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Using Youth-Participatory Research to Address Health Disparities in Sexually Transmitted Infections Among Homeless Youth

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Rationale for Study



- STI rates among 15-24 years account for almost half of all STIs in the US (Weinstock et al., 2004).
- Highest STI rates are among youth aged 20-24, esp. youth of color and sexual minorities (CDC).
- Risks for STIs among homeless youth: Substance use, survival sex, multiple partners, and sexual exploitations.
- HIV seroprevalence among homeless youth is at least two times that of nonhomeless youth (Pfeifer & Oliver, 1997; Sweeney et al., 1995).



AIMS



Conduct a youth-participatory project to address health disparities in STIs among homeless youth.



Determine social and behavioral factors that promote or hinder STI prevention, testing, and treatment among homeless youth.

Process

Preparation

- Recruited 4 youth as co-investigators (2 females, 2 males, 19-21 yo).
- Youth completed IRB training and hiring procedures from academic institution.

Planning

- Meetings to discuss issues r/t STIs among homeless youth.
- Determined study design and instruments.
- Obtained IRB approval.

Focus groups

- PI trained youth on conducting focus groups.
- Youth recruited participants for focus groups.
- Youth and PI co-led focus groups.
- Youth and PI co-analyzed focus group data.

In-depth interviews

- Youth and PI decided on instruments for qualitative study.
- Youth and PI co-developed questions for in-depth interviews.

Focus Groups Results

(N = 21; aged 16-22)

Stigma and shame related to STIs

“They (youth) do not want to be seen at the clinic. If you are in there, you must be having something or think you have something.”

“...there are some people who are too ashamed or too shy to walk into a clinic or doctor’s office and be like I want to get tested. They feel that people are going to judge them and think that they have something.”

“Scare of the truth, scared to find out.”

Access to free condoms not an issue

“You can get them anywhere.”

“Planned Parenthood gives you a big bag like this.”



Focus Groups Results

Need for to provide education regarding STIs to younger adolescents

“They learn from us too early.”

“I started at fourteen so that is why I said that. I ended up being pregnant at fifteen so it is like in that range it should be. Even maybe twelve, you know because if you are having sex at thirteen nowadays you might as well get ahead.”

Risks associated with substance use and risky sexual behaviors

“I heard stories people who are drunk that have been completely taken advantage to a point of where it could be questioningly rape. On both, male and female side of a perspective.”

Possible knowledge deficit r/t STIs

“Can’t you get it from being dirty?”



In-Depth Interviews

Methods and Data Analysis

- Convenience sampling at a homeless youth drop-in center.
- Staff informed youth about the study. Youth who were willing to participate were approached by the PI and given further information.
- Inclusion criteria: homelessness, 18 - 24 yo, and sexually experienced.
- All youth received a \$20 gift card to Subway for their participation.
- Semi-structured, in-depth interviews conducted by the PI.
- Interviews were recorded and transcribed verbatim. Coding was completed separately by two researchers using thematic analysis, reviewed for agreement, and finalized.
- Demographic data and questionnaires were analyzed using SPSS.



Instruments

- **Pre-interview:**
 - Demographic information
 - STD quiz (8 items)
 - Stigma and Shame STD questionnaire (11 items)
- **Key categories for in-depth interviews:**
 - Barriers and perceptions about STDs and testing
 - Decisions about condom use
 - Communication with health care providers about STDs
 - Access to information about and testing for STDs

[STD was used instead of STI in questionnaires and interviews to align with language that youth most likely used.]



STD Quiz (T/F)

1. A person can have a sexually transmitted disease or STD and not know it.
2. Once you have had an STD and have been cured, you can't get it again.
3. Most STDs go away without treatment, if people wait long enough.
4. Birth control pills offer excellent protection against STDs.
5. Condoms can help prevent the spread of STDs.
6. You can tell if someone has an STD by looking at them.
7. If you know your partner, you can't get an STD.
8. STDs that aren't cured early can cause sterility in women.

Quiz adapted from Canadian Federation Sexual Health



STD-related Stigma and Shame

(11 items, Likert scale)

Sample Stigma Questions:

- I would feel dirty if a doctor examined me for sexually transmitted diseases.
- Getting a sexually transmitted disease would make me feel dirty.
- Most people I know think that a sexually transmitted disease is a sign of a weak character.

