

Teens Talking About Sexual Health: Girl-Directed Tools to Trigger Partner Communication

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ABSTRACT

Communication among adolescent partners about pregnancy risk, family planning and sexually transmitted infections (STIs) has been associated with lower risk of pregnancy and STIs, yet often youth do not talk about these topics and there is little research on what helps them initiate conversation. To trigger partner communication about sexual health, new educational materials were fashioned after teen magazine quizzes, then integrated into classroom education and clinic counseling. Focus groups and exit interviews with teens determined that exposure to these materials fostered partner communication. Most youth valued conversations about sex and risk-reduction behaviors, used the new materials more readily if they were girls or encouraged by a girlfriend, preferred select materials depending on perceived impact on their relationship, and were receptive to talking about partner communication with staff. Many girls described the materials as valuable tools, and staff continue using them to help teens increase partner communication about sexual health.

Keywords: adolescents, partner communication, sexual health, reproductive health.

Introduction

Approximately 4 in 10 US teen girls and boys aged 15 to 19 have ever had sex, and about 3 in 10 have had sex in the last 3 months resulting in about 750,000 teen pregnancies each year the majority of which were unintended. Of the 19 million sexually transmitted infections (STIs) each year, about half occur in young people aged 15 to 244 and most states have seen an increase in HIV/AIDS diagnosis in this age group. In addition, teen pregnancies contribute to school drop-out rates and the children of teen parents often face increased health, economic and social challenges as they grow up. While there were noticeable trends toward a reduction of risky sexual behaviors among teens during the 1990s with a decrease in the proportion of sexually experienced teens and an increase in condom use among teens who were sexually active—these trends have recently flattened. Unintended pregnancies and STIs, continue to have a significant negative impact on youth, and there is a need to build on past successes and look beyond current efforts to address important sexual and reproductive needs of adolescents.

Recent studies have shown that teen partner support and communication about whether to have sex, and the risk of pregnancy and STIs, is associated with contraceptive use, including effective and consistent use of condoms. Manlove et al and Stone and Ingham found a positive association between discussing contraception before first having sex with a partner and actual contraceptive use and consistency, with a greater association for girls. Noar also found that discussions between teen sexual partners about condoms and sexual histories were consistently associated with improved condom use. In a study of 500 adolescents in school and community-based clinics, teen girls who discussed past and present risk with their partners were at lower risk of pregnancy and STIs than those who did not communicate with their partners. Non-communicators were only 1/3 as likely to use condoms consistently. However, Ryan et al¹⁴ found that only half of the teens in their study reported discussing contraception or STIs with their partner before having sex for the first time, and that teen boys were somewhat less likely (45%) than teen girls (53%) to report discussing these topics. Yet, there is little research on ways to support or strengthen teen partner communication on important sexual health topics.

Research findings on sexuality education programs in the US and other countries have identified both protective and risk factors that influence sexual risk-taking among teens. Regarding teen partner communication, Kirby cites protective factors consistent with the research just described: “If teens’ partners support condom or contraceptive use, teens are more likely to use them if they have sex... Teens who discuss HIV and other STDs, methods of preventing infection, and their past sexual histories or risk are more likely to use condoms. Similarly, teens who discuss methods of preventing pregnancy are more likely to use contraception.” Evidence-based education programs that have been successful in helping youth reduce the risk of STIs and pregnancy are multi-faceted and address a variety of factors that can be most easily changed or strengthened through youth programs.

In general, these include: 1) knowledge of sexual issues; 2) perceptions of risk of pregnancy or STIs; 3) personal values regarding sexual activity and abstinence as well as attitudes about condoms and contraception; 4) perception of peer norms; 5) intention and motivation to abstain from sex or reduce the number of partners or use condoms; 6) self-efficacy of teens themselves to refuse sex or use condoms; and 7) communication with their partners and their parents or other adults.¹⁶ By addressing a combination of knowledge, attitudes, and skills, these approaches support interim steps toward healthier behaviors. Social learning theory holds that people learn through direct experience and practice in simulated situations that enhance their confidence and ability to act a certain way. The empowerment theory addresses how perceptions of power also effect behaviors, and how power can be generated in social interactions. With regard to communication and assertive negotiation for girls, this includes the desire, power, and ability to communicate their own reproductive health needs in a couple interaction often characterized by unequal power. These behavior change theories, along with the characteristics of effective sexuality education programs previously described, informed the development of the educational materials described in this paper.

