



Consulting with young people in Sunderland



April 2009

Introduction

A briefing paper back in 2008 from the Health Protection agency highlighted schools and FE colleges as ideal locations to promote Chlamydia screening. The academic school year 07/08 had seen a small pilot commence with good results however The Chlamydia screening programme as well the PCT were keen that this programme be developed to offer this service to all schools for year 11 pupils on a rolling basis.

A proposal was made to the head teachers meeting by the Chlamydia screening programme manager and the Named Health Advisor, it was agreed that every school would allow access by the Chlamydia screening programme to hold an assembly at the very least with the option to test on the day where possible. A unanimous decision was made to allow this.

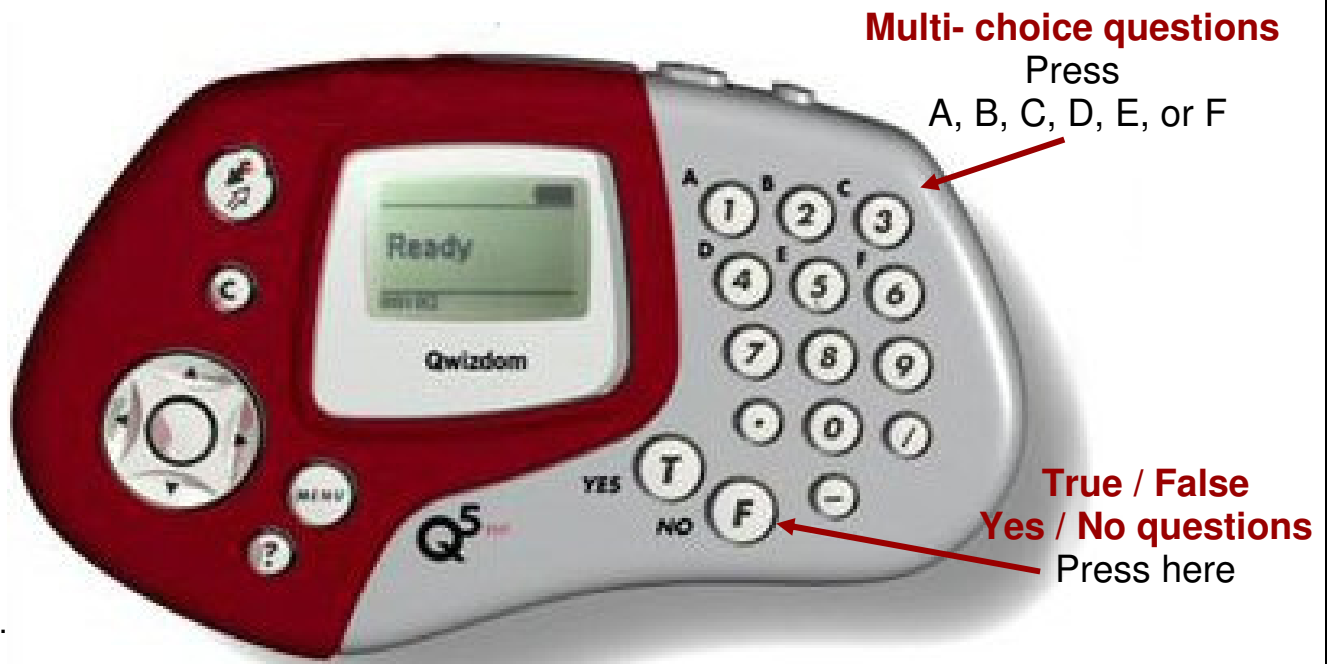
The aim of the assembly was to raise awareness of Chlamydia infection, screening and treatment. It could also be seen as a way to build young peoples trust of sexual health service delivery staff. The assembly would also often create a feeling of excitement within the school of “something new” which may in itself motivate some young people to screen that would otherwise have not attended a main stream service.

The assembly would also support the recommendation from Sex and Relationships Education (SRE) Review Group highlighting the need for the use of trained teachers, school nurses as well as other professionals to deliver high quality SRE.

In an attempt to establish the level of understating that young people have about Chlamydia a consultation was carried out by SVSYF (Sunderland Voluntary Sector Youth Forum) in partnership with Northumberland, Tyne and Wear Regional Chlamydia Screening Programme (NHS).

A range of innovative and traditional techniques were used to raise and discuss Chlamydia including questionnaires, a power point presentation including adverts and videos as well as a session involving interactive electronic voting; a new tool which allows for immediate and anonymous consultation with the ability to answer set questions and receive immediate feedback via instant text messaging and personal responses.

School assemblies were split into 2 session; part 1 asked questions to establish general statistics and gain a benchmark of information about what young people actually already knew about Chlamydia, Part 2 was a power point demonstration delivered by Kate Morris to confirm facts about Chlamydia with more in depth information about the infection.



We also used a paper-based questionnaire (containing some but not all of the questions used in the school assemblies) to gather the views of a further 179 young people from ODYPP (Oxclose District Young Peoples Project), Box Youth Project, HYPP (Hendon Young People's Project) and A690 Youth Initiative.

These figures have been added to the questions where relevant and are marked with an asterix *.

Unfortunately not all schools were able to participate in the e-voting session, due to time constraints, exams etc and in one case a technical difficulty that meant the equipment just wouldn't work with the school system.

School Screens

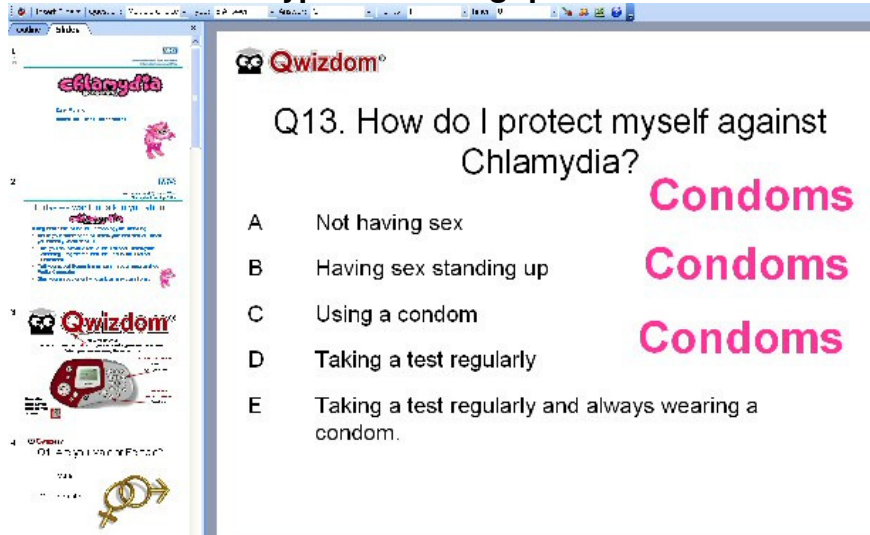
School	Assembly	No of screens	E-voting
School A	Yes	17	Yes
School B	Yes	Assembly only	Yes
School C	Yes	60	Yes
School D	Yes	21	Yes
School E	Yes	27	Yes
School F	Yes	27	Yes
School G	Yes	Assembly only	No
School H	Yes	48	No
School I	Yes	61	No
School J	Yes	22	No
School K	Yes	Assembly only	No
School L	Yes	Assembly only	No
School M	Yes	21	No