STD-related Stigma and Shame

(11 items, Likert scale)

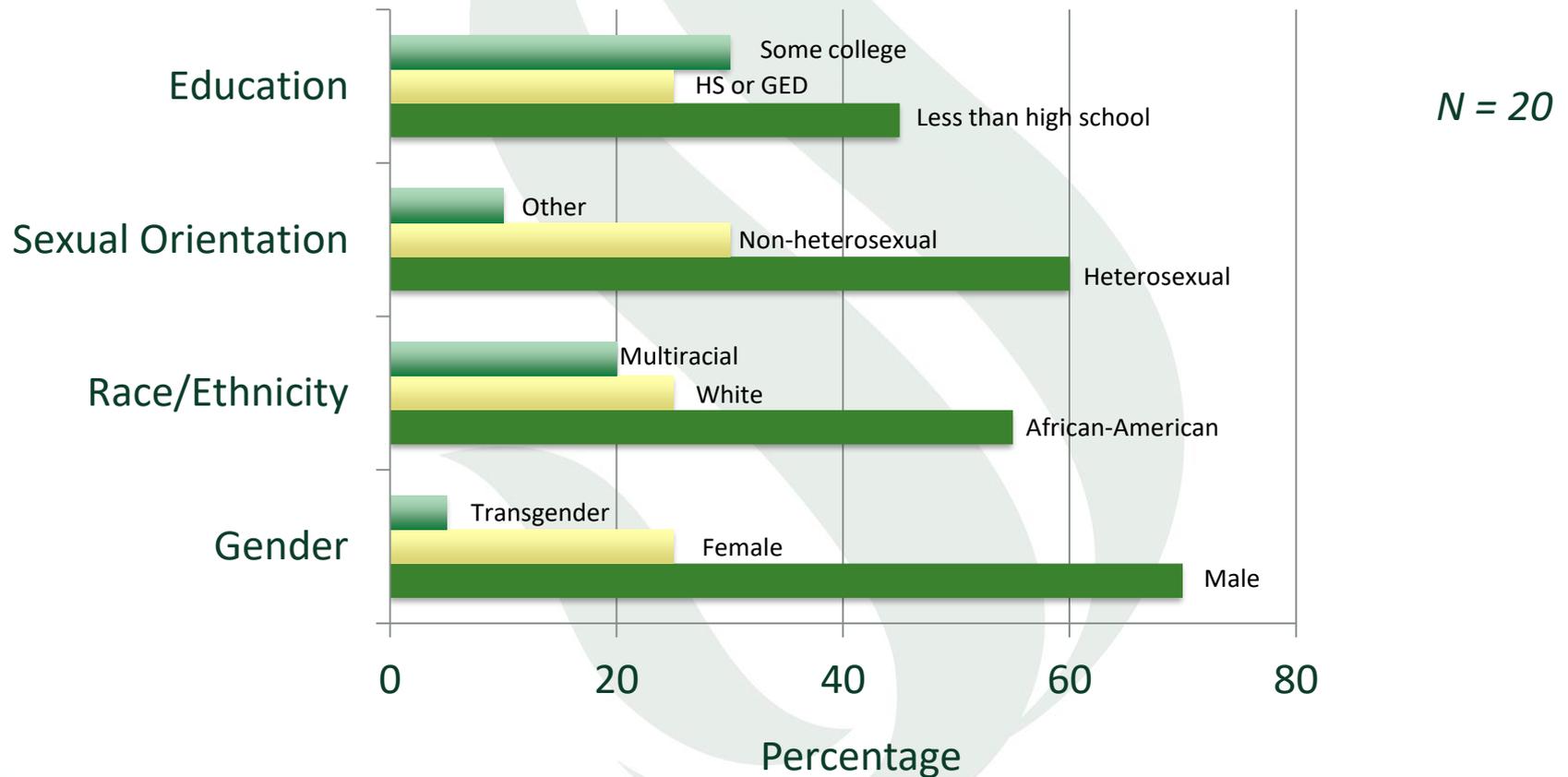
Sample Shame Questions:

- People with sexually transmitted diseases have been hanging with the wrong crowd.
- People with sexually transmitted diseases should be ashamed of themselves.
- Getting a sexually transmitted disease means I don't take care of myself.