Tools to Trigger Partner Communication

Given the negative effects of teen pregnancy and STIs, the value of teen partner communication in risk reduction, the challenges youth face in talking about sex with a possible partner, and the evidence from successful sexuality education programs, this project developed and tested three new educational materials designed to help teen couples talk with one another about how to protect their reproductive health and avoid pregnancy. The main objective was to create, together with youth, fun tools or materials that could be used as a reference, but more importantly as a game and springboard for actual couple conversation about these topics. In addition to fostering communication on sexual health issues, another objective of the materials was to encourage teen couples to enjoy fun, healthy, non-sexual activities together; as studies have found that teens who engage in more friendship-based activities with their partners (especially male teens) are more likely to use contraceptives with that partner.

Methods

We followed an in-depth, participatory, materials development and pretesting process that included input from a teen advisory group and semi-structured interviews with teens to create three new materials to foster partner communication. These materials were then integrated into the first session of an existing eight-session family life course by health educators at local high schools (Fremont, Newark and Union City, CA) and into family planning counseling at the Tri-City Health Center (TCHC) Teen City Clinic in Fremont, CA. Since the materials were easy to integrate, and TCHC staff was skilled in education and counseling, formal training on use of the materials was not needed. About 6 months after the materials were first integrated, focus groups were conducted with high school students and exit interviews (with follow-up phone calls) were conducted with

clients at the teen clinic to further determine teen perceptions about partner communication, identify their views regarding the value of these materials in supporting partner conversation about sexual health, and to assess the overall utility of the materials.

Clinic counselors and health educators were also interviewed to document their experiences, and identify implications for future program activities. This project was conducted as part of a larger research project with the Institute for Reproductive Health at Georgetown University and TCHC to determine whether a couple-focused approach to family planning services was desirable and feasible. The study was approved by the Institutional Review Board of the Georgetown University Medical Center.

In-Depth Materials Development and Pretesting

Early in the materials development process members of the TCHC teen advisory group provided detailed input regarding relevant content, format, illustrations, cultural diversity, tone, number of key messages, and the importance of designing materials that respect teens and evoke positive and happy feelings, rather than insinuate that teens are doing something wrong or bad. Issues relevant to male adolescents as well as youth who identify as gay, lesbian, bisexual, transgender or questioning were also discussed. However, the key messages and format for the new materials were determined to focus on helping teen girls talk with male partners about sexual health. Draft materials were pretested and revised through individual interviews with local teens. The benefits of including young people in the design, implementation, and evaluation of projects for youth are well-documented. Technical review of these materials was provided by counselors, health educators, clinicians and researchers. As a result of this participatory process, the following materials were developed to help empower teen girls to engage in conversation about sexual health with a male partner(s). (See pages 98-101 for the materials described below.)

2.1.1 She Says/He Says—an interactive quiz popular in teen magazines, with questions for the girl to answer on one side of a page, and the same questions for the boy to answer on the other side. By tearing along a perforated line, teens respond to the questions privately, writing how they answer the questions for themselves, and how they think their partner will answer. Then they compare and add up points, finding out how well they know one another, especially in the area of reproductive health choices.

2.1.2 Do You and Your Partner TALK about Sex?—an illustrated card promoting conversation about sexual health, with a section “for guys,” and questions to trigger partner conversation. Teens ask one another about their views on having sex, other possible partners, family planning and STI protection.