In total 581 young people took part in some form of consultation about the Chlamydia screening programme.

179 young people completed a questionnaire in a youth work setting, 402 young people took part in the e-voting sessions across 4 schools.

Young people in schools were all in year 11, therefore aged 15 and 16 years old, young people in youth work settings were aged 15 – 19 years old. 62.3% (362) were male and 37.7% (219) were female, although it should be noted that the males were over-represented as one e-voting session was carried out in a single-sex school.

A typical E-voting question



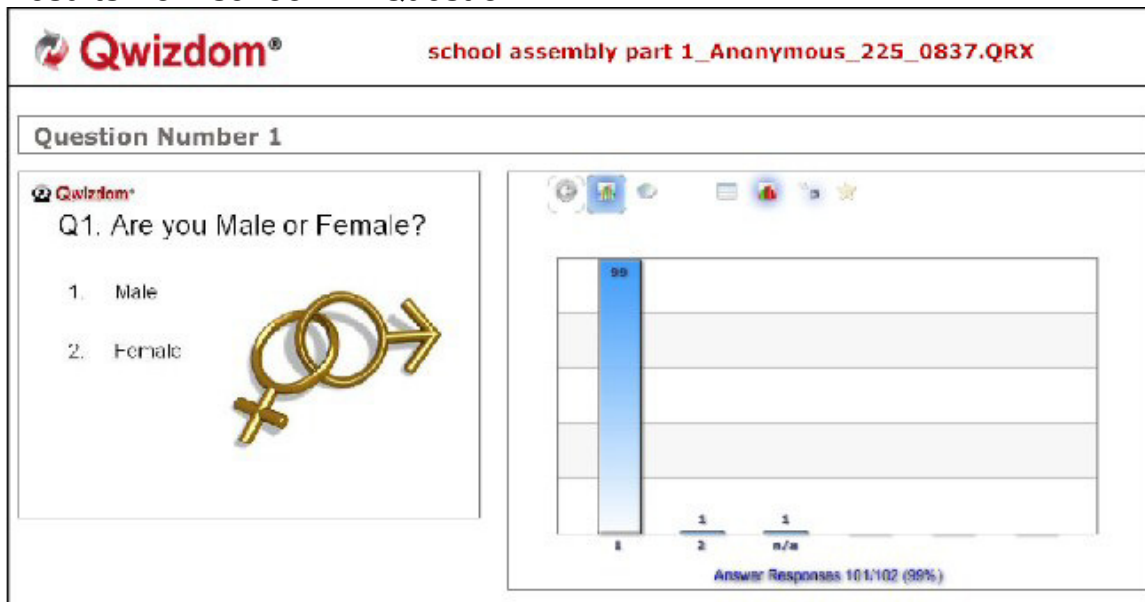
Q13. How do I protect myself against Chlamydia?

- A Not having sex
- B Having sex standing up
- C Using a condom
- D Taking a test regularly
- E Taking a test regularly and always wearing a condom.

Condoms
Condoms
Condoms

Results from e-voting are available instantly. In some instances we had enough time to show young people who had voted how on some of the questions. Individual reports were collated for individual schools and amalgamated into one report.

Results from school B – Question1



Q1. Are you Male or Female?

- 1. Male
- 2. Female

Answer Responses: 101/102 (99%)

Response	Count
1 (Male)	99
2 (Female)	1
n/a	1

The Assemblies

The assemblies were delivered in different ways in different schools; all schools did receive the basic presentation however in some situations very tight time scales did not allow for as much interaction as others. It was important to adopt various techniques to engage the pupils so a variety of slides were used ranging from factual information, radio sounds which appeared to be extremely popular and various video clips.

Ideally if the pilot was to be rolled out to all the schools in Sunderland we would recommend a model that involved the following;

Ideal Consultation model for schools

Time – 1 hr minimum (+ time to screen on site)

Location – school hall + separate space to screen / talk to young people

Set –up

Session 1 – E-voting (25 minutes minimum)

Session 2 – Power Point (25 minutes minimum) requires sound and a chance for young people to ask questions if required.

Screening session – separate space for screening near toilets, plus private area to carry out Frazer guidelines with under 16 yrs.

A multi-agency approach including Contraceptive services, SHOWT Team, Youth Projects, school nurses and the Chlamydia Screening Team (see school A write up)

School A

This highlighted School allocated an hour for the initial assembly plus time to screen.

The e-voting session was carried out first (and although young people seemed to take longer in their responses than at other schools there was enough time, although there is the facility to over-ride the questions at any point)

Kate then delivered her power point presentation, including adverts and sound bites of the Chlamydia Gremlin.

