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Discovering Sexual Health Conversations between Adolescents and Youth Development Professionals

Niodita Gupta, MD, MPH*,

University of Nebraska Medical Center

Aastha Chandak, BTech,

University of Nebraska Medical Center

Glen Gilson, MHA, MBA, FACHE,

University of Nebraska Medical Center

Aja Kneip Pelster, MPH,

University of Nebraska Medical Center

Daniel J. Schober, PhD, MPH,

Gretchen Swanson Center for Nutrition

Richard Goldsworthy, PhD,

Academic Edge

Kathleen Baldwin, MSW, CSE, CLC,

Tell Kathleen Anything LLC

J. Dennis Fortenberry, MD, MS, and

Indiana University

Christopher Fisher, PhD

University of Nebraska Medical Center

Abstract

Youth development professionals (YDPs), working at community-based organizations are in a unique position to interact with the adolescents as they are neither parents/guardians nor teachers. The objectives of this study were to explore qualitatively what sexual health issues adolescents discuss with YDPs and to describe those issues using the framework of the Sexuality Information and Education Council of the United States (SIECUS) comprehensive sexuality education guidelines. YDPs reported conversations with adolescents that included topics related to the SIECUS key concepts of human development, relationships, personal skills, sexual behavior, and sexual health.

Keywords

SIECUS; adolescents; conversations; sexual health; sexuality; youth development professionals

*Corresponding author: niodita.gupta@unmc.edu.

Introduction

The pregnancy rate among teenagers in the U.S. is the highest among developed countries (Guttmacher Institute, 2013). Although teenagers in the U.S. and Europe show similar levels of sexual activity, teens in Europe are more likely to use contraceptives as compared to the U.S. (Guttmacher Institute, 2014). In 2010, 57 out of 1000 teenage girls (ages 15 to 19 years) in the U.S. were pregnant (Guttmacher Institute, 2014). In 2011, young people ages 13 to 24 constituted approximately 21% of the new HIV cases in the U.S. (Guttmacher Institute, 2013). In 2013, only 43% of sexually active females (ages 15 to 19 years) received testing or counseling for sexually transmitted diseases (Guttmacher Institute, 2013). Formal sex education, defined as “curriculum-based programs both in and out of school”, has been shown to be positively related with healthier sexual behaviors and outcomes like safer sex and delayed initiation of sexual activity (Lindberg & Maddow-Zimet, 2012). It is possible that the lack of information provided to the adolescents in the U.S. is of the factors contributing to the aforementioned negative outcomes.

Adolescents prefer to receive sexual health information from reliable sources like family members, schools, and friends (Jones & Biddlecom, 2011). However, a majority of parents face obstacles like embarrassment and inadequate knowledge in communicating with their adolescents about sexual health (Jerman & Constantine, 2010). In cases where parents were open to communicating with their adolescents, the adolescents were more likely to implement deterring techniques like being physically absent, claiming full knowledge on the topic, being irritated, or mocking their parents’ attempt to communicate about sexual health (Hyde et al., 2010). Adolescents that experience skilled and open-mannered communication with their parents are more probable to have discussions about safer sex with their partners (Whitaker, Miller, May, & Levin, 1999).

Adolescents are less likely to avail themselves of sexual health services at school due to issues such as privacy, confidentiality, and approachability (Carroll, Lloyd-Jones, Cooke & Owen, 2012). School teachers often face barriers like lack of time, financial resources, training or curriculum, restrictive school or district policies, and parents’, students’, or administrators’ disapproval which adversely impacts their teaching of sexual health (Eisenberg, Madsen, Oliphant & Sieving, 2013; Donovan et al., 1998; Guttmacher Institute, 2006). Landry, Darroch, Singh, & Higgins (2003) cite the possibility of teachings being influenced by personal beliefs of the teachers on abstinence and contraception. School-based programs can be either a comprehensive program (for a more detailed description see National Guidelines Task Force, 2004) providing sexual health information or abstinence-based programs; however, more schools focus on abstinence-based programs (Dodge et al., 2008; Donovan et al., 1998; Guttmacher Institute, 2006; Darroch, Landry, & Singh, 2000). A significant portion of adolescents receive abstinence-based information and little to no information about birth control methods (Guttmacher Institute, 2006). The federal government, while more supportive of comprehensive sexuality education than in previous administrations, still does not mandate such a curriculum, nor does the federal government require that sexuality education be medically accurate. At the state level, only 19 states require sex education, if provided, be medically accurate (National Conference of State Legislatures, 2014).

