than other ethnic groups.

Pacific respondents rated counsellors highly as sources of information in the survey. This finding was supported by the focus groups, where Pacific participants spoke about positive experiences with counsellors and as people they would like to have at their ideal service. Peer support workers were viewed similarly, suggesting both of these groups may be part of strategies to connect with Pacific youth.

Pacific respondents were more likely to rate parents highly as a source of information and focus group participants elaborated that this would usually occur after marriage. It is unclear if Pacific survey respondents were also answering the question from this context. Similarly, the extended family was seen as a good source of information and further investigation is needed to determine at what point in the young person's life this might occur.

While parents were seen as a good source of information, Pacific respondents were also more likely to fear their parents finding out about sexual activity than other ethnic groups.

Focus groups elaborated and reported:

- Being scared of parents reactions, including '*getting a hiding*' from parents if they find out about sexual activity.
- Religion has a significant impact on the way parents respond to sexual activity in Pacific culture.

For one Pacific focus group, and two alternative education groups (predominately Pacific and Māori) controlling anger was a key strategy identified for parents.

What is highlighted here is the challenge of promoting sexual and reproductive health, within some cultural contexts. This points to the need for multi pronged approaches to promoting sexual health, reflecting the range of contexts that young people are engaged with and the number of identities they may have, within their families, school contexts, sports clubs, church contexts and peer groups.

Books were rated highly as one of the best sources of information. This may be seen by Pacific young people as a discreet and private way to source the information they need. Posters were also identified as a place to get heaps of information by this group. The peer research group felt that posters might be a particularly useful strategy for overcoming cultural norms, since posters are in public places and the information does not have to be actively sought by the young person.

Pacific young people in the survey identified a number of things that would help them to stay sexually healthy, including information about how sex can affect feelings and relationships, better self esteem and free contraception. Making contraception easy to get, however, was not perceived as important for Pacific young people.

Regarding services, confidentiality, trustworthy staff, sex match of staff, gay, lesbian and bi-friendly services and texting to make an appointment were not rated as highly by Pacific respondents compared to other ethnic groups. Possibly other service features, such as staff of the same culture, which was less likely to receive low ratings from Pacific youth, may be more important.

Culture match was discussed in focus groups, where again it was noted that staff need to understand the difficulty Pacific young people may experience in initiating discussion around sexual and reproductive health. This difficulty was noted by the recorder in the focus groups, particularly with Pacific young people under 17, who were seen to lack confidence in expressing their ideas on the topic.

### **Asian**

In several areas Asian survey respondents were more likely to neither agree nor disagree, these included:

- Fear of parents finding out about their sexual activity;
- Using Family Planning as an information source;
- Whether being able to handle peer pressure would help them to be sexually healthy ;
- Whether ongoing education in schools would help them to be sexually healthy;
- Whether education about the effects of alcohol and drugs would help them to be sexually healthy;
- Whether sexual health services that are part of other services would make it easier for them to go to a sexual health service.

Asian respondents also gave significantly lower ratings than other ethnic groups in the following areas:

- Knowing about other methods of contraception;
- Knowing when they are ready to have sex;
- Whether information about how sex can affect feelings and relationships would help them to be sexually healthy. This may reflect a cultural norm around not discussing feelings in health settings (Lee, 1997);
- Whether information about pregnancy options would help them to be sexually healthy;
- Whether free contraception would help them to be sexually healthy;
- Pamphlets as a useful information source;
- Whether more hang out spaces would help young people to be sexually healthy;
- Having trustworthy staff as important for sexual health services, however, in focus groups cultural match of staff was again viewed as important;
- Having gay, lesbian and bi friendly services.

Ambivalent and low responses from Asian young people may reflect a lack of relevance of some of the questions for this group.

Their responses may also reflect a level of disengagement and their low rating of hang out spaces may reflect discrimination faced by this group. It cannot be determined from the survey what proportion of Asian respondents are recent migrants, and what proportion are New Zealand born, and whether responses between these groups may be different.

Further consultation may be needed to more fully understand the views and needs of Asian youth.



## **Other**

There were little significant differences for other ethnic groups in the survey and focus groups. Further, since 'other' represents a large number of ethnic groups, it is difficult to generalise their responses.

Several points were of note with regards to information, where this group was more likely not to see peer support workers, posters or pamphlets as a useful source of information, but were more likely than other groups (excepting Pacific youth) to rate extended family highly.

Those in the other category were not as concerned about parents' embarrassment as other ethnic groups, excepting Pacific youth and also cultural match was not as important as it was for other groups.

This may suggest that these young people feel well catered for by mainstream services, or conversely that they have low expectations of finding services that cater to their cultural needs, given that they may be a small minority.

## **New Zealand European**

New Zealand European respondents represented the largest percentage of both survey respondents and focus group participants.

There were some significant differences for this group in terms of information sources, where they were less likely to rate youth workers and parents highly, and more likely to give lower scores to other family members. This suggests that more impersonal sources of information may be preferred by this group, with the exception of posters, which received a low rating from this group. This may reflect the individualism of European culture. Overall, results suggest that information can be targeted to different cultures and ages via various media.

New Zealand European respondents felt that contraception access would help them to be sexually healthy and rated free contraception and making contraception easier to get highly. Confidentiality of services was more likely to be given the highest rating by New Zealand Europeans than other ethnicities, again reflecting the importance of privacy and individualism.

## **8.2.3 Gender**

### **Male**

It was noted throughout the focus groups that there is a lack of male targeted information, particularly through magazines, with the exception of porn, which some recognised as presenting an unrealistic view. Males in focus groups noted that they would pick up a free magazine and while they did not want it to be specifically around sexual health they would find a section about sexual and reproductive health useful so long as it had lots of pictures and few words.

Family Planning was not seen by males as somewhere they would access information, with the name seen as off putting by some. This may help to explain why they were more likely to see contraception as expensive, if they are not accessing it through health services. Males were also more likely to say that accessing contraception was embarrassing, possibly further deterring them from accessing services.

Some males spoke about sexual health as something that is only dealt with when it is a problem and were less likely in the survey to see STIs as an issue. This may be evidence of concrete thinking and possibly reflect a double standard, identified by young women regarding promiscuity, where males are seen as 'studs' and females seen as 'sluts'. Possibly, young men's acceptance of these stereotypes put them at risk. Further areas where male respondents indicated low importance were after-hours availability and gay lesbian and bi friendly services.

The discourse regarding men asserting their sexuality (Aggleton et al., 2000) was reflected in the survey where males were more likely to agree that they feel good about sexual decisions and feel okay about handling peer pressure. However, if we look below the surface, young men were also more likely to say that help with working out when they are ready for sex would help them to be sexually healthy. In focus groups, it was discussed how sexual frustration, temptation and alcohol, may all influence sexual decisions. This may point to a need to broaden views about males

sexuality in promotion strategies and identify that sexual health services cater for males, that males have equal chances of getting STIs and that they may also struggle with making good decisions.

While friends were not rated as highly as a source of information by males, positively, males felt that they had someone to talk to more than other genders and also identified parents as a current source of information. Males in focus groups were particularly drawn to the use of humour in sexual and reproductive health promotion.

### **Female**

In contrast to male responses, females were more likely to speak about their concerns and long term consequences of sex, such as relationships and pregnancy.

Females were very aware of discourses regarding male and female sexuality and spoke about a double standard in terms of responsibility for contraception. Females were more likely to give low ratings to feeling okay about self pleasure and masturbation.

In focus groups, talking with mothers or female caregivers, and professionals was important. The recorder noted that splitting genders for some questions yielded great responses, particularly amongst those aged 14-17 years, where they may feel most awkward to talk about sexual health amongst different sex peers.

Males and females also had some different ideas about their ideal services. While females also wanted things to do in the waiting room, they were more concerned about the service feeling homely and relaxing. They also wanted additional services for young mothers.

This was in contrast to males, who wanted funky, modern services and some suggested highly identifiable penis shaped buildings or cars that tour the streets. This may reflect a sense that young men feel proud of their sexual identities and display a more positive sexual self concept (Rostosky et al., 2008) than females, who may have lower sexual self esteem (Aggleton et al., 2000); further reflecting gender stereotypes.

### **Transgender/Intersex**

Survey respondents who self-reported as intersex, transgender or other gender (grouped as 'other' for survey respondents who self-reported as intersex, transgender or other gender (grouped as 'other' for statistical analysis) gave lower responses than male and female respondents regarding a number of issues, indicating a much higher level of disengagement in this group. Popular sources of information for male and female respondents such as magazines, television and movies, and pamphlets at health centers, were rated as poor sources of information for intersex and transgender respondents. As information from these sources almost exclusively assumes gender identities of either male or female, it is unsurprising that people whose identities are inadequately described by these categories feel excluded and have less connection with the material presented.

