RUNNING HEADER: ABORIGINAL YOUTH AND YOUTH AR RISK EVALUATION

Aboriginal Youth and Youth at Risk Evaluation: Focus Group Summary

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Introduction

Between the 17th of February and the 28th of March, 2011, five focus groups were held with at risk Winnipeg youth in order to ascertain their knowledge and beliefs concerning sexually transmitted infections, and sexual health services and programmes.

Forty (40) youth were recruited via several resources commonly utilized by youth in Winnipeg, including: Nine Circles Community Health Centre (NCCHC), Resource Assistance for Youth (RAY), Rainbow Resource Centre (RRC), and TERF New Directions. Focus groups were held at the recruiting sites; one (1) at RAY, one (1) at RRC, one (1) at TERF, and two (2) at NCCHC.

Recruitment occurred via posters, which invited youth to contact the evaluation leaders in order to reserve a space in one of the prearranged focus groups. Participant requirements included being a youth between the ages of fourteen (14) and twenty-four (24). An honorarium of $50.00CDN was distributed to participants in order thank them for their time and reimburse any travel costs they may have incurred.

At time of first contact during focus groups youth were welcomed, introduced to each other, taken through the focus group procedures and the informed consent process. Youth were informed that the focus groups were being recorded in order for later transcription, but that these recordings were to be destroyed after transcription had been completed. Participants were also reminded to be respectful of each other and to not discuss the focus groups outside of the forum provided. Each focus group lasted approximately an hour and a half (1.5 hours).

This document summarizes the discussions held around each of the basic seed questions designed by project leaders.

Discussion Summary

Introductory Questions

1. *Do you have everything you need for basic survival (food, water, shelter, and clothing, health care)? If not, what things are you lacking?*

   This was not a popular question with participants, especially with those who had never been engaged in street living or those who were younger. It was not desirable for anyone in the groups to discuss publicly what they may be lacking or may not have access to. When asked to reflect on the same question in a more general way, about *all youth* and less about *themselves*, participants were more open to discussing the topic.

   Some, mostly younger participants who likely had not been street involved, speculated that all youth had access to everything they needed for survival either directly or indirectly. They thought resources, specifically food and clothing, were indirectly accessible through organizations in the city. An example given in one groups was Siloam mission, which the participants felt was a good option to go try for clothing. Although the exact details about these resource acquisition processes were never fully

understood in this group, some youth fully believed that most resources were easily accessible through one organization or another.

Those who had been engaged in street life, or those who knew someone who had been, were more open to discussing this question. The majority of these participants indicated that Winnipeg youth were most likely lacking everything needed for basic survival. Most agreed with the idea that, although resources may be available for youth indirectly (through service organizations), there are serious access barriers at work. The barriers were perceived as having created shockingly negative living conditions for some youth in the city. Access issues included: A lack of information about what organizations actually exist in Winnipeg (especially to the uninitiated), what specific resources the organizations have to offer youth, and where they are located (many live in areas where there are no service providers). Another barrier included pride; participants felt that many youth, especially those new to "life on the streets" may be too proud to ask for help and try to go with resources.

Both groups of thought agreed on the issue of housing, where most believed that housing was something many youth were going without. One group discussed the presence of youth in schools that are jumping between family members' and friends' homes, and perhaps not labelling themselves as homeless. The thought being these "couch surfing" youth are too afraid to seek help for fear of being funnelled into Child Family Services or being forced back into a domestic arrangement with their parents. Both of those options, CFS and reuniting with parents, were perceived as extremely undesirable as they infringed upon the rights of the youth to make their own choice.

Several times this question began a discussion of what resources were available at what organizations, and what made specific service providers either good or bad. RAY was very popular among those who were utilizing it at the time of the focus groups. The location of RAY is desirable (close to most that use it), it is perceived as a comfortable, non-judgemental and encouraging space where youth feel safe. Participants said this was the case because the staff at RAY does not give up easily on youth like other organizations apparently do. Some service providers were perceived as having negatively treated many youth, where even one infraction of the rules was unforgiveable. At RAY however, youth often get multiple chances. Participants also mentioned that every time a youth walks into RAY the staff tries to help them in every way possible, no exceptions.

Other things that participants thought made good service providers included: internet access/computers (often times youth go to service providers just to use the computers), having a variety of resources available, and access to career/job services (YES was mentioned).