2.1.3 How Important Is Your Sexual Health?—a self-assessment quiz/game for girls, using a creative flow diagram popular in teen magazines. As a girl responds to personal questions about sexual health topics, one question leads to another amid humorous possible responses. Adding up points she finds out how much she knows about sexual health. Girls discuss their responses with a counselor or educator, and later share this with

a partner. The goal of these new materials was to raise teen awareness about the importance of partner communication around sexual health, increase familiarity and comfort with this, and provide a fun interactive tool to help initiate and/or build on conversation during a couple-interaction. The materials are available at http://www.irh.org/?q=fertility_awareness_resources for future use or modification by other youth programs.

Focus Groups with Teens

To further assess these new materials, find out whether teens actually used them as a communication tool, and gain insight into teen partner communication, focus group discussions (FGDs) were conducted at a local continuation high school, serving high-risk students. These FGDs were held a week after the materials had been presented during an 8-week family life course at the school. Independent of the new materials, this course covered general reproductive health information, STIs, family planning, risk-reduction behaviors, and parenting education. The FGDs were only conducted at one high school, where TCHC had received administrative and parental permission, although the course and new materials had been integrated into other schools in the area.

A total of 56 students participated in same-sex FGDs on the same day and completed a short demographic questionnaire. Each of the four focus groups lasted approximately one hour and was facilitated by a trained educator the same sex as the participants and close in age. A guide of questions was followed and an observer audio-taped the session and also took written notes. After each session facilitators and research staff met to discuss emergent themes, group dynamics and other observations. Audio tapes were carefully reviewed, and the content was coded and analyzed to identify themes, contrasts, and relationships. Quotes were selected as exemplars and visual displays of the data, such as matrices, were used to facilitate analysis and presentation of results in a detailed report.

In-Depth Interviews with Teens

Following materials integration at the clinic, 12 exit interviews were conducted with teen clients. All respondents agreed to a follow-up phone call within a couple of days of the interview to further explore their perspectives regarding partner communication and use of the new materials. Demographic descriptive statistics for the respondents were calculated. These semi-structured individual interviews were conducted in a private room in the clinic, using an interview guide to ask about attitudes and beliefs regarding talking about sex and partner involvement, relevance of the new educational materials, and whether they intended to use the materials to talk with their partners. Follow-up phone calls focused on whether the clients actually shared the new materials with their partner and used them as a tool for conversation about sexual health. All face-to-face interviews were audio-recorded then analyzed to sort responses, identify themes, and document content analysis. While all respondents agreed to phone follow-up, 50% were ultimately reached.

Semi-Structured Interviews with Staff

Counselors at the teen clinic were interviewed after the intervention and school-based educators participated in a series of meetings and phone interviews. Feedback regarding the use of the materials in school-based education and clinic counseling was elicited, along with any recommendations for changes and perspectives on future use.

Results

The high school FGDs included 30 female and 26 male teens, aged 16 to 18 years, and reflected the ethnic diversity of the Tri-City area. The majority of students reported Latino or African American ethnicity, followed by Asian/Pacific Islander, Caucasian and mixed ethnicity students. Languages spoken in the home included Spanish, English, Tongan, Vietnamese and Tagalog. Most participants were born in the US. Three of the female participants were pregnant or parenting teens, but none of the male participants reported having any children. Many indicated they had a girlfriend, boyfriend or more casual sexual partner(s), while others did not volunteer this information. Clients interviewed at the end of their visit to the teen clinic included 11 female and one male client, as most of the teen clients at the clinic are female. The clinic respondents were 16 to 22 years old, had no children, and represented the diverse ethnicities of the community including Latina, Caucasian, Asian, and African American. Languages spoken at home included English, Spanish and three Asian languages. Most interviewees indicated that they had a boyfriend or girlfriend.