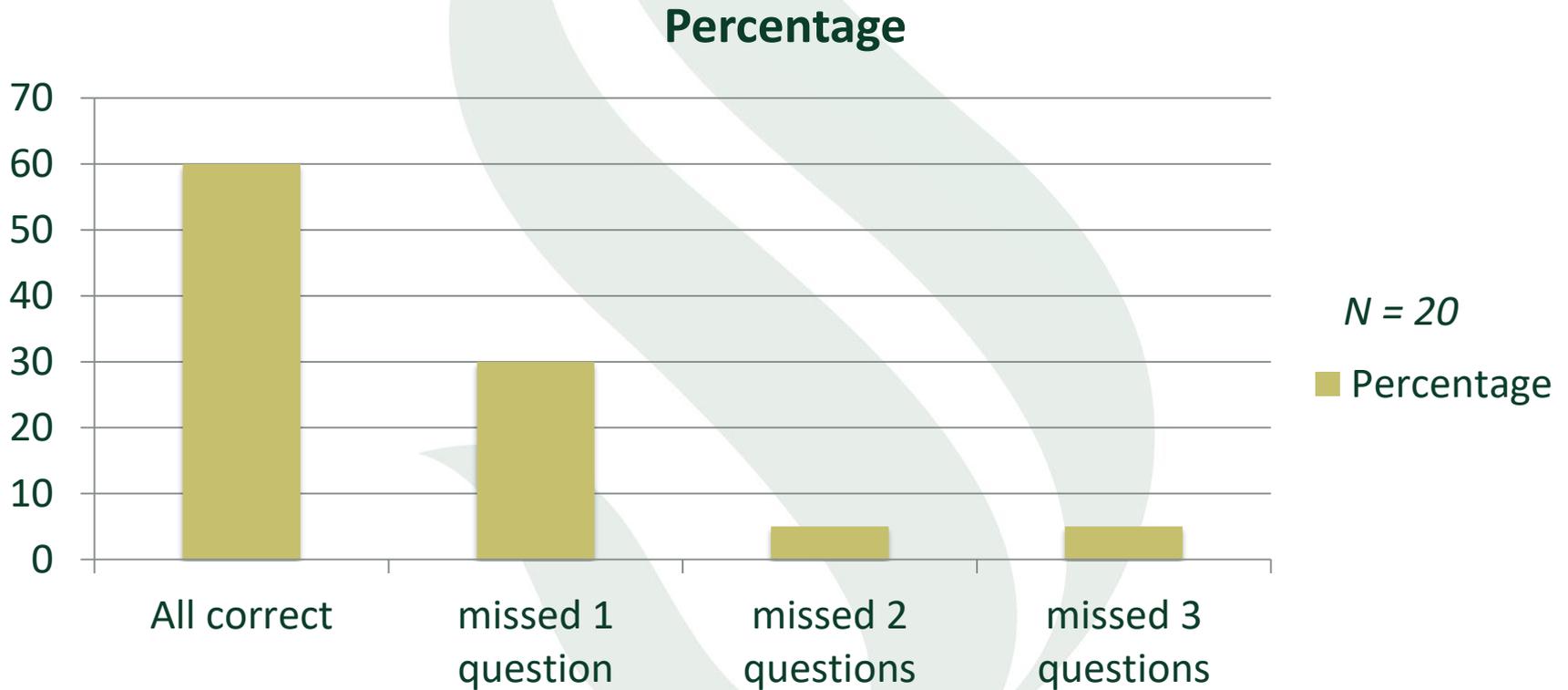


Demographics

Mean age = 20.75 years (range 18 – 24)