2. *What are the main challenges youth are facing in your community today?*

All five focus groups were quick to mention drugs as something that is a challenge to youth in Winnipeg. Drugs are very easily accessible and some participants remarked at how easily they could acquire any drug they wanted at any time at any place. Some of the participants related stories of actually being offered drugs on their way to the service provider (for the Youth at Risk Evaluation) on the day of the focus groups.

The streets were also mentioned as a challenge to youth. The streets were referred to as a "playground" where there is ample opportunity for youth to get whatever they want quickly. Participants mentioned that there are many youth currently engaged in the street and there is a lack of people to help them. Some participants who are, or had been, street involved expressed how they often feel that they are deliberately held down in life by the very service providers who are supposed to be helping them. They feel that these providers have a lack of empathy for youth, are discriminatory toward youth, and they do not believe in second chances. As a result, youth remain on the streets.

Gangs were discussed a great deal as well in response to this question. When asked to clarify why gangs were such a big problem in Winnipeg participants expressed that many youth are led into gangs against their will. Many youth are apparently dragged into gangs, or beat into gangs (particularly youth women), when they really do not want to be involved. When asked if this happens often one focus group unanimously agreed.

Sex was mentioned as a challenge by several participants. When asked why sex was an issue, participants explained that youth may not know what safe sex practices are or may not wish to use them. It was expressed that many youth have a great apathy towards the issue of safe sex and sexual health, which participants recognised as being a risk for sexually transmitted infection.

Other challenges facing youth that the participants mentioned were: Life in general (everything), finding money for school, knowing which classes to enrol in to meet some entry criteria for postsecondary education, the uncertainty of the future (with regards to a job/career), money in general, homelessness, and personal hygiene when living on the street (not knowing where to go for that).

3. *What are the health concerns young people are facing in your community?*

Most of the participants felt that youth do not have any health concerns. When asked what health concerns they have heard others discussing some participants explained that youth do not, as a general rule, discuss their health matters with anyone. They also do not discuss ways of staying healthy or healthy life choices.

Some believed that sexually transmitted infections were the only health concern of Winnipeg youth.

Two participants discussed nutrition. They explained that some youth eat very well, but that the vast majority make poor nutritional choices because they would rather eat that type of food, as opposed to healthy alternatives.

Other participants mentioned, but did not wish to elaborate on the following health concerns: personal hygiene, hepatitis (for those who use injection drugs), mental health, mononucleosis, herpes, and cold sores (looking for them before kissing someone).

4. *When you hear about sexually transmitted infections and HIV, what comes to mind?*

Usually amid laughter participants reacted to this question with sounds of disgust such as: ew, gross, blah, scary, or some expletive. Some participants believed that only those who were dirty, "down there," and who did not take care of themselves were susceptible. To many participants people were considered physically dirty of they had been infected with a sexually transmitted infection.

A few of the participants acknowledged that infection with sexually transmitted infections was possible without any symptoms. However, a few did mention a burning sensation in the genital area as a symptom. One participant knew that symptoms can at times vary between patients and that symptoms can often be mistaken for other health issues.

Many believed that a diagnosis with HIV meant immediate end of life. One participant acknowledged that with modern drug therapies people living with HIV were able to lead long and relatively healthy lives.

After the initial reaction, this question mostly became a word association exercise with participants mentioning the names of some sexually transmitted infections. The infections listed were: The clap, herpes, chlamydia, gonorrhoea, AIDS, HIV, hepatitis, syphilis, and HPV. Crabs (pubic lice) were also mentioned.

In one focus group a participant asked the difference between a sexually transmitted disease and a sexually transmitted infection.

There was also confusion about modes of transmission. Some believed that sexually transmitted infections could be acquired via toilet seat, while others believed this was incorrect.

In one focus group the youth actively engaged a public health nurse, who was present taking notes, about specific sexual health information. Clearly there is a desire, and a need, for sexual health information by youth.

5. *Are sexually transmitted infections and HIV something you have thought about? Please explain.*

Most participants had at some point thought about sexually transmitted infections, although a few said it rarely crossed their minds if at all.

