

Iowa Young Adult Roundtables

2003 Summary

In 2003, 60 young people participated in the Young Adult Roundtables (YARTs) in Davenport, Mason City, Sioux City, and Des Moines.

YARTs participants represent a variety of backgrounds, cultures, identities, and experiences. Each YART has a facilitator and a mentor. The mentor is a CPG member. The youth participate in CPG work primarily to assure that youth voices are heard and youth needs addressed. The youth meet every other month for three hours. Youth completed an anonymous questionnaire during their first meeting of the year. The results are summarized below.

Demographics

	2003
Average Age	16 (range 14-23)
Youth of Color	21%
Female	73%
Male	27%
Gay/bisexual or questioning	7%

Results of Questionnaire

	2003
Consider self at-risk for HIV	23%
Self-reported level of HIV knowledge	
Very Low	2%
Low	2%
Average	36%
High	46%
Very High	16%
Ever tested for HIV	36%
Sexually active	50%
Knows someone living with HIV or AIDS	36%
Knows someone who has died from AIDS	18%
Uses condoms	32%
Has "unsafe" encounters	
Never	16%
Sometimes	32%
Often	7%
Smokes on a regular basis	21%
Uses drugs or alcohol	55%
Has been in drug treatment	5%
Has been pregnant or has gotten someone pregnant	25%
Are the parent of one or more children	23%
Living Arrangements	
With parents/guardians	73%
Foster Home	5%
Own apartment	16%
At school	5%
Currently a student	73%
Currently working full-time	21%
Currently working part-time	16%

Sources of HIV/AIDS Information

Information Source	Percent
Friends	84%
Family	36%
Church/Synagogue	2%
TV	48%
Radio	9%
Newspaper	5%
Magazines	30%
School	34%
Other Sources (YARTs, Maternal Health Center, Peer leadership/counselor)	59%

The youth held discussions on obstacles to effective HIV prevention in Iowa. Brainstorming was centered on the top ten barriers to reaching youth. These barriers, and strategies to overcome them, are summarized below. The young people also developed the action steps to implement the strategies.

SCHOOLS

<u>Feelings/Beliefs</u>	<u>Strategies</u>	<u>Action Steps</u>
<ul style="list-style-type: none"> ■ HIV/STD prevention is not taught before 8th grade in most schools. ■ Faculties in schools tend to be uncomfortable when talking about sex with students and usually don't have up-to-date information. ■ Schools don't allow you to talk openly about everything (sex, condoms). 	<ul style="list-style-type: none"> ■ Start teaching prevention methods at an earlier age. ■ Cover HIV/ STD prevention in mandatory health classes and other classes that could integrate prevention into their curricula. ■ Peer educators. 	<ul style="list-style-type: none"> ■ Set up peer-education programs in the schools. ■ Make it a point to educate teachers and give them up-to-date information on HIV/AIDS. ■ Parent involvement is a must. ■ Need a comprehensive health program.

PARENTS

<u>Feelings/Beliefs</u>	<u>Strategies</u>	<u>Action Steps</u>
<ul style="list-style-type: none"> ■ Feel that parents take the wrong approach when discussing sex with children. ■ Many parents don't have information regarding HIV/ STD prevention. ■ Many thought that dads were harder to talk to about sex. ■ Parents don't talk about it; it is taboo. 	<ul style="list-style-type: none"> ■ Open discussions between parents and children. ■ Educate parents so they feel comfortable talking to their children. ■ HIV/ STD programs. ■ Parents must have discussions with their children about sex and character. ■ Parents need to be more involved in youth's education; COMMUNICATION. 	<ul style="list-style-type: none"> ■ Education is the key to getting full support from parents. ■ Encourage parents to have open communication with their children. ■ Have conferences so parents can learn about HIV/AIDS. ■ Make it a requirement for any parent(s) who has a child going through the program to come and participate in the program before the child does.

ATTITUDES/BELIEFS

<u>Feelings/Beliefs</u>	<u>Strategies</u>	<u>Action Steps*</u>
<ul style="list-style-type: none"> ■ From a religious viewpoint, there should be no sex before marriage. ■ Looked down upon when talking about sex. ■ HIV/AIDS not prevalent in north Iowa. ■ If you are on the pill you don't have to worry about HIV. 	<ul style="list-style-type: none"> ■ Having people living with HIV speak to youth. ■ Knowledge that sex is a very small part of a relationship and that protecting yourself is very important. 	