Young people were then advised the team would be in attendance for the whole morning (including break time). A separate room for talking to young people under the age of 16 yrs old, and a separate space for

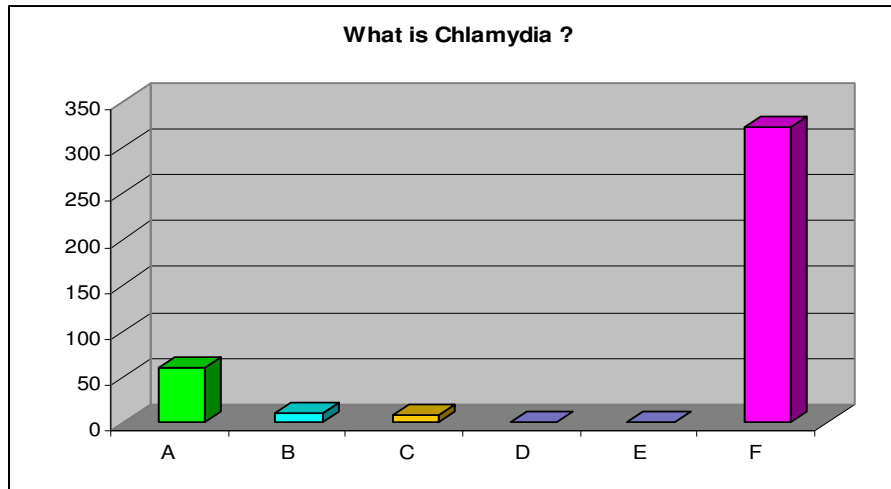
Over 60 young people took a Chlamydia test and we were inundated with requests for information regarding sexual health including contraception, pregnancy questions, requests for SHOWT cards etc.

A male youth worker from the local youth project was also in attendance; he dealt specifically with requests for SHOWT cards and talked to over 40 young people. We actually ran out of forms in the end and he has arranged to talk to the school about a return visit. He was also able to give out information regarding local youth provision and opening times etc, as a result 6 young people from the school visited the youth project that evening and talked to youth workers about sexual health and registered on the SHOWT scheme. They were also very interested in other services provided by the youth group and workers are hoping to engage them in some positive activities especially their graffiti art group.

It was evident that the relationship between the school head of year and the pupils encouraged young people to feel comfortable asking to be screened or simply asking for more information / advice in this school environment.

The Results -NB: Where youth projects were asked the same question this has been added to the school results – identified by a * after the Question no. All other questions contain data from schools only.

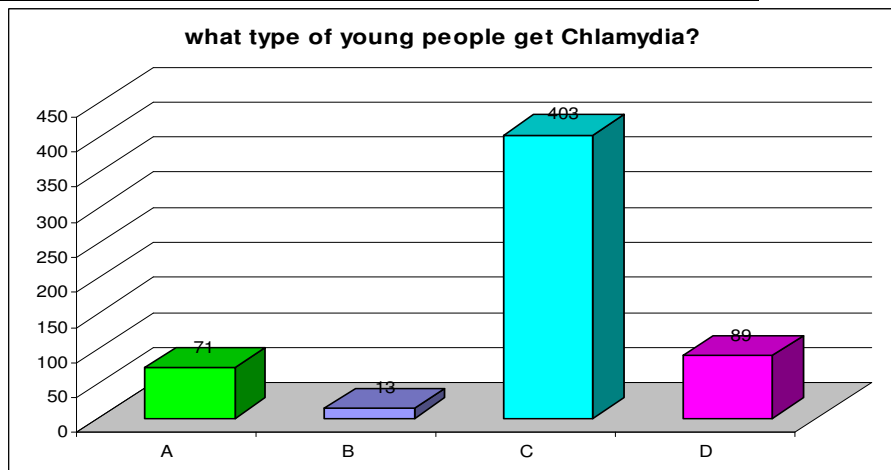
Question 1 – What is Chlamydia?



- A A sexually transmitted infection that anyone can get (even your nana!)
- B A new type of contraception
- C Something you only get if you are gay or bi-sexual
- D A sexually transmitted disease that girls get
- E A sexually transmitted disease that boys get
- F A sexually transmitted disease that anyone can get if they are sexually active

The data shows most young people are aware of what exactly Chlamydia is and appears to have all understood the important health message. It's interesting to note, that even though the number of young people who pressed B (new type of contraception) was relatively low in comparison to other questions, 8 out of the 10 who picked B came from the same school.

Question 2 * – What type of young people get Chlamydia?

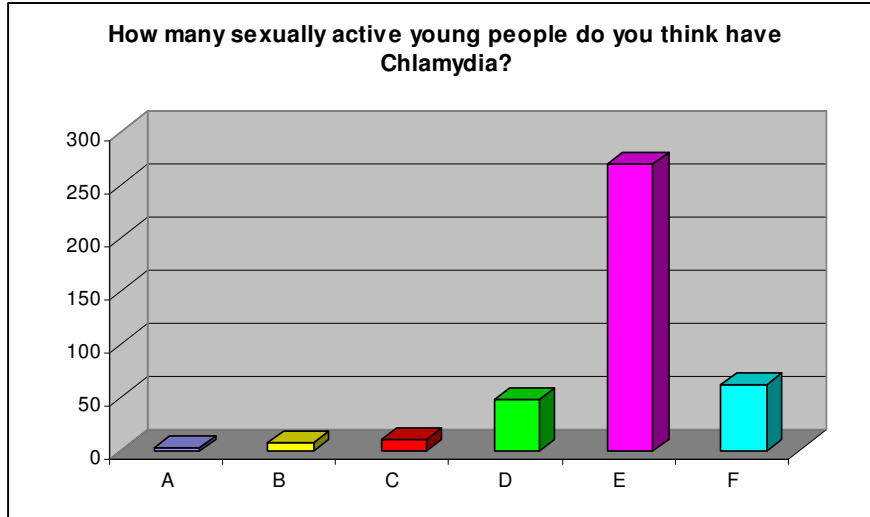


- A Anyone who is having sex
- B Only those that have sex lots
- C People who don't wear a condom
- D People who are sexually active even if it's their first time

It is evident that young people are still misinformed that only those most at risk of catching Chlamydia (and other STI's) are those that do not wear a condom.

Kate clarified this point in her power point presentation after each e-voting session; many young people also took the opportunity to ask questions about this after assembly. It is obvious from the answers and the questions asked after assembly that young people were unaware they could catch anything at all from oral sex.

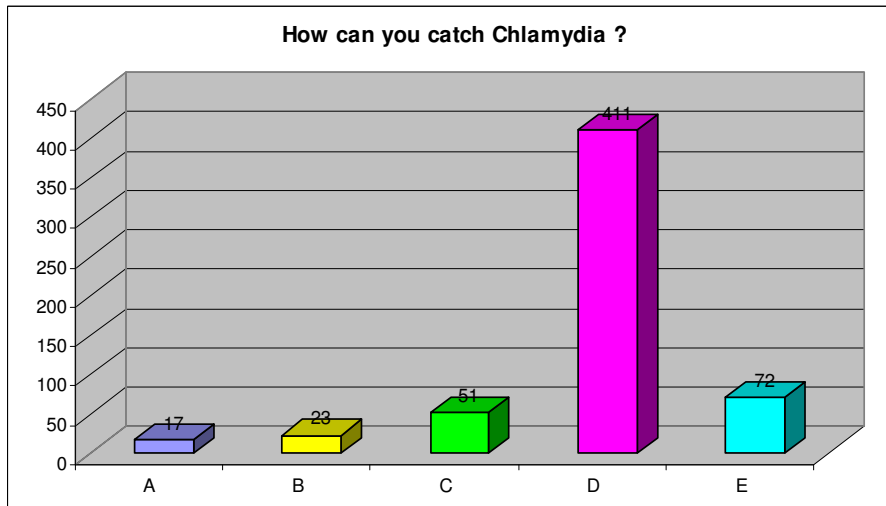
Question 3 – How many sexually active young people do you think have Chlamydia?