When asked in what context sexually transmitted infection had come up some indicated that seeing a sexual health poster was often a trigger. Others discussed using Google to search out information online. The internet has become relied upon increasingly for information that isn't necessarily included in high school sexual health class, such as safe sex practices for same sex couples. Participants, for the most part, were aware that not all information on the internet was reliable or up to date; however, they were not always sure how to critique websites.

When confronted with the issue of sexually transmitted infection many said they often find themselves thinking, "that will never be me," or "I hope that is never me." This is apparently a very common sentiment among many youth.

Some discussed getting tested for blood borne diseases while in custody, especially after getting into violent altercations. Most believed that this service was not freely offered, or automatically done, but had to be requested by the inmate. One participant said they had been offered testing while in custody. As a result of their incarceration one participant now boasts getting tested every six months.

Other participants said it was also important to get checked if one was a sex trade worker.

Many indicated that they had heard of someone, or knew someone, that had had a sexually transmitted infection.

6. *What do you think is the general knowledge about sexual health, HIV/STIs among youth in your circle of friends or people you know in Winnipeg? (e.g., importance of the issue, perceptions/talks in the community, etc.)*

Most youth thought that their friends are fairly well informed when it comes to sexually transmitted infections and sexual health, but no one thought their friends knew everything. Others felt their friends were not well informed at all. It was evident that information is disseminated throughout participants' social circles, but it is difficult for them to gauge if that information is accurate. For example, in one group it was believed that it is fairly easy to get pregnant from a toilet seat. Others thought that HIV was transmittable via sharing items with blood or saliva on them. Therefore, youth are talking about sexual health, but the information they are sharing is not always true. Participants said they mostly discuss symptoms and who has perhaps had a sexually transmitted infection. Rarely do youth talk about where to get tested.

Participants discussed how little they knew about modes of transmission, but they were interested in this topic.

When asked where they might go to verify information most suggested an initial search via Google, or talking to a physician or nurse at a service provider.

Most participants believed that sexual health is a very important topic to youth. They agreed that there is still a need for sexual health education.

Participants speculated that those who don't talk about sexual health are uncomfortable with, or scared of, the issue so they choose to ignore it.

When asked what could be done to make the issue less taboo with youth, several participants suggested making the topic more mainstream. One idea suggested was to put graphic pictures of the effects of sexually transmitted infections on condom wrappers; the same way cigarette packages feature graphic pictures of the effects of smoking. Others were much less keen to this idea. Others suggested starting sexual health education at a much younger age and continuing that education every year of school/high school.

7. *Thinking of yourself, your friends and youth like you, what are the things that help youth to protect themselves from a STI or HIV? (e.g., information, education, access to testing, free medication, access to condoms, type of relationships/having sex for money/protection/survival, supports, etc.)*

Easy access to, and use of, condoms was cited by all five focus groups as a protective measure against sexually transmitted infection. All youth were aware of male and female condoms and other barrier methods such as dental dams.

Information is very important to youth. Youth discussed the lack of information coming out of sexual education classes (little information about HIV or anything other than heterosexual safe sex practices). However, several mentioned well put together books for youth about sexual health and drugs (long term and short term effects). One book, called 'back to reality' was very well liked. There was a desire for more of this type of printed material.

Youth also acknowledged that distributing information is half the battle. For many youth having the right information still does not mean they will act to protect themselves.

Posters were discussed as a source of information, however not a single participant said they followed the linking information contained within them (websites, phone lines).

Pamphlets are sometimes read, although they are not the most desirable form of dissemination with youth. Although they are widely accessible, many find pamphlets to be boring, containing too much information, and including vocabulary that is not easily understood.

Doctors were noted as a reliable source of information, but no one had actually gone to a doctor to specifically ask about sexual health information.

Nurses (those affiliated with a school or with a service provider) were often mentioned as a favourite source of information. These nurses are usually well known in the youth community, and are trusted because they have proven to handle the subject matter delicately (privately) with patients.

Easy access to testing, that is geographically close to where youth live or go to school, was important to participants. Several youth talked about high school affiliated health clinics and much excitement erupted in the focus groups around these. These clinics are situated right in the school (easy to access) and have a privacy policy heavily geared towards youth. Youth find these school affiliated clinics desirable because they do not contact parents unless given permission to do so. In fact, clients are allowed to use friends as emergency contacts and special covert arrangements are made in case a phone call has to be made. As well, anyone can attend these clinics for any health issue, so peers are unaware of why people are attending the clinic. One participant relayed a story about a friend who actually went to get tested with a partner. This couple shared results before they engaged in any sexual contact. No parents were involved at any time.

