# CHALLENGES FACED BY FORM THREE STUDENTS AT A COEDUCATIONAL DENOMINATIONAL SECONDARY SCHOOL, REGARDING THEIR ACCESS TO ACCURATE INFORMATION ABOUT TOPICS AS OUTLINED IN THE SEXUALITY AND SEXUAL HEALTH COMPONENT OF THE HEALTH AND FAMILY LIFE EDUCATION CURRICULUM.

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# ABSTRACT

This study was based on the students' challenges to access to information regarding Sexuality and Sexual Health (SSH) topics, as outlined in the secondary school HFLE curriculum of Trinidad and Tobago. A qualitative approach was utilized in this case study of the coeducational, denominational school located in the North Eastern Educational district of Trinidad and Tobago, where three participants were purposively sampled to provide their insights through interviews, into the challenges they faced when accessing information about SSH topics. The findings of the study indicated that challenges to students' access to information about SSH topics existed, such as inadequate parental communication and inadequate information provided at school. Some recommendations to increase students' access to SSH information include developing parents' communication skills with their children about SSH topics and training of staff at schools to discuss these topics more extensively.

Key words: Adolescents, Challenges, Information, Access, Sexuality, Sexual Health.

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# CHAPTER 1

## Background to the Problem

Over the last few decades, particularly during the period starting from the 1980s to the current time, there has been international concern over the health crisis presented by increased levels of sexually transmitted infections (STIs), particularly with respect to the HIV and AIDS pandemic which has affected the health of every nation's population. A UNICEF 2001 report, as cited by Selwyn and Powel (2007), verified this concern by indicating that the last 20 years indicated significantly higher levels of STIs as well as teenage pregnancies amongst the population, when compared to previous years.

Another Unicef Report (2011) denoted that many teenage girls were more likely to engage in sexual activity earlier in their adolescent years compared to their counterparts in previous decades. The report also stated that in developing countries, 11% of female teenagers and 6% of male teenagers in the 15-19 age group, have indicated that they have engaged in sexual activity before age 15.

In Latin America and the Caribbean, 22% of female teenagers in the 15-19 year age group indicated that they had sex before the age of 15 (Unicef Report, 2011). According to this report, many of these teenagers were unaware of the need for contraceptives, or how to use them appropriately. In addition, males were more likely to be involved in risky sexual behavior as opposed to females in the 15-19 age group. In a survey of the health of the Caribbean population conducted during the period 2000 to 2010, the statistics indicated that seventy-nine percent of the adolescents between the ages of 13 to 15 years

old, had already engaged in sexual activity (Patton, Coffey, Currie, Riley, Gore, Degenhardt, Richardson, Astone, Sangowawa, Mokdad, and Ferguson, Unicef Report , 2012). In another survey conducted in Caribbean secondary schools, it was uncovered that 79% of boys and 56% of girls had sex before the age of 14 and that 38% of these adolescents did not use a condom (Pan American Health Organisation, 2013).

In the Caribbean region, therefore, the young population had faced many problems concerning their sexual health, which included the increased transmission of HIV Infections and the unintended pregnancies as a result of risky sexual behaviours. There was a need for governments to address the health problems faced by the youth. In 1996, Ministers of Health and Education in the CARICOM states across the Caribbean region, agreed to endorse the Health and Family Life Education (HFLE) curriculum in primary and secondary schools, in order to promote positive skills development amongst adolescents with regards to their health (King, 2002). The main themes of the HFLE curriculum include Self and Interpersonal Relationships, Sexuality and Sexual Health (SSH), Eating and Fitness and Managing the Environment.

The Health and Family Life Education curriculum was introduced into the primary school education system of Trinidad and Tobago in 2006 and shortly thereafter, in 2009, into the secondary schools.

The specific component of Sexuality and Sexual Health (SSH) has been taught to varying extents, in secondary schools throughout Trinidad and Tobago (See Appendix A). However, the effective delivery of this strand of HFLE in secondary schools, has been hindered due to reasons such as time tabling constraints and priorities given to the

completion the syllabus for CSEC ( Caribbean Secondary Examinations Certificate) and CAPE (Caribbean Advanced Proficiency Examinations) subjects.

The SSH component holds one of the keys to addressing the problems facing our youth's sexual health and sexual behaviours. It is this specific component that positively influences their sexual behaviours so that they maintain more positive sexual health outcomes, such as less risks of contracting Sexually Transmitted Infections or having an unintended pregnancies.

The Ministry of Education of Trinidad and Tobago had developed the HFLE curriculum for secondary schools, which incorporates the SSH component. This component addresses various issues regarding teenagers concerns about puberty, sexuality, their relationships with others and peer pressure amongst other topics (The Ministry of Education of Trinidad and Tobago, 2009). The information provided by this particular component enables teenagers to think critically, to ascribe certain values and attitudes towards sexual behavior and situations and to determine appropriate decisions and actions if or when they are faced with certain high risk situations that could lead to unintended pregnancies or contraction of STIs. In essence, the SSH component provides the appropriate information for students to adopt a health sexual lifestyle by teaching them the life skills or behaviours that would help them to maintain positive sexual health as teenagers and as adults.

However, the problem exists in Trinidad and Tobago, that many students have not been able to access accurate information about SSH topics, either from school, or elsewhere, causing them to make poor choices in their sexual behaviours, resulting in

negative sexual health outcomes. This situation was enlightened by University lecturer, Dr. Joycelyn Rampersad (2003), in an article from The Trinidad Express newspaper entitled "Education for Sexual Health", where she stated that sex was a topic which teenagers in our country need a greater understanding of but which was not addressed adequately.

She further emphasized the important role of an educationally sound programme which helped students develop an understanding about their sexual health, social issues regarding themselves, relationships, values and expectations regarding the area of sex, how to cope with emotions arising from sexual feelings, how to make the right decisions and other pertinent issues involving Sexuality and Sexual Health.

Dr. Rampersad's opinions about our teenagers' dilemma of inadequate knowledge about SSH matters, were reflected in by the students of the coeducational denominational school within this study. They indicated through informal conversations with me and with their peers that many persons in their age group were facing challenges of being in relationships and sometimes they did not know where to turn to for advice or help.

As an observer, I also noted that boyfriend and girlfriend relationship problems occurred frequently between students in this school, especially since it is a coeducational environment. These relationship problems lead, in some cases to disciplinary action in the form of verbal warnings, by the Deans of the school. The school's records indicated that there were five disciplinary actions taken over the period September 2013 to May 2014, as a result of students' problems with relationships. These problems included physical intimacy such as kissing and hugging while in school and spending time together without parental knowledge or approval.

These were just problems that existed within the confines of the school compound, but other relationship problems occurred also outside of school, involving female students who had relationships with adult males out of school. The statistics in the school within the study, over the last five years, revealed that six students had left the school as a result of becoming pregnant due to these circumstances. These numbers may be higher in other schools, but it still represents the same problem, that teenagers today are increasingly becoming sexually active, and not all are taking preventative measures to protect themselves.

Throughout the Caribbean, it seems, that teenagers are engaging in risky sexual behaviours, leading to negative sexual health outcomes. Their actions are perhaps, largely due to their lack of information or knowledge regarding matters concerning Sexuality and Sexual Health, which causes them to make poor choices regarding their sexuality and sexual behaviours.

It is hoped, therefore, that the exploration of the perspectives of the students in the secondary school in this study, would provide a greater understanding into the difficulties they face in obtaining information about SSH topics, which would have helped to alleviate many of the problems that were described previously.

## Justification

This study is based upon the insights and perspectives of secondary school students regarding the problems they encounter when trying to obtain or access information about topics based on Sexuality and Sexual Health (SSH).

Their perspectives into these particular challenges are an invaluable contribution towards understanding why teenagers make poor decisions concerning their sexual behaviors. The information which teenagers obtain about sex and sexual health topics, shapes their attitudes, values and beliefs about sexuality and sexual health, which in turn affects their decisions and sexual practices or behaviours as teenagers and later on as adults.

Many teenagers in Trinidad and Tobago, do not receive adequate accurate information about Sexuality and Sexual Health. The SSH component of the HFLE curriculum is considered as the main strand which addresses Sex Education, as it is known in other countries. Those students who have been taught about SSH, whether at school or outside of school, would have a better understanding of the topics and therefore be able to make more informed decisions regarding their sexuality and therefore, maintain positive sexual health outcomes.

At the school in this study, the SSH component was integrated into the curriculums of various other subjects, as confirmed by the subject teachers of the school through informal discussions. This indicated that students who were doing those particular subjects, were able to have access to information about SSH topics from the relevant teacher as it was taught in accordance with the subject curriculum.

At the specific secondary school in this study, where I have been a teacher for the past 12 years, students admitted to their friends of having experimented with sex which reinforced the reality of today's societal trend, that increasing numbers of teenagers are having sex. During my informal conversations with colleagues from other schools, it was also stated that many students were engaging in sexual activities, some were caught in school and disciplined while others occurred outside of school. There were increased numbers of teenagers becoming pregnant and leaving school. This indicated to me, that this phenomenon was not isolated to my particular school, and as such, was worthy of deeper exploration into the challenges to access to information about SSH topics, that resulted in their risky sexual behaviours.

It is therefore hoped that through this study, students would reveal their challenges concerning the access to information regarding topics in the SSH strand of the HFLE curriculum and that the findings of this study would then help educators to better determine how to make this information more readily accessible to students, so that they are able to make better lifestyle choices and maintain positive sexual health outcomes.

The study will hopefully assist educators to determine the right approach to utilize in schools in order to better inform students about the Sexuality and Sexual Health (SSH) topics, as it relates to the SSH Component of the HFLE curriculum. This in turn will maybe help to improve students' knowledge so that they can make better decisions and utilize safe practices regarding the area of sexuality and sexual behaviours. Therefore, ultimately, it is hoped that this study would help to encourage educators to enable our youth to be

empowered with the appropriate information that would allow them to follow a healthier, less risky lifestyle.

## Significance of the Problem

Secondary schools throughout Trinidad and Tobago, in recent times, have to a greater or lesser degree, been experiencing problems arising from teenage students' inability to make appropriate, informed decisions regarding their own sexuality and sexual health. The result is that many young persons engage in behaviours which place them at risk where their Sexuality and Sexual Health is concerned.

In 2010, the Ministry of Education, had requested that secondary schools throughout the nation, to implement the HFLE curriculum from Forms one to three, which included the Sexuality and Sexual Health strand. The SSH strand of the HFLE curriculum provided the information necessary for them to make wise choices regarding their sexuality and sexual health, but was taught to varying extents in different schools.

Aside from sex education in the context of the school, it is uncertain, how much accurate or reliable information about Sexuality and Sexual Health topics is actually available to teenagers in our nation outside of school.

This study hopes to highlight not only the problems which students in secondary schools face when accessing information about Sexuality and Sexual Health, but also the strategies which can be implemented to help them have greater access to this specific type of information.