CULTURE

<u>Feelings/Beliefs</u>	<u>Strategies</u>	<u>Action Steps*</u>
<ul style="list-style-type: none"> ■ Our culture sends a message to youth about what is acceptable and what is not. ■ Hispanic cultures are usually from a Catholic faith. ■ Cultural beliefs get in the way of using protection. ■ Northern Iowa has a conservative culture. 	<ul style="list-style-type: none"> ■ Talk to any adult who has an open mind and will listen to your questions about sex. ■ Give information to elders in the community to show how important education is for the youth. 	

LANGUAGE

<u>Feelings/Beliefs</u>	<u>Strategies</u>	<u>Action Steps</u>
<ul style="list-style-type: none"> ■ The use of slang words tends to drive adults away from conversations and may keep them from understanding what is being said. ■ Teachers need to talk to you and not down to you. ■ Reach people by talking their language. 	<ul style="list-style-type: none"> ■ Make sure that information is in all languages. 	<ul style="list-style-type: none"> ■ Make all documents in the top four languages in that community. ■ Know when to use slang. ■ Talk "to" youth and not down, above, or at them.

SOCIETY (In general and/or Peers)

<u>Feelings/Beliefs</u>	<u>Strategies</u>	<u>Action Steps*</u>
<ul style="list-style-type: none"> ■ Contributes to how youth feel and act towards sex. ■ Videos, music, and movies all promote sexual behaviors. ■ If society wants it to happen, it will. If it doesn't, then it won't. ■ Scared of the stigma about HIV/AIDS. ■ People are stigmatized if they are having sex. ■ People don't want to believe premarital sex happens. 	<ul style="list-style-type: none"> ■ Make it harder for youth to be permitted into "R" rated movies and to buy music containing messages about sex. ■ People need to accept that times have changed; just because it used to be like that, doesn't mean that it is now. 	

RURAL AREAS

<u>Feelings/Beliefs</u>	<u>Strategies</u>	<u>Action Steps</u>
<ul style="list-style-type: none"> ■ Seem to be isolated. ■ Have less funding for HIV/STD prevention. ■ Fewer testing services. ■ Schools are uncomfortable with condom distribution. 	<ul style="list-style-type: none"> ■ Use of Internet prevention sites. ■ Choose someone who would be willing to learn and keep up on new HIV/ STD prevention information. ■ Increase services for testing. 	<ul style="list-style-type: none"> ■ Use popular media when available. ■ Internet peer education as a resource. ■ Health fairs put on by local agencies. ■ Media campaign focusing on rural residents.

AGE DIFFERENCE IN PARTNERS

<u>Feelings/Beliefs</u>	<u>Strategies</u>	<u>Action Steps*</u>
<ul style="list-style-type: none"> ■ Girls mature faster than boys and tend to date older men. ■ Older men and younger women are more acceptable than older women and younger men. ■ The older the person is that the young person is dating, the less likely the young person is to find out about the partner's history. 	<ul style="list-style-type: none"> ■ Encourage youth to date in their own age range. ■ Talk about the publication called a <u>Mother's Voice</u> and what Carol and David Ellingsworth have done for prevention. ■ Talk to older men and find out why they would want to date younger women. 	

RELIGION

<u>Feelings/Beliefs</u>	<u>Strategies</u>	<u>Action Steps</u>
<ul style="list-style-type: none"> ■ Premarital sex is a no-no, but no one is doing anything to stop it. ■ Abortion – no one wants to talk about. ■ No birth control/not protecting themselves. 	<ul style="list-style-type: none"> ■ Improvements in communication. 	<ul style="list-style-type: none"> ■ Be realistic and don't preach "just say no." ■ Tell the entire story and let the youth decide. ■ Continue the dialog even if you don't like what is being said.

PEOPLE WHO ARE MENTALLY CHALLENGED

<u>Feelings/Beliefs</u>	<u>Strategies</u>	<u>Action Steps</u>
<ul style="list-style-type: none"> ■ What you see in movies is not what occurs in real life. ■ Are trusting and vulnerable; can have sex and not know what happened. 	<ul style="list-style-type: none"> ■ Educate ■ Explain in a simple and repetitive manner. 	<ul style="list-style-type: none"> ■ Specific classes that are geared toward their learning ability. ■ Posters that they can relate to. ■ Use language that they understand. ■ Hands-on activities would be helpful.