When parents and teachers fail to provide the necessary sexual health education and counseling that adolescents need, young people are at an increased risk of facing negative sexual health outcomes, such as unwanted pregnancy and sexually transmitted infections including HIV. Hence, it becomes important to investigate other potential venues to disseminate information that would be reliable and make the adolescents feel comfortable about engaging in a conversation about sexual health.

Previous research suggests that youth development professionals (YDPs) working at community-based organizations (CBOs) often serve as a source to bridge the gap in sexual health and sexuality education (Fisher et al., 2010; Fisher et al., 2012). These YDPs are adult professionals typically working in community-based or non-profit organizations that serve youth (for example: Boys & Girls Club, Girls, Inc., YMCA). The typical YDP interacts on a very regular basis (at least half of their time at the organization) with youth and often design and facilitate programs (for example, after school activities), serve as mentors for youth, and provide services in line with the organizations' mission (for example, coordinate health care). Our study aim was to discern what sexual health and sexuality related information adolescents sought from YDPs as well as information YDPs sought to provide the adolescents based on their expertise and opportunities for teachable moments.

Methods

Participant Eligibility Criteria

The eligibility criteria for study participants comprised of three conditions: age (19 years of age or older; represents age of consent in lead researcher's state), working in a community-based organization (CBO) serving the adolescents for at least one year on at least a part time (average of 20 hours per week) basis, and having direct contact with the adolescents for at least half of the hours worked at the CBO.

Recruitment

The participants for this study were recruited by using a modified snowball sampling technique; the research team contacted their professional and community partners meeting the eligibility criteria who then shared the recruitment message with people they thought might qualify for this study. All participants who were potentially eligible for this study were sent an email describing the study and necessary participant characteristics. To maximize the response rate, the aforementioned email was sent three times to the initial recruitment pool. Those participants who believed that they qualified for the study were requested to contact the research team via email or phone to further determine eligibility for the study. Out of the 47 individual respondents to the recruitment message, 8 respondents did not meet the inclusion criteria. Out of the 39 eligible respondents, 21 participants were interviewed, 1 participant was unable to complete the interview due to scheduling issues, and the remaining 18 were not interviewed at all. The researchers closed the study to the remaining 18 participants because of saturation of data. All 21 participants interviewed were offered a \$50 Visa gift card as an incentive to participate in the study. All except one participant accepted the offer.

The participants were predominantly between ages 25–30, females, and had 3–5 years of experience working as YDPs. The demographic information for the 21 participants is summarized in Table 1.

Interview Procedure

The interviewers consisted of the principal investigator and two trained graduate students. Telephonic interviews were scheduled with the participants at a convenient time and lasted, on an average, for about 75 minutes. These were semi-structured interviews, which allowed the interviewer to delve deeper into each participant's experience related to the study.

The interview included questions of interest for the study based on three primary domains: 1. interactions, 2. programs and resources, and 3. context. The interactions component, germane to the present study, consisted of three separate scenarios where the YDP had engaged in conversations about sexual health and/or sexuality. The first scenario posed a situation in which the adolescents approached the YDPs about question related to sexual health and/or sexuality. The second scenario posed a situation in which the YDPs approached the adolescents because the YDPs were concerned about the adolescents with regard to their sexual health and/or sexuality. The third scenario involved a situation in which the YDPs had to interact with adolescent's parents or guardians regarding the adolescent's sexual health and/or sexuality. The participants were also asked to list the three most frequent issues about sexual health and/or sexuality that they deal with in their work and their opinions on why those issues arise.