## Problem Statement

Teenagers today face many problems to access to information regarding Sexuality and Sexual Health topics. In Trinidad and Tobago, secondary school students are exposed to varying degrees to SSH education through the HFLE curriculum. However, they may not be able to obtain all the information they need to make wise decisions about their own personal sexuality and sexual health. Barriers to access to information about SSH topics occur at school and outside of school, which limits their ability to make wise decisions about their personal sexuality and sexual health.

As a result of their inadequate knowledge about SSH, our nation's youth are more likely to take risks in their sexual behaviour, and as a consequence, may acquire lifestyle related diseases (AIDS, HIV and other STIs), become pregnant and develop psycho-social problems such as depression, drug abuse and even suicide. Such problems not only affect the person, but their communities and the nation as a whole. As educators, it is our duty to develop an understanding of the students' barriers to access to information regarding SSH topics, so that we can help reduce those barriers, and help them to maintain a more positive lifestyle.

## Purpose Statement

This study was designed using a qualitative paradigm, utilizing a case study approach. The findings of the study may be able to assist educators and other stakeholders in the education system to better prepare the youth of the Caribbean by providing systems or approaches by which our youth can access accurate information about topics based on Sexuality and Sexual Health. Greater access to accurate information in these areas, will help students to make more informed choices regarding their own sexual attitudes and practices. Hopefully, greater access to accurate information about topics in the Sexuality and Sexual Health strand of HFLE will help them to utilize more appropriate sexual behaviours in order to minimize the current social problems affecting the Caribbean region, and specifically, in Trinidad and Tobago.

## Research Questions

### Grand Tour Question:

What are students' perceptions concerning their access to accurate information about topics as outlined in the Sexuality and Sexual Health strand of the HFLE curriculum?

### Sub Questions:

1. What are the challenges faced by Form Three students regarding their access to accurate information about topics as outlined in the Sexuality and Sexual Health strand of the HFLE curriculum at the coeducational denominational secondary school in the study?
2. What interventions do Form Three students at the coeducational denominational secondary school in the study, suggest would assist them in having access to accurate information about topics as outlined in the Sexuality and Sexual Health strand of the HFLE curriculum?

(Research Sub-question One was operationalized for this study)

## Operational Definition of Terms

The definitions of some terms used in this study, were identified by Drakes, Fuller, Graham, Jenkins, and Eastland (2011).

Sexuality is the expression of maleness and femaleness, especially as it relates to the attraction between two persons.

Sexual Health refers the health of a person's reproductive organs.

Adolescence, according the Pan American Health Organisation (2013) refers to a person who is between the ages of ten to nineteen years old and faces physical, mental, social and emotional growth changes which are affiliated with an increasing awareness of sexual identity and social status.

## Organisation of the Study

The subsequent chapters of this study are briefly outlined as follows. Chapter two examines the literature that highlights the main challenges to access to information about sexuality and sexual health topics faced by teenagers. Chapter three consists of the theoretical framework as well as the methodology utilized in this study. Chapter four explores the findings of the study. Chapter five provides an insight into relevant discussion based on the findings, the conclusion and recommendations as it pertains to this study.

# CHAPTER 2: Literature Review

## Origins of Sex Education in Trinidad and Tobago

Moral and Spiritual Education had been part of the Family Life Education programme of Trinidad and Tobago during the 1968 and 1985-1990 national Education Plans (Braithwaite, 1991). This particular programme usually took the form of Religious Instruction in denominational schools, where teachers as well as religious personnel gave lectures to students, which were based on abstinence, the roles of sex in marriage as a purpose towards developing a family and the community at large. The objective of the programme was to ensure that students were given some form of guidance in traditional moral and spiritual values regarding family life. The lectures were therefore based on providing information about the appropriate values and attitudes which students should adopt when concerning self-development, community goodwill and general positive citizenship.

## Sexuality and Sexual Health (SSH)

Regional and international literature both seem to suggest that there are social problems perpetuated in the Caribbean, due to the poor choices leading to risky sexual behaviours practiced by the young adults across the region. (PAHO Report, 2013; Unicef Report, 2012; Unicef Report, 2011)

In fact, Baird, Yearwood and Perrino (2007) indicate that the 15 to 24 year old age group of the Caribbean population, has shown the highest increase in the contraction of

HIV and AIDs for this region. They further state, in Trinidad and Tobago, this particular age group, accounted for 48% of the reported cases of HIV and AIDs in the population. Governments had to adopt preventative measures to ensure that the rates of STIs and unintended pregnancies would decrease in this particular group of the population, and so the HFLE curriculum was developed, with a specific component, Sexuality and Sexual Heatlh, to address these problems.

The content of the "Sexuality and Sexual Health" component was developed by persons in the field of Education throughout the Caribbean, who attended the CARICOM Council on Human and Social Development conference in April 2003, in an effort to reduce these problems affecting the Caribbean region (Drakes et al, 2011).

The Sexuality and Sexual Health (SSH) component of the HFLE curriculum was designed to assist secondary school students to adopt positive attitudes, values, beliefs and behaviours or practices, towards their personal sexual health and sexuality. In some ways, the SSH strand of HFLE was an expansion of the Moral and Spiritual Values education of previous years. However, it focussed on other topics other than abstinence, one of which was the protection against STIs, which is a main concern.

The term "sexuality and sexual health" education as seen in the HFLE curriculum, is synonymous with term "sex education" as it is currently known in other parts of the world. The SSH component of the HFLE curriculum, contains many of the same topics as sex education programmes in other countries (Drakes et al, 2011). These topics include gender roles, puberty, sexuality, reproductive health, sexual choices, abstinence, sexual abuse, HIV and AIDS, STIs, risky sexual behaviours and the use of contraceptives (see Appendix A).

The goal of the HFLE curriculum, with reference to the SSH strand, is to equip young persons with the appropriate information that would help them to adopt positive life skills or behaviours towards their own sexuality and as a result, maintain positive sexual health, as teenagers and later on as adults.

The accuracy of the information that is available to the youth of the region about Sexuality and Sexual Health is very important, since it determines the types of decisions they make about their sexual behaviours, and ultimately their sexual health.

## Risky Sexual Behaviour amongst Adolescents

Risky sexual behaviours amongst adolescents contribute to the increased prevalence of STIs and pregnancy amongst teenagers. These risky behaviours include teenagers who are initiating sex at an early age, unaware or uninformed of the risks involved in having unprotected sex, engaging in unprotected sex, engaging in sexual relationships with multiple partners and not staying abstinent (Trejos-Castillo and Vazsonyi, 2009; Campos, 2002).

One of the greatest health problems facing the Caribbean, is the spread of the deadly HIV and AIDS virus amongst our populations, and can be attributed to the risky sexual behaviours displayed by our youth. In a Pan American Health Organization report on Trinidad and Tobago, statistics indicate that there were at least 20, 176 HIV cases with 3717 AIDS related deaths during the period 1983 to 2008 in Trinidad and Tobago alone (PAHO Report on Trinidad and Tobago, 2012).

It is a problem which cannot be ignored, especially given the fact that in countries such as Jamaica, Guyana, Haiti, the Dominican Republic and Trinidad and Tobago, at least one in six females within the ages of 15 to 24 years old, have their first sexual experience before the age of 15. This makes them one of the groups which is vulnerable to negative sexual health outcomes, since they have a greater chance of exposure to STIs and unintended pregnancies amongst other problems as a result of becoming sexually active at an earlier age (Rawlins J, Dialsingh, Crawford, Rawlins S and McGrowder, 2013).

Indeed, according to Dr. Rampersad, in her article in the Trinidad Express, entitled "Health and Education: Promoting Health Through Schools", less than 3 in 10 sexually active youth actually use contraceptives since they are not concerned about contracting AIDS (Rampersad, 2002). The question therefore, is why do youth continue to engage in risky sexual behaviours when it can lead to negative sexual health outcomes?

## Challenges concerning access to SSH Information

One of the main reasons why adolescents continue to engage in risky sexual behaviours, can be due to their inability to access the appropriate information regarding topics about sexuality and sexual health (PAHO, 2013). They face many challenges to access to information regarding Sexuality and Sexual Health topics which causes many of them to continue to make uninformed choices about their sexuality, leading to risky sexual behaviours and poor or negative outcomes in their sexual health.

One challenge to access to information, includes the taboo nature of the topics surrounding Sexuality and Sexual Health (SSH). In a qualitative study of young Nepalese persons regarding their barriers to sexual health information and services, Regmi, van Teijlingen, Simkhada and Acharya(2010), elaborate that many of these young people are taking risks with their sexual health because topics related to sex and sexual health are not openly discussed amongst families and society at large.

In fact, traditions in Nepal advocate that sexual activity occur within the confines of marriage, despite the fact that many young Nepalese people have premarital and even extra marital sexual relations. Therefore there is a disconnect between traditional expectations of society and the reality that exists today. The fact that topics regarding sex are sensitive and taboo, means that young people are not getting the adequate and accurate information about sexuality matters in order to take preventative measures in their sexual health (Regmi et al, 2010).

Another challenge includes teenagers' feelings of embarrassment in asking about information regarding sexual topics. They may in turn, prefer to seek out information from their peers and other sources of information that they are more comfortable interacting with, such as the media and the internet (Regmi et al, 2010; Zhang, Li and Shah, 2007). In fact, Buhi, Daley, Fuhrmann and Smith (2009) highlight the trend of adolescents seeking information online for embarrassing topics which they felt they could not discuss with their parents, teacher or health care professionals. These topics included information about sexuality, menstruation, contraception, pregnancy and STIs. Buhi et al (2009) also expressed concerns in their study about the accuracy of online information regarding

sexual health topics since this was what helped adolescents to make decisions about their own sexuality and sexual health.

Benzaken, Palep and Gill (2011) elaborate in their study, that Mumbai students linked their lack of access to information about sexual matters due to being embarrassed to bring up the topic with their parents, so that many of them, therefore, turned to their friends for advice on matters related to sex. Benzaken et al (2011) as well as Zhang et al (2007) also reported that peer advice was the second most popular source of information for teenage males about SSH topics. The problem is that even though peers may be comfortable to talk to, they may not have all the information required to help formulate wise decisions about SSH topic. Therefore, peer advice is not always accurate, and if adhered to, can result in risky sexual behaviours.

Young people also are embarrassed if they are judged by others or stigmatized for asking questions of a sexual nature. They therefore shy away from asking about sex related topics such as contraceptives, in an effort to maintain a good public image (Regmi et al, 2010). It is especially embarrassing if their discussions about sexuality and sexual health are not kept confidential. This adds to their insecurities about trusting other people and makes them hesitant to talk to people in order to find out about sexual topics (Zhang et al, 2007).

Parents are sometimes embarrassed and may be unwilling to discuss sexuality and sexual health matters with their children because they are concerned that if they do, it may encourage their children to engage in sexual intercourse at an early age and place them at risk of contracting a STI (Zhang et al, 2007). However, Campos (2002) indicates that

parents who openly communicated about sex with their children were more likely to help them to abstain from sex until they are older and to use safe sex practices.