Free medication was desirable to youth, yet there was some confusion among the groups over who got free medication and who had to pay for it. This was recognized as a possible barrier for youth considering treatment.

Type of relationship was discussed as a preventative method. Many participants believed that simply knowing one's sexual partner well, and being faithful, meant that sexually transmitted infection could be avoided. Others thought this strategy was not ideal adding that no one can ever be sure their partners have always been faithful to them. Several groups mentioned abstinence as a protection strategy; however it was not recognized as a very practical one.

8. *Now, what do you think prevents youth from protecting themselves from a STI or HIV? (e.g., information, education, access to testing, free medication, access to condoms, type of relationships, supports, etc.)*

Every focus group brought up the issue of condoms. Everyone seemed to agree that condoms are a good method of protection, but they also agreed that not everyone uses them. Some participants mentioned that youth may have a fear of going to buy condoms (or pick up free ones). As a result many use the 'pull out method' in order to protect themselves from pregnancy and sexually transmitted infection. Youth are often not aware where to access free condoms and many mentioned that in the 'heat of the moment' condoms are often forgotten or deliberately avoided. Everyone agreed that this situation is often exacerbated by intoxication with alcohol and/or drugs. All participants agreed that when intoxicated one's inhibitions are dropped and that leads to not caring about condoms or any safe sex practice. As well, many agreed that condoms were undesirable as they decrease then sensation felt during intercourse. One youth suggested putting free condom dispensers in high school washrooms.

Shame and embarrassment were cited by all of the focus groups as a barrier to youth protecting themselves from sexually transmitted infections. Many youth are just too embarrassed to go into a clinic, or even to ask, for this type of testing. There is a fear of going into clinics. Some participants thought that fear was actually perpetuated by several television commercials that they felt created trepidation about the topic.

There is a lack of clinics which are open locally that youth can go into whenever they want to. Many areas of the city do not have clinics. Often youth do not go for health care because of the transportation issues or wait times. Finances are also a barrier to access clinics. Some participants believe that youth may forgo testing as they automatically assume there is going to be some cost associated with it, or the medication.

The type of relationship was also cited as a barrier to preventing sexually transmitted infections. It was acknowledged that the best strategy would be to get tested before any sexual contact. However it was also decided that this isn't the best strategy as often sexual partners "hook up" randomly, at parties. People are not always expecting to engage in sexual contact, so it is hard to prepare in that respect. In this type of situation testing before sexual contact is obviously not practical.

There is great social pressure, for youth to engage in sex, that participants perceived as coming from peers and the media (television, music, games, the internet, social media). Participants believed that this pressure means youth are increasingly engaging in sexual debut at earlier ages. Participants recognized that this could mean greater risk of sexual health issues, as these youth may have not had any information given to them about

safe sex practices, violence, drugs or alcohol prior to sexual debut. Every participant agreed with the idea that sexual health information should begin at much younger ages and it should be taught in every year of school following. It was mentioned that getting youth to talk about sex earlier and on a more regular basis may make the topic less taboo.

Participants discussed how people who wish to engage in sexual activities will often say anything for those activities to occur. As such, simply asking someone if they had had a sexually transmitted infection before is not a sound protection strategy. After this discussion a question arose about the legal matters surrounding HIV and disclosure. Participants believe it is illegal to knowingly put someone at risk of HIV, citing several high profile cases in the Canadian media.

A lack of information about sexually transmitted infections, their symptoms, modes of transmission and where to get testing done, were listed as barriers by all focus groups. Youth fully recognized that much of their information about sexual health does come from friends, and that this information is often flawed. Many felt that the information given in school was solely based upon heterosexual practices despite the fact different people engage in different types of sex. Most commonly though, participants discussed how often the message coming from school was just to not have sex. They felt that what the educational system does is try to dissuade them from having sex. Participants said that this was a useless approach as youth are going to engage in sexual contact regardless of what adults say. What they want is access to more information on how to have sex (all different kinds of sex) safely.

Participants mentioned the pervasive belief that sexually transmitted infection will, "never happen to me." Everyone agreed that this is the fundamental barrier to sexual health. This is true despite the fact that many realize the chances of contracting a sexually transmitted infection are probably pretty good if the right precautions are not taken.