The programs and resources domain of the study concentrated on programs, interventions, resources, and training related to sexual health and/or sexuality. The third domain centered on the reflections of YDPs on their larger organizational and community contexts with respect to addressing sexual health and sexuality needs of the adolescent population that they served. A professional service was used to transcribe the interviews verbatim. The interviewers reviewed the transcriptions for accuracy. All procedures were approved by the Institutional Review Board for human subjects research at the principal investigator's institution.

Analysis

Sexuality Information and Education Council of the United States (SIECUS) provides guidelines for comprehensive sexuality education (National Guidelines Task Force, 2004). The SIECUS were utilized to develop the initial codebook for this study. The codebook was modified to include only the themes that were prevalent in our study interviews. Accordingly, puberty, sexual orientation, gender identity, families, romantic relationships and dating, decision-making, communication, negotiation, looking for help, shared sexual behavior, sexual abstinence, contraception, pregnancy, sexually transmitted infections (STIs), and sexual abuse were retained in our codebook. Two sets of themes were combined together based on the definitions of the codes: the theme of HIV and AIDS was merged with the theme of STIs and the theme of sexual assault, violence, and harassment was aggregated with the theme of sexual abuse. The themes of reproductive and sexual anatomy and physiology, reproduction, body image, friendship, love, marriage and lifetime commitments,

raising children, values, assertiveness, sexuality throughout life, masturbation, human sexual response, sexual fantasy, sexual dysfunction, reproductive health, prenatal care, abortion, sexuality and society, gender roles, sexuality and the law, sexuality and religion, diversity, sexuality and the media, and sexuality and the arts were not predominant; hence these themes were eliminated from the codebook. The codebook is described in detail in Table 2. The research team used NVivo 10.0 (QSR, 2013) for data management and coding. Each interview was independently coded by two Master's level coders who were not involved in the development of the interview guide or interview. The percentage agreement was above 80% for all codes except one. After reviewing the sources and coding, the team reached a consensus on the interviews and achieved inter-coder reliability. During the consensus meeting, the coders reviewed the doubtful codes marked as "code later" and reached an agreement on where those codes fit most appropriately.

Results

YDPs answered questions about the top three issues that they encountered in their conversations with the adolescents. The frequency for each issue is aggregated in Table 3. These issues are also coded according to the five main codes (human development, personal skills, relationships, sexual behavior, and sexual health) determined using the SIECUS guidelines in this study.

The predominant themes in the conversations between adolescents and YDPs were sexual health and relationships. According to the YDPs, relationships, birth control, pregnancy and STIs were most frequently mentioned by the YDPs as the three issues they face when talking to the adolescents about sexual health. The remainders of this section relays results from the stories about conversations, which are different from the top three issues identified above (n's are different for the various topics).

Sexual Health

Numerous conversations YDPs had with the adolescents involved their sexual health. The adolescents had questions about the right kind of contraception, pregnancy, and STIs. Through the conversations with the adolescents, the YDPs also found out about sexual assault incidents that some of these adolescents faced.

Thirteen YDPs said that the adolescents approached them to ask about contraception or raised this question in a discussion group. Adolescents wanted to know more about where they could get condoms and when condoms should be used. Jacob (45-year old, Caucasian/White male) said, "Yeah, a lot of them were again questions where people are wondering do [they] really have to use a condom all the time? Should [they] use a condom for oral sex?" YDPs were also approached by adolescent girls about methods of birth control and where to obtain them.

Thirteen YDPs said that the issue of pregnancy came up many times where the adolescent girl thought that she was pregnant or had found out that she was pregnant and was unsure of what to do next. When Sarah (27-year old, Caucasian/White female) was asked about what common question she faces from the adolescents, she said, "Usually pregnancy prevention

or something related to pregnancy. Am I pregnant? What other signs of pregnancy? How do you prevent it?"

A few adolescent girls wanted to know more about abortion and adoption as well. Mark (59-year old, Caucasian/White male) recollected an incident in which an adolescent girl, who had recently discovered that she was pregnant, had come to him to discuss the pros and cons of abortion.