PERSONAL RESPONSIBILITY

<u>Feelings/Beliefs</u>	<u>Strategies</u>	<u>Action Steps*</u>
<ul style="list-style-type: none"> ■ Responsible for only your behaviors. ■ Never assume anything. ■ Handling pressure to drink and engage in sexual activities is a challenge. ■ Only the guy's responsibility to remember condoms. 	<ul style="list-style-type: none"> ■ Educate youth on how to assess risks, recognize risks, and prevent transmissions. ■ Let others know of your beliefs and values from the start. ■ Take care of yourself. ■ Set limits. 	

GOVERNMENT

<u>Feelings/Beliefs</u>	<u>Strategies</u>	<u>Action Steps</u>
<ul style="list-style-type: none"> ■ Not getting enough HIV information to people. ■ Not enough access to free condoms. ■ Lack of funding for education. ■ Lack of trust in the government. 	<ul style="list-style-type: none"> ■ Get word out that HIV infection can happen to anyone. 	<ul style="list-style-type: none"> ■ Lobbying. ■ Consider programs beyond abstinence-only. ■ Increase funding for HIV prevention programs. ■ Get Comprehensive Family Care Act passed.

REALISM

<u>Feelings/Beliefs</u>	<u>Strategies</u>	<u>Action Steps</u>
<ul style="list-style-type: none"> ■ Only evident when it affects someone close. ■ The realization that HIV/AIDS is here. 	<ul style="list-style-type: none"> ■ It could happen to anyone. 	<ul style="list-style-type: none"> ■ Educate the community that HIV/AIDS is in Iowa. ■ It can happen to anyone. ■ Meeting people living with HIV/AIDS in their community.

*The young people expressed difficulty developing action steps in these categories for some of the strategies. They felt that topics like “Personal Responsibility” and “Age Difference in Partners” had to do with moral judgment. Consequently, they felt it was hard to say what was right for others. It is probably better to help young people understand that their actions have consequences, and what those consequences might be.

Examining HIV Risk and Attitudes

The youth examined various opinions about HIV risk and attitudes. They were asked to complete an anonymous questionnaire about eight statements. They could strongly disagree, strongly agree, disagree, or agree.

The statements were:

1. It is hard for me to understand why people who know how HIV is transmitted continue to risk infection.
2. Anal intercourse is a normal behavior.
3. I would personally trust a condom to protect me in sexual intercourse with a person whom I know was HIV infected.
4. IV drug users should be given free clean needles.
5. Heterosexuals are at a low risk of contracting AIDS.
6. I would refuse to go to school with someone who has AIDS.
7. AIDS is a punishment for promiscuity.
8. People with AIDS should not have sex.

The youth then were given each other’s anonymous questionnaires and told to give supportive responses to the answers. Later, they were asked how they felt about defending an opinion not their own.

The youth were asked what they observed during this exercise. They were asked about how it felt to defend an opinion that was not their own. They said it was very hard and they wanted to argue against the opinion they were given. Some also found that though they listened to other’s opinions, they rarely changed their minds. Others noted they thought all young people were open-minded, but instead found that some young people thought more like their parents. The youth were asked how it felt when someone perceives their opinions to be in the minority and one responded that it made them feel “out of place and wrong.” Others said it made them feel

like they didn't fit in. The youth thought it "took a lot" to stand alone and keep friends when they saw an issue differently than the majority. They got a feel for what it is like to "be different."

The youth thought the point of the activity was to learn how to be more open, non-judgmental, respectful, and to accept differences in opinion. They thought they could achieve a more non-judgmental behavior by learning what their own strongly held opinions are and learning how to communicate openly.

Sexuality and Relationships

Another activity involved getting the youths' ideas about relationships and safer sex. They were queried about what was being taught about sex in school, and if more or less should be taught. Most responded that they remembered being taught "something about sex" at some point. They reported that most teachers talked only about abstinence and used videos without accompanying discussion. The youth in all four cities agreed that more needs to be taught about sex in school. They suggested that peers speak about STDs and HIV/AIDS. They suggested that people their own age educate them with facts and consequences of their actions. The youth would like a balance between abstinence education and comprehensive health education.

When asked how parents handle the topic of sex, most responded that their parents are scared to discuss sex and expected the schools to teach their children about it. They suggested a class for parents and their children to learn about sex and different ways to talk about it.

YARTs participants believe that "safer sex" means using protection, being monogamous, being abstinent, being educated about consequences, and knowing and communicating with partners. They said young people do not practice safer sex because of the stress of buying condoms, the challenges around learning how to use them, being "caught-up in the moment," difficulties in communicating about protection with their partners, and challenges in setting boundaries. They said it is not easy to practice safer sex, especially when the partner is not willing.

