



ᑲᑕᑎᑕᑎ ᑲᑲᑲᑲ ᑲᑲᑲᑲ ᑲᑲᑲᑲ
Building *Nunavut* Together
Nunavu liuqatigiingniq
Bâtir le *Nunavut* ensemble

Sexual Health Advisory Committee Youth Voices on Sexual Health

January 23, 2013



Acknowledgements

The Sexual Health Internal Advisory Committee would like to acknowledge those who assisted in the organization and delivery of these sexual health discussions. In particular, we wish to extend a special thank you to Department of Education and the youth in Cambridge Bay, Baker Lake, Rankin Inlet, Iqaluit, and Arctic Bay who participated in these discussions.

Funding for Youth Voices on Sexual Health was provided by the Public Health Agency of Canada.

Background

The Department of Health and Social Services has identified sexual health as a key public health priority within the Government of Nunavut's Public Health Strategy (Government of Nunavut Department of Health and Social Services, 2010). In order to provide strategic direction to a healthy sexuality initiative, it was deemed necessary to develop a sexual health strategy.

To that end, a sexual health strategy internal advisory committee was created in October 2010. After a journal and grey literature search, it became clear that there was a lack of evidence in regards to Nunavummiut youth perspectives and thoughts around sexual health. Given the high rate of sexually transmitted infections (STIs) in the Nunavummiut population under the age of 25, it was determined that gathering Nunavut-specific evidence from a youth perspective was of critical importance.

The committee identified the following objectives to be addressed:

1. Increase information available on youth perceptions of sex, sexuality, and sexual health education in Nunavut.
2. Obtain information on the acceptability and effectiveness of sexual health promotion activities (past, present, and future).
3. Stimulate community interest in addressing sexual health and STI prevention in their respective community.

Methods

In partnership with the Department of Education, discussions were held with youth between the ages of 16 and 19 in 5 high schools across Nunavut in early 2011. Factors considered for the selection of communities included STI rates, the interest and availability of schools as communicated by school principals, the availability of Community Health Representatives (CHRs) and Community Health Development Coordinators as co-facilitators, and regional representation (Qikiqtaaluk, Kivalliq, and Kitikmeot). Based on these variables, the communities of Cambridge Bay, Baker Lake, Rankin Inlet, Arctic Bay, and Iqaluit were selected.

All interested youth were given an information sheet and consent form, and participants' questions were answered by the facilitators. The students were made aware that their participation was entirely voluntary and could be revoked at any time during the focus group sessions. A total of 59 youth



participated in discussions facilitated by the Sexual Health Program Coordinator and either a local CHR or Community Health Development Coordinator.

A discussion guide was developed in order to facilitate but not limit the conversations. The discussions were audio recorded in order to ensure no information was missed or misinterpreted. In addition to the group discussions, a flip chart exercise was used to gather more information on the following questions:

1. With whom do you feel most comfortable talking about sexual health, STIs, etc.?
2. In which ways do you like getting more information on sexual health, STIs, etc.?
3. In which places do you like getting more information on sexual health, STIs, etc.?
4. In which areas do you need more information on sexual health, STIs, etc.?

During analysis, themes were identified in both the recorded group conversations and the flip chart responses.

Findings

Sexual Health Education Settings: Past Experiences

The participating students were asked to share their previous experiences with and thoughts on sexual health education. Many youth stated that they had received sexual health education in the past, generally between grades 4 and 12. Specific responses included:

“First time was in grade 4.”

“Each grade it’s pretty much the exact same thing.”

Some youth identified sexual health education as compulsory, with one participant stating:

“It’s kind of mandatory.”

In contrast, other students shared that they could not remember receiving any sexual education at school. When asked if they had received sexual health education in the past, one youth responded:

“Never!”



Other youth indicated concerns about the sexual health content they had previously received:

“Because especially with youth it’s a big problem. We don’t have the proper education on sexual health that we should.”

The responses above indicate irregularities in sexual health education delivery and a wide range of responses across individuals and communities.

Sexual Health Education Settings: Moving Forward

The participants offered much-needed insight into where and how they would prefer to receive information on sexual health. The two most commonly mentioned locations were health services settings (e.g. public health, health centres, hospitals, health professionals) and within the formal school setting. For example, one participant commented:

“Shouldn’t it be at public health?”

However, a caveat to the delivery of sexual health education via health services was the fact that many young Nunavummiut may not feel comfortable accessing public health institutions or health centres for education or information. When discussing health centres, one youth stated:

“Yeah you don’t just go there and ask them “hey...”

Other sources suggested by participants included parents, the Internet, posters, clubs, stores, youth centres, work, and hotels (for a complete list of responses, please see Appendix A). Within these, youth had varying opinions. Although some youth were aware of the availability of sexual health information on the Internet, others were not. For example, within one group of fifteen youth, seven had heard of www.irespectmyself.ca, a youth-oriented sexual health information website created by the Government of Nunavut’s Health and Social Services department.

As seen in Appendix A, other settings described in the flip chart activity included clubs, stores, youth centres, work, and hotels. Little time was spent discussing these settings; however, when participants were asked about using youth centres as places for sexual health education, they seemed less enthusiastic. When describing why they would visit a youth centre, one participant claimed:

“Not to talk about sex.”



With whom do youth feel most comfortable talking about sex?