The majority of the adolescents, according to YDPs, were aware of STIs and HIV. However, the adolescents were curious to know more about prevention measures. Seventeen YDPs reported having conversations related to STIs and HIV and prevention measures. Even when an adolescent did not talk about protection from STIs while discussing engaging in sexual activities, some YDPs steered the conversation in the direction of safer-sex practices and their importance in preventing STIs and HIV.

Sexual Abuse

Seven YDPs narrated instances where the adolescent reported being sexually assaulted in the past. Ruth (30-year old, Hispanic female) mentioned an incident in which one of the adolescent boys that she worked with was sexually assaulted by another man, which led him to think that he was bisexual, which he later realized through his conversations with Ruth that he was not. Michelle (52-year old, Caucasian/White female) said that sometimes parents informed the YDPs about their children being sexually molested at one point in time. Kat (49-year old, African American female) recounted an incident in which she discussed with a group of girls about appropriate touching and this led to her finding out that one of the girls thought that one man was a little rough with her and had possibly "manhandled" her. Sometimes these revelations led to the YDPs getting involved with the parents.

Human Development

YDPs narrated conversations with adolescents that raised various questions about the different aspects of human development related to sexual health and sexuality. These conversations centered on the adolescents starting to become aware of their own body and the physical and emotional changes that they saw in themselves.

Five YDPs narrated instances where the topic of puberty was discussed. Some YDPs recounted stories of girls who were unsure of changes in their bodies due to menstruation, which led them to have questions about how to maintain hygiene during menstruation and how to use tampons. Megan (27-year old, Caucasian/white female) recounted an incident when she took a group of girls to the grocery store, and the girls were interested in learning about tampons and how they work. She said, "[The girls] are very curious about how to make their lives easier with their period." Megan recalled another discussion related to pregnancy. The girls wanted to know about the possibility of a girl getting pregnant after being raped. It was apparent that the girls were not getting information about ovulation and periods in their health class, and Megan explained to them about aspects of puberty such as menstruation.

John (41-year old African American male) talked about being approached by a parent whose son was going through puberty and was having sexual desires but wasn't comfortable with discussing it. In addition, many other YDPs mentioned adolescents asking them about situations that these adolescents were facing as they were going through puberty.

Another issue that ten YDPs experienced through their conversations with the adolescents was the confusion faced by the adolescents while trying to identify which gender they relate to. Beth (47-year old, African American female) talked about an adolescent man who came to her office and tried to express his identity by having colored blonde hair and wearing heels and mascara. She said, "A feeling in lot of the phrases I get is [that] they [her male clients] feel like they were born in the wrong body." Cindy (36-year old, female) also recollected her interaction with an adolescent girl who liked to dress up as a male, and wouldn't wear her name tag to express that she did not identify herself as a female. The parents of the adolescents also approached the YDPs with concerns about challenges in supporting and understanding their children who may be transgender or gender non-conforming.

Another issue related to human development that came up with some regularity in the interactions of the YDPs and the adolescents was sexual orientation. Discussion about sexual orientation was mentioned by 15 YDPs. Several YDPs recounted conversations in which the adolescents came out to them about their sexual orientation. James (35-year old, African American male) said, "There was one young man who came up to me and said he was born gay."

YDPs also noted that many of these adolescents were too scared to talk to their parents or guardians about their sexual orientation. Ruth (30-year old, Hispanic female) narrated an incident when an adolescent man was not able to come out to his grandmother and was "just really pretending as if he was only straight...to please Grandma."

Relationships

YDPs also discussed the impact of familial and romantic relationships on the sexual health issues faced by the adolescents.

Seventeen YDPs had conversations about families of the adolescents. YDPs mentioned instances when the families of the adolescents were not supportive of their children's sexual behaviors. Most parents and legal guardians were not able to communicate well or were not sure how to communicate at all with their adolescents about sexual health and sexuality. Thus, they looked for help from the YDPs on the issues which they did not feel comfortable handling.