Youth mentioned having friends who were involved in survival sex. They believed that making money and supports available for those youth would mean they would not need to rely on high risk behaviours for survival. Participants discussed that those who are relying on survival sex often have unprotected sex with their clients. Unprotected sex is valued more and the worker gets more payment for it. They recognized that this unsafe practice was life threatening and all agreed more supports for sex trade workers were needed.

A few youth mentioned parents and guardians, especially religious parents, as barriers to sexual health information and resources. Many felt that parents' messages were simply not to have sex. Others felt that their parents held rights to their sexual health, and not themselves. Several youth mentioned that one or both of their parents did not know that they were accessing services which provided sexual health information. One participant shared a story about how her parents put her on contraceptive pills when she did not want to be; they had taken that choice from her and had not given her any other information about safe sex practices. Participants suggested educating parents as well as children about sexual health because both groups seemed equally in the dark about youth sexual health issues.

9. *Probes: What do you feel are some of the conditions in your community that put youth at risk for getting a STI or HIV? What kinds of things in your community do you think affects youth's ability to protect themselves from STI or HIV? What are some risks that youth might take that you think might increase their chances of getting a STI or HIV?*

   Homelessness, gangs, and drug dealing were mentioned by the focus groups as being conditions that put youth at higher risk of infection. Carelessness and the, "I am invincible," attitude was also an issue brought up by every group.

   A large part of the Winnipeg youth culture involves 'partying' where drugs, alcohol, and sex are pervasive. Many believed that this combination is a perfect storm for the spread of sexually transmitted infection. All participants expressed at how popular this practice is.

Access to Sexual Health Services

1. *If you had a health problem, what would you do first? Would you have a doctor to go to? Who else would you see?*

   Physicians were always the first point of contact mentioned by focus group participants. The vast majority of participants indicated that they do not have family physicians; rather they utilize walk in clinics or the nurses at their service providers. One participant had never been to see a physician in their lifetime for any health issue. This person had only ever seen a nurse at a service provider.

   It was expressed by several of the female focus group members that ideally, they would like to have access to a female physician for sexual health services. This was desirable because they feel this arrangement would automatically mean that the health care professional had intimate knowledge of the patient's situation, and testing would be less awkward. Rarely though did participants have the choice of a female physician, especially if seeking care at a walk in clinic or emergency room. Some said they were given the choice of waiting several hours for a female physician to arrive and they gladly took it.

   A few mentioned consulting with a non medical person first, usually a family member or friend, to weight health care options. A few said they would to talk to their parents about the issue first. This was a most undesirable option with most of the participants. Many mentioned that they would talk to a friend about the issue first, and then make a decision about what to do. This friend may be a peer, or also a trusted worker at a service provider with whom they feel comfortable talking with.

   Many youth actually do not seek care for sexual health issues. Many times participants used a wait and see strategy which involved simply waiting for the issue to clear itself up.

   One participant mentioned going to NCCHC and Klinic for testing. Others mentioned hospitals (Health Sciences Centre or Mount Carmel) for testing services.

2. *What kinds of services would you call 'sexual health services'? What type of sexual health services do you seek out? Where might you be able to get these services? How would you go about accessing the sexual and reproductive health services?*

Participants discussed getting tested for sexually transmitted infections as part of 'sexual health services'. Participants were, for the most part, unsure how testing occurred. They were cognizant of the fact that a sample of some sort was taken (urine, blood or swab), and that a positive test meant medications were given. Beyond that the details surrounding testing were unclear. Some were aware that education was often part of the testing process (before and after testing).

Everyone agreed that free condom distribution was also included in those services.

Others relayed stories of friends who had been for testing, or who had been contacted by public health nurses who were performing contact tracing.

Again, participants listed service providers that they felt have sexual health services, these included: NCCHC, Four Rivers health Clinic, Klinic, RAY, 'the hospital', Street Connections (seen by many as an outstanding service), Women's Health Clinic, and school affiliated clinics. School affiliated clinics were seen as an option for youth that made perfect sense. These clinics are popular mainly due to the fact that they are non-judgemental, easy to access, and have a heavy focus upon privacy.

It was discussed that many providers, but not physicians, often link youth with other services. Participants felt this was a very important part of what makes youth services excellent.