All agreed that drugs and alcohol play a "big role" in sexual relationships. They felt that when people drink they do not think straight and do not want to stop to use a condom. They also noted that alcohol lowers inhibitions and many people feel guilty and have regrets about what they did while under the influence. Youth discussed the fact that people can "black out" while drinking and often do not remember what they did or whom they did it with.

When asked how they felt about using condoms, they expressed many different views. Some said that "if you have a monogamous partner and are on birth control you do not need to use condoms." Others said that "condoms are a necessity every time you have sex." Some also said they did not like condoms at all since they diminish pleasure. They were asked what they would think about when considering having unprotected sex. Topics voiced included: pregnancy, getting an STD/HIV, how well they know the person, if they can trust the person they were going to have sex with, and the availability of emergency contraception pills. One participant said she considered using a condom but did not and became pregnant and now has a baby. Others said they take a chance on pregnancy or do not care if they get pregnant. Some youth

said they would talk about birth control, condoms, or their past sexual experiences before they would have sex. Others said they did not discuss anything before having sex. Most said youth do not take responsibility for their actions and the younger the age the less responsible they are. They were asked if they had ever been pressured, or heard of someone being pressured, to have sex. Some responded that “guys pressure girls all the time and girls just have to learn to say no.” When asked if youth would change anything about their relationships, some responded by saying men need to be more mature, women need to have just one partner, both sexes need to argue less, need to communicate more, and be more supportive.

Participants were asked to give suggestions to HIV planners on how to educate youth about sex and HIV. They said more reality situations are needed. Educators should show HIV as “real” and teach that sex has consequences. Youth suggested more outreach and education about sex by their peers. Participants want peers to be able to hand out condoms and disseminate real information about sex. They want help to understand and know the consequences of behaviors without being judged.

Youth–Adult Partnerships

YARTs held a discussion about how young people want adults to treat them in regards to HIV and sex education. Responses varied; most felt that educators were uncomfortable talking about sex and often videos were shown without any accompanying discussion. The young people felt that their regular teachers in schools were very open and that school guidelines, at times, make it difficult to cover topics in a comprehensive way. They stressed that teachers should not insert their personal values/biases into their educational experience. They felt that ongoing HIV/AIDS and sex education for teachers would be beneficial.

YARTs were asked to say what the ideal HIV and sex education messages should be. Responses included:

- Candid discussions about risks and information about safe sex.
- Contraceptives: their effectiveness and how to use them.
- Session should be interactive (not lecturing).
- Groups should be small enough so youth feel comfortable asking questions.
- Guest speakers who have real life information about living with HIV should be included.

Although others may worry that discussing sex, condoms, and/or HIV make young people more likely to have sex, the YARTs felt this was not the case. They felt knowledge about sex, condoms, and HIV does not promote sexual activity. In support of the young people’s opinions, Douglas Kirby, Ph.D., reported in Emerging Answers in May 2001, that “a large body of evaluation research clearly shows that sex and HIV education programs do not increase sexual activity. These programs do not hasten the onset of sex, increase the frequency of sex, nor increase the number of sexual partners. To the contrary, some sex and HIV education programs delay the onset of sex, reduce the frequency of sex, and/or reduce the number of sexual partners.”

The YARTs summarized what they would like adults to do regarding HIV and sexuality in their schools. They felt they needed more information, more interactions with personal stories to

increase the effectiveness of the message, and options that go beyond “abstinence-only” education. They overwhelmingly felt that HIV education should be required in schools. The YARTs felt that the best places to have sex education are in health, family and consumer science, social studies, and parenting classes.

The specific topics to be covered should include:

1. HIV/AIDS transmission on the following issues:
 - Childbirth
 - Types of sex
 - Peer pressure
 - Date rape
2. Testing, treatment, and signs and symptoms.
3. Contraceptives (how to use, cost, and effectiveness).
4. Sexuality (heterosexual, gay, and bisexual).

YARTs felt that the following should be avoided:

1. Religious connections discussing only abstinence (“sex is a sin, burn in hell”).
2. “Cheesy” teaching methods.
3. Videos covering HIV/AIDS without accompanying discussion.
4. Separation of the sexes.