Many YDPs narrated instances of adolescents not being able to disclose their sexual behaviors to their families, parents or legal guardians because they did not feel comfortable. There were some instances involving the safety and welfare of the adolescents where some YDPs had to tell the families about the situation which resulted in disclosure of the adolescents' sexual orientation. The disclosure, according to the YDPs, often brought up discomfort among parents due to the sensitive nature of the topic. These type of situations

highlight the need articulated by YDPs for more training on how best to handle such sensitive situations.

Twenty YDPs reported instances where they addressed issues of romantic relationships. Megan (27-year old, Caucasian/White female) said:

That's [romantic relationships and dating] like in [their (the adolescents)] top 3 of things that [they] think about all of time, like [they] think about how [they] look to other people and that usually relates with dating or relationships somehow.

Jessica (35-year old, Caucasian/White female) recounted instances when adolescents approached her and told her about situations that they were in with their partners and asked for advice on what should be done in some specific situation. Ruth (30-year old, Hispanic female) talked about a young bisexual girl who would try to date any guy or girl she could, just to "find some type of sense of belonging". Sarah (27-year old, Caucasian/White female) talked about an instance where an adolescent asked her if jealousy among the adolescent's partners implied that it was a sign of love. Brooke (53-year old, African American female) narrated an incident when one of the adolescent girls that she was working with was trying to date a much older boy over the internet. This led to Brooke intervening and helping the girl understand what dating meant and the possible dangers of cyber relationships.

In one instance, as narrated by Amanda (40-year old, African American female), relationships also led to conflicts among the adolescents. She said:

They [two different guys] feel as though the female belongs to them, they want to claim them and they are like 'that's my girl, that's my "boo"', whatever terminology they want to use. When they realize that she is really not committed to either one of them because she is saying that she goes with you and she goes with him too but then you two will find yourselves fighting and hurting each other and you look up now and she is saying somebody else is her 'boo'.

Personal Skills

Personal skills emerged as another theme. YDPs mentioned instances of adolescents looking for help improving their skills to decide, communicate, and negotiate issues related to sexual behavior and sexual health.

Ten YDPs narrated incidents of an adolescent that faced a situation in which he or she had to make a decision about sexual behavior, including whether or not to have sex, deciding the right age to start having sex, and determining the best safer sex practices for them.

Some YDPs talked about adolescents who were trying to make decisions and choose between their sexual desires and their sexual health. Lucy (27-year-old, African American female), talked about a girl who said that she was addicted to sex, but at the same time did not want to contract a disease, and was debating her emotions and feelings about "sexual encounters". Lucy helped her out by trying to come up with a plan to identify her feelings and emotions that affected the decisions she makes about sex. Most often, the YDPs talked to the adolescents and helped them reach a decision.

Another personal skill that emerged was the adolescent trying to communicate with either their partners, families or even the YDPs about sexual health issues that they are facing. Sixteen YDPs spoke about instances where the communication skills of the adolescents were observed. Most YDPs faced situations where the adolescents were too scared to communicate with their parents or families who were not receptive about talking about their kids' sexual health. Some of these YDPs had to approach the parents or families on behalf of the adolescents to make them understand what their children were going through and how they could support them.

Some YDPs also recalled instances where they helped the adolescents to reach out and communicate to their partners. Amanda (40-year old, African American female) narrated an incident in which she advised one adolescent about communicating with the partner about condom use. She advised the adolescent to find out about the partner, his likes and dislikes, especially about condoms and other safer sex practices. She said:

You know, communicate with your partner first because it is not all about you. It is about your partner as well if you are going to use safe sex with your partner. Communication is the key.

Nine YDPs mentioned that adolescents asked them about the right age of consent to have sex and negotiating to have sex with their partners. YDPs recounted incidents where the adolescent felt pressured to have sex from either their friends who thought that those who did not have sex were not 'cool' or from their partners who would not stay with them if they did not have sex.

Jennifer (38 year-old, American Indian/Alaska Native female), talked about an incident in which an adolescent man came up to her and asked about broaching the topic of sex with his girlfriend and how he should go about it. She said, "He wanted to know how to not pressure her [to have sex] but also talk about the fact that he was really into it and a really loved her and he wants to do this."

