

From Research to Practice

# Training in Research in Reproductive Health / Sexual Health

Geneva, 4 February – 5 March 2008

Organized by

- **Fonds Universitaire Maurice Chalumeau**
- **Geneva Foundation for Medical Education & Research** (WHO Collaborating Centre in Education & Research in Human Reproduction)
- **Department of Reproductive Health & Research** (WHO/RHR)

in collaboration with

- **Department of Health**, Canton of Geneva
- **Faculty of Medicine**, Geneva University
- **Geneva Medical Association**





# Course on Sexual Health Research



# **Studying sexuality & sexual health in young people**

**11.00 – 13.00 on Tuesday, 26 February 2008**

**Robert Thomson**

**BA PgCE MSc | Clinical Psychologist**

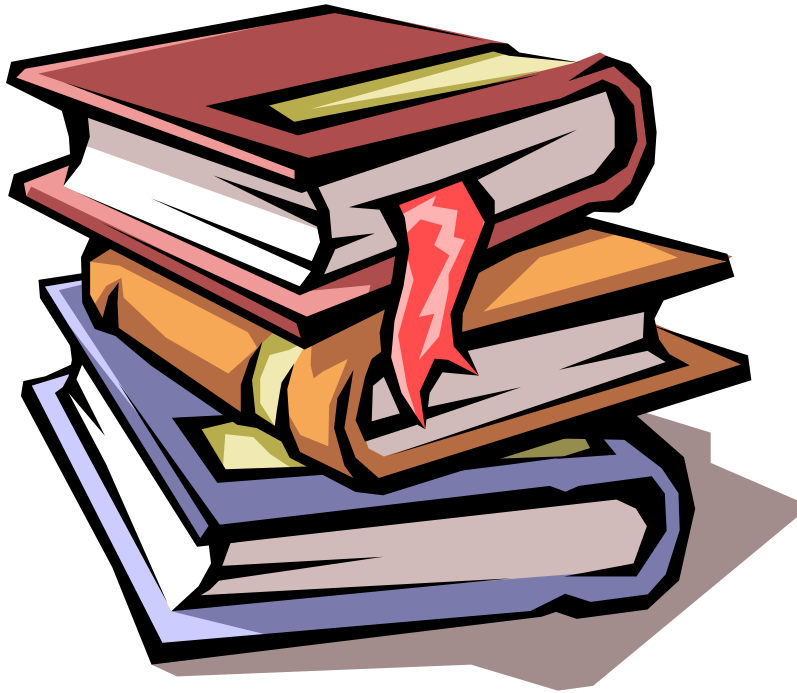
**UNFPA Regional Adviser on Sexuality &  
Reproductive Health Education and Advocacy**

<http://trainers.salto-youth.net/RobertThomson/>

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# What are the keywords?



- adolescent sexuality
- behavioural research
- participatory research methods
- health system development

# FRAMEWORK 1

## Research objective of WHO/ADH 1992

To facilitate the acquisition of new knowledge as needed particularly with regard to **patterns of behaviour** and **interactions** between young people and those who may provide health care or influence their behaviour.

This would include both **biomedical** and **psychosocial** issues, which may have relevance for adolescent physical, mental and social development.

WHO & International Youth Foundation “*Approaches to Adolescent Health and Development*” Geneva 1992 (WHO/ADH/92.4)

# FRAMEWORK **2**

- Health development and rights
- Reproductive health behaviour
  - Social science research
    - Empowerment
      - Diversity



# FRAMEWORK 3

## Research practice

- Global search for information (from health, education, social and youth sectors) covering:
  - programmes
  - active organizations
  - professional associations
  - donor intentions
  - views of key informants
  - youth opinion formers
  - media output



# FRAMEWORK 4

# ICPD 1994




- **Identify how families support children & adolescents in their developmental tasks**
- **Examine influence of human environment on personal growth, health & development**
- **Support interventions for individuals as well as couples, for society as a whole and for communities**



# FRAMEWORK **5** Sexuality throughout life



- **Desire for a child and pregnancy**
- **Pre- and peri-puberty**
- **Care of adolescents and youth**
- **Shared responsibility between men and women**
- **Value contribution of older people**
- ***Factors of cultural constraint***
- ***Public health approach***

<b>UNITED NATIONS</b>		<b>CRC</b>
	<b>Convention on the Rights of the Child</b>	Distr. GENERAL CRC/GC/2003/4 1 July 2003 Original: ENGLISH

**COMMITTEE ON THE RIGHTS OF THE CHILD**

Thirty-third session

19 May-6 June 2003

**GENERAL COMMENT NO. 4 (2003)**

**Adolescent health and development in the  
context of the Convention on the Rights of the Child**

# Specificities of adolescent sexuality

- 4-“ i ”s of adolescent **initialising** sexuality. The search for:  
**i n t e n s i t y,**  
**i n t i m a c y,**  
**i d e n t i t y,** and finally/hopefully  
**i n t e r - d e p e n d e n c e.**