Qualitative Findings

The findings from both the FGDs and the exit interviews indicate that most youth: 1) valued conversations about sex and risk-reduction behaviors, although fear of rejection and discomfort were barriers to communication; 2) used the new materials more readily if they were girls or were encouraged to do so by a girlfriend; 3) preferred different materials depending on level of intimacy and suspected impact on their relationship; and 4) were receptive to talking about partner communication with staff. Girls stated more often and more forcefully than boys that they liked the new materials and had used them or planned to use them. The girls discussed their opinions in detail, with minimal prompting, and provided many personal stories in a tone that appeared to reflect the seriousness and relevance of the topic. While some boys provided in-depth descriptions of their perceptions, discussions with males were often characterized by less sharing of personal experiences, more prompting, and in the FGDs teasing or bantering among male peers. The results from the interviews were consistent with and reinforced the results of the FGDs, confirming that the new materials were used to trigger partner communication about sexual health.

Teen Perspectives on Partner Communication about Sexual Health

Teens discussed the importance of talking with a partner about sex and described barriers to doing so. For many, the word “partner” implied having a sexual relationship,

while “boyfriend/girlfriend” did not necessarily imply sex. The word “bitch” was often used by boys and discussed in detail by girls. Although many girls described the term as derogatory, some stated it was acceptable to be called “my” or “his” bitch, but not “a” bitch. Teens also knew and related to the term “sexual health”. For girls this referred to a variety of topics including: “check-ups, caring for your body, birth control, STDs, and PAP smears”. Boys associated “sexual health” more specifically with STIs, particularly “HIV/AIDS”. The boys expressed concern about getting a STI more often and more forcefully than the girls did. Boys said:

“She’s not going to tell you, even if they did (have a STI)....”

“I wish they had signs.”

“Yeah...if people were just honest with it.”

Although in the focus groups and interviews many reported that they had talked with a significant other about prevention of pregnancy and STIs, barriers to partner conversation were emphasized. For girls, factors that influenced whether they brought up the subject included whether the girl was typically shy or assertive, her desire to not disappoint her partner, and concern about his reaction if she brought up sexual health. Girls said:

“Depends on your personality, if you’re shy it won’t come up.”

“I didn’t want him to assume I thought he had something. (Girls) don’t want their partner to think they feel like ‘they’re dirty’.”

“Some guys try to use the word ‘love’ for sex, and some girls fall for it.”

“(She) I love you. (He) I love ‘it’.”

“Well sometimes yes they do (talk about sex), but sometimes you just get straight to it.”

Boys also described their perspectives regarding barriers to partner communication about sexual health. These included concern that talking about this might make him appear weak, insinuate that he thought she (or he) had a STI, and result in the girl rejecting him. Boys said:

“You’ll scare them off.”

“She’ll think you kinda weak.”

“She’ll take it wrong.... (She’ll be thinking) you calling me a hoe? You think I’m, dirty?”

While most of the girls indicated that it was important to talk about sex with a male partner, about half of the male participants said this was important. Interestingly, both baseline and end line data from the larger study at Tri-City Health Center found that over 90% of teens who went to the teen clinic reported that it was easy to talk with their partner about birth control; they made important decisions about birth control together; and they talked with their partner after a visit to the clinic. This may indicate that once teens acknowledge their need for sexual and reproductive health services, and seek care, they are more likely to talk with their partner about these issues.

Use of the Materials by Girls and Boys

Many girls said they had already used the materials with a partner or planned to convince their partner to engage in the educational games or quizzes with them, and talk about the sexual health. For example, girls said:

“I’ve never seen anything like it (these materials) before. It’s fun.”

“It was fun. My mom did it too!”

“He’ll do it. We like to play games. (The quiz is) something to do and enjoy instead of just talking about it.”

“A guy probably wouldn’t want to do it... (But he) would do it if forced to by the girl.”

“He thought it was cheesy; but I made him do it anyway.”

“Yes, we’re using them (the materials).”

While only a few boys admitted having used the materials, others stated that although they would not start a conversation with the materials, if a girl asked them to do the quizzes and discuss the topics, they would. Many boys joked about the materials and appeared uncomfortable talking about sexual health, yet some said the materials were valuable and had used them. Boys said:

“At first I thought it was dumb. Why all these questions? But once we did it, we saw we knew each other... We answered it identical, like we grew up together.”