3. *If a friend of yours needed to access sexual reproductive health services, what advice would you give them?*

Most participants said they would tell their friend(s) to see a physician or a nurse for sexual health services. Some felt they would actually direct them to NCCHC for this service; although few knew the hours for drop in testing at NCCHC. Some said they would go as far as giving their friend(s) directions to sexual health service providers.

Many felt it was important to accompany their friend(s) to testing in order support them. To youth the process is often frightening, embarrassing, and lengthy. Having to wait a long time for the testing and then for results creates apprehension in youth. Many feel that supporting friend in that situation is seen as the right thing to do.

4. *What is good (positive) about the sexual health services that you or your friends have used?*

Many participants said they had not heard of any good experiences with sexual health services in Winnipeg. Many however, felt that the nurses at their service provider (particularly those at TERF and RAY) were excellent sexual health service providers.

The experience at Women's Health Clinic was seen as superior by some of the female participants. This was mostly due to the fact that the staff is all female.

5. *What was bad (negative) about the sexual health services that you or your friends have used?*

One participant recalled a story about feeling stalked by the WRHA public health nurses from NCCHC. This participant was being cooperative with the nurses' efforts yet they still were perceived as being rude and overly persistent. The participant said that some friends of theirs had similar stories about the same nurses.

Another participant had a negative experience at Youville. They had gone in to get condoms and were confronted with a nurse who was set on educating them at the same time. The youth already knew what the nurse was saying; they were just trying to get in and out quickly with some free condoms.

Kids help phone was mentioned as an option, albeit not a very popular one. Some youth have had negative experiences in calling them. The story is the same with Telehealth, which requires personal information be taken when called.

One of the most pervasive problems with sexual service providers is wait times. Participants in every focus group said that they had, at some point, had a negative wait time experience in their medical history (particularly in emergency rooms). As well, the triage system at emergency rooms isn't well understood by youth so the order of patients seen doesn't always make sense to them. Many claim to have actually left health service providers without getting the medical attention they required. Often times they would try again in the future, try another provider, or just wait until the problem went away on its own.

Some negative experiences participants had heard about had to do with painful testing practices, particularly men having to have a swab inserted into their penis. Many men believe that this painful swabbing procedure is the only testing procedure for sexually transmitted infection, and as a result, they avoid getting tested.

Other negative experiences related to the judgemental behaviour seen at many of the sexual health service providers in Winnipeg. Many youth feel judged by the staff right from first contact. They feel as if the staff is aloof and that they are apprehensive to touch them, particularly if someone had been street involved for awhile. Many view physicians as particularly cold with youth. Some believed that it is related to how physicians are paid, suspecting it was per prescription.

Participants voiced their concerns over the length of medical visits, saying that 15 minutes often isn't enough time to explain everything to the physician.

Other youth mentioned the zero tolerance for cell phones in medical offices, where if your cell phone goes off you are asked to leave. Many found this rule intolerable.

Nurses are seen as more helpful than physicians because they often relay much more information to the patient regarding sexually transmitted infections and testing.

One of the largest discussions was around the non existence of privacy in formal health care settings. Many patients, while sitting in the waiting room, can often hear desk staff telephoning patients, saying their full names and test results. This was a very large concern for participants. They questioned the legality of this procedure. Many think that

desk staff are often untrained professionals who may talk about confidential patient information outside of the clinical setting. As well, in waiting rooms, especially emergency rooms, the triage staff is very loud and many patients feel extremely uncomfortable talking with them. Many of those sitting in the waiting room often know why everyone else is there. Participants found these practices to be extremely disrespectful.

6. *Overall, are there any sexual health services or programs that you feel are needed but are not available? What type of services do you feel would meet your needs best? Is there a particular location you feel these services would be best offered at?*

Participants feel there is a need for a comfortable main health resource just for youth, where privacy was truly honoured. This youth clinic would have to cover all health issues that way people do not have to know why others are there. This clinic would have to accept patients without health cards. Many youth engaged in the streets have no identification of any kind, and often are turned away from heath providers due to a lack of health card. This had happened to several of the participants, including one that was in severe respiratory distress.

This youth based health service would do best if there were some incentive for youth to get tested for sexually transmitted infections. Many of the youth mentioned they were regularly getting tested as part of a study that was running at the time of this evaluation. They were getting paid for samples, and feel that they would not go in for testing otherwise.