Intersex, transgender and other gender respondents also gave lower ratings than male or female respondents to a range of strategies for health services and communication with parents and caregivers. It is anticipated that young people with genders other than male or female feel a sense of skepticism towards health services that have not traditionally given adequate consideration to their needs. Also, many male and female respondents reported difficulty in talking about sex with parents, so it is reasonable to expect this difficulty to be greater for those of other genders. Hence, the lower responses given indicate that transgender and intersex respondents thought that there was little that could help accessibility to health services, and little that would aid communication with parents. This supports the literature review finding that lesbian, gay, bisexual, transgender and intersex people are the group most likely to feel disconnected from peers and families and to experience discrimination.

Although it should again be stressed that we are unconvinced that all of the gender responses were accurate self-descriptions, this group appears to have substantially different needs that are not currently being met by health or education services, and deserve more individual investigation in future research.

## 8.2.4 Other sub groups

### At-risk youth

As noted in the literature review, young people who are generally considered 'at-risk' are also at-risk when it comes to sexual and reproductive health. Similarly, those who experience poor general health outcomes also experience lower levels of sexual and reproductive health. Together, this includes Māori, Pacific young people and at-risk youth, such as those who have been excluded from mainstream education. Many of the focus groups representing at-risk young people were made up of alternative education students. Students in these groups were predominantly of Māori or Pacific descent. It has also been noted that the same is true of GLBTI youth, who are those most likely to feel disconnected from their peers or families and suffer discrimination. Sexual and reproductive health issues are inherently connected with wider societal issues and trends and cannot be viewed discreetly.

Focus groups of at-risk young people had a range of novel ideas, and were generally well engaged and excited to have the opportunity to share their thoughts about sexual and reproductive health and promotion strategies. They emphasised a need for real stories and bold, highly visible statements about sexual health.

High visibility campaigns to promote sexual health were particularly well regarded by at-risk young people. Four at-risk focus groups spoke about having an ongoing television programme about sexual health. This included reality television, sexual health makeover show, dramas like *Home and Away* ("Sex and Away") and *Shortland Street*, a chat-show like *Dr. Phil*, or a section on a children's show like *Sticky TV*. Other advertising ideas included community events to promote sexual health, such as having cars driving across the country promoting condom use. At-risk young people also wanted tough messages in advertising, similar to current drink-driving ads. Together, these strategies indicate that at-risk young people in particular strongly want sexual and reproductive health to have a higher profile in their communities and become more normal.

The use of music was also mentioned by many at-risk young people in focus groups, as a key to successful promotion of messages. Young people should be consulted further on this topic in order to build a relevant New Zealand literature base on how music could be used to positively support health campaigns. There has been several important, high-profile television advertising campaigns recently that have been successfully marketed using music. However, there is always the risk that using music strongly associated with one subculture may exclude others who also need to be targeted.

At-risk young people also spoke of the discomfort of seeking help in traditional primary health-care settings. This indicates the need for alternative service delivery models, as described widely in the literature.

At-risk groups were more likely to talk about needing emotional support from staff members at their models of "ideal services". These staff were not necessarily counsellors but people that have been through similar issues themselves. Such roles could be filled by youth workers, mentors and peer support workers.

### Rural youth

The key difference noted for rural young people in focus groups were issues of accessibility to services. This is a critical bottleneck in delivering sexual and reproductive health services to rural youth, and means that such young people currently have to be more self-motivated to stay sexually healthy. In the focus groups, some young people reported having to drive for an hour to get to a health service or a GP.

If something happens at a party or on the weekend there is nowhere to get emergency contraception and places to get condoms are not open after hours. This puts young people at risk of making unsafe choices, and it is unrealistic to simply expect that they will always make the best decision, especially if they have consumed alcohol.

Another major concern for young rural people is confidentiality. Although issues with confidentiality were common across all regions, they become increasingly acute in small regions, where people are more likely to know each other. This extends to the staff of health services. Young people reported not being comfortable with visiting their family GP for sexual health issues or information, but often have little other choice.

Some other trends were particularly noted in rural focus groups. Issues mentioned included partner swapping and people 'getting around'. Focus groups participants also mentioned the 'small town syndrome' where a few dominant men hook up with lots of women.

Rural young people were enthusiastic about having access to a mobile service, perhaps one that could be accessed through schools and with weekend access. Numerous advantages for this model exist, including the added confidentiality that would come with such a service.

### **Youth with disabilities**

Young people with disabilities, which range from impaired vision to physical disabilities, experience unique issues relating to sexual and reproductive health. The focus group undertaken with these young people highlighted some of the perceptions and exclusion they experienced. In general, these young people felt that their sexual identities were marginalised – they felt that it was often assumed that they simply did not have sex.

Accessibility issues were also a concern for young people with disabilities. Getting condoms, for example, was noted as a difficulty. Condom placement on shelves at times meant that they could not be reached from a wheelchair. Similarly, vision-impaired young people may have difficulty finding condoms on shelves. An interesting suggestion from this focus group was to sell cheap condoms on TradeMe, which would avoid the awkwardness or difficulty with getting condoms. The concept of a disability-friendly mail service arranged through an organisation such as Family Planning might be possible.

### **Gay, Lesbian and Bisexual**

As noted in the methodology and limitations, response to the sexual orientation question in the survey was low and it was not asked in the focus groups. Discussion about GLBTI youth in focus groups was limited, possibly as a reflection of the marginalisation these young people experience, or due to participants not yet fully forming their sexual identities.

Young people were aware of the discrimination faced by many GLBTI youth and acknowledged the difficulties in coming out. 64% of survey respondents saw parental acceptance of gay, lesbian and bisexual lifestyles as important. It was recognised that there is a lack of support and information for these groups and one group suggested developing specific pamphlets or even sexual health shops. A need for the celebration of gay, lesbian and bisexual relationships on television, and more role models for these young people, were noted.

## **9. Recommendations**

### **9.1 Young people's views of sexual and reproductive health**

- Young people feel strongly about the importance of sexual and reproductive health, and there is a need for more effective strategies to increase young people's knowledge and in particular increase their confidence with making decisions about sex.
- Health promotion and health service strategies for young people need to be tailored to recognise the gender differences in sexual and reproductive health and development.
- Peer pressure is a major issue that needs addressing in sexual and reproductive health education and promotion.
- Sexual orientation is an important sexual and reproductive health issue and this needs to be better reflected in education and promotion strategies. This supports the literature review finding that GLBTI youth are amongst the most likely to be disconnected from peers and family, and are further excluded by health promotion which assumes heterosexuality.
- Condom use is lower than young people's knowledge about their usage and availability, indicating a need for promotion to emphasise the importance of condom use every time, and to make condoms more accessible.
- Overall, young people are highly concerned with unplanned pregnancy; yet, many indicated that knowledge of pregnancy options is low. Pregnancy support and information services for young people need specific promotion.
- Not all young people feel they have someone to speak to or know where to go for information or support. Sexual and reproductive health providers need to do more to promote their services to young people, and need to be able to address sexual violence and drug/alcohol use.

### **9.2 Health promotion strategies**

- Promotion of sexual and reproductive health in schools and alternative education settings needs to be extended and improved so that all young people receive consistent information. This should include strengthening and extending the curriculum beyond Years 9 and 10. As noted in the literature review, sex education traditionally focuses on biology, STIs and abstinence. Young people want more information about relationships and the emotional impact of sex. Promotion strategies could also focus on self-esteem and developing relationship negotiation skills.
- Young people want to be consulted and appreciate having their views heard and implemented. They need follow-up so they know that action is being taken to implement their views. This was found to be a similarly strong strand in the literature review.
- There is a need to develop peer support programmes, to make more use of youth workers and to promote school and community-based health and counselling services, particularly for Māori and Pacific young people.
- Magazines are places that should be utilised for sexual and reproductive health information for young people. Placing more sexual and reproductive health information in male-oriented magazines might help to better reach young men.
- The Internet and digital media should be used more widely in health promotion, a point also noted in the literature review. General websites (and magazines) with a section about sexual health were preferred so that parents are not alarmed by web browser histories. An example of a broad-reaching youth health information site is Urge/Whakamanawa, <http://www.urge.co.nz>.
- TV and radio are media sources that young people think could be better utilised to promote sexual and reproductive health messages to young people. Young people would like promotion strategies to use role models, humour and positive and inclusive messages that recognise the variety of cultural and sub-cultural groups. Television can be used for advertising, documentaries and talk shows.
- Promoting sexual health in the community is an important strategy for increasing openness, awareness and the importance of family for sexual and reproductive health.
- Young people want access to free contraception. Condoms in particular need to be available in places that young people frequent such as school and recreational centres as well as available via text request and freepost.

