



*Sexual Health Matters:
Concerns of
HIV Positive Youth*

Tamara Landry, The University of Western Ontario
Mathieu Warren and Ryan Handy
Youth Advisory Committee



Declarations

- Ontario HIV Treatment Network studentship award
- University of Western Ontario graduate scholarship
- Social Research Centre in HIV Prevention trainee award
- Universities Without Walls fellowship



Thank you....



- Participants
- Youth Advisory Committee
- PhD advisory committee at Western
- Positive Youth Outreach, AIDS Committee of Toronto, Regional HIV/AIDS Connection, and YouthCO
- OHTN studentship award
- University of Western Ontario graduate scholarship
- Social Research Centre in HIV Prevention trainee award
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Presentation Outline

- Purpose of the study
- Youth Advisory Committee
- Methodology
- Preliminary Results
- Future Direction
- Questions???

Purpose of this study

To explore:

- ❖ the experience of disclosure of HIV+ status of a diverse group of Canadian HIV+ youth infected at birth or during adolescence or youth, age 14-29;
- ❖ the impact of disclosure on their sexual health; and
- ❖ their access to available support services

Youth Advisory Committee

- ❖ 3 HIV Positive Youth were recruited in February 2010 through Positive Youth Outreach
- ❖ Biweekly meetings were held for 8 months with YAC members in Toronto
- ❖ YAC members identified key themes and assisted with recruitment invitations and interview question development

Methodology

- ❖ Theoretical Framework
 - ❖ Interpretive Phenomenology
 - ❖ Descriptive Phenomenology
- ❖ Participant Recruitment
 - ❖ Up to 25 interviews with HIV positive youth in Canada
 - ❖ Community Based Organizations in Canada
- ❖ Data Collection
 - ❖ In depth individual interviews
 - ❖ Questionnaire
- ❖ Data Analysis
 - ❖ Understand the individual experience
 - ❖ Understand the collective experience

Preliminary Results

- 17 interviews completed
- 13 Males
- 4 Females
- Number of Years HIV Positive: 6 months-24 years
- Age Range of Youth Participants: 22-29 years old

Preliminary Results

Lack of sexual health education

❖ **Sex Education Diversity:**

“Being Gay doesn’t exist in Sex Ed, it’s morally wrong”

“Homosexual youth don’t have anything to help them out”

“Abstinence is what is preached”

❖ **Misinformation:**

“People still think you get HIV from kissing”

Preliminary Results

Impact of diagnosis

❖ **Victims and Survivors:**

“Initial diagnosis was difficult and scary...Later, diagnosis became a wake up call”

❖ **Lack of information:**

“We need more information when diagnosed, not just a phone number, we need counselling right away”

Preliminary Results

Barriers to accessing support or services

❖ **Confidentiality Barriers:**

“I will not access services if I will be reported”

❖ **Judgement by Health Care Professionals:**

“I felt very judgmental from the doctor in the walkin clinic...his demeanor changed after he read my file”

❖ **Lack of knowledge in Health Care Professionals:**

“I know more than my doctor...Health care professionals just preach about things not relevant to my life situation”

❖ **Lack of family support:**

“My family, they don’t understand, it makes them uncomfortable when I talk about it [HIV]”

Preliminary Results

Facilitators accessing support or services

❖ **Peer Support:**

“[It helps] knowing other people out there are in the same boat as me”

“I wouldn’t be here if I didn’t have that support network”

❖ **Support From Friends:**

“I’ve been fortunate in the fact that everyone I’ve told is very supportive”

Preliminary Results

Learning how to manage disclosure

- ❖ **Trust:** *“It’s hard to trust people not to say anything to anyone”, “I don’t know if anything would help me to disclose my HIV status...stigma still exists”*
- ❖ **Support:** *“The more I disclose, the easier it becomes...it helps to have a support system in place”*
- ❖ **Rejection:**
“There’s always going to be a situation where you can’t tell someone...95% of people I can’t disclose to”
“There’s people I really want to tell, but years later, I still can’t tell them...I’m afraid to lose them”

Preliminary Results

Learning how to manage disclosure

❖ **Relationship with the person:**

“It depends on what type of relationship I’m entering into with that person and what the context is”

“I have to consider what this person’s knowledge about HIV might be”

❖ **Practicing Safer Sex:**

“Sometimes, I would rather have sex with a positive person”

“It’s easy to put a condom on...it’s difficult to know when to discuss it, negotiating it, safer sex became very unappealing”

❖ **Criminalization:**

“How do you disclose in a way that protects you”

“HIV is used as a tool against you”

Future Direction

- ❖ The need for accurate information regarding sexually transmitted infections to be taught in schools
- ❖ The need for school curricula to be open to teaching children and youth about sexuality and sexual diversity to breakdown the stigma barrier
- ❖ The reluctance of youth to access services for fear of being reported or lectured by health care providers means we are not meeting the youths' needs
- ❖ Peer support networks are critical to youth living with HIV, especially during initial diagnosis
- ❖ Tailored disclosure plans are needed for youth, especially for youth having difficulty with disclosure
- ❖ Further interviews are currently being conducted

Questions?

Tamara Landry, PhD Candidate,
The University of Western Ontario
tmlandry@uwo.ca