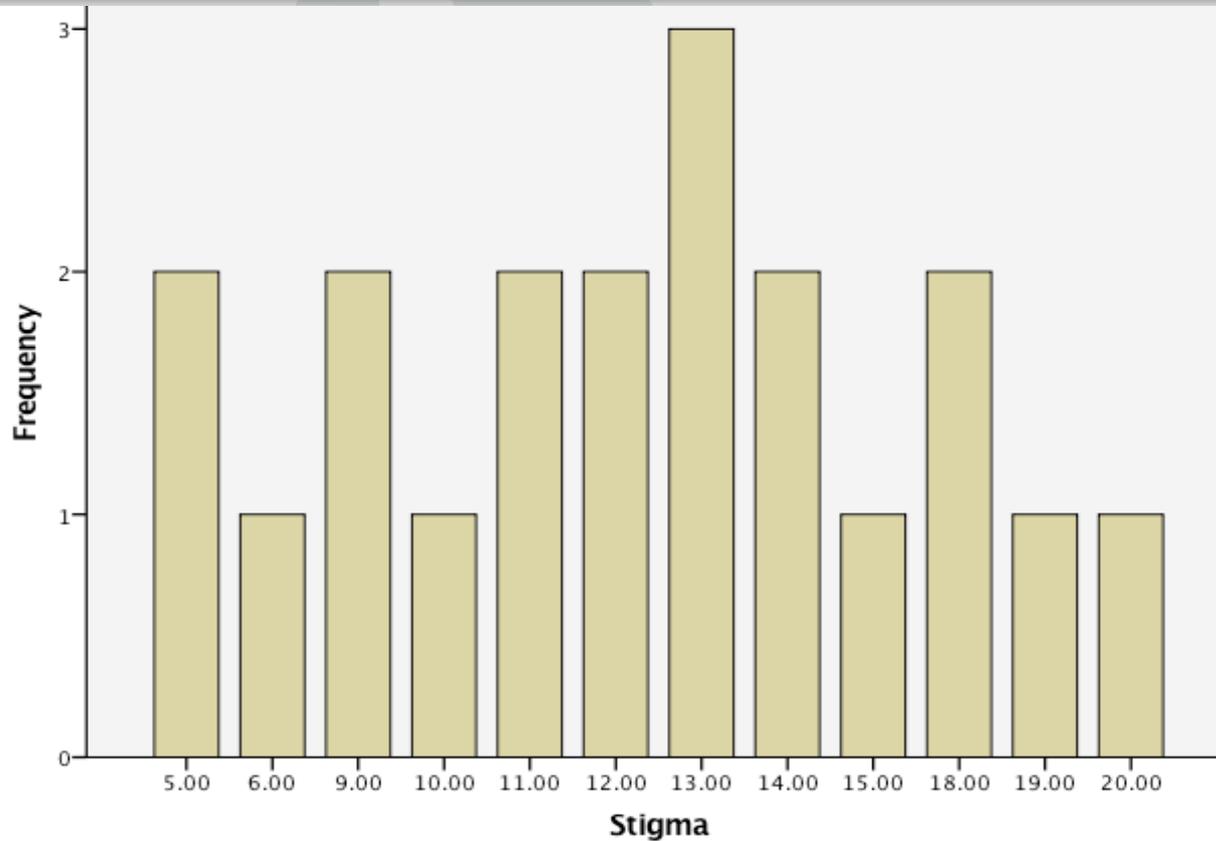


STD Quiz Results



STD-related Stigma

($\alpha = .74$)