“Yeah, I would fill it out.”

“Encourages talking, being open about it.”

“Hella boring; show more skin.”

In general the new materials served more as a girl-empowered tool to engage in conversation about sexual health with her partner.

Different Preferences for Different Materials

When asked which of the materials they preferred, responses varied. Some indicated that the She Says He Says quiz was their favorite. Others said this was more for people in a committed relationship, “You have to really know the guy.” “Our relationship is kinda new. This would freak him out...” They would not ask someone to fill out and talk about the She Says/He Says quiz unless they were in a boyfriend/girlfriend relationship. Those who preferred the educational card, Do You and Your Partner TALK about Sex? said they liked that it was short, had minimal writing and included a picture of a happy couple. “These questions are topic-starters; the most important questions are about birth control and being monogamous.” They also liked that it was suited for people who were no longer teens, those in a new relationship and those who were less comfortable talking about sex with a partner.

Some boys were less than enthusiastic and expressed concern about the possibility of negatively impacting the relationship, “You might have to answer these wrong in front of your girlfriend. Who needs this?” In general, however, most participants (especially girls) described the materials as a fun way to bring up topics that can be hard to discuss,

and to help get the conversation started. Some used the materials during an actual conversation while others used them as a guide, then put the information in their own words. “We do ask these questions to the females, but I would use my own words. She appreciates it.” When asked how the materials might be improved, respondents suggested: brighter colors, the message “Don’t start too early” and an answer key for the quiz *How Important is Your Sexual Health?* Male respondents were more critical and had more suggestions for changes including more visuals, flashy or sexual images and ethnic diversity.

Counselors and Educators Encouraged Partner Communication

During counseling at the clinic and in classroom educational sessions, teens were receptive to talking about the importance of partner communication and tips for talking with partners. For example, teens reported that counselors assessed their partner’s involvement by asking them questions like: “Do you have a good relationship? Are you happy with him? Does your partner encourage birth control?” Counselors also stressed the importance of confidentiality and autonomy regarding partner involvement. As one teen clinic counselor said, “I would encourage talking to the partner, but sometimes (women) prefer to handle it themselves, which is fine.” Clinic counselors and health educators continued to use the new materials after the project was over. They stressed the need to tailor materials and educational approaches to the specific needs of individual teens. The findings reinforce the need to consider differences among youth not only with respect to gender, age, ethnicity, language and class, but also differences in personality and assertiveness, comfort level with regard to talking about sex, length of time in a relationship and past history, and barriers to communication and healthy behaviors within each new relationship.

Discussion

Partner communication about sexual health, including whether to have sex and how to prevent STIs and unintended pregnancy, takes place within the context of a couple’s relationship, the couple dyad. For adolescents this occurs during a time when they are just becoming physically mature, experiencing increased sexual feelings, and assuming their gender roles as they relate to one another. Gender roles and expectations can significantly influence future sexual health outcomes, and gender relations are among some of the most powerful social determinants of health. In the interviews and FGDs for this project, both boys and girls expressed concern about how bringing up the topic of sexual health might be perceived by their partner, how this might impact their relationship and how they were viewed as a man or a woman. Gender roles and expectations in terms of concern about—appearing weak (for boys) or accusatory, being misinterpreted, being viewed in a negative way, or rejected—appeared to influence their motivation and ability to speak up about how to keep themselves and their partners healthy. The need and potential for addressing gender roles in adolescent sexual health programs, in a transformative way that supports both gender equity and health, is underscored by the results of this project.