- Young people responded to the \$1,000,000 and *key messages* question with great enthusiasm and creativity. Giving young people the opportunity to create their own promotion and messages around sexual and reproductive health is a youth friendly, participatory approach where young people additionally benefit from having their contributions heard, considered, and utilised for the benefit of the community.
- Young people aged 12-14 years tended to give lower ratings across all information sources. Further research may be needed to understand their needs and that separate strategies may be needed to target this group.
- Promotion strategies need to utilise a variety of different media, reflecting the preferences of different age groups and ethnicities (refer to discussion/conclusion section).
- Young people want inclusive strategies and are concerned about stereotyping.

### 9.3 Primary health care strategies

- Doctors and other health professionals need to initiate conversations around sexual and reproductive health with young people to acknowledge the difficulty young people have in feeling okay to talk about sexual and reproductive health. This may require training for staff on how to initiate these conversations. This is consistent with the findings of the literature review, which state that health care professionals need to initiate discussion around sexual health, even when this is not the primary purpose of the visit.
- Māori, Pacific and Asian young people in particular want service staff to represent a range of cultures. The literature review further noted that cultural competency is a key skill set for health professionals.
- Doctors and other health professionals need to explicitly explain young people's rights to confidentiality. A consistent theme in previous consultations with young people is that a perceived lack of confidentiality will impact on service use. This could be undertaken by advertising young people's rights to confidentiality and ensuring the Youth Code of Rights poster is displayed prominently in primary health care settings so young people feel confident in the services they receive.
- Young people in rural areas have a particularly high need for accessible and confidential services. Mobile services that came to schools, universities or rural communities could help to overcome this barrier.
- Promotion of sexual and reproductive health services to young people need to include what services are available and what will happen when they are there.
- Sexual and reproductive health services should be free for young people regardless of where they access these services, for instance at the doctor or sexual health service.
- Youth health services are highly regarded by young people and need to be available in all areas in New Zealand.
- Counselling, helplines and text services are necessary additional services for increasing good outcomes for young people's sexual health.
- Further consultation with younger adolescents (12-14 years) is necessary to further understand their low responses from the questions on primary health care.

### 9.4 Strategies for parents and caregivers

- Parent/caregiver training and information needs to focus on communication skills and preparation for the variety of responses that young people have to communicating with parents and caregivers about sexual and reproductive health. The literature review states that greater parental involvement and open channels of communication with young people results in improved outcomes in youth sexual health.
- Parents and caregivers need support to deal with communicating with young people without 'freaking out'. Importantly this would include strategies to help parents cope with their anger.
- The most important skills for parents and caregivers with communicating about sexual and reproductive health according to young people are: being open, listening, being non-judgemental, being supportive, being respectful and not pressuring or forcing young people to talk.
- Parents and caregivers need good information and increased awareness around the issues that today's young people face regarding sexual and reproductive health.
- Parents and caregivers need awareness of the embarrassment and awkwardness young people experience when talking about sexual and reproductive health and reminding that telling young people about their own sexual experiences increases these feelings.

## **10. Conclusion**

Young people in this consultation had a wealth of excellent ideas and strategies to improve their sexual and reproductive health. Their views inherently reflect the Youth Development Strategy in a number of ways, suggesting that this is an excellent framework from which to further develop sexual and reproductive health strategies.

### **Youth development is shaped by the big picture**

- Young people want sexual and reproductive health to be part of the community and a normal part of life.
- Young people recognise that their sexual and reproductive health is influenced by wider contexts, such as culture and their social settings and want this to be reflected in education, promotion and services.

### **Youth development is about young people being connected**

- Young people want promotion strategies that are inclusive and relevant for all cultures and sub groups.
- Young people share a lot of similar experiences and issues and want to hear about the experiences of others.

### **Youth Development is based on a consistent strengths based approach**

- Young people want their sexual development to be celebrated.
- They want to find out about the positive sides of sex and sexual and reproductive health along with the risks.

### **Youth development happens through quality relationships**

- Young people want their parents to be positively and openly involved in their sexual and reproductive health.
- Young people want to develop trusting relationships with youth friendly health professionals.
- Young people want to know how to develop positive relationships with themselves and improve their self esteem.

### **Youth Development is triggered when young people fully participate**

- Young people love being asked to share their views and want to continue to be involved in the process.
- Young people want to know that their views will be used and receive follow ups.
- Young people learn from the participation process and encourage their peers to get involved.
- Young people genuinely want to make sure that they and their peers are sexually healthy.

### **Youth development needs good information**

- Young people want to know so much more about sexual and reproductive health than they currently do.
- Young people want to access information from a range of sources and have a wealth of ideas on how sexual and reproductive health could be promoted.

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## Appendix A – Survey



*Changing lives.*

### North Island Youth Voice on Sexual Health Survey

**Haere Mai! Welcome!**

Have a say on youth sexual and reproductive health here!

This is a quick and easy survey about an issue that affects all young people.

If you are between the ages 12-24 and live in the North Island we would love to hear from you!

The survey should take between 5-15 minutes.

You and your mates have a great opportunity to have your voice heard on issues around sexual and reproductive health. By putting forward some of your thoughts there is the chance for you to influence the decision makers.

**What a great idea: sexual and reproductive health services for Youth - developed by Youth!**

So what is sexual and reproductive health?

Sexual and reproductive health is a big topic. It is about sex and other sexual behaviour, choosing when to have or not have sex, attitudes to sex, feeling good about sexual relationships and sexual orientation. Reproductive health is about things like contraception and pregnancy. It also includes having good information, access to this information and people to talk to. Sexual and reproductive health problems include; sexually transmitted infections (STIs), unplanned pregnancy, and getting support around these. Sexual health is bigger than just doing it. It also includes how you feel about yourself emotionally and physically as these things can also have an impact on your sexual health.

**Wicked prizes up for grabs!**

**Score an iPod or a digital camera just for telling us what you think!**

In case you are worried about what is going to happen with this information...

We know sexual and reproductive health can be a sensitive and private topic. This survey is not about your own sexual experiences or personal health information. All the info collected will be handled in accordance with the Health Information Privacy Code 1994. This means that no attempt will be made to match your identity with your filled out survey. Also, if you participate in the survey and wish to enter the prize draw we will not be able to match your answers with your contact details.

What else we are doing...

We will also be running 30 focus groups around the North Island. If you would like to say more about this topic please contact us to be a part of a focus group in your area.

[amber@youthline.co.nz](mailto:amber@youthline.co.nz)

Once all the info is collected from the survey and the focus groups we will be writing a final report to be given to the

Ministry of Health to ensure they get things right for you. We will post updates on how we are doing on the Urge/Whakamanawa forum [www.urge.org.nz](http://www.urge.org.nz). We hope you will keep telling us your thoughts here too. We will also post a copy of the completed project on this site when it's finished.

### **Where To Get Help**

National free-phone numbers

Family Planning Information Line 0800 372 5463  
Youthline 0800 376 633 Free Txt 234  
National AIDS Free Hotline 0800 802 437

Websites

[hubba.co.nz](http://hubba.co.nz)

[theword.org.nz](http://theword.org.nz)

[sexfiles.co.nz](http://sexfiles.co.nz)

[urge.org.nz](http://urge.org.nz)

[nzaf.org.nz](http://nzaf.org.nz)

[rainbowyouth.org.nz](http://rainbowyouth.org.nz)

[alcohol.org.nz](http://alcohol.org.nz)

[expect-respect.org.nz](http://expect-respect.org.nz)

[Family Planning](#)

**Feel free to rip off these two pages for your own info**

### **Let's Get This Survey Started!**

It is up to you if you want to answer each question. Please leave the buttons blank if you do not wish to answer a question.

I have read the information above and understand what the survey is about and I give consent for this survey to be used to inform the Youth Voice on Sexual Health consultation project

Yes

**How old are you? Please circle**

12 13 14 15 16 17 18 19 20 21 22 23 24

**Are you? Please circle**

Male Female Intersex Transgender Other

**I would describe myself as... Please circle**

Straight      Gay      Lesbian      Bisexual      Not sure      No answer

If Other please state here...

**Which area of the North Island do you live in? Please circle**

Northland      Auckland      Waikato      Bay of Plenty      Central North Island  
Taranaki      Manawatu/Wanganui      Hawkes Bay      Wairarapa      Wellington

**Which best describes the area you live in? Please circle**

City      Town      Rural/country

**Which ethnic group do you belong to? Please check as many boxes as you need**

☐ New Zealand European      ☐ Maori      ☐ Samoan  
☐ Cook Island Maori      ☐ Tongan      ☐ Niuean  
☐ Chinese      ☐ Indian

Other ethnicity. Please write here.