- A 1 in 100,000
- B 1 in 10,000
- C 1 in 1000
- D 1 in 100
- E 1 in 10
- F 1 in 5

Young people questioned seemed to have good knowledge of the statistics of infection.

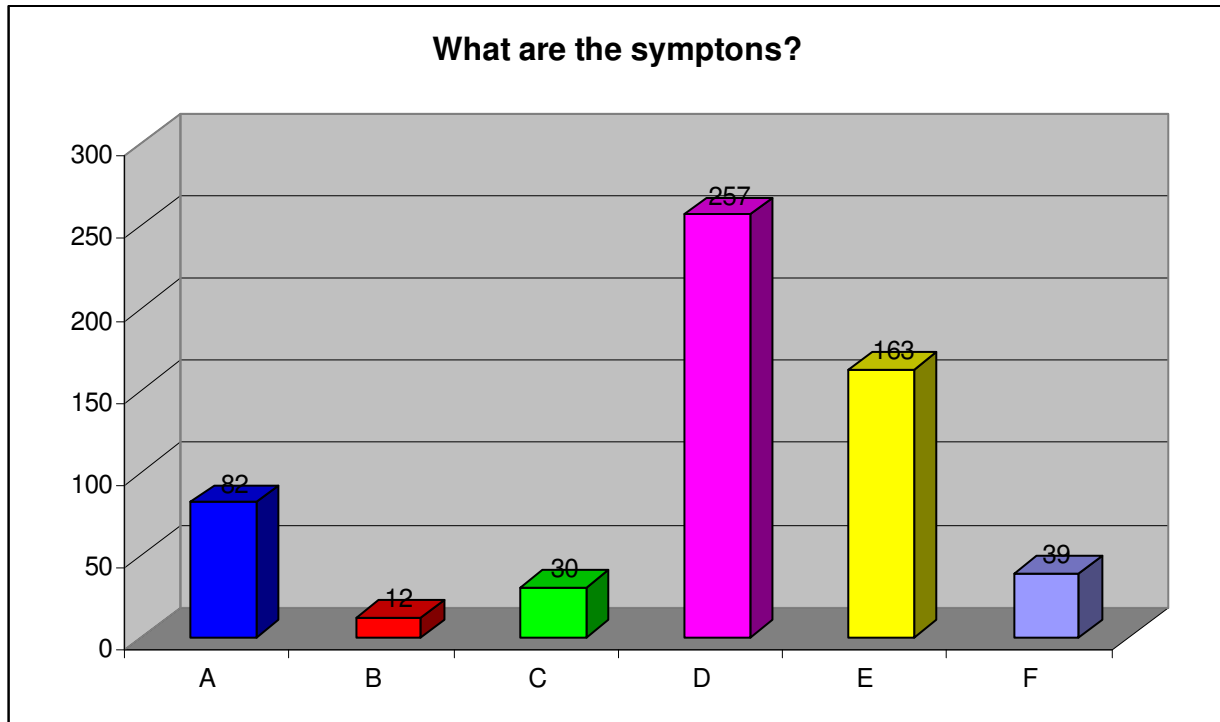
Question 4 * – How can you catch Chlamydia?



- A From a toilet seat
- B From being Gay
- C From sleeping around
- D From unprotected sex
- E From not washing "your bits" properly

It's important to note that whilst 2/3's (66.6%) of young people got the correct answer – D; there are still 1/3 of young people who were unaware how it was caught. In one particular school, only 44.5 % of young people said you could catch Chlamydia from unprotected sex, 31.9% thought you could catch it from not washing “your bits” properly. This important health message was clarified by Kate in the assembly, but it's worrying to note that if young people had not attended this assembly session they would not have had the full facts.

Question 5 * – What are the symptoms?

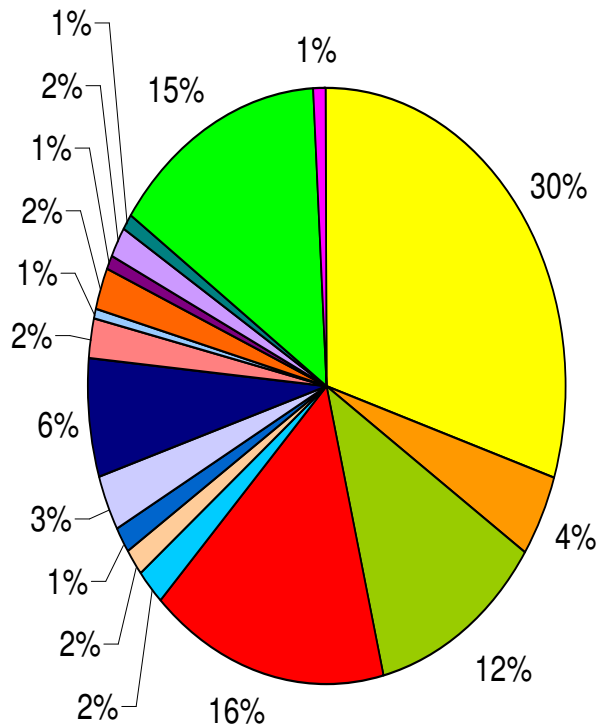


- A It hurts when you go to the loo
- B You get a discharge
- C Your bits itch
- D Sometimes there aren't any symptoms
- E All of the above
- F None of the above

The data is difficult to analyze. In hindsight perhaps this question could have been worded slightly different. Young people appeared to be aware of the symptoms and only 39% thought the symptoms could be something different.

Question 6 Text Question – Young people were asked to text their answers to the following question “The one thing that would stop me getting a test is.....”