Another theme in personal skills which was repeatedly observed was the adolescents trying to look for help. Seventeen YDPs narrated instances where the adolescents approached them seeking help about various topics related to sex and sexual health. The adolescents sought help to find out about use of tampons, birth control methods, safe sex practices, STIs, pregnancy, if the information they had was right for them or not, etc. Ruth (30-year old, Hispanic female) recounted an incident of a young girl who wanted to know about symptoms of pregnancy and the chances of her being pregnant even after taking birth control pills.

Michelle (52-year old, Caucasian/White female) talked about an incident in which she was approached by the girls that she worked with to ask about birth control pills. Michelle then gave them details about the local information that was available and also advised them to talk to their parents about it, if they were comfortable with it.

Sexual Behavior

Many conversations between YDPs and adolescents related to sexual behavior were about the kind of sex to engage in, and if the adolescents felt any pressure to engage in sexual behaviors. These conversations of sexual behaviors also brought up the topic of sexual abstinence either by the adolescent or the YDP.

Fifteen YDPs mentioned that adolescents spoke to them about whether or not they should engage in sexual activities. Sarah (27-year old, Caucasian/White female) recalled that when faced with such a situation, she could not give her personal opinion to the adolescent about whether or not it should be done, but she could help the adolescent figure out what would be best for them and what they are comfortable with, as long as they used protection. When asked about the most common question faced by him, Jacob said:

I would say the question of whether to do it [have sex] or not. The question of maybe whether or not as far as the type of sex, oral sex versus anal sex versus mutual masturbation that type of thing.

Some adolescents had questions about engaging in sexual behaviors when their partner demanded it in their romantic relationships. James (35-year old, African American male) recalled, "I had a 13 year-old come and asked whether or not should she have sex with her boyfriend to keep him."

Jacob (45-year old, Caucasian/White male) narrated an instance where they brought in a LGBT group of doctors who addressed the questions of the LGBT adolescents about different sex acts, what was safe and what was not and what could potentially be harmful to them.

There were various instances where YDPs (n=8) brought up sexual abstinence when an adolescent approached them with questions about safer sex practices. YDPs also provided relevant information to the parents and families so that they could talk to their children about abstinence in an appropriate manner. Some YDPs faced problems when talking about abstinence with LGBT adolescents since, when in same-sex relationships, the adolescents are not concerned about pregnancy but at the same time they ignore STIs.

Discussion

The purpose of this study was to explore what conversations YDPs were having about sexual health issues with adolescents and their families. The data revealed YDPs had many conversations on a wide variety of topics related to the key domains of sex education as defined by SIECUS. In many instances YDPs acted as surrogate sex education teachers, providing the adolescents with sexual health information the adolescents may not have been comfortable discussing with their parents or other adults such as teachers. In other instances, they acted as mentors and sounding boards for adolescents and families with sexual health issues they didn't feel like they could take to anyone else. On many occasions the conversations with YDPs confirmed the lack of sexual health education adolescents were receiving both from the school system and from their parents (Jerman & Constantine, 2010; Donovan et al., 1998; Guttmacher Institute, 2006).

The YDPs identified the top three issues that may also demonstrate a gap in sexual health education. The majority of sexual health education provided in public schools is abstinence only education and abstinence only programs often minimize education on birth control/contraception, pregnancy and STIs (Guttmacher Institute, 2006). As mentioned earlier, only 19 states require sex education, if provided, to be medically accurate (National Conference of State Legislatures, 2014). Sex education programs in schools rarely cover sexual orientation or gender identity which may also explain why it is an issue the YDPs identified as coming up often with adolescents. Adolescents may have been seeking out information from YDPs they were not able to get in school or from parents. This highlights the need for comprehensive sex education.

Limitations

The data showed that YDPs in CBOs are often approached about relationships; however it varied from findings that suggested that YDPs are infrequently approached about sexual health or sexual behavior (Fisher et al., 2012). This could be a result of differing research methods (qualitative versus quantitative) or the respondent's experiences (both samples were convenience in nature). Interestingly, the topics of the reported conversations and the issues the YDPs identified as the most frequently brought to their attention (Table 3) are not the same in some instances. In our analysis we observed that YDPs frequently reported having conversations with adolescents about romantic relationships, but the majority of the YDPs (n=12) did not identify it as one of their top issues. This is possibly because it is so common that the YDPs don't see it as an issue, especially when compared to more memorable issues such as pregnancy or sexual orientation.