Some also thought it would be a good idea to have an anonymous telephone line for youth to call about any health issue. Online services were also suggested. Youth like the idea of online services mostly because they are anonymous.

Some felt that some sort of parenthood services were required for those who have already had their children. There are services for those who are expecting, but nothing for them afterwards.

When asked if automatic screening for sexually transmitted diseases was desirable youth responded negatively. This was mostly because many of them do not have a regular physician that they see.

Most participants felt that sexual health services would be best offered from core areas, or downtown. Wolsey, the north end, and west end were mentioned as possible areas that would be accessible to many at risk youth. Generally speaking, participants felt there should be more clinics in more areas of Winnipeg. A very popular model was that of the school affiliated clinic. The current school affiliated clinics (for example, the clinic at Elmwood high school) accept youth that do not attend that particular school, are only open on certain days, advertise their hours well, and accept youth for any number of health issues (so no one knows why patients are attending the clinic). This clinic has a privacy model that is acceptable to youth, where parents are only involved if the patient requests that they are. Friends can be used as emergency contacts.

Some participants also felt that there should be a forum or space where youth can get information about different types of sex, not just straight sex.

Access to STI/HIV Services for Youth

Testing

1. *What is happening about testing for STIs and HIV in Winnipeg? Where do you/youth go for testing in Winnipeg? Please describe.*

   Many youth had no knowledge of any specific testing services or programmes. Many youth did not even know that NCCHC existed before the focus groups. Others knew that testing was available, and a few even knew where to go for it, but they did not know anything beyond that. Places youth had attended for testing included: Klinic, NCCHC, Mount Carmel Hospital, Street Connections Vans, RAY, and TERF.

   Many had seen the current, "pee in a cup" campaign, and found the posters amusing; however, few knew exactly what the posters were about. Again, the posters are eye catching but few stopped to absorb any of the information they contained. When asked if anyone had every gone for testing as a result of reading a sexual health poster the answer was unanimously, 'no.' When asked if they had followed the linking information on the posters (website or telephone numbers) the answer was again, 'no.' A few indicated that they had Googled sexual health poster content before in order to research things themselves.

   When asked if anyone had ever seen the "take a pee win a wii" campaign no one had, however they were all very keen on the idea of being able to win something from having a test done.

2. *Where do you get information about places that test for sexually transmitted and blood borne infections?*

   Youth reported getting this information from word of mouth (from peers), from other service organizations, posters, Google, SERC, and from the current evaluation focus groups.

3. *How does testing happen? Who tests? What additional information you get?*

   Many of the youth did not know how testing occurs. Those who did explained that after making an appointment and walking into the clinic it is required to check in at the desk. Then there is usually some time spent in the waiting room, followed by waiting for the physician/nurse in the examination room. Samples are then taken, tested by a laboratory, and results are given. The time between testing and results can be variable. Some also mentioned that additional information is often, but not always, given to youth before and after testing.

   Testing procedures known included giving a urine sample, having a pap smear, giving blood, and swabbing.

4. *What do you think about point of care testing?*

   None of the participants knew what 'point of care testing' was.

5. *If you could get tested anywhere for sexually transmitted and blood borne infections, where would you like to be tested (including places that do not do testing now)?*

   Beyond what was already discussed, youth indicated that it would be convenient to get tested downtown, or at the nearest walk in clinic. Some also indicated that it would be most comfortable to get tested by the nurses at service providers because they already knew them.

   For testing to be optimal participants decided it would have to be quick, anonymous painless, truly private, in a comfortable, non-judgemental place near where youth live or attend school.

Health Promotion and Education

1. *What is happening in terms of education in the area of sexual health and HIV/STIs for youth in Winnipeg?*

   Again, the "pee in a cup" campaign was referred to, and a few had seen sexual health commercials on television relating to HPV vaccinations.

   Sexual education in school is seen by youth as something very dysfunctional. They are able to pick up on the fact that many classes are taught by persons who have no professional background in the subject matter.

2. *Do you know of any programs or services available to youth? Please describe for us.*

   Participants listed the following as service providers that cater directly to youth: TERF, Ndinawae, NCCHC, Mamawae, youth clinic hours at Four Rivers (which is LGBT friendly), Klinic, and teen clinic.