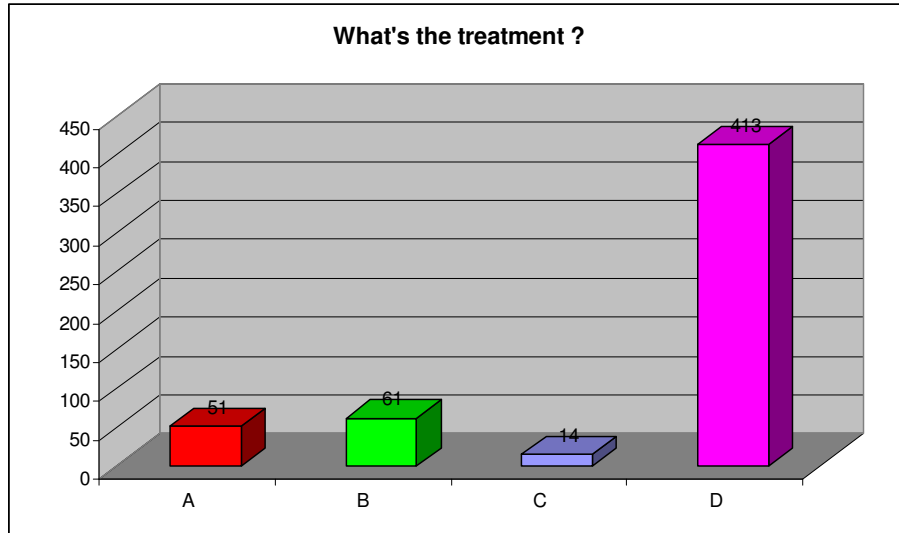
Text Question - All schools



- | | | |
|--------------------------------|------------------------------|---------------------------------------|
| ■ Embarrassment/nervous/scared | ■ Don't have unprotected sex | ■ Virgin |
| ■ nothing | ■ Don't know | ■ I know I don't have it |
| ■ Gay | ■ Might be positive | ■ Someone will find out (inc parents) |
| ■ Time consuming | ■ under age | ■ getting my bits out |
| ■ Just don't want to | ■ can't be bothered | ■ testing for other things |
| ■ other | ■ treatment | |

- Other – contained answers that weren't serious or were impossible to decipher. Giving young people carte blank to text us their answers invariably leads to a percentage of young people sending us inappropriate replies. 30% of young people gave nerves/scared/embarrassment as reasons not to test
- 16% stated nothing was stopping them
- 12% stated were virgins
- 7% were concerned re parents/others finding out
- 4% stated did not have UPSI and therefore perceived themselves not at risk
- 3% were concerned re positive results

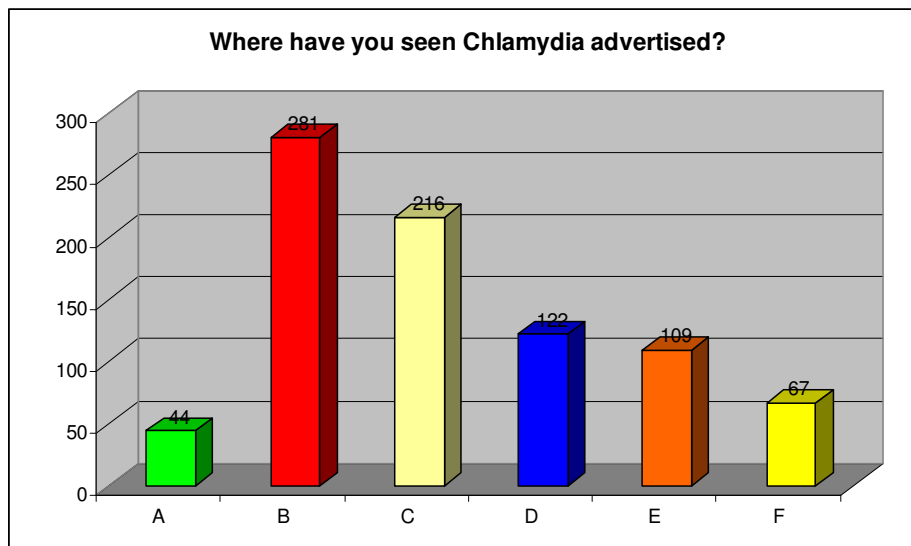
Question 7 * - What's the treatment?



- A A health professional examines you and if you're male they use that umbrella thing
- B You have to go to the GUM clinic
- C Your parents get told, then you have to get treatment from your doctors
- D The nurse can arrange to meet you confidentially and gives you antibiotics

76.6% of young people knew that the treatment would be confidential; there is however still some work to do to dispel myths.

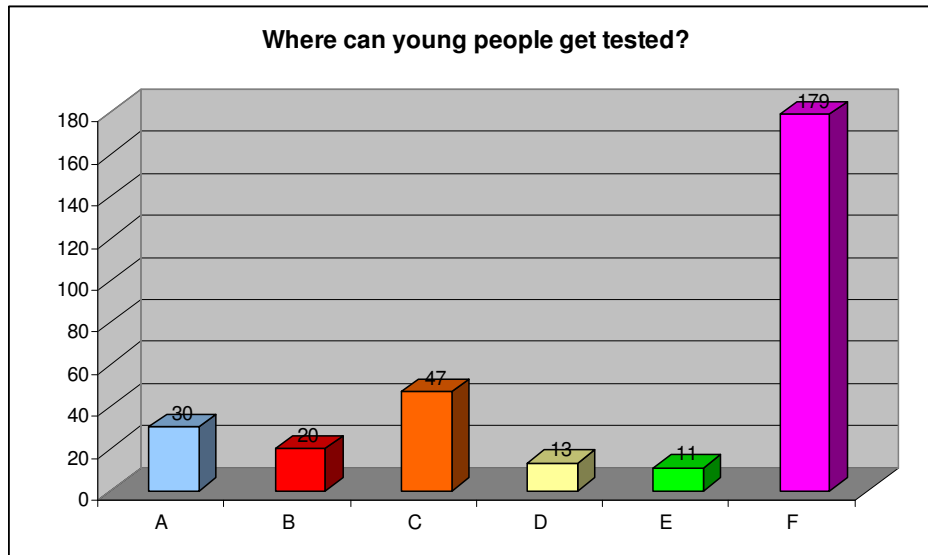
Question 8 – Where have you seen the Chlamydia advertising?



