



Beyond the SHAG

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AIM

Look at:

1. Risk and resilience in young people
2. Sexual and non sexual antecedents for young people
3. How to put this into your practice



Some Key Points

Sexual activity for young people is often emotionally based and depends on their cognitive development.

Young people say that they 'like talking to doctors and nurses who look at them as a person and all that is happening in their lives - giving holistic care'.

This means not just talking about chlamydia , gonorrhoea and contraception BUT about how their day is and what their stories are.

Some Positive Youth Development Stuff to think about:

Look at young people as resources to be developed rather than problems to be solved (Bernatt, et al)

Accumulation of risks appear to be more influential than any single risk (Brooks, et al). This is especially true with young people and sexual behavioural risk; often one of many risks they may have in their lives.



What do young people need?



1. People who are CRAZY about them
 2. Contributions & opportunities to contribute
 3. Activities - useful skills based with other pro-social people
 4. Places - safe to be and to do useful things
- (BLUM PCAP Model)

Risk and Protective Factors

- * Risk factors are elements or experiences in an adolescent's life that increase the likelihood of negative outcomes.
- * Protective factors and resilience are the processes of overcoming the negative effects of risk exposure and coping successfully with traumatic or negative experiences



Lets look at some....

Protective Factors

- * Effective parenting and connections to adults
- * Talent or accomplishments valued by others
- * Self efficacy, self worth and hopefulness
- * Socioeconomic advantage
- * School and community assets
- * Fortuitous circumstances



Risk Factors

- * Unhealthy or no connection to parents or adults
- * No connections to school or community
- * Parental ill health
- * Economic hardship
- * Teen parenting/sexual activity at a young age
- * Substance use/abuse
- * Mental health issues
- * Family stress



Sexual and Non Sexual Antecedents

Factors that come before The SHAG



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AFTER THE SHAG



And they lived happily ever after
until the spring came ...

ANTECEDENTS TO SEXUAL BEHAVIOUR (KIRBY)

Researchers have tried to define factors in lives of young people that influence whether they will:

- * 1- have sex
- * 2-use contraception
- * 3-Become pregnant



These factors are called antecedents

Sexual Antecedents

These are broken into 3 groups

1. Personal characteristics

- * These are the norms, attitudes and knowledge/skills around sexual and contraceptive behaviour
- * Intentions
- * Self-efficacy

Sexual Antecedents Continued

2. Family circumstances

- * History of teenage parenting and early initiation of sexual activity

3. Community Characteristics

- * Peers- sexual activity, contraception belief and practice
- * Partner support



Non Sexual Antecedents

1. Personal characteristics

- * School connection and performance, belief in future, substance use, mental and emotional wellbeing



2. Family Characteristics

- * Connectedness to family, parental supervision, support, socioeconomic status, parental education

Non Sexual Antecedents

3. Community Characteristics

- * Peers- substance use, criminal activity
- * Levels of education, employment, income and crime



How this can help in practice?

- * Alongside helping young people with contraception and being sexually safe, take some time to look at their possible antecedents. This may bring about the biggest behavioural change
- * “the more people know about these factors the more success they’ll have in reducing sexually risky behaviour” (Kirby Emerging Answers 2007)

In Practice Continued

- * Developing trust and rapport, getting to know them, listening.
- * Use of HEADSS – this will give you a insight into that snapshot in time for them and their connections, family etc... Many of the circumstances or antecedents that will be effecting their sexual behaviour.



In Practice Continued

- * Use of motivational interviewing or goal setting to bring about behaviour changes
- * Discussion around values in relation to sexual activity “Is this action in line with my values? Will this lead me towards or away from my values?”
- * Recognising that, when you see adolescent’s, they are in moments of cold cognition and you need to help them make good decisions in hot cognition moments.

What would YOU do?

- * 14 year old turns up for contraception and thinks she may be pregnant.
- * Turns up at 5.29pm to be seen. Your last client of the day – you finish work at 6pm.
- * Comes alone and is tearful.
- * How would you manage this?

AN EXAMPLE

- * 14 year old girl engaging in unprotected casual sexual activity with 20 year old.
- * HEADSS was done and this showed she had no peer group connection.
- * She was getting attention from older males to help her self esteem.
- * She had nil connection with her father and her relationship with mum was strained.
- * She had recently been stood down from school.
- * She had started substance using with weed and often having sex under influence of substances with different older males.

EXAMPLE Continued

WHAT TO DO?

- * Legal issues addressed around her age and maturity levels to consent to sex
- * Made sure she understood about STI risks and sexual health check was done, discussed pregnancy risk also and contraception choices (sexual antecedents).





EXAMPLE Continued

Non sexual antecedents addressed by:

- * Family work with her mum to try and strengthen this relationship
- * Goal setting with her around future plans and how this behaviour would effect that
- * Substance use addressed and aimed to try and reduced this
- * Reflection on values that she had and if these relationships matched her values?
- * Support with building peer group connections

This is still a work in progress for this young person