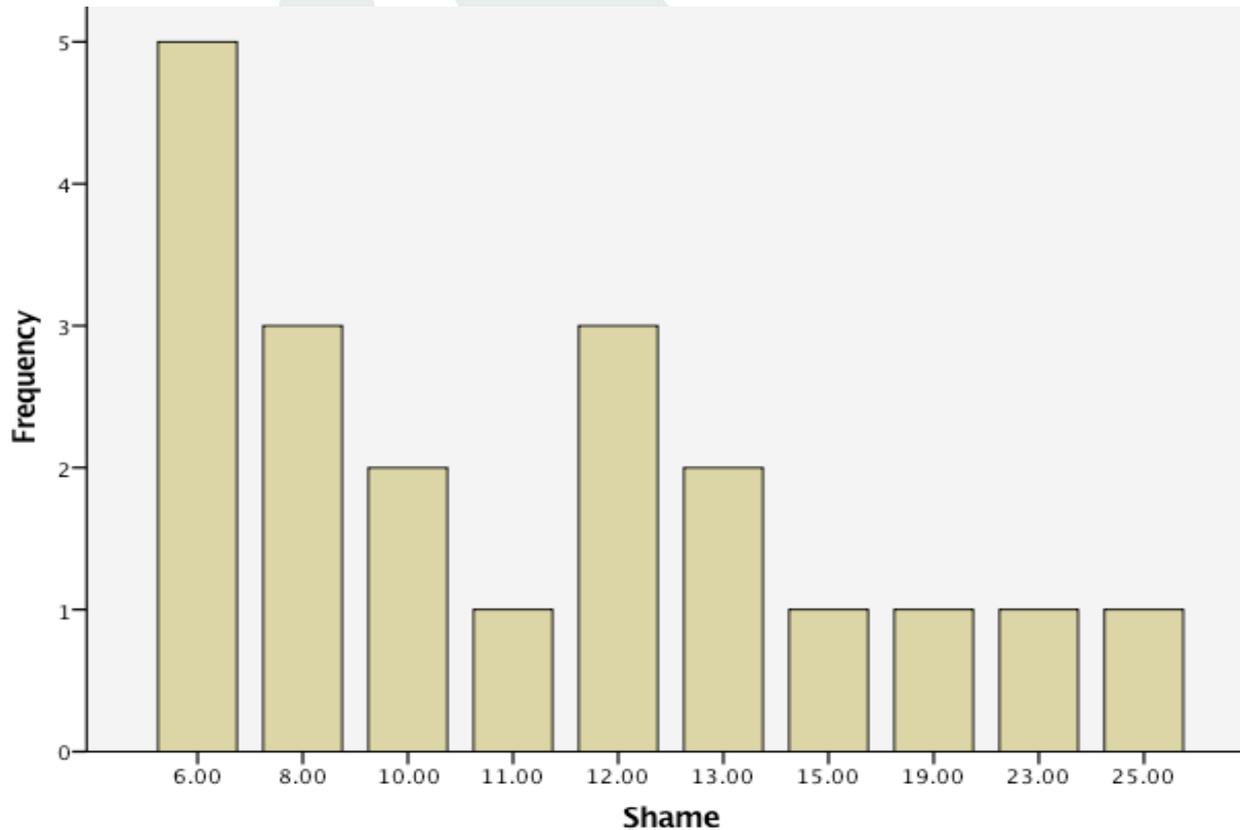


$N = 20$

Higher score = Higher stigma

STD-related Shame

($\alpha = .89$)



$N = 20$

Higher score = Higher shame

STD TESTING

- ***“Have you ever been tested for an STD?”***
 - *95% reported YES*
 - *55% had tested in the past 3 months*
 - *20% in the past 3-6 months*
 - *5% in the past 6-12 months*
 - *15% tested more than a year ago*
 - *5% never got tested*
- **Most frequently cited places for STD testing:**
 - ED
 - Planned Parenthood
 - Community clinic



STD Testing - Qualitative Data

- **Fear of positive results and HIV/AIDS**

“A lot of people are scared of...if they get to hear that big three letter word – HIV-AIDS. They don’t want to hear that.”

“Having AIDS, that would worry me, HIV...”

“coming up positive for HIV and AIDS, very scared.”

“I fear the worst. That if I actually have an STD...”

“Honestly, as long as it’s not HIV or AIDS, I’d be pretty happy.”

- **No fear or concerns**

“Honestly, I really don’t have any concerns.”

“I really don’t have concerns...I like to be careful...”

“None. I don’t have that. I do the testing. That’s it.”



Perceptions about STD testing for self and with partners

“I would feel comfortable. I have before, like multiple times, actually.” (23 yo male)

“Oh, they’re going to have to get tested. That’s not a question.” (19 yo transgender)

“I would be ok with it, because he would be looking out for me, and for himself, which is fine with me.” (18 yo female)

“I would go too, go with them, and get tested also.” (23 yo male)



Decisions about condom use

Use as a rule or if someone is not “clean.”

“There is no deciding. I use a condom.” (24 yo male)

“Unprotected sex. Like if I feel like she’s not clean, then I won’t do it.” (19 yo male)

Don’t use if there is intimacy and trust

“I trusted the person.” (19 yo female)

“Depending on the person...I didn’t use a condom with her because I felt intimate...” (23 yo male)

“A few times, kind of when I trusted a woman.” (23 yo male)



Access to condoms

Do you have issues getting condoms?