- A I haven't seen any adverts
- B TV
- C Posters / leaflets
- D Radio
- E Internet
- F In a newsletter

Young people were asked to pick **all** options that applied to them. It's evident that the media campaign is working 61% of young people had seen adverts on the TV, radio or internet. 25.7 % of young people had also sent posters or leaflets. Only 7.9 % of young people have seen a newsletter.

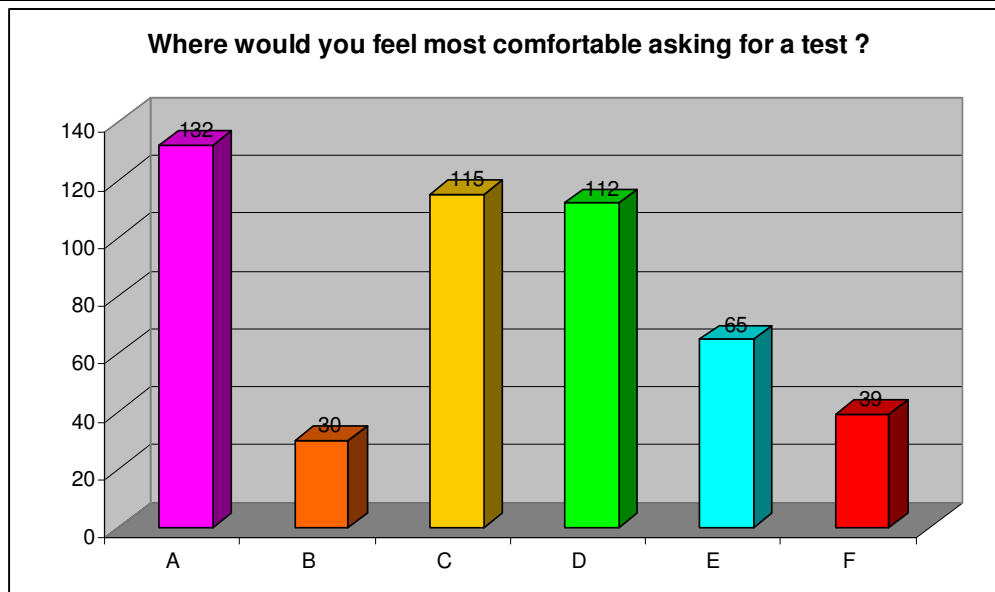
Question 9 – Where can young people get tested?



- A GP / Doctors
- B Walk in clinic / GUM clinic
- C ANSWERS
- D Local Youth Project
- E Postal packs from website / texting GREMLIN 80010
- F All of the above

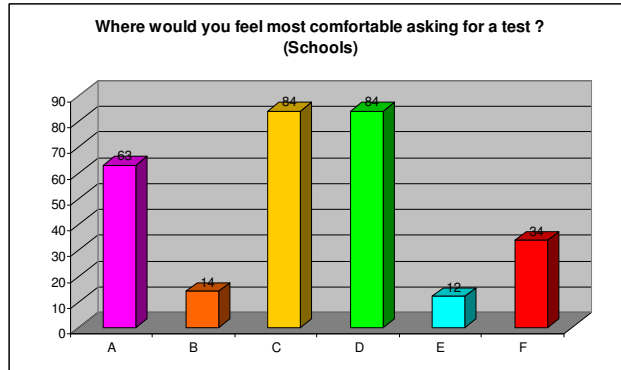
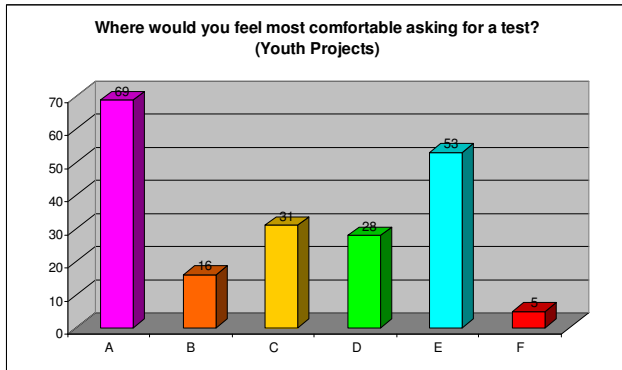
Young people have a clear understanding of the diversity of screening venues available for young people, this shows venues promoted via the Chlamydia Screening Programme its target audience.

Question 10 * – Where would you feel more comfortable asking for a test?



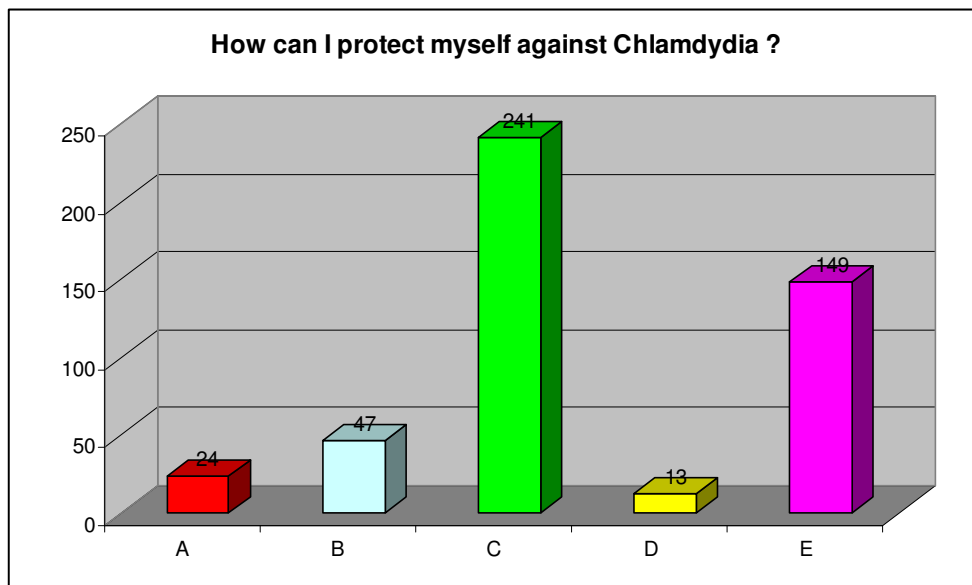
- A GP / Walk in clinic / Pharmacy
- B GUM clinic
- C Website / Texting
- D ANSWERS
- E Local youth project
- F School

Young people know and are happy with the variety of settings for testing.