Unfortunately, not all parents feel comfortable discussing SSH topics with their children, although most teenagers preferred that they learnt about SSH topics from their parents. As Zhang et al (2007) state, in China, parents may discuss less culturally taboo topics such as puberty, but are embarrassed to discuss topics such as sexuality with their children. Parents then either refrain from discussing these topics, or do not discuss them comprehensively.

Yet another challenge to access to information about SSH topics by teenagers, concerns their teachers' inability to discuss these topics at school. Selwyn and Powell (2007) indicate that teachers are perceived by students, as lacking the commitment needed to make sex education more participatory. They also thought that teachers approached sex education from a reproductive perspective which did not always meet the students' information needs. These opinions were also expressed by teenagers in the British high school system, who wanted more information about SSH topics other than reproductive health, from their sex education programmes (Measor, Tiffin and Miller, 2000).

As a result of these challenges to access to information, teenagers often resort to other alternative sources of information, which may not always be accurate or reliable. These include some forms of mass media such as the internet and advice from their peers, which contributes to their misconceptions about sexuality and sexual health topics. Such inaccurate information causes poor or risky sexual behaviour, and can result in negative sexual health outcomes (Zhang et al, 2007).

The type of sex education programs which are available at schools may have sex education programs, varies. This presents another challenge faced by teenagers, to access to information on sexuality and sexual health topics. The content or the type of information provided through these programmes, to a teenager, affects their ability to make informed decisions regarding their sexuality and sexual health. It is especially important when they rely mainly on the information provided through sex education programmes at school, to inform their decisions concerning their sexual practices.

There are three main approaches to sex education, and they each provide varying degrees of content concerning sex education or Sexuality and Sexual Health information. These include an abstinence approach, an abstinence plus approach and a comprehensive sex education programme. The first approach advocates that youth remain abstinent until marriage, and does not discuss the possibility of pre-marital sex and contraception, as sex is promoted within the context of marriage. The second approach promotes youth abstinence, but also promotes safe sex practices by teaching them about contraceptives. The third approach advocates open discussions on all SSH topics, in an age appropriate manner, with teenagers and provides all the information they need in order to inform them about the risks of having sex and the measures which they could take to protect themselves in order to refrain from risky sexual behaviours (Campos, 2002).

Teenagers who learn from comprehensive sex education programmes, often learn the accurate information they need to adopt and practice positive sexual behaviours, leading to positive sexual health. Canada's sex education programme, for example, promotes teenagers' rights to access to age appropriate information regarding sexual

matters so that such individuals can make informed decisions that would lead to more positive sexual and reproductive health (Kay, 2004). This principle is in alignment with the Information-Motivation-Behavioural Skills model developed by Fisher and Fisher (2002), which is elaborated on in Chapter three.

Benzaken, Palep and Gill (2011) also state that sex education programmes which have been established in high schools in European countries, were effective, when implemented, in reducing teenage pregnancies and also incidences of STIs amongst teens through the teaching safer sexual practices that included the use of contraceptives. Yet, this is not the reality in every school, in every country.

In countries, such India, there are very few comprehensive sex education programmes implemented in high schools. As a result, this country has seen a very high incidence of STIs in the population. The statistics from the Indian National Health Survey 2005-2006, revealed that up to thirty-one percent of HIV cases are from young adults aged 15 to 29 years old. This statistic is the result of Indian youth not practicing safe sex, mostly due to the fact that they were unaware of the risks (Benzaken et al, 2011).

In summary, the challenges which teenagers face to access to information regarding Sexuality and Sexual Health, consists of the society's conservative views on such topics, the feelings of embarrassment concerning discussing such sensitive issues, the fear of stigmatization by others, the use of unreliable sources of information and lastly, the type of sex education programmes to which they are exposed.

The implications of each of these challenges are that they can contribute to incomplete and inaccurate information as well as misconceptions about Sexuality and

Sexual Health, and thus, cause adolescents to adopt poor sexual practices or engage in risky sexual behaviours which lead to negative sexual health outcomes.

# CHAPTER 3: Methodology

## Theoretical Framework

The theoretical framework which was utilized in this study, was the Information-Motivation-Behavioral Skills Model (IMB Model), which was first developed by Fisher and Fisher in 1992 to address the HIV epidemic (see Appendix B) that affected a large percentage of the population in the United States during the 1980s ( Fisher and Fisher, 2002). The IMB Model was later adapted by Fisher, Fisher and Shuper to address various health problems such as reducing risky sexual behavior in adolescents (Fullerton, Rye, Meaney and Loomis, 2013). The IMB model indicates that the initiation and maintenance of sexual behaviours is determined by three main constructs. These three constructs include (a) information (b) motivation and (c ) behavioural skills (Fisher, Fisher and Shuper, 2009, as cited in Fullerton et al, 2013).

The IMB model was originally created and used by Fisher, Fisher and Shuper in order to promote protective health behaviors amongst at risk target groups in the population, against HIV and AIDS. The IMB model has since been applied to other areas of concern in health such as decreasing the risky sexual behaviors in teenagers. It is actively promoted in the Canadian guidelines for Sexual Health Education since it has proven effective in changing sexual behaviors of adolescents towards more positive outcomes such as increased contraceptive use leading to lower rates of STIs amongst this group (Fullerton et al, 2013; McKay, 2004).

The IMB model's three constructs work in tandem with each other. Figure 1 illustrates the dynamics between each construct according to the IMB model.

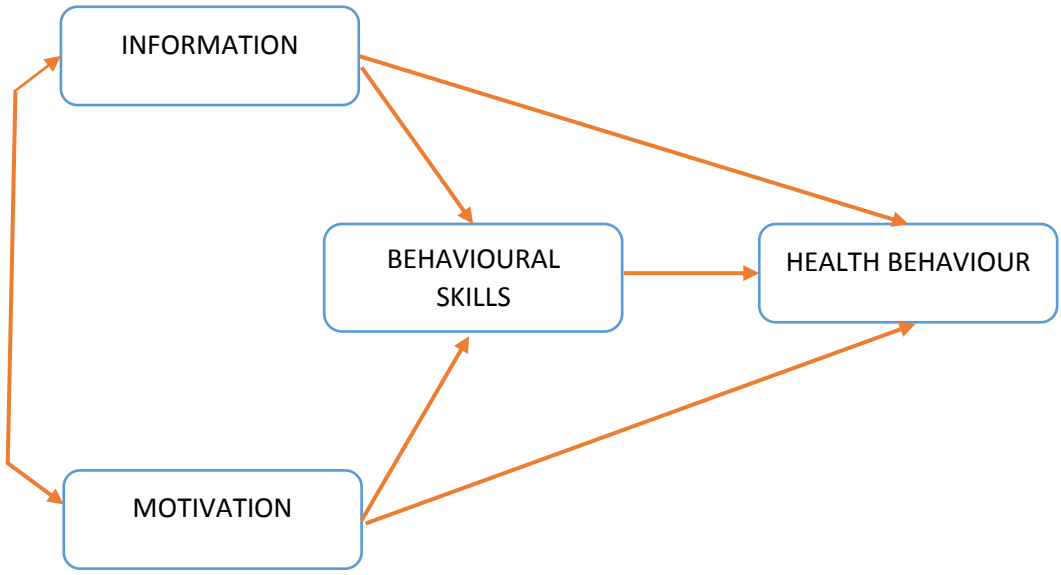


Figure 1. **The Information-Motivation-Behavioural Skills Model** (adapted from Fullerton et al, 2013).

The first construct is Information, which is defined in the IMB model, as the knowledge that is behaviorally relevant for a person to perform certain sexual health behaviors. An example includes a person's knowledge of the use of contraception in order to prevent the risk of contracting a STI or to prevent an unintended pregnancy. In such a case, the person, must have the accurate information or knowledge about contraceptive use in order to help them make the right decision. In this way, the person is able to determine

the appropriate protective sexual health behavior based on their knowledge of contraception.

The second construct, Motivation, refers to a person's social or personal motives to practice certain sexual health behaviours. It includes the personal attitudes, perceptions of support from others and beliefs which a person may have, that influence their enactment of certain sexual behaviours. In this way, the motivational construct of the IMB model is more subjective and varies from person to person. For example, if a teenager has the personal belief that condoms would help prevent them from contracting STIs, and if some of their friends suggested that use of such contraceptives were safe (peer support), then it is more likely that the teenager would be motivated to use condoms when engaging in sexual intercourse.

The final construct, behavioural skills, refers to a person's objective abilities and sense of self-efficacy in order to actually perform the sexual health behavior or act. They may be motivated and informed, but whether or not they can carry out the protective action regarding their sexual health, depends on how competent they feel about themselves in the given scenario. For example, a female teenager may be informed about the benefits about contraceptives such as condoms. She may have heard from her friends that it is a safe form of practice to prevent the spread of STIs or to prevent unintended pregnancy, and this may have motivated her to attempt using condoms with her partner. However, when she is within the given situation and her partner perhaps does not wish to use a condom, she may relent and not persuade him to use the condom. This action of not insisting on the use of

the condom, places the female at risk by having unprotected sex. Therefore, her final sexual health behavior is one which is unprotected.

Critiques of the IMB model include the fact that it is a relevantly recent theoretical model to address health problems. As such it has not been evaluated extensively for its effectiveness, particularly, the role of the information construct and its impact on enforcing preventative behaviours (Fisher and Fisher, 2002).

However, this IMB model is particularly suited to this study, since it highlights the importance of a person being provided with accurate information so that they can then engage in process of enacting protective sexual behaviours, which ultimately leads to positive sexual health outcomes.

In this study, the challenges faced by students in accessing information regarding Sexuality and Sexual Health was explored in order to corroborate evidence based in literature, as confirmed through the IMB model, that information is a key aspect of adopting correct sexual behaviours. Indeed, Fisher, Fisher and Shuper, highlighted that when persons were educated about the transmission of STIs such as HIV and AIDS, that these persons, became more aware of the risks they may have taken in the past, and as a result, took corrective actions or behaviours in order to protect themselves from contracting this deadly disease in the future (Fullerton, Rye, Meaney and Loomis, 2013).

Therefore, if challenges exist in accessing accurate information regarding sexuality and sexual health, students may not be able to utilize all the relevant information they need to make wise judgements about their sexual behaviours, and this may place them at risk in the future, leading to negative sexual health outcomes.

## Rationale for Qualitative Approach

Creswell (2013) explains that qualitative research is initiated through the use of philosophical assumptions together with an interpretative theoretical framework in order to address the issue or problems outlined in the study. He further elucidates that qualitative research involves inductive as well as deductive approaches to data collection and analysis.

Qualitative research requires the researcher to use an "interpretive lens" (Creswell, 2013, p. 44) when extracting meaning from the data collected, and coding this data into main themes and categories. Indeed, qualitative research represents the voices of not only the participants within the study, but of the researcher as well, during the process of reflexivity. As such, qualitative research is useful when highlighting the nature of the situation or phenomenon within a study so that the appropriate changes can be effected once the issue has been analyzed.

