Scottish Adolescents’ Sexual Experiences and Risk Behaviors: Understanding for Evidence-Based Intervention Tailoring

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Scottish Adolescents

Purpose:

Sexual risk behaviors continue to pose a serious health threat to adolescents worldwide; Scotland continues to experience higher rates of unplanned pregnancy, STI’s and other sexual morbidities. Despite extensive basic descriptive data on sex behavior, particularly in teens under 16, there are little in-depth and detailed descriptions of the actual risk behaviors, prevention strategies and health promotion skills employed and experienced by Scottish teens. The purpose of our study was to gain a more in-depth description of both male and female current sexual behaviors and assess information, motivation or skill gaps needing to be addressed in any evidence-based sexual risk reduction modification for use within Scotland. We also compared similar focus group findings from US teens to identify similarities and differences needed in tailoring interventions.

Methods:

Following a multi-site IRB approval, we recruited sexually active and abstinent teens from a youth community Café and gathering center in Edinburgh, Scotland. The site serves predominately impoverished or lower SES, urban teens. We conducted focus groups with male and female adolescents ages 16 to 19 (N=18). Using a semi structured, theoretically-driven interview guide, we conducted mixed gender groups lasting approximately 90 minutes guided by a trained moderator. Sessions were taped and transcribed using with-in group and between-group analyses to identify major themes related to sexual risk information, motivation, and behavioral skills as well as recruitment and retention strategies for future interventions.

Results:

Of the 18 participants, 61% were male and 39% female. The average age of participants were 16.8 years. The majority were white (89%) and 17% black; 83% were born in Scotland. Two-thirds (67%) of the sample were sexually active. The majority of sexually active teens reported recent vaginal (92%), oral (85%), and anal (31%) sex. Although only 33% reported contraceptive use, those that did used condoms predominately. Data saturation in thematic responses emerged by group 3. Predominant themes included: (1) we really don’t talk about how to "talk about" sex; (2) private behaviors occur in public places; (3) concurrent use of substances is common especially with anonymous encounters; and (4) future time perspective was very limited among many of these teens. Participants cited involvement in the study as a way to pass empty time and participation incentives as a primary approach for recruitment and retention reporting the lack of employment and opportunities for youth as a major concern for Scottish teens.

Conclusion:
Similar to US teens, many of the Scottish youth were participating in multiple sexual and substance-use behaviors. Unlike in the US, these teens emphasized that, despite sex ed in schools, sex was rarely discussed outside required classroom discussions and the ability to practice communication and negotiation skills was minimal. Despite the ready availability of contraception and STI/HIV testing and related health care needs in this NHS country, teens admitted they lack the skills to plan, discuss or negotiate safer sex practices. Prevalence of anonymous and unplanned sex lead to “capturing the moment” resulting most often in unprotected sex. There was a glaring lack of teens’ planning for or contemplating their future adult lives.

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Keywords:
adolescents, culturally-diverse and sexual risk

References:


Abstract Summary:
Despite high rates of unplanned pregnancy and other negative sexual outcomes, detailed descriptions of Scottish adolescents sexual behaviors and risk reduction strategies are limited. We conducted in-depth focus groups with 18 teens ages 16-19, both male and female, to gain understanding of these behaviors in preparation for intervention modification.

Content Outline:
Introduction: (Teaching methods- Lecture with power point; Time 5 min)
Objective: To describe the significance of the study problem

Point A: Adolescents continue to face morbidity/mortality threats from HIV/STI and unplanned pregnancy

Point B: There are limited evidence-based sexual risk reductions interventions developed specifically for teens

Main Points: (Teaching methods—lecture with power point, diagram of research design, participant quotes to exemplify themes from analysis. 10 min)

Objective: To explain the research methods used to obtain data from Scottish adolescents regarding sexual risk knowledge, motivation and skills. To describe themes identified within- and between groups.

Point C: Developing and tailoring interventions benefit from formative work with the population of interest

Point D: Focus groups offer the opportunity to gain in-depth understanding of knowledge, attitudes and skills of teens

Point E: Rigorous focus group methods include trained moderator, semi-structured guide, transcribed data set, within- and between group analysis to identify common codes and themes

Point F: Focus groups were conducted with 18 Scottish teens (both sexually active and abstinent males and females) in 2017

Point G: Common themes identified include (1) “We really don’t talk about how to “talk about” sex”; (2) Private behaviors occur in public places; (3) Concurrent use of substances is common especially with anonymous encounters; and (4) Future time perspective was very limited

Conclusion: (Teaching methods, lecture, discussion, question & answer. 5 min)

Objective: To understand the potential impact of these findings on tailoring and evidence-based sexual risk reduction intervention for use in Scotland including contrast with US adolescent focus group findings.

Point H: Similarities and differences were identified between focus groups conducted in Scotland and those in the US

Point I: Continued tailoring of evidence-based risk reduction interventions is needed for global push out

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