3. *How do you get information on sexual health/HIV/STIs? (e.g., where do you find it? What is helpful? Examples?)*

   Information most often comes from friends or from first hand sexual experience. None of the participants considered their parents or guardians a go to source for sexual health information.

   Many received some form of sexual education from the school setting. Many youth skipped this class, or were not allowed by their patents to attend. Although parents

signed forms for their children not to be included in the sexual education class, their children still spoke to friends afterwards and were often misinformed about many things.

School based sexual education is viewed, 'as a joke,' by many youth were the instructors were unprepared and uninformed physical education teachers, home room teachers, or counsellors. Students were not always comfortable asking these instructors questions and the instructors were never perceived as being able to answer any questions. Many of the participants felt that schools simply tell them what sex is and how it's done, but they don't tell them how to do it safely. In fact, one participant said that their school was not allowed to distribute condoms to the youth. One youth aptly stated it is, "kinda scary when you think about it...we don't really know what we can do to our bodies...until it's too late."

In one instance a participant said that their school made the sexual education class mandatory and that teachers actively hunted down missing students to make sure they got the information. This one participant also said that both male and female condoms were handed out to students.

Pamphlets are not popular with youth and are seen as boring, containing difficult vocabulary and too much to read. Youth only pick up pamphlets if they are worried about a particular issue, otherwise they are passed by. Several youth pointed out that pamphlets are exclusionary to those who cannot read.

The internet, and specifically Google, is a very common source of information for youth. Some were aware of the fact that most websites should be viewed cautiously as they are not always written by credible sources. Some mentioned Wikipedia and that checking multiple sites is usually a good strategy. The Klinic and Youville websites were praised by youth for existing, but they agreed that their layouts could be confusing.

4. *If you were given the choice, how would you like to get information on sexual health/HIV/STI?*

Public health nurses are trusted and many felt they would be a good source of information for youth. (Caution: this question was asked in a focus group by a nurse and the group knew she was a nurse).

Physicians were also mentioned, but were less of an attractive information source for most participants.

Some youth thought that the information would be best coming from people who have experienced it, from peers. This idea was popular. Younger youth felt this peer should be a female for females and male for males. Others thought the gender of the messenger really didn't matter.

Other felt that sexual health information should be given in schools of service providers, in a public forum like a focus group. One participant suggested having to do a project about a sexually transmitted infection for school, but not everyone was excited about that idea.

Another popular idea was an anonymous, easy to remember website that was easily navigated. This website could contain information about all health issues for youth, safety/violence, drugs and alcohol. The information would be best received if delivered in easy to understand vocabulary and if each description began with a summary of major points in bullet form. Facebook was also mentioned as a good place to advertise sexual health information.

5. *What are the gaps in sexual health/HIV/STIs education for youth in Winnipeg?*

Youth kept pointing out the complete lack of sexual health information for those not engaging in straight sex. They also questioned how up to date schools were on sexual health issues. Several participants mentioned that their schools avoided the topic of HIV/AIDS with students.

There is also a need for a clinic that caters to youth between the ages of 18 and 24. Most youth service organizations only accept youth 18 and under, yet those who are only slightly older than that (early 20's) perhaps do not feel comfortable transitioning to another clinic.

6. *What kind of information or topics would be the most important for youth? Probes: What kind of information do you think youth need to know about STI or HIV?*

Basically participants said that youth need all information about everything.

With regards to sexually transmitted infections participants wanted to know the different infections, their symptoms and the consequences of not getting treated. They also wanted to know where to go for testing, and when.

Drug information was also suggested as an important topic for youth. Participants wanted to know the long and short term effects of use and where to go for help.

Also mentioned by the focus groups was information on violence, pregnancy, relationships, tattooing, and where to go for help with any of these issues.

7. *If you were to come up with a message for a poster or a radio/TV clip about STIs or HIV for youth, what would you say? Tell me what type of message/information you would want youth to be told...how you would get your message across...how often...*

The following were suggested as messages for a sexual health campaign:

"Open your eyes to STIs"

"Play safe and have fun"

"Don't be silly wrap your willy"

Participants also suggested that poster design could include like a quick fact or fiction; something quick and flashy that would lure people into looking at them. They also suggested shortening messages and putting them right in the posters.