**Which best describes you? Please circle**

A student at school (intermediate or high school)      At uni or polytech  
Enrolled in an alternative education programme      A student on a course  
On workplace training or an apprenticeship      In full-time employment  
In part-time employment      On a benefit

**How much do you know about sexual health? (1= nothing at all, 5= I could run a class on sexual health)**

☐ 1      ☐ 2      ☐ 3      ☐ 4      ☐ 5

**How important is sexual health for young people? (1=not important, 5=extremely important)**

☐ 1      ☐ 2      ☐ 3      ☐ 4      ☐ 5

**Next is a list of things related to young peoples sexual and reproductive health. How much do you agree with each statement?**

**(1= Strongly disagree, 5= Strongly agree)**

**Feelings and Knowledge**

**1= Strongly disagree 5= Strongly agree**

People my age know when they are ready to have sex

1 2 3 4 5

People my age feel good about the decisions they make about sex

1 2 3 4 5

People my age are able to handle peer pressure about sex

1 2 3 4 5

People my age know how to be sexually healthy

1 2 3 4 5

People my age feel ok to say no to sex and sexual activity

1 2 3 4 5

Self-esteem and self confidence is important for being sexually healthy

1 2 3 4 5

Good mental health is important for being sexually healthy

1 2 3 4 5

People my age are afraid that parents might find out about their sexual activity

1 2 3 4 5

**Reproduction and Contraception**

**1= Strongly disagree 5= Strongly agree**

People my age always use condoms

1 2 3 4 5

People my age know how to use condoms

1 2 3 4 5

People my age can get condoms easily

1 2 3 4 5

People my age know how to use other contraception (e.g. the pill, the injection)

1 2 3 4 5

People my age are concerned about unplanned pregnancy

1 2 3 4 5

Young people know what to do if they get pregnant

1 2 3 4 5

People my age know about how to get an abortion

1 2 3 4 5

People my age know where to get the emergency pill (morning after pill)

1 2 3 4 5

People my age feel embarrassed about contraception

1 2 3 4 5

People my age find contraception expensive

1 2 3 4 5

#### Information

**1= Strongly disagree 5= Strongly agree**

People my age have someone to speak to about sexual health issues

1 2 3 4 5

People my age know what services are available for sexual health

1 2 3 4 5

People my age find it easy to get information or advice about sexual health

1 2 3 4 5

#### Behaviour

**1= Strongly disagree 5= Strongly agree**

Sexual orientation (straight, bi, gay) affects sexual health

1 2 3 4 5

Hooking up with lots of people affects sexual health

1 2 3 4 5

People my age feel ok about self pleasure or masturbation

1 2 3 4 5

#### Risks

**1= Strongly disagree 5= Strongly agree**

Hooking up when drinking or on drugs is an issue for people my age

1 2 3 4 5

Sexually transmitted infections (STIs) are an issue for people my age

1 2 3 4 5

Sexual violence (including sexual abuse, rape or incest) is an issue for people my age

1 2 3 4 5

Are there any other things related to sexual and reproductive health that we have missed?

**What do you think would help people your age to be sexually healthy? Please rate the following options.  
(1= not useful, 5= extremely useful)**

**Help with Feelings and Knowledge**  
**1= Not useful 5= Extremely useful**

More information about how sex can affect feelings and relationships

1 2 3 4 5

Help with working out when they are ready to have sex

1 2 3 4 5

Better self esteem

1 2 3 4 5

Feeling ok to talk about sex with boyfriends/girlfriends and people they are having sex with

1 2 3 4 5

More posters in places people my age are

1 2 3 4 5

Feeling ok to say no to sex

1 2 3 4 5

Making sexual health ok/sweet to talk about

1 2 3 4 5

Being able to handle pressure to have sex from friends and boyfriends/girlfriends

1 2 3 4 5

**Services**  
**1= Not useful 5= Extremely useful**

More hang out spaces for people my age

1 2 3 4 5

Youth friendly information and services

1 2 3 4 5

More services in the local area

1 2 3 4 5

More free services

1 2 3 4 5

Gay/lesbian/bi friendly services

1 2 3 4 5

**Reproduction and Contraception**

**1= Not useful 5= Extremely useful**

Making contraception easy to get

1 2 3 4 5

More info about how to use condoms

1 2 3 4 5

Condoms available in more places like movie theatres or schools

1 2 3 4 5

Free lubricant available (used with condoms)

1 2 3 4 5

Lubricant available in places where people my age are

1 2 3 4 5

More info about how to use other contraception

1 2 3 4 5

Emergency pill (morning after pill) more available

1 2 3 4 5

Information about pregnancy options more available

1 2 3 4 5

Free contraception

1 2 3 4 5



How to know if they are pregnant

1 2 3 4 5

**Information and Education**  
**1= Not useful 5= Extremely useful**

Sex education that relates to what people my age are experiencing

1 2 3 4 5

Ongoing sex education in schools rather than one off talks

1 2 3 4 5

Education about effects of alcohol and drug use on sexual and reproductive health

1 2 3 4 5

Educating parents/whanau/caregivers to talk to people your age about sexual and reproductive health

1 2 3 4 5

More advertising about sexual and reproductive health on tv and radio and in magazines

1 2 3 4 5

More pamphlets where people my age are

1 2 3 4 5

Sexual health role models in the media

1 2 3 4 5

More information about the risks of sexual activity

1 2 3 4 5

Knowing when they are at risk of an STI

1 2 3 4 5

Knowing what to do if they think they have an STI

1 2 3 4 5

Is there anything we have missed that would help people your age to be sexually healthy?

**Where do people your age find out about sexual and reproductive health?**  
**(1=they would never get info from there, 5= they would get heaps of info there)**

At the local Doctor or health centre

1 2 3 4 5

At school or uni

1 2 3 4 5

Family planning or sexual health services

1 2 3 4 5

Parents/caregivers

1 2 3 4 5

Other family members (e.g. uncles, aunties, grandparents)

1 2 3 4 5

Brothers and sisters or family members close in age

1 2 3 4 5

Boyfriends/girlfriends or people they are having sex with

1 2 3 4 5

TV and movies

1 2 3 4 5

Friends

1 2 3 4 5

Internet

1 2 3 4 5

Books

1 2 3 4 5

Magazines

1 2 3 4 5

Counsellor

1 2 3 4 5

Peer support workers

1 2 3 4 5

Youth workers

1 2 3 4 5

Posters about sexual health

1 2 3 4 5

Pamphlets about sexual health

1 2 3 4 5

Anywhere we have missed? Please write here.

--

**Where are the best places for people your age to find out about sexual and reproductive health?**

**(1= not good at all, 5= awesome)**

At Family planning or sexual health services

1 2 3 4 5

At the Doctor or health service

1 2 3 4 5

Talk with parents/caregivers

1 2 3 4 5

Talk with brothers and sisters or family members close in age

1 2 3 4 5

Talk with other family members (e.g. uncles, aunties, grandparents)

1 2 3 4 5

Talk with boyfriends/girlfriends or people they are having sex with

1 2 3 4 5

Talk with friends

1 2 3 4 5

Internet-websites

1 2 3 4 5

Books

1 2 3 4 5

Internet-forums

1 2 3 4 5

Text messages

1 2 3 4 5

Magazines

1 2 3 4 5

TV and movies

1 2 3 4 5

Pamphlets available at school/uni

1 2 3 4 5

Pamphlets available at health centres

1 2 3 4 5

Posters on main streets

1 2 3 4 5

Posters around school/uni

1 2 3 4 5

Talk with a youth worker

1 2 3 4 5

Talk with a counsellor

1 2 3 4 5

Talk with a peer support worker

1 2 3 4 5

Small group discussions with peers and a professional facilitator/teacher

1 2 3 4 5

Have we missed any good places for people your age to get good information about sexual and reproductive health

**Next is a list of things that may make it easier for people your age to go to a sexual or reproductive health service. Please tell us how useful these would be.**

**(1= Would not make any difference, 5= would make it heaps easier)**

If it was part of a youth hang out space (ie rec centre)

1 2 3 4 5

If it was available at school/uni

1 2 3 4 5

If there was stuff to do in the waiting room

1 2 3 4 5

If you could txt to make an appointment

1 2 3 4 5

If it was a mobile service (ie came to schools/uni)

1 2 3 4 5

If the people understood people my age and looked relaxed

1 2 3 4 5

If the people were of a similar culture

1 2 3 4 5

If the people were the same sex

1 2 3 4 5

If the people were trustworthy

1 2 3 4 5

If the people did not talk down to people my age and were respectful

1 2 3 4 5

If it felt like something normal to do, not scary or embarrassing

1 2 3 4 5

If no one could see people go in or out

1 2 3 4 5

If it was part of a whole bunch of other services so no one knew why you were there

1 2 3 4 5

If you could have online conversations with people who knew about sexual health

1 2 3 4 5

If it was free

1 2 3 4 5

If it was confidential

1 2 3 4 5

If it was open after hours (evenings and weekends)

1 2 3 4 5

If it was gay/lesbian and bi friendly

1 2 3 4 5

If you could txt/email questions and get good answers

1 2 3 4 5

Is there anything else that might make it easier for people your age to go to a health service about sexual and reproductive health?