The Qualitative approach was used in this study, first and foremost due to the sensitive nature of the topics under investigation. It was felt that the use of private interviews by the researcher with each participant would therefore maintain a level of trust and confidentiality throughout the research process.

The philosophical assumptions which guide qualitative research include ontology which describes the nature of reality, epistemology which outlines the close relationship between the researcher and the participants of the study, axiology, which involves the values, beliefs and biases of the researcher and participants within the study and lastly,

methodology, which includes the way in which the researcher collects data for the study (Creswell, 2013).

In this study, the ontological assumption was applied through the use of multiple perspectives from three different students to depict the nature of reality with reference to the challenges faced by these students when accessing information on Sexuality and Sexual Health (SSH) topics, as outlined in the Sexuality and Sexual Health component of the HFLE curriculum. The participants all were students of the same school, and as such, belonged to one single case study. Adelman, Jenkins and Kemmis indicate that an institution, such as a school can be considered a bounded system since it is a particular unit through which the phenomenon occurs (as cited in Merriam, 1998, p. 28).

During the process of qualitative research, various themes emerged during data collection and analysis, based on the multiple realities or multiple truths of these three participants each of whom offered their perspectives on what challenges they faced when trying to obtain accurate information about Sexuality and Sexual Health. Multiple realities are also important as they highlight the ways in which individuals interact and develop an understanding of the social world through their experiences (Merriam, 1998). Multiple realities therefore provided the researcher with various reasons why the participants may have experienced challenges in accessing information regarding SSH.

The epistemological assumption was utilized to emphasize the importance of subjective evidence from participants based on their challenges in accessing information on the SSH component of HFLE. This provided important contextual information regarding the challenges and possible interventions which the selected participants believed

influenced their access to information based on the Sexuality and Sexual Health component of HFLE.

Within this study, the axiological assumption was examined through the researcher's own beliefs, during reflection about the research process, about why this particular component was important and why access to information about this component by students was a key factor in changing their behavioural outcomes towards more positive sexual behaviours and sexual health.

The methodological assumption of the study, outlined the use of inductive techniques to collect and analyze data. The qualitative research approach therefore utilized a single case study, with three participants, as outlined in the following sections of this chapter.

## Research Design

The type of qualitative research methodology selected for this study was the use of a case study research design. Merriam posits, that the use of case studies not only provides the means of understanding phenomena through multiple variables, but it is based on real life scenarios and as such, involves a "rich and holistic account of a phenomenon" (Merriam, 1998, p. 41). Case Studies may help to uncover solutions to research questions, such as the one that was operationalized in this study and thus provide a way for educators to improve their field of practice in the education system.

Yin (as cited in Merriam, 1998, p. 29) explains that the use of case study research design facilitates a more holistic picture of the phenomenon, where it is sometimes even difficult to "separate the phenomenon's variables from their context". This is particularly useful, when attempting to explain why a phenomenon exists, and it can also present invaluable information for the reader, in order to determine, the applicability of the study to other similar situations.

## Selection of Participants for this Study

The participants who were selected for this study, were three adolescent students who were members of the Form Three level classes and ranged in ages from 14 to 15 years old. The statistics over the years, indicate that the age of first sexual intercourse for many teenagers, occurs at between the ages of 15 to 16 years (Canadian Community Health Survey, 2000-2001, cited in McKay, 2004; Measor, Tiffin and Miller, 2000) and sometimes, even before the age of 15 (Unicef report, 2011).

The Form Three level participants were within the age group that statistics indicate is the age of most teenagers' first sexual experience. Therefore, the access to information about Sexuality and Sexual Health at this age is most critical to teenagers at this stage, because they may utilize such information in order to make correct decisions regarding their own sexuality, which impacts upon their sexual health. The participants were at an age, when they experienced attractions towards the opposite sex, and also observed similar attractions amongst their peers.

The school in the study, is coeducational, which provides opportunities for members of the opposite sex within the student body, to be attracted to each other. Students are able to observe their peers in relationships, and sometimes, they themselves are in relationships.

The three participants used in this study, were purposively selected based on the following sampling criteria:

1. They were members of the same school and therefore were within the bounded system of the case study.
2. Their age group, as outlined previously, was selected due to the fact that statistics revealed that most teenagers encounter their first sexual experience by the age of 15 to 16 years old. Therefore the age of the selected participants was important to explore their challenges just before they arrived at the age of this type of experience.
3. The participants had attended school for the past two and a half years prior to this study. This allowed the research question to be explored to determine the influence of school life (teachers, peers, external lecturers) on the participants views of challenges with access to information regarding sexuality and sexual health.

The names of each participant were changed for this study, in order to protect their identities. The male student was named James, and the two female students were named, Liz and Marianne.

All three participants were part of the same level of Form three, and had been exposed to the same subjects, from Form One to the current time, therefore, they would

have had similar experiences with academic life at school. They each however, had different groups of friends at school and as such, their peer influence would have been varied. The perspectives of both genders were very valuable to the researcher, since it provided an avenue for maximum variation of participants. The perspectives of James, as he was a male student, were different from those of Liz and Marianne. There were other differences amongst the participants. Neither James nor Liz were in a relationship with anyone, whilst Marianne had a boyfriend in a higher form. This was relevant to the researcher, since it influenced the interest in the access to information about Sexuality and Sexual health topics vary amongst participants, depending on their personal circumstance.

## Method of Data Collection

In this case study, the researcher was the main research instrument since she gathered the data from existing school documents and records, as well as interviewed the participants in order to collect data as it pertained to the research question. This procedure, is according to Creswell (2013), an acceptable practice in qualitative research.

The semi-structured interview format was selected in order to allow the researcher flexibility during the interview process with each participant. This flexibility allowed for the researcher to probe or inquire deeper into the information provided by the participants, as it came up during the interview process, and helped the researcher to gain a greater understanding of the particular issues as they related to the research question that was operationalized. Merriam (1998) posits that the flexible nature of research enables the researcher to adapt and respond to changes as they occur within the study. It

also caters to the emergent design of the research process as concepts, themes and even the design of the research may change in light of new information provided by participants while they are being interviewed (Creswell, 2013).

An interview inquiry report, according to Kvale and Brinkman (as cited in Creswell, 2013) consists of seven main stages which is initiated with the development of the main theme of the inquiry of the study. Similarly, this particular study, the data collection that was utilized, followed a series of steps as outlined by Creswell (2013) and was based on the main research question that was operationalized, which was then answered through the responses of three participants who were interviewed by the researcher.

The first step, was to ensure which of the research questions were to be operationalized and answered through the interview process. In this case study, sub-question one was operationalized for the research process.

In step two of the data collection process, this particular sub-question then became the foundation for the type of sample that was utilized for this study, as well as the selection criteria used in sampling participants.

In step three, type of interview was selected, and in this study, one-on-one semi-structured interviews were conducted by the researcher with each participant. This interview protocol, allowed the researcher to explore the sensitive issues involving questions about challenges each participant faced in accessing information about topics regarding Sexuality and Sexual Health. The interview protocols developed by the researcher, ensured that interviews were conducted with each participant in a private and confidential manner. It also allowed each participant the ability to speak in an uninhibited

way without fear of judgment, as opposed to speaking in the presence of a group of their peers. The one-on-one interview also allowed the researcher to gain a better rapport with each individual and in turn, help them to develop a sense of trust in the researcher.

The fourth step required the selection of an appropriate form of recording procedure for information gathered during the interview process. An ipad was used for this case study, as the recording device while the researcher conducted the interviews, so that the information which was relayed by each participant was carefully stored for later transcription and analysis. The ipad contained an app which was ideally suited not only for recording the interviews, but also for playback features that enabled accurate transcription of data by the researcher.

The fifth step required the researcher to develop a series of open ended questions for the semi-structured interviews with participants (see Appendix D). These particular questions allowed for the data collection of specific and relevant information regarding the research question that was operationalized.

The questions were then pilot tested in the sixth step, to ensure that they were more focused on acquiring the correct information from each participant. In this case study, the researcher pilot tested the research instrument with a student who was not a participant, but who shared similar characteristics to the sample that was selected. The pilot test allowed the researcher to edit any questions that sounded ambiguous, to refine the focus of certain questions by paraphrasing them and also to include new questions to the research instrument, in order to better acquire the information needed to answer the research

question. The final series of open ended questions was then finally developed and refined by the researcher, and used in the semi-structured interviews with each participant.

Before interviews were conducted by the researcher, each participant was given a parental consent form concerning the purpose of the research (see Appendix C), the value of the information of each participant and how it would be used in the study, as well as other ethical considerations, which were outlined in the following section. Each participant had to carry the letter home and let their parents read it and sign their approval for their child to participate, since each participant was a minor, the parental approval was a key factor to their participation in the research process. The researcher had met with the parents prior to sending the letter of consent, and also verbally explained the purpose of the study, so that they were already familiar with it. This letter was signed by each participant's parent and a copy was kept with each parent while one was returned to the researcher. This was the seventh step.

In the eight step, a suitable location was determined for the researcher to conduct interviews with each participant. In this study, the researcher found a room that was quiet and empty during the times which the interviews were carried out. This allowed the participants to discuss their challenges with accessing information about sexuality and sexual health, in privacy, with only the researcher asking questions, listening to each of their responses and recording the interview on the ipad.

During step nine, the researcher conducted the interviews with each participant in order to collect data based on the research sub-question that was operationalized in this study. In this study, the data collected pertained to the challenges each participant faced in

accessing information regarding topics based on sexuality and sexual health. The interviews with all participants were conducted during the months of May to June 2014, and lasted several weeks. Two interviews were conducted with each participant during this time. Each interview, lasting approximately 20 to 30 minutes. The first interview was conducted during the second week of May 2014, whilst the second interview was done during the first week of June 2014. The second interview sought to obtain clarification and a deeper exploration of the research sub-question from each participant based on their responses from the first interview.

During the interview process, the researcher was able to conduct each interview in a polite and respectful manner. The participants were made comfortable by allowing them to express their views without fear of judgment, knowing that their identities were kept confidential. The researcher listened carefully as they relayed their perspectives, and at certain points during the interview, probed the participants in order to gain a greater insight into their specific challenges.

Finally, in step ten, the researcher transcribed all the data collected from the recorded interviews of each participant, so that the transcripts of each interview could be later reviewed by each participant and then used for data analysis. This form of review, also known as member checking, is according to Creswell (2013), one way a researcher can ensure verification of the data for accuracy within a study.

## Execution of the Study

This study began, in January 2014, with the researcher discovering that some teenagers in her school, as well as other teenagers throughout in the nation, seemed to experience fundamental problems with making the correct decisions regarding their personal sexuality and sexual health. The problem was manifested through problems that teenagers had with relationships, the rise in the level of teen pregnancies in secondary schools over the last few years and the increased incidences of teenagers contracting STIs. It seemed to the researcher, that there was a gap of information, which did not adequately address these problems which teenagers were experiencing. This led to their poor decisions regarding their sexuality and sexual health.

