

## Sexual Behavior Profiles Dutch HIV positive youths preferences about sexuality

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## Safe sex and youth

- Worldwide 2.6 million children under 15 live with HIV
- In the Netherlands these are about 180 children, mostly infected through Mother to Child Transmission, 95% have parents of non-Dutch origin
- HIV positive children grow up to be teens and adults due to combination of anti retroviral therapy (c – ART)
- Apart from usual teen challenges, HIV infected teens carry an extra burden.

## Safe sex and youth

- ... with re... x is part
- ... (Battles 2... and face
- ... keep the i... and face
- ... they ge... practise
- ... with HIV... practise
- ... safe sex, but not all succeed (Elford 2007, Dave 2006, St... 998)
- ... an easy... ut
- ... it??



## Stigma

- Although recognized as chronic illness....
- Stigma and discrimination (Stutterheim et.al. 2008)
- Still a lot of Myths
- One does not talk about sexuality



*"It's not aids, but it's witches, evil spirits and mysterious poisonings"*


## Aim of this study


- Little is known about what HIV positive youth think about sexual behavior and practicing safe sex
- Aim: To assess HIV positive adolescents attitudes towards sexual behavior and specifically safe sex and identify sizable and meaningful sub-groups sharing common attitudes and viewpoints
- In order to develop tailored strategies to enhance positive sexual behavior.

## Q-Methodology

- Q-methodology was used to identify profiles of HIV positive adolescents sharing common attitudes and viewpoints.
- Typically, respondents rank-order a sample of statements about the topic, from their individual point of view
- The individual rankings are then correlated and factor analysed in order to reveal similarities in viewpoint.



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 **A: Responsible and Optimistic**

*"Very stupid to have sex without a condom. People who make love without condom are not ready to have sex"*

*"In puberty you worry about everything, that is my experience. I have learned that everything is going to be alright, so I'm not stressed about it anymore..."*

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 **B: Closed and Influenced by Culture & Religion**

*"If I am married I would like to have sex, but I want to make sure that my wife doesn't get HIV"*

*"...If I pray, I get the feeling that God listens to me and helps me"*

*"I am a Christian; I am not allowed to have sex (before marriage)"*

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 **C: "Open" & Sociable**


About disclosing their diagnosis to good friends:

*"I trust my best friends"*

About meeting hiv+ peers:

*"Then I know for sure that I am not alone..."*

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 **D: Responsible & Anxious**


*"They (friends) don't know about my hiv, I am afraid that they will act weird"*

About girls that carry condoms:

*"...not because she's a slut, but because she wants to protect herself"*

*"I do think a lot, about why things are so difficult..."*

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 **E: Happy & Religious**

*"According to my faith sex is something beautiful and it is meant to share with my partner in marriage..."*

*"I am happy with myself. I don't have to think about if I like myself"*

SBP	Attention	Interventions
Responsible & optimistic	<ul style="list-style-type: none"> <li>•Difficulties with disclosure</li> <li>•Unprotected sex</li> </ul>	<ul style="list-style-type: none"> <li>•Practice in role play, during clinic or peer group activities. Use of website to check partner's knowledge and response on HIV</li> </ul>
Closed & influenced by religion	<ul style="list-style-type: none"> <li>•Does not bring up the subject</li> <li>•Slide aversion against condoms</li> <li>•Less likely to join peer group activities</li> </ul>	<ul style="list-style-type: none"> <li>•Frequently bring up the matter to get experience in discussing sex.</li> <li>•Education during clinic hours</li> <li>•Support parents in giving education (ideally before puberty)</li> </ul>
Open & sociable	<ul style="list-style-type: none"> <li>•Say that they can say no, but peer pressure can be a problem</li> </ul>	<ul style="list-style-type: none"> <li>•Role play: e.g. buying condoms or negotiating with reluctant partners, during clinic hours or peer group activities</li> </ul>
Responsible & Anxious	<ul style="list-style-type: none"> <li>•Have lower self-esteem</li> <li>•Positive attitude towards condom use</li> </ul>	<ul style="list-style-type: none"> <li>•Positive reinforcement to gain confidence</li> <li>•Work on disclosure</li> </ul>
Happy & Religious	<ul style="list-style-type: none"> <li>•Wait for a steady partner/ marriage</li> </ul>	<ul style="list-style-type: none"> <li>•Develop strategies how to wait, abstinence programs do not always work.</li> </ul>

## Remarks

- Q-methodology is a small sample method
- It gives insight into existing views or attitudes on a topic
- But it is not suited to provide information on prevalence and associations with respondent characteristics
- Although P-set is small, due to small population almost all eligible youth were included
- Youth and nurses enjoyed the method and it made talking about sexuality more easy and play full
- Sexuality is an individual journey, there is no 'one advice fits all'.

## What's Next?

- Use Sexual behavior profiles as an instrument for discussion by scoring fit to profile on five point likert scale
- Further research into applicability of the profiles
- Implementation of self-efficacy measurement tool to asses if youth actually can act on their intentions to have safe sex
- Research parents role

## With thanks to....

- All **teenagers** and their parents
- HIV team Sophia
- Colleagues of all pediatric HIV treatment centres in the Netherlands
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## For more information...

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## Questions?