During the both the flip chart activity and discussion groups, participants were asked to identify people that they believed youth would feel most comfortable talking about sexual health and STIs. Although many individual responses existed (for a full list of responses from the flip chart sessions, please see Appendix A), significant themes also emerged during each session. In both the discussion and flip chart activity settings, nurses, doctors, and other health workers were listed most frequently as preferred sources of sexual health and STI information:

“Nurses, public health workers.”

“[People] who work in the field...the field of sexual health!”

Youth shared that they often saw doctors, nurses, and health workers as particularly knowledgeable in the area of sexual health, and that this was an important component in selecting health care professionals as purveyors of sexual health information:

“I would say nurse or doctor...they know everything.”

Participants also identified family members as people they would feel most comfortable talking to about sexual health. Some youth described positive experiences talking to family members about sexuality and STIs, though individual experiences were varied. A positive experience was offered by one student, who stated:

“My parents are very open about it from the get go.” (Participant)

“And how do you feel about that?” (Facilitator)

“I think it is very helpful to be so open about it.” (Participant)

Youth also emphasized a desire to receive sexual health information from individuals who were non-locals (i.e. individuals not from their home community) and who had lived experiences, such as people living with HIV or AIDS. This is highlighted by the following discussion talking about an in-person speaker who had HIV:

“It’s really helpful.”

“You get a better understanding of what they are going through.”



Another youth elaborated:

“You actually feel like they’re real. You know you’re just looking at a screen, they could be dead, they could just be acting....you know if you’ve seen them in real life then.”

Teachers were also recognized as potential providers of sexual health information, though the participants stressed that the efficacy of teachers as sexual health educators depended on the instructors’ personalities, knowledge, and skill. In discussing this issue, students provided the following suggestions for those teaching youth about sexual health:

“You should be comfortable with your sexuality too, to be able to talk about it to other people.”

“Be straight-up about it, tell them if you don’t use a condom you’re gonna get sick!”

“Don’t be shy!”

Though friends were listed during the flip chart activity as people youth feel most comfortable talking to about sexual health or STIs, during the discussion sessions the youth shared that these exchanges most often were jovial or joking in nature and that friends did not regularly provide concrete sexual health information.

In which ways do you like getting more information on sexual health?

The answers to this question overlapped with the previous section, as many participants focused on “who” they would prefer to see as sexual health educators, again listing nurses, doctors, other health workers, family, people with lived experience, and teachers.

Some disconnect was found between responses collected during flip chart and the discussion sessions. The flip chart activity revealed that youth were most interested in group discussions or presentations, books, pamphlets, and posters, and electronic media; in contrast, during the discussion sessions the focus was primarily on interactive types of education, including specific tools like video. The discussion also revealed some resistance to items identified in the flip chart. For example, one participant stated:

“...don’t think I’d want to read a full book.”

During the focus group discussions, participants also put forth concrete ideas for ways to promote sexual health education in their communities, which included:

“Maybe the health centre can have a contest...write an essay about a certain infection...It’s a learning process because they have to learn about it.”



provides insight on youth perceptions of sexual health education based on past experiences, in addition to ideas for future health promotion in Nunavut.

It was clear from the discussion that the setting in which youth received sexual health education is a key factor to learning; the participants highlighted both the health services setting and the formal school setting as preferred access points for sexual health information and education. The youth listed nurses, doctors, other health workers, family members, people from outside their community (preferably with lived experience), and teachers as ideal sexual health educators. Views on sexual health information delivery varied across individuals, but suggested methods included group discussions, presentations, books, pamphlets, posters, electronic media, and interactive types of education. Participants were quick to identify several areas in which they wanted more information, including: abuse (sexual), help with unplanned pregnancies, STIs and associated symptoms, treatments, and cures, pregnancy, Plan B, contraceptives, protection, anatomy, drugs, healthy relationships, sexuality, and sexual health.

The aim of this report is to provide deeper insight into Nunavummiut youth perceptions of sexual health, to suggest potential areas for future program improvement, and to gather knowledge. It is important to acknowledge that limitations existed, including the lack of information from youth outside of the school setting. The results of this project have directly informed the development of the Government of Nunavut Sexual Health Framework for Action, of which the goal is to improve sexual health among Nunavummiut.



In which <u>areas</u> do you need more information on sexual health, STIs, etc.?	In which <u>places</u> do you like getting more information on sexual health, STIs, etc.?
<ul style="list-style-type: none"> ◦ Abuse (sexual) ◦ Help with unplanned pregnancies ◦ What are symptoms of infection ◦ Pregnancy ◦ Plan B ◦ Infections ◦ Protection (condoms STIs, etc.) ◦ Types of diseases ◦ Pregnancy ◦ Body parts ◦ Drugs ◦ Contraception ◦ STI/STDs ◦ Healthy relationship ◦ Side effects ◦ Symptoms ◦ Areas of infection ◦ Contraceptives ◦ Cures ◦ Origins ◦ Duration ◦ STIs ◦ Sexuality ◦ Sexual health 	<ul style="list-style-type: none"> ◦ School (11) ◦ Home (4) ◦ Public health ◦ Pros - professionals ◦ Hospitals ◦ Sex ed 101 class ◦ Classroom ◦ Health centre (16) ◦ Poster ◦ Parents ◦ Clubs ◦ Internet (4) ◦ Stores ◦ Hospitals ◦ Youth centre ◦ Work ◦ Stores ◦ Hotels