It's interesting to note the comparisons between young people in a school setting and young people in a youth work setting. It appears from the results that young people in youth projects are aware of testing being available on site and would feel comfortable asking for a test here. However continued promotion of all screen sites should be continued wherever possible to ensure all young people know the variety of screening venues available to them.

Question 11* – How do I protect myself against Chlamydia?



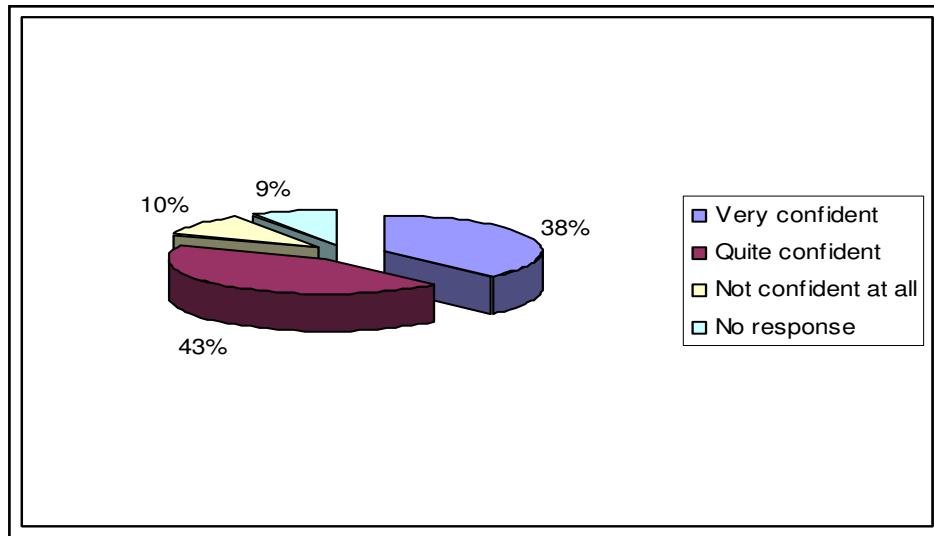
A	Not having sex	5%
B	having sex standing up	10%
C	Using a condom	51%
D	Taking a test regularly	3%
E	Taking a test regularly and always wearing a condom	31%

Only 24 young people identified abstinence as a positive way to avoid STI's. 47 (10%) of young people think having sex standing up will protect them and over ½ (51%) think using a condom will protect them.

It's evident from these results that there is some work to be done in schools to dispel myths around STI's prevention and how young people can put themselves at risk.

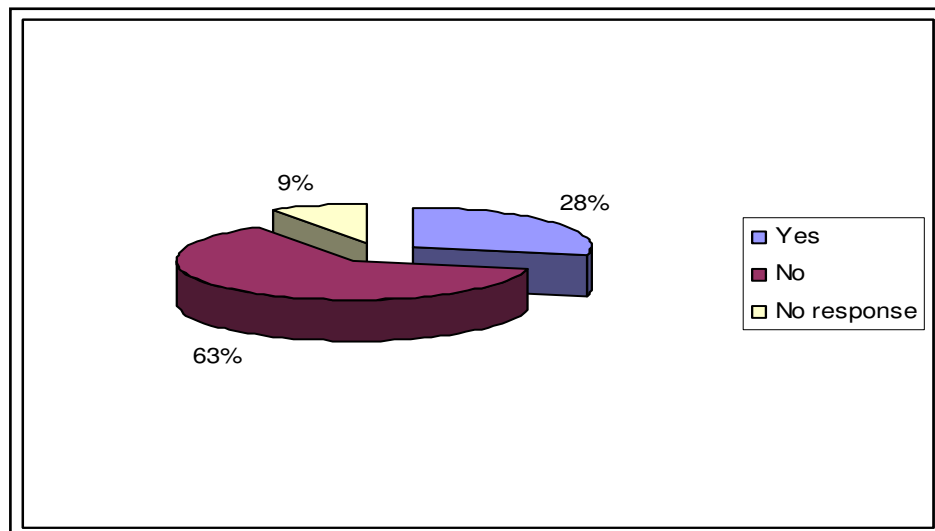
Youth projects (additional questions)

How confident do you feel talking about Chlamydia?

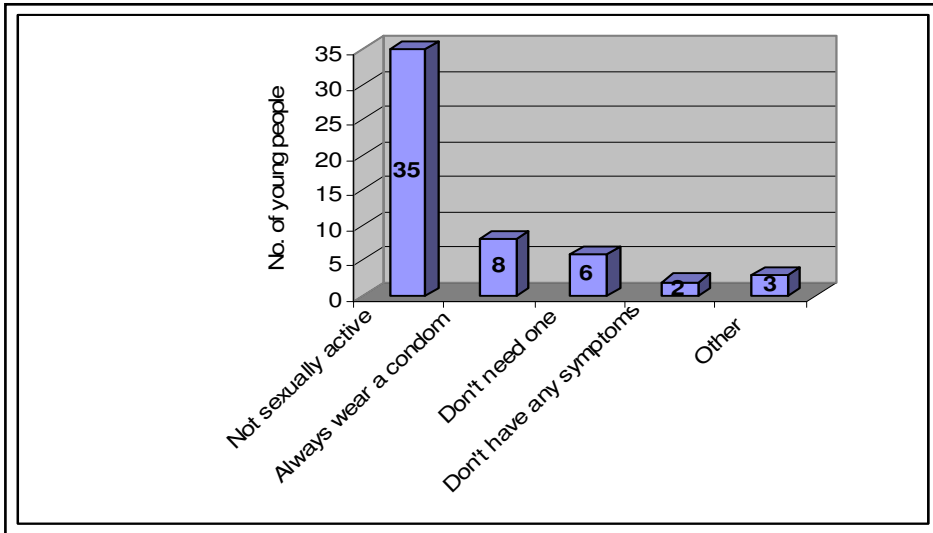


81% of young people are confident about talking about Chlamydia. The data suggests that males feel more confident in talking about Chlamydia than females. 6% of males stated that they were “not confident at all” compared to 17% of females.

Have you provided a sample to be screened for Chlamydia?