While only three YDPs identified sexual orientation as a top issue, more than half (n=15) narrated conversations they had with adolescents about sexual orientation. The number of conversations reported on sexual orientation was considerably more than indicated by previous research (Fisher, et al., 2012). This is possibly due to the question interviewees were asked was, "Have you ever had a client approach you with a question related to sexual health and/or sexuality?" However, this question was framed thusly in order to convey to the YDPs that this question was open to cover any incident related to sexual health and sexuality. With sexuality coming last in this question, the interviewees may have heard an unintended emphasis thus bringing to mind occasions where they ended up having conversations with adolescents about sexual identity thereby skewing the data. Even so, a number of other sexual health issues were discussed and perhaps minimizing somewhat this limitation.

There is also a possibility of recall bias in this study. The YDPs were asked to recall incidents about conversations that they had with the adolescents and stories have the potential to change with time and the perception of the individual. Additionally, since no time frame for the incidents was mentioned, it is probable that the incidents recalled by the YDPs were the more recent ones.

While a range of YDPs were interviewed for this study, we cannot generalize the findings to all YDPs in all situations as the study sample may not be truly representative of all YDPs. We also cannot generalize the findings to all adolescents since this was a small sample of

adolescents. This is particularly true as respondents came from only four states (Indiana, Nebraska, Florida, and Maryland) and the District of Columbia. However, saturation of themes was reached; the results are likely indicative of the larger phenomenon of study. The locations of YDPs interviewed for this study also suggest geographic and urban diversity in our study sample.

Another limitation may be that the issues adolescents are truly dealing with may not have come up in conversations with YDPs as the adolescents may only have talked to the YDPs about things they were comfortable with. Since our study focuses on the YDP interviews and their description about adolescent sexual health issues as presented to them, future research should be done by interfacing with the adolescents to gain their perspective on what sexual health topics they are likely to go to the YDPs for more information. Although little research has been done on YDPs and their sexual health interactions with adolescents, this study seems to confirm that YDPs are an important link in the sexual health education of adolescents. Community based organizations serving adolescents could enhance the sexual health of their clients by ensuring, at a minimum, their YDPs are prepared to talk with adolescents and families about the more common topics identified in this research.

Since all SIECUS topics were not mentioned by the YDPs, it is possible that the topics mentioned by the YDPs were on top of their mind or were recent incidents or perceived as crucial by the YDPs. We do not know if the SIECUS topics that were not referred by the YDPs were because the YDPs did not deal with those topics or because they were unimportant topics according to the YDPs. Further research is warranted to explore about the topics not noted by the YDPs in our interviews.

Conclusion

This study has provided insight into conversations that YDPs are having with adolescents about sexual health topics. These results show that the sexual health education being provided is not adequately meeting the needs of adolescents.

YDPs are an important and likely essential source of sexual health information for the adolescents with whom they interact. Increased training and preparation of YDPs in sexual health topics, including sexual health (e.g., pregnancy, STIs/HIV), human development (e.g., puberty), relationships, personal skills relationships (e.g. communication skills), and sexual behavior, may provide an opportunity to enhance the sex education and health of the adolescents. It is possible that through interactions with YDPs, issues such as teen pregnancy and sexually transmitted diseases may be addressed.