The youth were asked how much freedom they would like. Their answers varied greatly depending on age. One responded they want total freedom to make all of their own decisions. Most wanted their parents to trust them more and allow them to make more decisions on their own. Some responded that more freedom brings more responsibility and that as they gain more freedom it is not as big of a deal as it once was.

They were asked how adults could assist young people in advocating for their needs. They responded that adults need to be open-minded, trusting, supportive, and non-judgmental. They also wanted adults to challenge their thoughts, respect their opinions, talk and listen to them, and provide necessary resources.

When asked to describe successful relationships they have had with adults, the general response was when the adults are non-judgmental, respectful, and accepting they have a successful relationship. Other qualities of successful relationships included adults showing care, trust, and treating the youth as equals.

Risk Reduction Interventions

The youth discussed different prevention methods for reducing STD and HIV risk in youth. They thought that youth would respond most to individual level, group level, outreach programs, health communication and public information, electronic media, and print media. They discussed each intervention in detail and concluded that each can be effective, depending on the situation.

Following are YARTs’ views on each preferred method:

- Individual-level interventions are effective because “it is easier to talk about private things with just one person.” They also thought that individual-level discussions might be scary for some because they may not trust the other person, but they provide a chance to ask private questions. Prevention case management is effective because it can teach youth how to talk about protection and how to use a condom. It would be more effective with humor.
- Group-level interventions are effective in settings such as churches, schools, and support groups. They thought it may be hard to get a point across or ask questions in a larger group but follow-up meetings for questions would be helpful.
- Outreach programs are effective because they go to the high-risk people and can facilitate support groups.
- Health communication and public information interventions include activities such as *We Care Weekend*, *National HIV Testing Day*, and *Red Ribbon Dinner*. Youth felt that TV programs young people watch would be good places to provide information. In addition, they felt that more ads should be placed in teen magazines and on radio stations. Some participants thought hotlines were outdated and that young people would rather use the Internet to get information.
- Electronic media is effective because it reaches a large audience and is private. The Internet is useful but can be dangerous if the proper precautions are not used.
- Print media includes news articles about HIV/AIDS, billboards, and public buses. Hotlines/clearinghouses are used for the public to get printed material from the state department of health, CDC, and other federal agencies. These venues can get people thinking about reducing the risk of HIV/AIDS.

Other interventions that youth commented on:

- Community-level interventions are designed to reach a defined community with the intention of altering social norms to influence high-risk behavior. This can happen when groups want a risk-reduction message and ask educators for help. They can also be mass media or peer-education groups. Due to different “learning styles,” youth were unsure of this intervention’s effectiveness.
- Community organizing takes place when people persons within or outside a community identify a problem and education to alleviate it. The organizing may be by volunteers, professional groups, or a specific group of supporters. Youth felt that these workers need to be from the same community that they’re trying to serve.
- Social marketing can use surveys to assess need and effectiveness of products and can support youth and adults to help delay high-risk behaviors. Youth felt that, to be effective, this intervention should be done subtly. If too aggressive, the intended target will just “blow it off.”

- Public events can include the *Red Ribbon Dinner* and plays. Youth thought that “theater type events” are good ways to raise HIV awareness.
- Policy interventions are activities designed to reduce or eliminate barriers to HIV prevention. They include laws allowing syringe exchange, proper disposal of used needles and comprehensive health education. Participants felt that policy should focus on “safe sex,” not abstinence. The youth discussed challenges in getting policies passed in a bureaucratic system.

Summary

Youth had a variety of feelings about their participation on the Young Adult Round Tables during the last year. Participants generally felt comfortable discussing the topics. Reinforcement of the ground rules that were established for the YARTs contributed to this comfort level. The four YARTs continue to meet bi-monthly to address the HIV/AIDS prevention needs of Iowa’s youth.

The YART participants completed an evaluation of the process. Seventy-eight (78) percent of the youth believed that the information from their groups is used in the statewide HIV prevention planning process. A summary of the evaluation follows:

- Youth want to make a difference; participation in the YARTs gives them the chance.
- Youth felt affirmation from the HIV/AIDS Program.
- Some want to have a YART meeting every month, instead of bi-monthly.
- They want the community to be more aware of YARTs.
- Youth felt that YARTs provide an opportunity for youth to access information about HIV prevention and broaden their knowledge about where to go for more information.
- Concerns were voiced about abstinence-only education. Youth want comprehensive information so they can make good choices.
- The youth felt that the separate track at the October 2002 Iowa HIV/AIDS Conference was a great opportunity to bring youth together to discuss their issues.