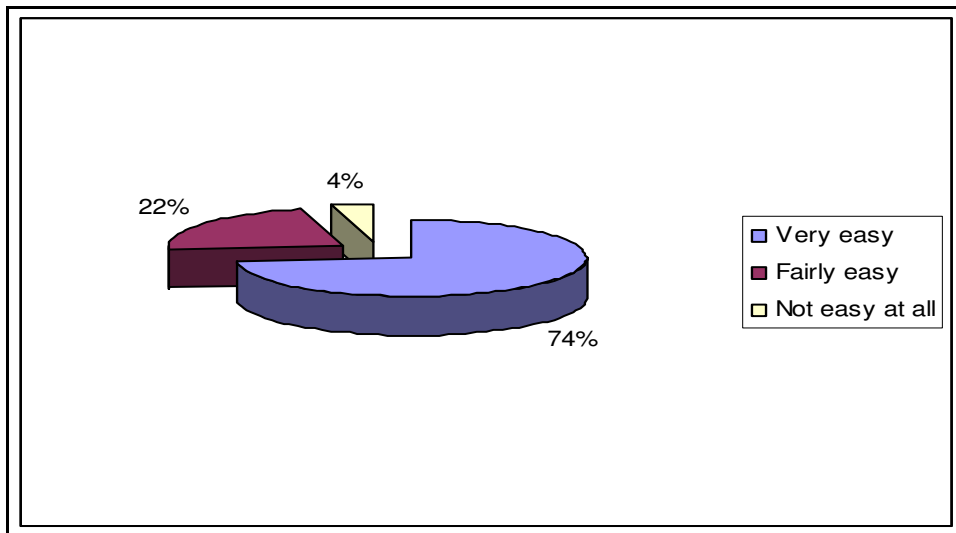
28% of young people who had participated in awareness raising activities within youth projects participated in the screening programme. Of the 113 (63%) young people who did not provide a sample for screening, 54 (41%) provided a reason for their decision. The reasons given are shown on the chart below:



Reasons categorised as “other” were:

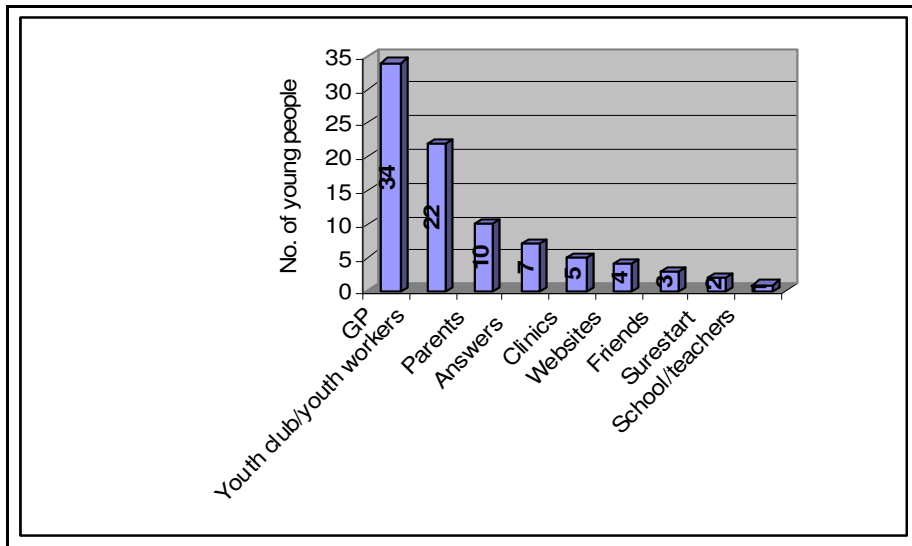
“My partner doesn't have Chlamydia.” “I've only had sex once before.”
“I would be too embarrassed.”

Those young people that had provided a sample (28%) were asked how easy they thought the process had been. Responses are shown by the chart below:



The data shows that the vast majority of young people who have provided a test have found the process to be uncomplicated and straightforward.

Where would you go to get further advice on sexual health issues?



The data shows that young people would be most likely to their GP or youth worker for advice on health related issues. Young women are more likely than young men to seek advice from parents. Schools appear to be the least popular option for those young people that participated in the evaluation.

Conclusions

Key findings

The young people who took part in this consultation were enthusiastic about taking part in the e-voting. In terms of the youth population of Sunderland this reports reflects the views of a relatively small sample of young people; however their views are very important and it's imperative we listen to them in order to tailor services to meet their needs in the future.

Key findings from this piece of work are:

- Responses to the first 5 questions show that the majority of young people who have been involved in initiatives to raise awareness of the infection over the past year do know how to prevent Chlamydia, what symptoms to look for and how the infection is treated.
- The fact that some young people still do not know the basic facts indicates a need to repeatedly incorporate awareness raising issues into discussions in school settings to reinforce learning and aid understanding.
- Only 7.9% of young people have seen Chlamydia advertising in a newsletter, as well as the regional newsletter Sunderland produces its own newsletter "The Funky Gremlin Times" specifically aimed at informing young people.
- During screening sessions we were inundated with requests from young people regarding SHOWT registrations, advice on contraception and general sexual health, these assemblies delivered jointly with other services could provide the ideal opportunity to give young people further information as appropriate.

In particular we would recommend that;

Recommendations

- Newsletters including the Funky Gremlin Times and the regional Newsletter should be circulated to all schools and youth projects in Sunderland and displayed in a prominent position so young people are kept informed.
- Assemblies should be booked in advance taking into consideration academic commitments and should be allocated the time required to deliver the health message and the chance for young people to ask any questions they might have. If possible time and space should also be allocated for screening on site.
- Work needs to be developed to dispel the myths as part of wider PSHE curriculum
- Joint working needs to be established involving other services
- Chlamydia screening newsletter to be circulated to all schools and youth projects in Sunderland and displayed in a prominent position so young people are kept informed.
- Times for assemblies to be towards end of academic year

- Extending assemblies to incorporate condom card registrations/information re other local services
- To incorporate information around myths and abstinence into the PowerPoint presentation
- Partnership working with contraceptive services/ sexual health team/ school nursing/youth services
- To work with teachers, the schools which screened large numbers all demonstrated excellent relationships between the lead teachers involved and pupils.

Thanks

- All the schools who agreed to help out with the e-voting pilot
- All the schools who worked with CSP to promote the important health message and raising awareness of Chlamydia
- All the Youth Work Managers for allowing us to question the young people in youth work sessions
- All the young people for participating in the consultation.
- Nat and Lorraine for testing out the e-voting questions.
- Digital Challenge Engagement Staff team for their continued Technical support
- Chris Foreman – COS ICT in the Community – for help and support