# Involve adolescents in participatory research



- Essential in management of sexual health
- Helps identify real behaviours, issues sub-populations groups
- Adolescent - adult confrontation
- Phenomenon of “generation gap”
- How passage into adulthood is marked

# Medscape Instant Polling

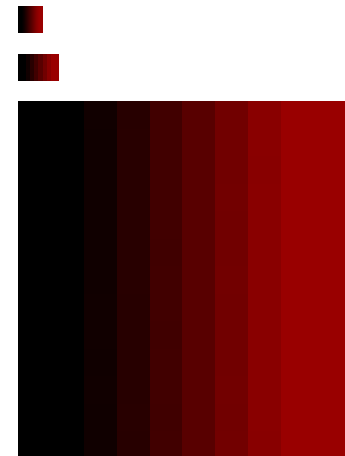
## Poll Results

**In Kansas, a federal trial began in January 2006 regarding a state law prohibiting virtually all sexual activity by people younger than 16 years. The trial examines the question of whether this means that healthcare professionals must report such sexual activity to state authorities. What do you think?**

**Reporting of sexual activity in this age group should be required in states where law exists. 6% (181)**

**Reporting of sexual activity in this age group should be required, even in states where law does not exist. 10% (289)**

**Reporting of sexual activity in this age group should not be required. 82% (2224)**



# Youth information sources

## Data Sheet: The World's Youth

POPULATION REFERENCE BUREAU

1875 Connecticut Ave., NW, Suite 520 | Washington, DC 20009 USA

phone: 202-483-1100 | Fax: +1 202-328-3937

[www.prb.org/pdf06/WorldsYouth2006DataSheet.pdf](http://www.prb.org/pdf06/WorldsYouth2006DataSheet.pdf) | [popref@prb.org](mailto:popref@prb.org)

## UN World Youth Reports

Youth Unit, Division for Social Policy and Development

13th Floor, 2 UN Plaza, New York, NY 10017, USA

phone +1 212 963 2791, fax +1 212 963 0111

<http://www.un.org/esa/socdev/unyin/wyr07.htm> | [youth@un.org](mailto:youth@un.org)

All about adolescent sexuality:  
**don't hold your breath ...**

sexual development, **deferring sexual initiation**, chosen abstinence, **sexual identity formation**, sexual orientation, **sexual abuse**, harmful traditional practices, **commercial sex**, survival sex or sex for favours (adolescent as *buyer* or *seller*), **trafficking**, gender-based violence (as *perpetrator* or *victim*), **disability**, sex & sport, **negotiation/refusal of sexual proposition**, negotiation of safer sexual practices, **condom use**, dual protection, **emergency contraception**, pregnancy, **abortion**, prevention & treatment of sexually transmitted infections (with partner notification), **access to youth-friendly services** (preventive, counselling, care & treatment services), **behaviour** in communicating/managing relationships, **desire**, pleasure, **genetic counselling**, inter-generational sex, **voluntary, confidential HIV counselling & testing**, stigma & discrimination (on basis of age gender or marital status, **friendship**, falling in love, **cybersex**, sexual orientation, HIV status), **co-factors in sexual & reproductive health** (substance use, alcohol), nutrition, **intra-familial** (consanguineous) **marriage**, incest, age at first legal, religious or traditional marriage, **age of consent** (to sexual acts, consent to sex education, to medical or surgical acts), parental/caretaker permission, **mental health** related to sexuality, self-inflicted harm, **suicide**.





# Effects of sex education ...

- **Research to enhance curriculum design** and revision (peer-based / non-formal methods / life skills influences on sex education. Promoting health-seeking behaviour / access to commodities & services) or identify non-school (parent, relative, significant adult) approaches
- **Develop policy dialogue** (commitment to sex education or stated grounds for rejection)
- **Learning needs** associated with key psycho-sexual developmental stages

# **A prospect of marriage**

**Age at first marriage is  
advancing in many  
places**

***Decreasing in others***

**Economic slowdown,  
poverty and  
unemployment  
contribute to  
inaccessibility of  
marriage**



# Role of institutional partners in research

- **Support operational and baseline assessment**
- **Provision of technical assistance**
- **Strengthen contribution of research to programming**
- **Advocacy for resource mobilization**
- **Secure comparative advantage in sexuality and reproductive health**



# **The challenge for researchers**

translate ideas into **programming**

The rationale behind **action research**

Food for thought  
**Call For Papers**

**International “Young People's Health and Development Conference”, Abuja, April 2008. Donor supported (Gates) and intends to set a global youth work agenda. More information:  
[www.jhsph.edu/gatesinstitute/policy\\_practice/adolhealth](http://www.jhsph.edu/gatesinstitute/policy_practice/adolhealth)**

# ***A Case Study***

## **Justin Berry:**

Divide into two groups, adopt roles  
(JB as victim, JB as perpetrator)

- Assess information in the video
- Discuss case & make recommendations for action
- Compare decisions in plenary

# **CASE STUDY:** Justin Berry

## JUSTIN BERRY 1

His First  
Webcam

**Click to watch  
the clip**



**Thanks,  
you can wake up now ...**