In this study, many girls reported using the new materials as a trigger for conversation about sexual health and protective behaviors, and boys agreed to participate in the educational games/quizzes upon a girl's request, or her insistence that it was a fun thing to do. Use of the materials, as a girl-driven or girl-empowered approach to trigger conversation, was accepted and used by many. Implications of these results support the benefit and utility of using popular media and interactive games as a tool to challenge stereotypical gender roles that socialize women to be passive, without voicing their reproductive health needs. Often sexual health programs for youth use role plays to help teens identify possible scenarios and practice skills to enhance partner communication, assertive negotiation and risk-reduction behaviors. These and other approaches are designed to strengthen motivation, self-confidence and self-efficacy in a practice setting. The use of educational materials, like the interactive quizzes and games designed for this project, may also be incorporated into role play situations.

However, more importantly, the new materials exemplify teen-friendly tools that have the potential to be used during "real-life" couple interactions as a conversation-starter and couple-focused fun activity that is in-the-hand as a guide from a respected, neutral source. Effective sexual health programs are multi-faceted and specifically address knowledge, attitudes and skills that lead to healthy behaviors. Tools, like the new materials developed for this project, may be used alone or integrated into existing programs to enhance activities. While the materials for this project were developed specifically as a girl-driven tool to trigger partner communication, this technique may be adapted to other groups, such as parents. Studies have shown that teens who report higher levels of communication with their parents (on a variety of topics) are more likely to discuss family planning methods and STIs with their partners. The results of this project highlight the potential to also develop and test interactive, game-like materials that trigger and encourage conversation between teens and their parents.

Although the emphasis of this project was on partner communication, teen respondents shared significant misinformation and gaps regarding fertility awareness, how and when pregnancy occurs, family planning methods and prevention of STIs. As noted in other reports, teens in this project underestimated the risk of pregnancy and overestimated negative side effects of family planning methods. As a male focus group participant said, "(Birth control methods).. suck! She's gotta try another method. All have the blood clot thing." Or a girl at the teen clinic described, "My ex wouldn't let me be on anything. You're gonna get fat and moody," he said." Some girls also stated they believed they had low fertility. To help provide girls with accurate information project counselors and educators used CycleBeads, a set of color-coded beads representing the days of the menstrual cycle, as a visual and tactile tool for talking about and understanding fertility, the menstrual cycle and risk of pregnancy. The importance of addressing accurate information, along with partner communication and gender issues, are reinforced by the findings of this study.

Additional research is needed to determine whether the use of interactive tools for partner communication contribute to reducing risky behaviors and improving health

outcomes. Future studies on the use of simple, interactive tools to foster communication may have implications for other groups including parents, male partners and peers. Training health providers and educators to discuss partner communication, integrating tools like these new materials into youth programs, and including similar reproductive health-related quizzes in actual teen magazines, may help create a culture that is more open to talking about sexual health.

Study Strengths and Limitations

As part of a larger research study, this project benefited from significant formative research and an iterative materials development process that included youth at all stages. Post-intervention interviews and phone follow-up at the clinic, as well as focus groups in classroom settings helped assess the relevance of the new materials and their actual use by youth to trigger conversations about sexual health with a partner. This detailed process helped to inform the utility of these new materials as well as implications for future use and possible adaptation to other settings. Since the materials were primarily designed as girl-driven tools, more emphasis was placed on designing and testing the new materials with girls. Although the sample consisted of teens from a Tri-City area in northern California, and reflected the ethnic diversity of the community, results may not be generalizable due to small sample size. During the male FGDs there was teasing, swearing, and put-downs of fellow participants as they spoke, which may result in social desirability bias in the responses. Future projects may benefit by including more in-depth interviews with male adolescents, especially because of the sensitive nature of discussing topics regarding personal perspectives on sexual health in a group setting.

Conclusion

Our findings indicate that educational materials, designed in a quiz/game interactive format for teens, can be successfully used by youth as a tool to trigger conversation about sex and sexual health with a partner. Teen girls reported that they were able and willing to convince their male partners to interact with them, using the materials to talk about behaviors that reduce the risk of teen pregnancy and STIs. Our experience also suggests that partner oriented materials and approaches are relevant to young people, despite the sometimes fluid nature of their relationships. More research is needed to determine if interim steps toward increased partner communication, through the use of educational materials like these, contributes to improved health outcomes.

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