“Nope. I have a whole pocket full in my bag.” (19 yo female)

“The only issue is like some people are embarrassed to go to the store to buy them, but that’s it.” (22 yo male)

“I just walk into Planned Parenthood; I just say I don’t need to see someone I just need some condoms, and they give me a bag.” (22 yo male)



Discussing STIs with Health Professionals



"I feel very open because I want to be treated." (22 yo male)

"I feel comfortable, kind of. Only because it can help being open and talking to people that's there to help you." (19 yo female)

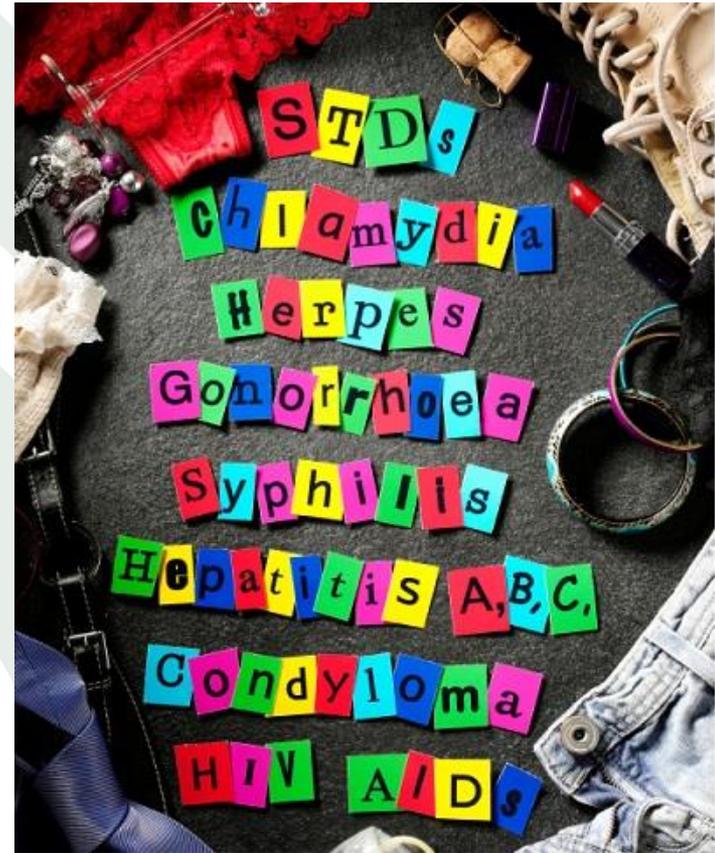
"I feel pretty comfortable. I've talked to him already." (22 yo male)

"I'm pretty honest and open about everything." (23 yo male)

Where to find info about STDs and Testing

Google

“Where is a free clinic near me?”



Conclusions

- Homeless youth do participate in risky sexual behaviors, but they also have protective sex, get tested for STIs, and are fearful of getting HIV/AIDS.
- High rate of testing suggests homeless youth recognize their risk for STDs and have access to STD-related care.
- Knowledge about STIs and behavioral responses to sex and testing may function independently. Consider brief motivational interviewing strategies to address sexual behaviors and emotional responses to testing.
- Interventions need to move beyond education about how STIs are spread and include more comprehensive information about testing and treatments, esp. for HIV. Normalize testing.
- Educate youth about PrEP (Truvada) and PEP.
- Harm reduction approach: Make condoms, testing, PrEP, and PEP accessible.



Limitations

- Participants were from one drop-in center in Northern California.
- Higher number of male participants.
- We did not ask about the specific types of STI testing; therefore, it was not known whether youth who were fearful of contracting HIV actually got tested for HIV.
- We did not ask about PrEP and PEP.

The Joys and Perils of Youth Participatory Research

- Homeless youth want to engage in research, but life circumstances pose real challenges to full participation.
- Youth expressed pride and empowerment as co-researchers.
- Extensive planning and much longer time frame.
- Unanticipated challenges such as closure of the drop-in center.
- Institutional policies may pose barriers for youth participation.



Thank you!



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