Initially, the researcher had focused her study based on the teaching approaches to sex education, but after presenting her research proposal, in March 2014, the feedback that was provided by the researcher's supervisor, audience and lecturers who were present at that time, enabled the researcher to reconsider the research questions identified in the proposal. She then did some more research into the problems, and changed the focus to identify specific challenges which students faced while trying to access information about topics based on Sexuality and Sexual health. The researcher felt that this focus would better achieve an insight into the problems faced by teenagers that led to them making poor choices regarding their Sexuality and Sexual Health.

After the change of focus was established, the researcher identified relevant literature that outlined challenges faced by teenagers in other countries, concerning their access to sex education, during April 2014. She went on to the methodology and identified

her sample based on certain criteria, then followed interview protocols to ensure that data was accurately collected, transcribed and later analyzed, during May 2014. The findings of the study were then discussed, followed by the conclusion and recommendations for future similar situations, as those that came up in this study. The entire research process ended in June 2014, and the final research project was submitted for evaluation, to the researcher's supervisor through the Post Graduate Unit of the University of the West Indies, St. Augustine.

## Method of Data Analysis

Patton accurately states, "data generated by qualitative methods are voluminous" (as cited in Creswell, 2013, p. 182). As such, in this study, the researcher had to organize all the data collected from each participant, after the interview process.

The researcher sought the advice of colleagues as well as experts in the field of education (the researcher's supervisor), regarding the issues under investigation. This consensual validation assisted with the credibility and authenticity of the research process.

Peer review helped to improve the reliability of the data collected by refining interview questions used in the data collection process so that these were more aligned to the research question (Merriam, 1998). Peer review is a form of triangulation, where by the researcher's colleagues, liaise with the researcher about the study, in order to improve the rigour of the interview questions used to collect data in the field (Creswell, 2013).

Follow up interviews were utilized to ensure, member checking in the form of presenting the transcript to participants for their verification, was also done, to ensure credibility and accuracy of information within the transcript (Creswell, 2013). Wherever necessary, changes were made to align the transcript information (see Appendix E) to what participants actually said. The words of each participant could then be quoted verbatim during the data analysis process.

The transcriptions were read, and re-read several times by the researcher for a general understanding of the rich thick descriptive data. This form of data was valuable when developing codes from the data presented in the interviews (see Appendix F). Such data allowed the researcher to not only develop codes related to the sub-research question one of the study, but also enabled themes or categories to emerge throughout the analysis and interpretation of data (Merriam, 1998).

As codes were identified within each line of the text of the transcripts of each participant, ideas and meanings were developed, and noted by the researcher on the right hand margins of the text (Appendix E). Codes were colour coded throughout the data, in segments of text, and ascribed to themes that emerged. In vivo codes or the direct quotes or words of participants were also utilized in this process of coding. These codes were listed and assigned to specific themes (Creswell, 2013; Merriam, 1998).

As the themes were developed, interpretation for the greater meaning was then completed by the researcher, and eventually represented in a table format, for each participant. This enabled the researcher to make comparisons as well as ascertain differences amongst participants' responses. This procedure is similar to that identified by

Creswell (2013, p. 209) as "cross case theme analysis." This process is very valuable when presenting findings and conclusion, as seen in the next two chapters of this study.

## Ethical Considerations

All protocols regarding ethical issues were followed for this study. Once the topic of research was finalized, the researcher sought authorization from the administration of the school in order to conduct the research at this particular location. Approval for the research was also provided by the University of the West Indies, the Ministry of Education and the participants' parents. In each instance, the nature and purpose of the study was outlined to all parties before approval was given.

The approval of each participants' parents, was very important, since the participants were minors. Therefore parental consent was provided through a letter. The letter stipulated the confidential nature of the research, the anonymity of participants as well as the school and the option of withdrawal from the research process if they wished.

Once the parental consent was given for each participant, the dates and times of interviews were scheduled in a manner that caused the least disruption to the participants and their classes. Permission was also granted by the parents to record the interviews and to use the actual words of the participants within the study.

## Delimitations

The findings of this study are based on three participants from one school, therefore the generalization of the findings to other schools may not be possible. However, the implications found in this study, may be applicable to other institutions.

## Limitations

The researcher encountered time constraints while conducting the study, since there were conflicts of interest with work related matters which affected her time management.

Students may have provided responses which they think the researcher would approve of, or they may not reveal negative perceptions about their personal experience, so that they would not be judged.

It would have been difficult to bracket the researcher's perceptions of the challenges that students faced in accessing information about Sexuality and Sexual Health topics, for example, the perception that more should be done at school in order to help students have greater access this type of information.

# CHAPTER 4: Data Analysis and Presentation of Findings

In this study, students' perceptions concerning their access to accurate information about topics as outlined in the Sexuality and Sexual Health strand of the HFLE curriculum, were explored. One particular aspect, their challenges to access to information, regarding Sexuality and Sexual Health topics, is presented through the findings for Sub-research question one.

Sub-Research Question One

3. What are the challenges faced by Form Three students regarding their access to accurate information about topics as outlined in the Sexuality and Sexual Health strand of the HFLE curriculum at the coeducational denominational secondary school in the study?

## Data Analysis and Presentation of Findings

The analysis of the data collected from interviews with each participant focussed on the challenges which each of them faced while attempting to access accurate information about sexuality and sexual health topics (SSH). The researcher analysed each participant's transcript, (once they were member checked) sentence by sentence, in order to ascribe codes and themes from the text. The text was also analysed for meaning and was interpreted by the researcher into main themes (Appendices E and F).

The findings were categorized into eight main themes:

1. Parents
2. School
3. Superficial Discussion of SSH topics
4. Embarrassing to discuss SSH topics
5. Culture
6. Inaccurate Sources
7. Trust and Confidentiality
8. Fear of Being Judged

### *Parents*

This theme varied from one participant to the other. For Liz, it was one of the main reasons why she was unable to access any information regarding SSH topics. She stated:

> My mommy…she is more of a shy person. She is a single parent and she don't really talk about that.

Liz stated that her mother was shy, and embarrassed to speak openly with her about sexuality and sexual health topics. She went on to explain that she thought her mother did not discuss these topics with her because:

> I don't think that parents have time to come home and sit down and have that kind of conversation, to sit down and explain this. It done already awkward for them.

Here Liz uses the logic that parents may be too busy to talk about SSH topics. She also added that it was awkward for them to discuss such topics with their children, they are unable to pass on important information to their children about these topics. Liz later admitted that she spoke to her friend to get information about SSH topics since she was not able to get information at home.

In contrast to Liz, however, James and Marianne, indicated that their parents had a major role in communicating about SSH matters with them, but they still could not access enough information about some topics with their parents. For James, this included the topic of contraception, whilst for Marianne it was the topic of relationships.

The findings indicated that while some parents were unwilling or unable to discuss SSH topics openly with their children, which limited the child's access to information, that other parents, were able to communicate with them at least  about most topics, so that their children were better informed about these issues.

***School***

James indicated that even though he got some information from his Science and Social Studies classes at school, that he did not get as much information as he desired. He wanted to learn about SSH topics from school, through sex education classes:

> R: Ok last question, what do you think will help you have greater access to information about Sexuality and Sexual health?
>
> J: Bring it more to the students?
>
> R: Like how?
>
> J: Actually having sexual education classes.
>
> R: So in school?
>
> J: Yes.

This emphasizes the role of schools in providing sexuality and sexual health information to students, especially if students are not able to access accurate information elsewhere. If schools do not provide such information then it would add to the challenges faced by students in obtaining information on these topics. In fact, Liz's response also corroborated James', when she stated:

> R: So how do you learn about these topics?
>
> L: School.
>
> R: Who in school helps you?
>
> L: Well they don't really teach it….I guess partly from school, I should say. Mostly knowing about the HIV and having protection was taught at school.

Her response in the interviews revealed that certain topics were taught at school in some classes and through external lecturers such as health care professionals (nurses), while others were not.

> R: What about teachers? Did they ever speak to you all about contraception?
> L: No. Definitely not.

Here Liz, identified that teachers did not provide information about contraception. This topic, like abstinence, is one that is critical to protection against STIs. Liz and James, both felt that schools had an important role to play in educating students more about SSH topics. She went on to say:

> Yea. For one, we always at home, and then too, we always in school. Most of the days we in school, except for Saturdays and Sundays. Yea teachers need to educate us.

Liz expressed a wish for teachers to educate students more about SSH topics at school, because according to her, students spent a lot of time at school. Therefore the findings revealed that whilst some SSH topics were discussed or taught at school by teachers and external lecturers, there was a greater need for information about some SSH topics, such as contraception. This observation by the participants lead to the next theme.

***Superficial Discussions about SSH topics***

Marianne was very outspoken in about the fact that when she asked people about contraception, that they did not provide an in depth explanation to her questions:

> R: What about contraception?
>
> M: Not really.
>
> R: So you have information on that?
>
> M: A little bit.
>
> R: Ok so why is this information not available?
>
> M: I don't know but I tried to get it but like no one wanted to tell me.

She did not understand why they did not want to talk about it in the first interview, but during the second interview, she thought it may have been because they thought she was too young to be given such information:

> R: Alright, so tell me what are some problems or challenges that you experienced, in obtaining information about Sexuality and Sexual health topics?
>
> M: Well, some problems that I had was that people wouldn't trust you or wouldn't think you would understand because of your age. Like how they explain it, they wouldn't think you understand what you talking about. So it might be a little difficult for them to explain it fully.

This lack of in depth discussion limited Marianne's access to SSH information from the people that she asked and this left her unsure and confused about the topic of contraception.

Liz also faced the same challenge as Marianne when she asked people about SSH topics:

> R: Ok. What topics do you think it is most difficult to get reliable accurate information on regarding Sexuality and Sexual Health?
>
> L: topics about sex….all the areas. Because nobody ever give you a straight answer. They just beat around the bush.

Liz's response indicated that people avoided giving her a direct answer to her questions, so that she was left uncertain because she could not get any information from them about these topics.

Perhaps one of the reasons people did not provide Liz or Marianne with any detailed information was due to their embarrassment in discussing these SSH topics with them, as described in the next category.

### *Embarrassing to discuss SSH topics*

This particular theme emerged throughout the interviews from all three participants. It reflected their embarrassment at attempting to ask people about SSH topics as well as people's embarrassment in discussing such topics with the participants. It therefore was one of the most outstanding themes uncovered in the findings for this study.

James was a naturally shy boy and Marianne was reclusive. As such, both of these participants expressed their difficulties in actually discussing SSH topics with other people.

James stated:

> Um, I would feel….I think I would feel uncomfortable and embarrassed because I'm a shy person.

Marianne also expressed doubts about obtaining information through open discussions concerning SSH topics:

> M: Well it's a little uncomfortable…..
>
> (later on in the interview)
>
> R: Ok, so you would not prefer to learn about it in school per say?
>
> M: Not really. Not so much.
>
> R: You're not really comfortable talking about it in school?
>
> M: No.