**How much would the following things make it easier for people your age to communicate with parents and caregivers about sexual and reproductive health?**

**(1= Wouldnt help at all, 5= Would make it a lot easier)**

If parents/caregivers brought it up first

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

If parents/caregivers werent embarrassed

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

If parents/caregivers knew that other young people were doing the same things

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

If parents/caregivers wouldnt freak out

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

If parents/caregivers had good information

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

If parents/caregivers were accepting of gay/lesbian and bi lifestyles

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

If there was a website or pamphlet you could look at together

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

If parents/caregivers had someone to get advice from on what young people need to know

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

If parents/caregivers would listen rather than tell what they think

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

If parents/caregivers role modelled good sexual and reproductive health

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

If there was someone else there to mediate

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Any other suggestions that would make it easier for young people to talk to parents/caregivers?

**What age do you think young people need to learn about sexual and reproductive health? Please circle**

Under 8    8-10    11-12    13-14    15-16    17-18    18+

**When do you think is a good time for young people to start having sex? (Check as many as you like)**

- ☐ When the time is right for them    ☐ When they have all the info they need  
☐ When their friends are doing it  
☐ When they are in a relationship with someone they trust  
☐ When they have thought about it    ☐ Anytime  
☐ When they are married    ☐ When they are adults

**What age do you think is ok for young people to have sex? Please circle**

10-12    13-15    16-18    19-21    22-24    24+

**Choose the best message to give young people about sexual and reproductive health**

- ☐ "Trust your intuition"  
☐ "Its ok to say no"  
☐ "Be sex smart"  
☐ "Protect yourself, get regular check ups"  
☐ "Dont rush, think ahead"  
☐ "Its your choice"  
☐ "Think of the consequences"  
☐ "Wait till youre ready"  
☐ "Know and trust your partner"  
☐ "Hold on to your values"  
☐ "Be a role model for your friends"  
☐ "Theres no shame in being safe"

Here you can put a message of your own!

**Thank you for your time  
Don't forget to enter the draw!!!**

## Appendix B – Focus group format



Auckland – Manukau – North Shore - Waitakere – Palmerston North  
Wellington – Central South Island – Otago - Southland

### Focus group format

#### 1. Introductions, information and agenda (approx. 20 minutes)

- Facilitators introduce themselves.
- Explain what the project is about including asking participants about their ideas about sexual and reproductive health then defining sexual and reproductive health as per description on page below.
- Hand out participant information packs and consent forms (if these have not already been signed). Allow time for participants to read information, ask questions, and decide if they still want to participate.
- Run through timetable for focus group and decide as a group when to break for food.
- Define a group contract from participant's ideas of group rules and safety. Ensure that group contract includes confidentiality, respect, and one person speaking at a time. Remind young people that the focus group is not about personal information.

#### 2. Warm up activity/game (approx. 10 minutes)

#### 3. Whole group brainstorm on board (approx. 20 minutes)

- What are the sexual and reproductive health issues for young people?
- Where do young people go to find out about sexual and reproductive health?

#### 4. Continue with group brainstorm if group is smaller than 10 participants otherwise split into two groups to brainstorm and record on big paper answers to questions: (approx. 30 minutes)

- If you had \$1million to spend to tell young people about how to be sexually healthy how would you spend the money?
- If you went to your ideal service that helped young people be informed on sexual and reproductive health what would it be like?

#### 5. Regroup and group brainstorm the following question (approx. 15 minutes)

- If you ran a training course for parents/ caregivers on how to communicate with (more than just talking) their kids about sexual and reproductive health what would you put in the course?

#### 6. Finish with two check out rounds asking the following questions: (approx. 15 minutes)

- a) If you had one message to give young people on how to be sexually healthy what would it be?
- b) Briefly say how the group was for you and one thing you have learned and will take away with you.

#### 7. Thank group and let them know how they can continue to be involved

What is sexual and reproductive health?



It is about sex and other sexual behaviour, choosing when to have or not have sex, attitudes to sex, feeling good about sexual relationships and sexual orientation.

Reproductive health is about things like contraception and pregnancy. It also includes having good information, access to this information and people to talk to.

Sexual and reproductive health problems include; sexually transmitted infections (STIs), unplanned pregnancy, and getting support around these.

Sexual health is bigger than just doing it. It also includes how you feel about yourself emotionally and physically as well as your culture and family as these things can also have an impact on your sexual health.

## Appendix C – Focus group questions and prompts



*Changing lives.*

Auckland – Manukau – North Shore - Waitakere – Palmerston North

Wellington – Central South Island – Otago - Southland

### Focus group questions and prompts

#### 1. What are the sexual and reproductive health issues for people your age?

*Prompts:*

- *What do young people need to know about so they know when they are ready to have sex?*
- *How do young people keep themselves sexually safe and healthy?*
- *What information do you feel young people are not aware of or have access too?*

#### 2. Where do people your age go to find out about sexual and reproductive health?

*Prompts:*

- *From information sources (e.g. Internet, pamphlets)/from health professionals/from parents and caregivers/peers?*
- *What works well and why?*
- *What are some of the problems that young people experience in trying to learn about sexual health?*
- *What would help young people to learn about sexual health more easily?*

#### 3. If you had \$1million to spend to tell people your age about how to be sexually healthy how would you spend the money?

*Prompts:*

- *What kinds of information (e.g. posters, websites, pamphlets) should be in public places like schools, workplaces and places where young people hang out?*
- *What could people like doctors, nurses, youth workers and teachers need to do to get this message across to young people?*
- *Are there other ways that young people could be contacted/informed that would be better?*

#### 4. If you went to your ideal service that helped people your age be informed on sexual and reproductive health what would it be like?

*Prompts:*

- *Building, where, people, what services would they offer, how would they talk to you?*
- *What would make it something you would use?*
- *What would stop it being something you would use?*

#### 5. If you ran a training course for parents and caregivers on how to communicate with their kids about sexual and reproductive health what would you put in the course?

*Prompts:*

- *Is it easy to talk to parents about sexual health?*
- *What might make it easier to talk with parents/caregivers?*
- *What are the barriers to talking to parents/caregivers?*

#### 6. If you had one message to give people your age about how to be sexually healthy what would it be

## Appendix D – Participant information sheet



Auckland – Manukau – North Shore - Waitakere – Palmerston North  
Wellington – Central South Island – Otago - Southland

### Participant information sheet

Date:

Project: A North Island Youth Voice on Sexual and Reproductive Health

You and your mates have a great opportunity to have your voice heard on issues around sexual and reproductive health. By putting forward some of your thoughts there is the chance for you to influence the decision makers.

### What is sexual and reproductive health?

Sexual and reproductive health is a big topic. It is about sex and other sexual behaviour, choosing when to have or not have sex, attitudes to sex, feeling good about sexual relationships and sexual orientation. Reproductive health is about things like contraception and pregnancy. It also includes having good information, access to this information and people to talk to. Sexual and reproductive health problems include; sexually transmitted infections (STIs), unplanned pregnancy, and getting support around these. Sexual health is bigger than just doing it. It also includes how you feel about yourself emotionally and physically as well as your values and culture as these things can also have an impact on your sexual health.

Youthline invites you to participate in a focus group looking to find a “youth voice” on:

- Sexual and reproductive health issues
- How sexual and reproductive health could be advertised or promoted
- The best ways for doctors, nurses and health professionals to talk to young people about sexual and reproductive health
- The best ways for parents / caregivers to communicate with young people about good sexual and reproductive health

Participation in this focus group is voluntary. That means that you can choose not to take part at all. If you decide to take part you can change your mind and stop participating at any point.

At the end of the consultations your ideas will be incorporated into a report to be given to the Ministry of Health.

