



Typical youth sexual health policy and program approaches

Rights-based participatory policy

Knowledge/life skills development → Abstaining

School-based sexual health education → Delaying sexual initiation

Peer education → Increasing condom use

Working with opinion formers → Reducing number of sexual partners

Youth-friendly sexual health clinics and services (for STI testing and condom distribution) → Increasing STI and HIV testing

Social marketing (websites, fact sheets, brochures, radio shows, billboard posters, social media, music festivals, safer sex branded items)

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Yet something is still not working

- Adolescents' unmet need for contraception nearly 70% in sub-Saharan Africa, South Central and Southeast Asia
- 95% of world's births to adolescents, of which 90% occur within marriage/union
- Girls <15 years account for a quarter of 7.3 million births under 18, a figure projected to double in next 17 years
- Risk of maternal death for mothers under 15 in low-middle income countries double that of older women

- Increases in STI notifications amongst 20-24 year olds
- Sexually active year 10-12 students report sometimes/never use of condom (52%), and young women (28%) and men (20%) report unwanted sex
- Social stigma of being treated for STIs in rural and remote areas
- Discriminatory attitudes relating to gender and youth sexuality, and limited access to services/advice especially in rural/remote areas

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SOURCE: UNFPA, IPPF, ACYS (2014), AIHW (2011), Hillier et al (2010), Hillier and Mitchell (2008)

Starting from everyday life:

Working from what young people know and do

- 1) analyse how social, cultural and moral norms influence young people's sexual health and sexuality
- 2) examine place of sex in young people's everyday relationships (with partners, peers, parents and other opinion formers)
- 3) working with young people to identify gaps in responses to sexual health and sexuality by education, health and other services
- 4) identifying young people's everyday strategies of sexual health risk assessment and risk reduction
- 5) working with young people, policy makers, practitioners and researchers to redesign approaches to sexual health program delivery and evaluation based on a better understanding of what young people already know and do

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Lack of contraceptive use among young people in rural Uganda (13-17 years)

- Conservative moral, social context
- Embarrassment/shame
- Secretive sex
- Lack of information
- Misinformation
- Lack of access to sexual health services
- Use of 'mythical' contraceptive strategies

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Sexual vulnerability amongst young (17-25 year old) Australians in rural and remote areas

- Conservative moral, social context
- Embarrassment/shame
- Lack of information about STIs
- Surprise about local STI rates
- Reputational threat
- Social distancing and exclusion
- Punishment for wrong doing
- Difficulty for girls to negotiate the terms of a relationship
- Lack of youth friendly STI testing

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Taking account of everyday social life:*Working from what young people know and do*

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Sexual health service and program gaps in rural Uganda (13-17 years)

- **Comprehensive sexuality education in schools?**
- **Youth-led condom distribution?**
- **Accessible condom dispensers?**
- **Youth friendly sexual health services?**
- **Teacher and health worker training in communication with young people?**
- **Safe spaces for young people to talk about sexuality?**
- **Intergenerational dialogue about youth sexuality?**

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Young people's everyday strategies of risk assessment and risk reduction - Uganda

- **Accessing condoms from the health centre at night**
- **Use of condoms**
- **Use of paracetamol and herbs prior to sex**
- **Safe days**

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Risk assessment and reduction - Australia*Senior et al (2014), Senior and Chenhal (2012), Mooney-Somers et al (2012)*

- **Carrying condoms**
- **STI testing before starting a new relationship**
- **Deliberately not having sex with people who are 'unknown' or from outside the local community**
- **Friends reporting back on cheating boyfriends**



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Conclusions

- In Australia, a current lack of youth involvement in program design heavily impedes the effectiveness of sexual health promotion work with young people (Newton *et al.* 2012)

- This research agenda hopes to improve on this by providing new evidence to improve policy and practice...
 - inverts the conventional logic of program design and delivery (from outside expert to young person)
 - programs and policies
 - evolve from and are centred on young people's own sexual and social practices
 - engage honestly with what young people may already do to prevent unwanted sexual health outcomes