Even Liz, who was a more talkative person than James and Marianne, said that she too felt embarrassed at times when she had a question concerning SSH topics. She felt that it was awkward for her to discuss, as she said:

> Yea cos it go be awkward talking to somebody else, like a teacher.

All three participants also observed that people showed feelings of embarrassment or feelings of discomfort when discussing SSH topics with them, and this in turn, caused them to reveal less information to the participants.

Liz stated that parents may feel awkward discussing such matters with their children:

> I don't think that parents have time to come home and sit down and have that kind of conversation, to sit down and explain this. It done already awkward for them

She also stated it was difficult for her to talk to other people about SSH topics, and similarly uncomfortable for people to discuss it openly with her:

> Well, one, you kinda feel uncomfortable asking people about it. So people wouldn't really talk to you about it, to say, that they would feel uncomfortable talking to you about it.

James' response was in alignment with Liz's beliefs, and he mentioned the same feelings of discomfort both from himself and from people he tried to talk to about SSH topics:

> …people you know, it may be hard because they might find it uncomfortable to talk about…
>
> …Then sometimes, if you ask someone a question, they themselves wouldn't know, so they wouldn't feel comfortable answering the question. That is a problem.

Marianne disclosed that she would not approach members of the opposite sex for any information regarding SSH topics, because it was awkward for her to do so:

> R: Ok. Who would you be uncomfortable talking to, regarding Sexuality and Sexual health topics?
>
> M: Umm…guys mostly? Just guys on the whole.

Liz also shared the same opinions as Marianne and did not wish to talk to her male family members about SSH topics. She related an example of a topic she would not wish to discuss with them:

> You don't want to hear your brother talking about private parts! That is just off!! NO!!

The findings revealed that the participants felt embarrassed to ask about certain topics regarding SSH, and therefore this feeling of embarrassment caused them to hesistate. The feelings of discomfort and embarrassment were also extended to the people who they attempted discussions with. As such, it can be said being embarrassed was a challenge to access to information regarding SSH topics since it caused people to hesitate to ask questions about SSH and it also meant that the information provided was limited.

***Culture***

This theme emerged in both Liz's and Marianne's interviews. Both girls spoke about the way they were brought up at home. For Marianne, her parents did not wish to provide her with information about SSH topics, because they thought she was too young:

Marianne:

> …..but like when I was smaller, my parents used to say, "Ask God." They didn't want to tell me…
>
> …when I was small I never used to do dem thing….

In this situation, Marianne's parents used the concept of religion to avoid telling her more about SSH topics. They also pointed out to her that she was not supposed to know at her age. This placed a barrier to how much information she could access from them, and it revealed that their culture, in the form of religious beliefs and attitudes about how much she was allowed to know at a certain age, had an important impact on her access to information regarding SSH topics.

Liz elaborated on the influence of culture at her home, when she spoke about how she was raised by her parent:

> …Hmm! I guess is how we been grown up? How we have been grown up since small.

She also spoke about why she was hesitant to seek advice from people. She knew that if she did, that they would not look at her the same way. They would think that she was being inappropriate.

> …It would be very awkward and disrespectful. Now, people would see that as disrespectful…

These responses indicated that Liz was raised to not ask questions about sex or sex-related matters. She also observed that people's reactions would not be positive if she showed curiosity about it.

Both Marianne and Liz therefore acknowledged the culture of their family, and to a larger extent, that of society. The society they grew up in, was not open to discussion about

sexuality and sexual health topics. As such, they learnt not to ask, or to wait until they were old enough to ask or even look for alternative sources of information as they grew older.

### *Inaccurate Sources of Information*

This theme emerged in each of the participants' interviews and was related to their use of the internet and peers to help them access information about SSH topics.

James and Marianne both used the internet to help them fill the gaps of information about SSH topics. James responded that he had used the internet to locate the information he needed about SSH topics:

> R: What types of media would you trust?
> J: Internet.
> R: What types of websites?
> J: Well, it have sites that could actually teach you about that, so…those.
> R: Medical?
> J: yea.

He further stated that he used medical websites that provided such information. However, Marianne stated she used Wikipedia, which was not a reliable source of accurate information.

> R: Ok but did you have any problems in getting information, say from other resources, other than talking to people then?
> M: Not really. Well I check certain websites on the internet, like Wikipedia for instance

Peers were another alternative source of information about SSH topics. Liz stated that she relied on her friend to get such information, but she also admitted that she did not always think her friend was accurate in the information provided:

> L: So I have a friend and she talks. Yea yea whatever. But to be honest, nobody.
>
> R: Nobody in the family?
>
> L: Nobody in the family, but my friend. I would talk to my friend about it….
>
> (later on in the interview…)
>
> R: Alright good. Ok. So let me ask you another question. The person you said you are comfortable talking to about these topics, this is your friend. Do you think that the information she gives you about these topics is accurate?
>
> L: not all the time.
>
> R: But you trust her?
>
> L: Yea, but not all the time whatever she say, is …well you wanna look it up to make sure it making sense.

The findings prove that teenagers are using the information that they find on the internet and also through their discussions with their friends to help them build their knowledge base about sexuality and sexual health. Whilst these two sources may provide an easy avenues for students to access information about sexuality and sexual health, they is not always accurate. However, talking to a familiar person in the form of a close friend and the private use of the internet, does not cause a person to feel embarrassed or self-conscious. Perhaps, this was why the participants resorted to accessing these sources of information regarding SSH topics.

Information from peers and the internet are questionable because of accuracy concerning SSH topics. If the participants obtained inaccurate information from these sources, it could contribute to their misconceptions about SSH topics and their poor practices about sexuality and sexual health.

### *Trust and Confidentiality*

The theme of trust and confidentiality was very important for all three participants. They preferred to access information from persons who they trusted, and who they knew would keep their discussions confidential. If they did not trust certain people, then they were preferred not to talk to them, and this limited the information they would have received from them concerning SSH topics. As Liz stated:

> Umm. I used to feel comfortable with my aunt and when I realised she used to tell Mummy, and mummy used to get kinda jealous. I decided, nah boy, I not doing that again.

She used to speak to her aunt, but when her aunt breached her confidence, she stopped talking to her:

> But you cyah just tell anybody something, no matter how long you know them. Next thing they spill something about you.

She also expressed concerns that what she discussed with a person would have been posted on media such as social networking websites:

> You need to know the person before you look to go and say aye, and tell him all your business. Knowing that they have social sites now, they can post things about you.

James also indicated that he needed to trust someone before asking them information about SSH topics:

> Well, also I don't trust most people…so I wouldn't like if I ask someone a question and they laugh at me or go tell other people and stuff like that

Being a male teenager, James was concerned that he would be teased by the person he spoke to. Like Liz, he too was concerned that people can breach the confidentiality of the discussion:

> You may want to find out something and you tell someone you trust and well….that person isn't as trustworthy as you think. They might tell other people…

Marianne preferred to talk to people she trusted, and refrained from discussion SSH topics with her friends, because she was concerned that they too would not keep the discussion confidential:

> You can't really trust friends

The findings revealed that issue of trust and confidentiality was very important to teenagers when sensitive issues such as SSH topics, are embarrassing to discuss, and when they were trying to maintain an image of good character to the outside world. If confidentiality was broken by the person they spoke to, then chances are that their good character would be destroyed. This particular situation is discussed in the final theme.

### *Fear of Judgement*

This last theme was important to teenagers, and had an influence over their access to information about SSH topics, by limiting the persons they could talk.

James said that he was not able to talk openly to anyone, except those he trusted, because he feared that his good name would be "ruined":

> …the information that you shared with them and now your whole image is ruined, and people will think of you as somebody completely different just because of something you said that was confidential…

He also indicated that he observed that his relatives judged others, so on this basis, he did not speak to them:

> Some of my aunts like to judge people on some of their actions, so I wouldn't like to share this information with them (ask them questions about these topics).

Liz spoke about her reputation being questioned if she showed an interest in SSH topics:

> Then they will tell everybody and everybody watching you different. Is all about having a good character, and they can twist words that you didn't even mean to say, but they making it sound so bad, that you do things. Just questioning about it, and they tinking, "Why she question me about that? Maybe she doing it? She doing stuff now! She big!"

She elaborated that she did not wish for her parents to find out that she had been asking questions about SSH topics, because she feared that they would get the wrong impression about her:

> R: you don't want to let your parents know that you're asking these questions?
>
> L: Yea cos then your parents up to say, "What you asking these questions for? You want to do it?"

R: Ohhhh…

L: And yuh know

R: Ok so you're sorta afraid that they find out because then they will get the wrong impression?

L: Yea, yea.

Marianne did not ask her parents about relationships because she was concerned that they might judge her:

M: Because parents tend to judge you sometimes.

R: What do they judge?

M: Like they might think you too young for a relationship, so they wouldn't understand. But like if you have a sister, who you grow up with, then they would understand.

These findings indicate that the participants were wary of whom to speak to because they were each concerned about being judged by others, and having their personal reputation tarnished. They also indicated that they wished to maintain a good reputation. As such, this fear of being judged made them hesitant to see advice or information about SSH topics.

## Summary of Research Findings

The findings to sub-research question one revealed that adolescents faced numerous challenges to access to accurate information regarding Sexuality and Sexual Health (SSH):

- Parents unwillingness or inability to fully discuss SSH topics.
- Feelings of Embarrassment when discussing these topics.
- Superficial Discussions by others when adolescents asked questions about SSH.
- The culture of society which influenced the way the adolescent was raised at home.
- Inadequate information about SSH topics provided within the school system.
- The adolescent's need for trust and confidentiality in a person before SSH topics can be discussed.
- Use of alternative sources of information by adolescents to access information about SSH topics, which may be inaccurate.
- Adolescents' fear of being judged by others when asking about SSH topics.

The discussion, conclusion and recommendations are based on the above research findings and are elaborated upon in the final chapter of this study, chapter five.

# Chapter 5: Discussion of Findings, Conclusion and Recommendations

## Discussion of Findings

The findings of this study provided an expansive view of the challenges which are experienced by teenagers concerning access to accurate information about Sexuality and Sexual Health (SSH) topics. It is evident that they encounter many barriers when accessing SSH information, which influenced their perceptions of sexuality and sexual health topics they received, and the measures they took to counteract the challenges they met.

### Parents

The findings revealed that whilst teenagers wanted to know more about SSH, that their questions were not always answered by their parents. Some parents were unable or unwilling to discuss SSH topics at all, while other parents spoke to their children about certain topics  but avoided others such as contraception. This corroborates with the study by Zhang et al (2007) which indicated that parents are sometimes unable to discuss such topics because they are embarrassed. Campos (2002) had stated that parent communication with children was a key factor in promoting delays in sexual activity and also safe sex practices. Therefore, it is critical that parents address SSH topics with their children.