### What will happen in this focus group?

An experienced youth worker and a counsellor will lead the group. **It is not about your own sexual experiences or personal health information but about getting your thoughts on how we can improve services and information for young people like you and your friends.** In the group we will be brainstorming your thoughts and suggestions on the following questions:

1. What are the sexual and reproductive health issues for people your age?
2. Where do people your age go to find out about sexual and reproductive health?
3. If you had \$1million to spend to tell people your age about how to be sexually healthy how would you spend the money?

**A North Island Youth Voice on Youth Sexual and Reproductive Health**

4. If you went to your ideal service that helped people your age be informed on sexual and reproductive health what would it be like?
5. If you ran a training course for parents and caregivers on how to communicate with their kids about sexual health what would you put in the course?
6. If you had one message to give people your age on how to be sexually healthy what would it be?

The counsellor and your group members will be writing your ideas on large paper. The counsellor may write some quotes (word for word sentences) of what you say but these will only be recorded if you say this is ok. The counsellor will ask your permission and you can tick on your consent form if this is ok. Anything in the quote that would let other people know it was you will be removed. You can decide if you do not want your quotes to be included at any time, just let the counsellor know.

We regard you and your group's safety as very important. The counsellor will be available to speak with you at the end of the group if you have any additional questions or are worried about anything that came up in the group. If necessary we can refer you to an appropriate service in your area.

### **What are the benefits?**

You and your peers get to have a say on issues around sexual and reproductive health.

All young people who participate in the focus group will be given either a Warehouse voucher or a movie voucher.

### **How will my privacy be protected?**

The information we collect in the focus group will not be connected with your name or anything that will show that it was you in the group. This is in line with the Health Information Privacy Code 1994.

### **How long will it take?**

This focus group will take two hours.

How do I agree to participate in this focus group?

By completing the consent form attached.

Will I receive feedback on the results of this focus group?

We will be posting updates on how we are doing on the Urge/Whakamanawa forum:

[http://youthline.co.nz/component/option,com\\_fireboard/Itemid,252/func,showcat/catid,26/lang,english/](http://youthline.co.nz/component/option,com_fireboard/Itemid,252/func,showcat/catid,26/lang,english/) and would love to hear your opinions here too.

We will send you a copy of the final report via email if you say so on the consent form. If you do not have email or would prefer to receive a copy in the mail please give Amber this information at the end of the focus group.

A copy of the report will be given to the Ministry of Health and will also be posted on our website [www.youthline.co.nz](http://www.youthline.co.nz) by 30<sup>th</sup> November 2008.

### **For further information about this project please contact:**

Amber Davies	<a href="mailto:amber@youthline.co.nz">amber@youthline.co.nz</a>
Jayne Lowry	<a href="mailto:jaynel@youthline.co.nz">jaynel@youthline.co.nz</a>
Ph:	(09) 361 4815

### **Where to get help:**

**National free-phone numbers:**

Family planning Information Line  
Youthline  
National AIDS Free Hotline

0800 FPALINE (0800 372 5463)  
0800 376 633 Free Txt 234  
0800 802 437

**Websites:**

hubba.co.nz  
theword.org.nz  
sexfiles.co.nz  
urge.org.nz  
fpanz.org.nz

alcohol.org.nz  
rainbowyouth.org.nz  
nzaf.org.nz  
expect-respect.org.nz

## Appendix E – Consent form for focus group



### Consent form for focus group

Project title: North Island Youth Voice on Sexual and Reproductive Health

Project Supervisor: Jayne Lowry

Coordinator: Amber Davies

€ I have read and understood the information sheet.

€ I have asked any questions I need to and had these answered.

€ I understand that I may decide I don't want to do this focus group anymore and may leave at any time.

€ If I decide I don't want to do this focus group anymore I understand that all the information I have given will not be included in the project if I don't want it to be.

€ I agree to take part.

€ I give permission for quotes (word for word sentences of what I say) to be used in the final report. The counsellor will check with me that she has gotten what I said correct and remove anything I said that might let other know who I am from the quote.

I wish to receive a copy of the final report from the (please circle): Yes No

### Participant information

Age:

Gender:

Ethnic group:

Location:

Do you go to (please circle):

School/uni   Alternative education   Other training   Work   Unemployed

**Please sign here:**

Thank you!

## Appendix F – Information form for parents/ caregivers



*Changing lives.*

Auckland – Manukau – North Shore - Waitakere – Palmerston North  
Wellington – Central South Island – Otago - Southland

Dear Parent/caregiver

Youthline is conducting focus groups with young people aged 12-24 years for the "Youth voice on sexual and reproductive health 2008" consultation project in conjunction with the Ministry of Health. The focus groups will be run by an experienced youth worker and a counsellor who regard participant safety as paramount. A focus group will be happening in your area on \_\_\_\_\_ at \_\_\_\_\_ and we have invited the young person in your care to participate.

We will specifically be looking at:

- Sexual and reproductive health issues
- How sexual and reproductive health could be advertised or promoted
- The best ways for doctors, nurses and health professionals to talk to young people about sexual and reproductive health
- The best ways for parents / caregivers to communicate with young people about good sexual and reproductive health

**This survey is not about the young people's own sexual experiences or personal health information.** The information collected will be handled in accordance with the Health Information Privacy Code 1994. We are collecting some demographic data such as age, location and ethnicity to ensure that we are meeting the needs of all populations.

At the end of the consultations the young people's voices on sexual and reproductive health will be incorporated into a report to be given to the Ministry of Health.

We hope to gather a wide range of young people's voices (ages 12-24) from around the North Island. We will be running 30 semi-structured focus groups from a range of regions.

All participation in the focus groups is voluntary and participants will be provided with an information pack. This pack also contains information about where young people can go if they have further questions about sexual or reproductive health. All young people who participate in the focus group will be given a pre-pay phone card or a movie voucher, as well as food at the focus group.

This project is a consultation not a research project. The project follows the National Ethics Advisory Committee guidelines for observational studies which can be viewed online at: [www.neac.health.govt.nz/moh.nsf/indexcm/neac-resources-publications-ethicalguidelines](http://www.neac.health.govt.nz/moh.nsf/indexcm/neac-resources-publications-ethicalguidelines)

We have come up with the following questions that we will be asking in the focus groups to get this information from our participants:

1. What are the sexual and reproductive health issues for people your age?
2. Where do people your age go to find out about sexual and reproductive health?
3. If you had \$1million to spend to tell people your age about how to be sexually healthy how would you spend the money?
4. If you went to your ideal service that helped people your age be informed on sexual and reproductive health what would it be like?
5. If you ran a training course for parents and caregivers on how to talk to their kids about sexual and reproductive health what would you put in the course?

6. If you had one message to give people your age on how to be sexually healthy what would it be?

The group will be primarily lead by the youth worker with the counsellor being there to write down what is happening. We regard the group's safety as paramount and the counsellor will be available to any young person to speak with at the end of the group and if necessary refer them to an appropriate service. Included in their participant information pack are free phone and website referrals.

The counsellor will be capturing the young people's ideas on large paper for the whole group brainstorm (questions 1&2 above). Next the group will be split in two and the young people will be writing down their ideas to the remaining questions on large paper. The counsellor may capture some quotes of what the young people say but these will only be recorded with the written permission from the young person (on consent form). All material that may identify the young person will be removed and the young person can choose at any time to withdraw the use of their quote/s.

Once all the info is collected from the survey and the focus groups we will be writing a final report to be given to the Ministry of Health to ensure they get things right for young people. We will post updates on how we are doing on the Urge/Whakamanawa forum:

[http://youthline.co.nz/component/option,com\\_fireboard/Itemid,252/func,showcat/catid,26/lang,english/](http://youthline.co.nz/component/option,com_fireboard/Itemid,252/func,showcat/catid,26/lang,english/)

We also encourage you and your young people to post on this forum if you would like to share your opinions.

We will post a copy of the completed project on our website: [www.youthline.co.nz](http://www.youthline.co.nz) by 30<sup>th</sup> November 2008.

If you would like to obtain a print copy of the completed project please contact Amber (details below).

Alongside the focus groups we are doing an online survey that focus group members are welcome to fill out. To view the survey go to: <http://www.youthvoices.co.nz>. Young people who complete the survey go in the draw to win an iPod or a digital camera.

The project managers are:

Amber Davies  
amber@youthline.co.nz  
(09) 376 6645  
Jayne Lowry  
jaynel@youthline.co.nz

Please feel free to contact Amber in the first instance if you have any further questions.