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Table 1

Demographic information about the study participants

Demographic information (N=21)	n	%
Education level		
High school graduate	1	4.76%
Some college	2	9.52%
College graduate	8	38.10%
Graduate school	10	47.62%
Race		
Caucasian/White	8	38.10%
African American/Black	10	47.62%
Hispanic	1	4.76%
American Indian/Alaska Native	2	9.52%
Gender		
Male	5	24%
Female	16	76%
State		
IN	9	42.86%
NE	4	19.05%
FL	2	9.52%
MD	4	19.05%
DC	2	9.52%
Age		
25–30	7	33.33%
31–35	3	14.29%
36–40	4	19.05%
41–45	2	9.52%
46–50	2	9.52%
51–55	2	9.52%
56–60	1	4.76%
Years as YDP		
1 to 2	3	14.29%
3 to 5	13	61.90%
6 to 10	3	14.29%
10+	2	9.52%

Table 2

Codebook used to code the data from interviews

Codes	Sub-codes	Definitions
Human development		
	Puberty	YDP discussed a conversation they had with an adolescent and/or parent/guardian about growing up, sexual development, body changes, hormones, periods and/or tampons
	Sexual orientation	YDP discussed a conversation they had with an adolescent and/or parent/guardian about homosexuality, coming out, orientation gender confusion, experimentation and/or bi-sexual feelings
	Gender identity	YDP discussed a conversation they had with an adolescent and/or parent/guardian about Transgender and/or gender confusion
Relationships		
	Families	YDP discussed a conversation they had with an adolescent and/or parent/guardian about sexual health support from family, family pressures and other communication with family about issues related to sexual health and/or sexuality
	Romantic relationships and dating	YDP discussed a conversation they had with an adolescent and/or parent/guardian about relationships and dating to include breaking up and meeting people
Personal skills		
	Decision making	YDP discussed a conversation they had with an adolescent and/or parent/guardian about when to have sex, who to have sex with, pressure to have sex, unintended pregnancy, abortion, adoption
	Communication	YDP discussed a conversation they had with an adolescent and/or parent/guardian about talking with sexual partners, with parents, with peers, with other adults, issues related to confidentiality, and the comfort/discomfort they feel while talking with adults/peers
	Negotiation	YDP discussed a conversation they had with an adolescent and/or parent/guardian about deciding the right time to have sex, consenting, agreeing to or talking about safe-sexual behavior with partner
	Looking for help	YDP discussed a conversation they had with an adolescent and/or parent/guardian about where to go for help, resources, how to find help, privacy/confidentiality concerns, unintended pregnancy
Sexual behavior		
	Shared sexual behavior	YDP discussed a conversation they had with an adolescent and/or parent/guardian about what kind of sex to engage in and if they faced any pressure to have sex
	Sexual abstinence	YDP discussed a conversation they had with an adolescent and/or parent/guardian about abstinence and the efficacy of abstinence
Sexual health		
	Contraception	YDP discussed a conversation they had with an adolescent and/or parent/guardian about availability of birth control and condom use, where to get them, knowledge about appropriate methods of contraception
	Pregnancy	YDP discussed a conversation they had with an adolescent and/or parent/guardian about how to find out if they were pregnant, what to do once they find out and how to deal with parents/families about it
	Sexually transmitted diseases	YDP discussed a conversation they had with an adolescent and/or parent/guardian about safe sex, and STD education, prevention, treatment, seeking help for sexually transmitted diseases, HIV/AIDS
	Sexual abuse	YDP discussed a conversation they had with an adolescent and/or parent/guardian about sexual abuse, assault or violence.

Source: National Guidelines Task Force, 2004

Table 3

Top three issues encountered by the YDPs while conversing with the adolescents coded according to the SIECUS guidelines

SIECUS code	Issue	Frequency
Sexual health (n=22)		
	Birth control/contraception	7
	Pregnancy	6
	STDs	5
	Sexual abuse	2
	Debunking myths	1
	Safe sex	1
Human development (n=11)		
	Sexual orientation	3
	Gender Identity	2
	Sexuality	1
	Appropriate dressing	1
	Healthy masculinity	1
	Menstruation	1
	Same-sex relationships	1
	Identity and labels	1
Relationships (n=10)		
	Relationships	9
	Prom	1
Personal skills (n=9)		
	Whether to have sex	2
	Age of consent	1
	Interactions between sexes	1
	Social media	1
	Abortion	1
	Sexual reputation	1
	Values	1
	Young age at sexual debut	1
Sexual behavior (n=3)		
	Who is having sex	1
	Sexual behavior	1
	Appropriate touch	1