**Culture of Society**

Perhaps the parents' inability to discuss SSH topics is linked to the culture of society, which deems such matters as private. The findings indicated that teenagers faced this challenge in the form of their upbringing. They knew that there were some questions about SSH which they would not be able to get information on, at least until they were old enough to be told. This is consistent with the study by (Regmi et al, 2010), which looked at the taboo nature of sexuality and sexual health topics in the country of Nepal.

Since these topics were of a taboo nature, people were reluctant to talk openly about it, and so many young people did not get the information they needed to make wise judgements about their sexual behaviour. This presented a major challenge to the young people in Nepal, since they were not always aware of safe sex practices which they could utilize to prevent negative sexual health outcomes. It is important for young persons to be able to access information about SSH, so therefore, health services and other institutions such as schools, should be able to provide this type of information within society to address this challenge.

**School**

This is also linked to the findings that school also presented a challenge to adolescents when they wanted access to accurate information about SSH topics. The findings revealed that while the Social Studies and Science classes provided some information about SSH topics, that it was not comprehensive. Additional information in the

form of external lecturers also helped but they were not seen as frequently as teachers in the school.

Teenagers felt that they should receive sex education from their teachers, through sex education classes. As Campos (2002) elaborated, the type of sex education programme offered at schools, influenced the information accessed by students about SSH topics. It was of paramount importance that they receive information that would help them to adopt health sexual practices. This is linked to the IMB model of Fisher and Fisher (2002), which asserts that the information construct together with the motivational construct would help individuals to adopt health sexual behaviours, leading to positive sexual outcomes.

**Embarrassment**

Teenagers also face embarrassment when accessing information about SSH topics. The findings indicate that the adolescents felt embarrassed, awkward and uncomfortable to discuss such matters openly with other people. These findings are similar to those reported in the studies by Regmi et al. (2010), Zhang et al. (2007) and Benzaken et al. (2011) which indicated that embarrassed teenagers turn to other sources of information about sexuality and sexual health topics. This also presented another challenge as disclosed in the next paragraph.

**Inaccurate Sources of Information**

The use of inaccurate sources of information was apparent within the findings. Teenagers felt embarrassed at times to talk to their parents and turned to their friends and the internet. Regmi et al (2010) explained that these sources were used by teenagers due to their level of comfort with their friends and also the use of the internet. However, as the findings suggested, these sources were not always accurate. The findings also compare to those of Buhi et al (2009) who indicated in their study, that online sources of information about sexual health though not always accurate, were one of the most common sources of information by teenagers who were too embarrassed to talk to someone. Misconceptions about SSH topics can occur from inaccurate sources of information, which can lead to wrong decisions and risky sexual behaviours by adolescents.

Peer advice about SSH topics, was also popular in the findings, and corroborated with the literature, as outlined by Benzaken et al (2011). This source of information about SSH topics, also was questionable in accuracy, but teenagers preferred to talk to their friends about SSH topics, since perhaps they were less likely to be judged or criticised, and perhaps, would get a more detailed response from them.

**Fear of Being Judged by Others**

The findings revealed that teenagers are very concerned about the way other people view them. This is consistent with the reports of Regmi et al (2010) Young people wish to maintain their good character so that they do not ask questions which they may be judged for. The fear of being stigmatized or having their reputation ruined if very important to

them. They are therefore shy about asking about SSH topics or may ask about these topics in a way that would not cause others to see them in a negative way.

**Superficial Discussion of SSH topics**

The findings uncovered the fact that people were not always detailed in their response to teenagers when asked questions about SSH topics. This may have been the result of living society which deems such topics as taboo, as explained previously in the context of the culture of a society. However, it could also be linked to the fact that they were unsure of what types of information would be age appropriate to the teenager to know. Therefore they avoided providing an in depth response when teenagers posed such questions to them, which places teenagers at a disadvantage, especially those who are sexually active or are contemplating becoming sexually active.

As Campos (2002) stated, age appropriate sex education is important to inform teenagers about SSH topics. Therefore, such SSH topics should be discussed in a comprehensive manner in order to provide adolescents with all the information necessary to make the right choices and avoid risky sexual behaviours.

**Trust and Confidentiality**

The adolescents in this study highly valued a person's trust and confidentiality when they had to discuss SSH topics with them In particular, they expressed concerns if their discussions about sexuality and sexual health with someone are not kept private. According

to the study by Zhang et al (2007), breaches of confidentiality can result in their insecurities about trusting other people and makes them hesitant to ask further questions in order about sexual topics.

## Conclusion

The study was clear from the findings that adolescents face many challenges to access to accurate information regarding SSH topics, and these challenges were in alignment with those uncovered in the literature. In conclusion, one can state that the main challenges affecting adolescents' access to accurate information about SSH topics include the parents inability to fully discuss these topics, feelings of embarrassment, superficial discussion about SSH topics, school, culture, fear of being judged, use of alternative inaccurate sources of information and lastly, the need for trust and confidentiality.

## Recommendations

### Increased Parental Communication

Parents need to have open communication with their children about topics regarding Sexuality and Sexual Health. This includes topics which are more culturally sensitive or taboo, such as the issues surrounding sexuality and contraction of STIs. Teenagers have indicated that they prefer to hear about these topics from their parents, because there is a sense of trust and confidentiality that may be present between parents and their children.

Whilst some topics may be embarrassing, parents should understand that it is important to address, since open communication would provide accurate information to their adolescents about SSH topics. When equipped with accurate information, teenagers would be more likely to adopt healthy sexual behaviours and therefore reduce their negative sexual health outcomes. This is consistent with the Information construct of the IMB Model developed by Fisher and Fisher (2002). It is important for parents to reach out to their children, despite the discomforts they may feel about open communication about sexuality and sexual health, especially since accurate information is key to reducing risky sexual behaviours in adolescents.

Perhaps parents can be provided with guidance on how to provide sex education to their children at home. They should be guided by health care professionals, or family counsellors to provide age appropriate SSH information in an open, non-judgemental way to their children. This may involve certain shifts in their attitudes towards open communication, since they themselves may have been raised to not speak about such topics. However, it ultimately will bring them closer to their children, who would in turn, hopefully follow their parents' advice and maintain positive sexual health.

**Increased access to information at school**

Comprehensive sex education programme in schools complemented by external lectures by Health care professionals are very important to the provision of accurate information about SSH topics to adolescents, especially if such information cannot be sourced elsewhere. This type of programme would address all SSH topics in an in depth or

comprehensive manner, so that even culturally taboo topics such as STIs, contraception and pregnancy are openly discussed.

However, sex education programmes would be successfully implemented in schools, if training workshops for teachers are provided so that they develop the communication skills to openly discuss SSH topics, without feelings of embarrassment. Teenagers spend most of their time between school and home, so that sex education at school is a critical area to providing them with the information they would need about SSH topics. This would counteract the inaccuracy of information they find from alternative sources such as peers and the internet.

Perhaps external lecturers in the form of health care professionals such as nurses, doctors and family planning counsellors could also host lectures at school or in communities for adolescents to learn more about sexuality and sexual health. This can be in tandem with the sex education they receive at school, and through parents at home.

Since the internet is becoming an increasingly popular source of information for SSH topics, adolescents should be offered a list of reputable websites from which they can personally research accurate SSH information. The internet would provide adolescents with information in a judgement free environment and in the privacy. In this way, adolescents would not feel embarrassed or be afraid of being judged by people, since the internet would be privately accessed for SSH information.

Lastly, many adolescents turn to their peers for advice on matters related to SSH topics. Perhaps this is another avenue which can be used for the promoting accurate information about sexuality and sexual health. Friends can be given the accurate SSH

information through the media, the community or at school, to help each other discuss how to use this information in order to promote positive sexual health. This is also promoting peer support for positive sexual behaviours, as was illustrated in the IMB model.

If implemented, these strategies can have a positive impact on the adolescents attending secondary school and the implications are that if they learn the correct information about Sexuality and Sexual Health, then they would be in a better position to make wise decisions regarding their sexual behaviours, and ultimately, their sexual health.

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# Appendices

- Appendix A:
  - Printout of the Sexuality and Sexual Health component of the HFLE curriculum provided by the Ministry of Education for Secondary Schools in Trinidad and Tobago.
  - The List of SSH topics was taken from the SSH component of this HFLE curriculum and shown to participants during the Interview process.

- Appendix B:
  - The Information – Motivation-Behavioural Skills Model (Fisher and Fisher, 2002)

- Appendix C:
  - Parental consent letter

- Appendix D:
  - Interview Questions

- Appendix E:
  - Transcripts of Interviews from each participant: James, Liz and Marianne.

- Appendix F:
  - Data Analysis tables: Coded data according to themes in tables
  - Turnit in Report

Appendix A

**SEXUALITY AND SEXUAL HEALTH COMPONENT OF HFLE**

(See Supplementary Files)

**LIST OF MAIN SSH TOPICS AND OBJECTIVES**

**SHOWN TO PARTICIPANTS DURING INTERVIEW ONE**

| SSH TOPIC | Objectives |
|---|---|
| **Gender roles** | Understanding what gender roles are |
| | Understanding what we mean by gender stereotypes |
| | To differentiate physical characteristics of either sex (male/ female) |
| | Gender –behaviours and roles based on sex of the person |
| | |
| **Puberty** | Know about the physical changes of puberty and menstruation |
| | Understand that we all change at different speeds |
| | The concept of Adolescence |
| | Physical, mental, emotional and social changes associated with puberty |
| | |
| **Sexuality** | Concept that sexuality is more than just sexual intercourse |
| | Students should be more aware of their own and others sexual feelings |
| | Concepts of Virginity and Secondary Virginity |
| | |
| **Reproductive health** | Dangers of early sexual involvement |
| | Where to access reliable information about reproductive health |
| | Implications of Teenage Pregnancy |
| | |
| **Sexual choices** | Understanding key steps in decision making |
| | Understand / know why some teenagers become sexually active |
| | Practise assertiveness or refusal skills |
| | |
| **What does it mean to be ready?** | Understand the responsibilities involved in having sex |
| | Preventative measures of abstinence, contraception, being tested for STIs. |
| | To practise refusal skills |
| | |
| **Sexual Abuse** | What is sexual abuse |

| | |
|---|---|
| | Understand what to do if someone attempts to abuse a person<br>Know how to help a victim of abuse |
| | |
| **HIV and AIDS** | Understand what HIV and AIDs are |
| | Understand how HIV is transmitted |
| | |
| **STIs** | Understand what STIs are and how to avoid them |
| | Understand the dangers of unsafe sex |
| | |
| **Cervical Cancer** | Understand what cervical cancer is and how it is contracted |
| | Understand how to reduce the transmission of cervical cancer (HPV vaccine; few sexual partners; use of condoms) |
| | |
| **Risk Behaviours for HIV and other STIs** | Understand the risk behaviours associated with contracting of STIs and HIV |
| | Be able to say which activities are most risky and which least risky |
| | Be aware of personal levels of risk |
| | |
| **ABCs** | Play it safe (abstinence), reduce levels of risk for contracting STIs and HIV.<br>(Abstain, Be Faithful, Condomise). |
| | Safe behaviours (abstaining, avoid peer pressure, maintain self control, being faithful, use of condoms) |

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# Appendix B

## The Information – Motivation – Behavioural Skills Model (Fisher and Fisher)

See Supplementary Files

APPENDIX C

Tuesday 29th April, 2014.