Kind Regards

Amber Davies



## Appendix G – Parental Consent form for a young person to participate in a focus group



### Parental Consent form for a young person to participate in a focus group

Project title: North Island Youth Voice on Sexual and Reproductive Health

Project Supervisor: Jayne Lowry

Coordinator: Amber Davies

- € I have read and understood the information provided about this project in the information sheet
- € I have had an opportunity to ask questions and to have them answered.
- € I understand that I may withdraw the young person in my care or any information they have provided for this project at any time prior to completion of data collection, without being disadvantaged in any way.
- € If I withdraw, I understand that all relevant information including transcripts, or parts thereof, will be destroyed.
- € I agree for the young person in my care to take part.
- € I give permission for quotes of what I say to be used in the final report. These quotes will be checked with me at the time of the meeting and any identifying material removed.

I wish to receive a copy of the final report (please circle): Yes No

### Participant information

Age:

Ethnic group:

Location:

Do you go to (please circle):

School/uni Alternative education Other training Work Unemployed

**Please sign here:**

Thank you!

## Appendix H – Information for group leaders



*Changing lives.*

Auckland – Manukau – North Shore – Waitakere – Palmerston North  
Wellington – Central South Island – Otago – Southland

Dear group leader

Youthline is conducting focus groups with young people aged 12-24 years for the “Youth voice on sexual and reproductive health 2008” consultation project in conjunction with the Ministry of Health. The focus groups will be run by an experienced youth worker and a counsellor. We would like to run a focus group in your area on \_\_\_\_\_ at \_\_\_\_\_

As the group leader we ask that you:

- distribute the participant information to your group,
- ensure they have a full understanding of being involved in the focus group, and
- ensure they have consented, or if necessary their parents have consented, to their participation.

We will specifically be looking at:

- Sexual and reproductive health issues
- How sexual and reproductive health could be advertised or promoted
- The best ways for doctors, nurses and health professionals to talk to young people about sexual and reproductive health
- The best ways for parents / caregivers to communicate with young people about good sexual and reproductive health

**This survey is not about the young people’s own sexual experiences or personal health information.** The information collected will be handled in accordance with the Health Information Privacy Code 1994. We are collecting some demographic data such as age, location and ethnicity to ensure that we are meeting the needs of all populations.

At the end of the consultations the young people’s voices on sexual and reproductive health will be incorporated into a report to be given to the Ministry of Health. We hope to gather a wide range of young people’s voices (ages 12-24) from around the North Island. We will be running 30 semi-structured focus groups from a range of regions.

All participation in the focus groups is voluntary and participants will be provided with an information pack. This pack also contains information about where young people can go if they have further questions about sexual or reproductive health. All young people who participate in the focus group will be given a pre-pay phone card or a movie voucher, as well as food at the focus group.

This project is a consultation not a research project. The project follows the National Ethics Advisory Committee guidelines for observational studies which can be viewed online at: [www.neac.health.govt.nz/moh.nsf/indexcm/neac-resources-publications-ethicalguidelines](http://www.neac.health.govt.nz/moh.nsf/indexcm/neac-resources-publications-ethicalguidelines)

We have come up with the following questions that we will be asking in the focus groups to get this information from our participants:

7. What are the sexual and reproductive health issues for people your age?
8. Where do people your age go to find out about sexual and reproductive health?
9. If you had \$1million to spend to tell people your age about how to be sexually healthy how would you spend the money?
10. If you went to your ideal service that helped people your age be informed on sexual and reproductive health what would it be like?

11. If you ran a training course for parents and caregivers on how to talk to their kids about sexual and reproductive health what would you put in the course?
12. If you had one message to give people your age on how to be sexually healthy what would it be?

The group will be primarily lead by the youth worker with the counsellor being there to write down what is happening as well as observing for any participant discomfort or concern. We regard the group's safety as paramount and the counsellor will be available to any young person to speak with at the end of the group and if necessary refer them to an appropriate service. Included in their participant information pack are free phone and website referrals.

The counsellor will be capturing the young people's ideas on large paper for the whole group brainstorm (questions 1 & 2 above). Next the group will be split in two and the young people will be writing down their ideas to the remaining questions on large paper. The counsellor may capture some quotes of what the young people say but these will only be recorded with the written permission from the young person (on consent form). In addition all identifying material will be removed and the young person may withdraw their consent for using the quote at any time.

Once all the info is collected from the survey and the focus groups we will be writing a final report to be given to the Ministry of Health to ensure they get things right for young people. We will post updates on how we are doing on the Urge/Whakamanawa forum:

[http://youthline.co.nz/component/option,com\\_fireboard/Itemid,252/func,showcat/catid,26/lang,english/](http://youthline.co.nz/component/option,com_fireboard/Itemid,252/func,showcat/catid,26/lang,english/)

We also encourage you and your young people to post on this forum if you would like to share your opinions.

We will post a copy of the completed project on our website: [www.youthline.co.nz](http://www.youthline.co.nz) by 30<sup>th</sup> November 2008. If you would like to obtain a print copy of the completed project please contact Amber (details below).

Alongside the focus groups we are doing an online survey that focus group members are welcome to fill out. To view the survey go to: <http://youthvoices.co.nz>. Young people who complete the survey go in the draw to win an iPod or a digital camera.

The project managers are:

Amber Davies  
amber@youthline.co.nz  
(09) 376 6645

Jayne Lowry  
jaynel@youthline.co.nz

Please feel free to contact Amber in the first instance if you have any further questions.

Kind Regards

Amber Davies

# Appendix I – Literature Review – Summary

## Summary of Literature review

### 2.1.1 Methodology

The following findings and recommendations resulted from a modified literature review, with the modification comprising of reviewing the data through the lens of the Youth Development Strategy.

The Youth Development Strategy is recognised by the Ministry of Youth Development and Youthline as a key framework from which to work with and improve outcomes for young people. Thus it is essential that any youth related research utilise this document as a base.

The youth development approach has six key principles:

1. Youth development is shaped by the 'big picture'.
2. Youth development is about young people being connected.
3. Youth development is based on a consistent strengths-based approach.
4. Youth development happens through quality relationships.
5. Youth development is triggered when young people fully participate.
6. Youth development needs good information.

It was outside of the scope of the literature review to perform a complete systematic review of the topic, however, attempts have been made to identify and include reviews and contemporary research from a search of online databases and search terms relating to youth and sexual and reproductive health.

Additionally, material was sourced from reference lists of included papers, Youthline's body of research with young people and current government policy and legislation.

### 2.1.2 Literature review findings

As noted above, the literature was reviewed through the lens of the Youth Development Strategy. The following bullet points summarise the key findings as they relate to each principle of the Youth Development Strategy.

Youth development is shaped by the big picture

- Young people exist in and are shaped by the environment around them, including their culture, family, community, values, beliefs, and social and economic status.
- The right to be yourself in the context of sexual and reproductive health in Aotearoa is not a reality for all young people.
- A greater emphasis is needed to reduce discrimination and enhance positive identity formation for diverse young people, including those who are outside of the mainstream education system and those who have different sexual orientations.
- Health practitioners, services and programmes need to develop cultural competency in order to most successfully engage all populations.
- The school sexual and reproductive health curriculum needs to be delivered in a consistent manner that upholds the rights of young people to be fully informed.
- Sexual health promotion could be seen to have three overarching goals; including increased knowledge, attitude change and behaviour change.
- Knowledge does not always influence sexual and reproductive health behaviour and further understanding of what influences safe sexual behaviour is required.

- Creating multi-faceted sustained interventions with multiple access points and from broad theoretical frameworks acknowledges the different needs of young people.

Youth development is about young people being connected

- A strong sense of connection fosters positive interactions that help to buffer young people from negative experiences.
- It is essential to recognize the needs of young people who experience disconnection, particularly GLBTI and disabled youth.
- Connectedness can come from a number of different sources. Connectedness with peers, school, family and community is of vital importance and can be seen to positively influence young people's sexual and reproductive health.
- Parents have an important role in sexual and reproductive health outcomes for young people. Parent-child communication is linked with positive sexual and reproductive health outcomes.
- Young people are more likely to access generalist services that are connected with where they would socialise rather than specialist services.
- Engaging sports groups or other recreational activities in sexual and reproductive health promotion may reach a wider range of young people.

Youth development is centred on a consistent strengths-based approach

- A strengths-based approach to sexual and reproductive health is consistent with the Youth Development Strategy and the Ottawa Charter.
- Acknowledging and positively framing young people's sexuality and their agency as sexual persons is an important step in supporting their capacity to negotiate healthy and consensual sex and prevent sexual violence.
- Providing young people with opportunities to engage in positive risk-taking may be effective in the prevention of health-compromising behaviours.
- Young people desire more information about the positive aspects of sexual and reproductive health.