RE: PARENTAL CONSENT FORM

Dear _____

My name is Ms. Alana Gajadhar. I am a teacher at Swaha Hindu College and I am also pursuing my Masters in Education, at the University of the West Indies. I have selected your child to participate in my study, which will be conducted over the duration of this term.

Your child, _____ was selected to participate in a study of concerning the challenges of students in accessing appropriate information regarding the Sexuality and Sexual Health component of the Health and Family Life Education curriculum.

It is hoped that this study will help highlight the greater need for education in the area of Sexuality and Sexual Health for our teenagers in secondary schools in Trinidad and Tobago. By providing them with an adequate and appropriate education in this field, they should be able to make better decisions regarding their own personal lives which would assist them into adulthood.

Any information which your child provides during the course of this study, will be used strictly for the development of the education system. The information **your child** provides during the research process will be kept confidential and their actual words may be used within the research project. They will remain anonymous throughout the study. If at any point in time, you decided that your child should no longer participate in the research process, you are free to withdraw them from the study.

If you have any concerns about your child's participation in this study, you can contact me at 399-1936 (cell). If you consent to your child's participation in the study, please sign the two letters and keep one for your own records and send the other to me. Your signature below indicates that you have read the information provided above and have decided to allow your child to participate in the study. Thank you for your cooperation in this study and your child's contribution would be greatly valued.

_____ _____

Signature of Parent (or Legal Guardian) Date

_____ _____

Signature of Researcher Date

Alana Gajadhar (Ms.)

# APPENDIX D

## INTERVIEW ONE

### Bio data

1. What is your age?
2. What is your Gender?
3. What is your Religion and Ethnicity?
4. What area of Trinidad do you live?
5. Please describe your family unit at home.

### Previous Exposure to Sexuality and Sexual Health (SSH) topics

1. Did you ever have any experience with learning about SSH topics or some form of sex education at school?
2. What did you learn about?
3. What subject areas did you learn about these topics?
4. Were these topics taught as part of another subject or separately?

### Knowledge about SSH topics:

This series of questions tested participants' knowledge of more sensitive SSH topics, to gage whether or not they had learnt enough about the essential concepts such as conception, pregnancy, STIs.

1. What do you understand by the term "sexuality"?
2. What do you understand by the term "sexual health"?
3. Can you describe each stage of life of a human being?
4. Can you identify the differences between males and females?
5. Describe how a woman can become pregnant.
6. Do you know ways by which a woman can avoid becoming pregnant?
7. What does the term "Sexually Transmitted Infection" or STI mean?
8. Describe some ways by which a person can contract a STI.
9. What are some ways by which a person can avoid contracting a STI?

Risky Adolescent Behaviour:

This series of questions tested participants' knowledge about risky adolescent behaviour.

1. At what age do you think boys and girls start becoming attracted to each other? Explain.
2. How do you know if someone is attracted to the opposite sex? What would they say? What would they do?
3. Have you ever noticed this type of behaviour amongst your peers? Explain.
4. Please explain what you understand by the concepts of conception, pregnancy and STIs.
5. Where did you learn about the these terms?
6. Describe some activities which young persons who are dating may be involved in and lead to risky situations that can result in pregnancy or contraction of STIs.
7. What situations may place a person at a greater likelihood of having unprotected sex?
8. Can you describe some alternative activities which would not place young persons at such risk?

Challenges to Access to Information about Sexuality and Sexual Health topics:

This series of questions probed into the challenges faced by the participants to access to information regarding SSH topics.

1. Do you believe that secondary school students in Trinidad and Tobago should have access to accurate information regarding topics based on Sexuality and Sexual Health?
2. If yes, please explain why. If no, please explain why.
3. Did you learn about any of these topics at home? Please explain.
4. Which topics did you not learn at home? Why?
5. Did you learn about any of these topics at school? Please explain.
6. Did you learn about any of these topics from your teachers? Please explain.
7. Did you learn about these topics from anyone else other than your teachers at school? (for example visiting health care professionals etc)
8. Did you learn about any SSH topics from your friends? Please explain.
9. Who in your opinion is the most accurate source of information regarding SSH topics?
10. Who in your opinion is the most preferred source of information regarding SSH topics?
11. What topics do you find it most difficult to get accurate information on regarding SSH topics?

12. What do you think would be the most helpful way to have access to an accurate source of information about SSH topics?

# APPENDIX D

## INTERVIEW TWO QUESTIONS

These questions provided greater exploration into the sub-research question one, the challenges to access to Information about Sexuality and Sexual Health faced by each of the participants in the study.

1. What are some problems or challenges you experienced in obtaining information about Sexuality and Sexual Health (SSH) topics?
2. Why do you think it is difficult to get information about these SSH topics?
3. Who are you most comfortable discussing SSH topics with such as relationships or contraception? Why?
4. Do you think the information you get from this source or person is accurate?
5. Who would you be uncomfortable discussing SSH topics with? Why?
6. How comfortable are you talking about SSH topics openly with other people?
7. How would you prefer to learn about SSH topics?

# APPENDIX E

See Supplementary Files

APPENDIX F

**ANALYSIS OF INTERVIEWS**

**Participant 1: James**

**Possible Emerging themes**

Operationalized Sub-Question Number 1:

What are the challenges faced by Form Three students regarding their access to accurate information about topics as outlined in the Sexuality and Sexual Health strand of the HFLE curriculum at the coeducational denominational secondary school in the study?

In vivo codes in inverted commas.

Themes and corresponding codes are colour coded in the transcripts.

**INTERVIEW ONE:**

| CODES | EMERGING THEMES |
|---|---|
| Inadequate knowledge about topic<br>"Contraception"<br>information about relationships | **Superficial discussion of SSH Topics** |
| Internet<br>"sites"<br>"not necessarily always highly accurate"<br>"I doh believe it always accurate"<br>People may not know | **Inaccurate Sources**<br>**1. The internet**<br>**2. Friends**<br>**3. Health care professionals** |
| "Bring it more to the students"<br>"sexual education classes "<br>Not enough information from school | **School** |

**INTERVIEW TWO:**

| CODES | EMERGING THEMES |
|---|---|
| Uncomfortable to discuss/ embarrassing<br>"they might find it uncomfortable to talk about"<br>"wouldn't feel comfortable answering the question"<br>"I think I would feel uncomfortable and embarrassed because I'm a shy person." | **Embarrassing to discuss** |
| "your friends…may not know what you may want to know." | **Inaccurate Sources** |
| "I don't trust most people"<br>"that person isn't as trustworthy"<br>"They might tell other people"<br>"I would prefer learning about it from the people that I trust" | **Trust and Confidentiality** |
| Reputation<br>Public Image<br>"your whole image is ruined"<br>"people will think of you as somebody completely different"<br>"Some of my aunts like to judge people" | **Fear of being judged** |

APPENDIX F

**ANALYSIS OF INTERVIEWS**

**Participant 2: Liz**

**Possible Emerging themes**

Operationalized Sub-Question Number 1:

What are the challenges faced by Form Three students regarding their access to accurate information about topics as outlined in the Sexuality and Sexual Health strand of the HFLE curriculum at the coeducational denominational secondary school in the study?

In vivo codes in inverted commas.

Themes and corresponding codes are colour coded in the transcripts.

**INTERVIEW ONE:**

| CODES | EMERGING THEMES |
|---|---|
| Parent shy<br>Parent embarrassed<br>Parent thinks child does not need to know<br>"My mommy…she is more of a shy person"<br>"Awkward" | **Parents** |
| Not adequately taught at school<br>"they don't really teach it"<br>Teachers unable to discuss certain SSH topics<br>Teachers need to educate students about SSH topics<br>External lecturers | **School** |
| Reading<br>"brochures"<br>People don't always read<br>"I am not much of a reader" | **Underutilization of available resources** |
| Superficial<br>"beat around the bush"<br>"don't give straight answers" | **Superficial discussion of SSH Topics** |

**INTERVIEW TWO:**

| CODES | EMERGING THEMES |
|---|---|
| "uncomfortable"<br>"shy"<br>"awkward"<br>"It awkward for me"<br>"it is embarrassing."<br>"That would be awkward!"<br>Embarrassing to talk to male family members<br>"They are male!" | **Embarrassing to discuss** |
| Not enough information<br>Clues<br>"it have a level of questions" | **Superficial discussion of SSH Topics** |
| How children were "brought up"<br>"awkward"<br>"disrespectful" | **Culture** |
| Parents unable to openly discuss SSH topics<br>Shy<br>"back out!"<br>"don't like to talk about body parts"<br>"she don't want to talk about it" | **Parents** |
| Not very informed<br>Not always accurate<br>TV/ Media<br>Friends<br>Observation<br>Internet | **Inaccurate Sources** |
| Family<br>Parents<br>"you cyah tell just anybody something"<br>"spill something about you"<br>"don't go and tell" | **Trust and Confidentiality** |
| "they will tell everybody"<br>"everybody watching you different"<br>"good character"<br>Get in trouble with parents<br>Parents would think child is interested in sex | **Fear of being judged** |

APPENDIX F

**ANALYSIS OF INTERVIEWS**

**Participant 3: Marianne**

**Possible Emerging themes**

Operationalized Sub-Question Number 1:

What are the challenges faced by Form Three students regarding their access to accurate information about topics as outlined in the Sexuality and Sexual Health strand of the HFLE curriculum at the coeducational denominational secondary school in the study?

In vivo codes in inverted commas.

Themes and corresponding codes are colour coded in the transcripts.

**INTERVIEW ONE:**

| CODES | EMERGING THEMES |
|---|---|
| "you can't trust people really" | **Trust and Confidentiality** |
| People not willing to discuss topics | **Superficial discussion of SSH topics** |

**INTERVIEW TWO:**

| CODES | EMERGING THEMES |
|---|---|
| Unable to understand because of age<br>Difficult to explain<br>People don't think teenager can understand | **Superficial discussion of SSH topics** |
| "can't really trust friends"<br>"I don't really trust people" | **Trust and Confidentiality** |
| "Wikipedia"<br>Internet | **Inaccurate Sources** |
| Parents use religion to explain<br>Not able to explain<br>Teens not willing to discuss some topics with parents<br>Parents tend to judge<br>Don't discuss relationships | **Parents** |
| Parents judge teens and thing they are not ready for relationships<br>Judged by parents | **Fear of being judged** |
| "Ask God."<br>Religion<br>Parents' expectation of no dating | **Culture** |
| "it's a little uncomfortable"<br>Not comfortable discussing SSH topics openly<br>Uncomfortable talking to males for some topics | **Embarrassing to discuss** |