Youth development happens through quality relationships

- Young people's sexual health is related to their relationships with themselves. Sexual health is positively influenced by a strong sense of self, both globally and through the development of a positive sexual identity.
- Young people's relationships with their partners are significant for sexual health. Communication positively influences sexual health, while increased intimacy can be associated with increased risk.
- Positive relationships and open communication with family can improve young people's sexual health.
- Parents/caregivers may be under-confident about their role in young people's sexual and reproductive health and require community support.
- Young people's relationships with health professionals are important for sexual health. Young people need to feel comfortable and that they can relate to the person; however, the health professional needs to initiate discussion.

Youth development is triggered when young people fully participate

- Youth participation is a two-way process, with benefits for both sides.
- Meaningful youth participation includes youth involvement from its initial planning stages through to service delivery.
- Young people can be involved in a range of different ways to promote sexual health, including informing youth-friendly practices, generating appropriate messages and service delivery.
- Youth participation should involve all young people, including those identified as hard-to-reach and 'at-risk', not simply articulate young people.

- Young people need to be planned for and accommodated. They should not be expected to fit into an adult framework which could make them uncomfortable.

Youth development needs good information

- Young people and those who work with them need good information to be able to make good decisions.
- Young people spend considerable time accessing a vast amount of information from media sources (particularly increasingly via the Internet) and this may be an effective promotion and education tool.
- Young people can participate and act as key informants in the development of appropriate sexual and reproductive health services and programmes.
- Young people have expressed a wish for less 'scientific' and more 'real life' information (incorporating people's life stories) about sexual and reproductive health.
- Young people have identified a need for information and education around negotiating relationships and managing emotions alongside other information about sexual and reproductive health.

### **2.1.3 Literature review discussion and recommendations**

The following paragraphs discuss the findings of the literature review in relation to the initial research questions.

What are the sexual and reproductive health issues for young people in Aotearoa?

New Zealand statistics highlight some key issues relating to young people's sexual and reproductive health. However, the Youth Development Strategy emphasises a focus on building resilience and taking a strengths-based approach to reduce risk. In this way, it is important to look not only at what might reduce risk but also at what types of interventions and environments might increase resiliency for young people around sexual health.

The literature suggests that both sexual health issues and health promotion solutions must take into account the broader environments in which young people exist including; legislation, culture, socio-economic status, gender, self esteem, sexual orientation and social contexts. Those who generally experience lower levels of sexual and reproductive health, e.g. Māori, Pacific and at-risk youth are also those likely to experience lower health and educational outcomes overall.

In the case of lesbian, gay, bisexual, transgender youth (LGBT), who are those most likely to feel disconnected from their peers or families and suffer discrimination, the same applies. Sexual and reproductive health issues are inherently connected with wider societal issues and trends and cannot be viewed discreetly.

In recommending a strengths-based approach, the Youth Development Strategy also suggests that an 'issues' approach may not always be the most helpful way to understand young people's behaviour. It is important to recognise that adolescence is inherently a time of developing identity and taking risks.

One might ask whether youth sexual health statistics may be representative of the fact that young people are less likely to be in long term committed relationships and therefore more likely to be engaged in sexual activity with a greater number of partners than later on in life. Similarly, the focus on teenage pregnancy as a 'problem' is an assumption and could be seen to further stigmatize those young people who find themselves in this situation.

While we cannot ignore these statistics as having negative consequences for young people, it is also important to investigate resilience factors for young people around these issues and develop strategies that improve resilience. Further, the understanding that development of a sexual identity is a key task of adolescence is essential in thinking about how young people might be encouraged to take 'positive risks' or safely explore their sexuality and develop sexual self esteem.

Although not always overt, one of the biggest issues for sexual and reproductive health for young people is how to influence behaviour. It is noted in the literature that knowledge does not always equal behaviour change. This difference

implies that more than one approach or strategy may be necessary. Different strategies are discussed throughout the review and will be briefly summarised below.

What sorts of health promotion initiatives could improve youth sexual and reproductive health?

The literature notes that sexual health education in school is a key source of information for young people. Traditional approaches have focused on biology, STIs or abstinence. These are, at best, incomplete approaches. At worst, some traditional approaches do not improve outcomes in sexual health at all. A strengths-based approach acknowledges that young people need to learn about developing positive intimate and sexual relationships and is in line with what young people report that they want to see in sexual health education. Further, increasing young people's agency as sexual persons supports their ability to negotiate healthy relationships and prevent sexual violence.

Similarly, increasing young people's connectedness is seen as a key way to reduce young people's risk around sexual health, where connection with self through increased self esteem and positive relationships with peers or adults can increase resilience. In this way, promotion strategies could focus more broadly on self esteem and developing relationship negotiation skills, as well as presenting the risks and consequences of sexual behaviour, including positive consequences.

In today's media savvy society, digital approaches may be favoured by young people as information channels. Websites have been shown to be effective in some studies and anecdotally Youthline's text messaging service is proving a popular way to access information about sexual health and discuss questions such as knowing when a young person is ready to have sex. It is of note that these are relatively new health promotion tools and as such there is a small body of literature in this area.

The success of health promotion strategies is further dependant on young people's sense of ownership. It is essential that young people are involved in sexual health beyond being the recipients of information and play a key part in the development and dissemination of promotion strategies. Young people are best placed to communicate to their peers and the literature notes that this is a preferred source of information. Young people can be both formal and informal promoters of sexual health messages.

The literature further recognises that involving young people in the conception, design and delivery of both services and messages around sexual health are likely to increase their acceptance. Such approaches have additional, reciprocal benefits for the young people who are involved. Youth participation on the high rungs of Hart's Ladder delivers cost effective, successful results. This emphasises the importance of consultation with young people in the Youth Voice on Sexual Health project.

The literature reviewed yields little about strategies for older young people. Young people aged 20-24 years may have received some information on sexual and reproductive health at school or through other avenues when they were younger, but may have fewer current opportunities to receive appropriate and relevant information. Information is typically targeted at school age groups; potentially, this may result in non-target age groups ignoring the messages. It is currently unclear how well sexual health messages are retained, or the information-seeking activities of 20 to 24 year olds regarding sexual health. These areas were not explored in the literature and may require further investigation.

Promotion approaches also need to recognise the communities and groups young people are connected into and that young people are not a homogenised group. Additionally, many at-risk young people are not connected into schools so promotional strategies must look outside of the school context in places such as alternative education schools, sports groups or online communities. In this way, strategies must take a multi pronged approach, targeting a variety of media and locations to reach all groups of young people.

What sort of strategies are being used or could be used in primary health care consultations to improve sexual and reproductive health outcomes for young people in Aotearoa?

The youth development strategy notes that relationships are key to young people's health and wellbeing, thus, the relationship a young person has with their health professional has a big impact on their sexual health.

The literature notes that cultural competency is a key skill set for health professionals, particularly given that sexual health can be a sensitive topic and may be viewed differently by different cultures.

Consultation with young people consistently finds that confidentiality is a big issue and a perceived lack of this may deter young people from accessing services. This might be a particular issue in small communities where young people have less choice about service options. One way young people have identified as mitigating confidentiality issues, is through the use of generalist services that are part of a broader community centre so that it is not obvious why they are attending. They are more likely to access services that include opportunities to socialise and of course they must be free and easily accessible.

Young people are also clear about the type of people that they want to meet with in health care settings, including people who are confidential and youth friendly. Thus, effective promotion of health services may also include letting young people know about the staff.

In relation to sexual health, young people are not likely to bring up the topic. It is important to realise that one of the biggest strategies that can be used by health care professionals is to initiate discussion and ask direct questions about sexual health even if the visit is not related to this topic.

What sorts of strategies are being used by or could be used by parents/caregivers to promote good sexual and reproductive health for young people in Aotearoa?

Relationships with parents or caregivers both explicitly and implicitly influence young people's sexual health. Positive relationships and open communication with family can improve young people's sexual health. The more involved parents and caregivers are with their young people the more likely they are to experience better sexual and reproductive health outcomes.

Research indicates that it did not matter how unsure the parents were about talking about these matters with their children but that it was most important that they kept talking about it openly within the family and from an early age. Parents and caregivers may feel under-confident around their role in their young people's sexual and reproductive health education but with support from the community can be assisted to utilise the powerful nature of their relationship with young people. Increasing communication between parents and young people is shown to be a key strategy to improve sexual health.

Overall, it is noted that no single approach improves young people's sexual and reproductive health, rather, that promotional strategies and key figures within the young person's life must work in concert to improve outcomes.

The discussion above highlights a number of key recommendations for improving youth sexual and reproductive health. The reviewed literature also points to a number of areas for further research including:

- *The use of text messaging to promote youth sexual and reproductive health in Aotearoa.*
- *What influences positive behavioural change in young people in regards to sexual and reproductive health*