

Combating dangerous sexual behaviours

Dr Audrey Steenbeek provides insight into the impetus behind the 'Sexual Health Services and Sexual Health Promotion Among Undergraduate Students in the Maritimes' project, and its potential impact on sexual health services in universities across Atlantic Canada



What inspired you to study the sexual health needs and experiences of undergraduate students in the Maritimes?

Almost all universities in Canada provide sexual health services to students, but very little is known about how well they are performing. Given the negative outcomes associated with dangerous sexual behaviour, a better understanding of how successfully university health services reach and help students with these concerns deserves significant attention.

Currently, very little collaborative, applied and policy-relevant research is available to assist knowledge users and decision makers in determining the effectiveness of university health services and health promotion. By examining needs and gaps in university-based services related to sexual health, healthcare services can make better informed responses to student needs. This project was set up to address such issues and concerns at universities in Atlantic Canada.

To what extent can factors such as depression, alcohol use and social support impact students' sexual health?

Different factors can influence students' sexual health in a variety of ways. For example, depression is frequently seen among young Americans and Canadians, and is associated with risky sexual behaviours in young people, as is excessive alcohol consumption. Furthermore, casual sex is a common phenomenon on university campuses, and can create social pressures. Often, all of these factors intersect; for example, for many Canadian university students travelling in groups to places such as Florida for spring break, the intention to 'hook-up' can be heavily influenced by peers, alcohol consumption and a perceived atmosphere of greater freedom. Conversely, social support is known to protect against both sexual risk taking and depression.

Have you faced any obstacles in conducting your surveys?

One important issue is that of participant privacy. To this end, the Dalhousie IT department provides high-level security for all information submitted using Opinio survey software. To help encourage student participation in the survey, we offered a draw of five CAD \$100 gift certificates for each of the universities; however, this incentive remained separate from each participant survey, thereby ensuring anonymity and confidentiality.

Another major issue for surveys is that of response rates. Past studies have shown that response rates among university students are comparable between standard mail-out and online surveying methods. A study in Florida, for example, found that students randomly assigned to receive either web-based or mailed surveys did not differ significantly in terms of demographics, response rates or survey completion. The same study showed that students preferred answering difficult



questions (such as those about sexual experiences) online versus via mail. The online component of a recent survey of Canadian campuses had a 44 per cent response rate, and a large-scale undergraduate survey using Opinio at Dalhousie University had a response rate of 39 per cent. Our sample had a response rate of 21.8 per cent based on undergraduate enrolment figures.

Are there key results concerning sexual health services and promotion that have arisen from the collected data?

Students were asked about which methods they thought would be most effective at reaching out and advertising university sexual health services to students. The options most frequently chosen by students focused on early interaction between clinic staff and new students (22.9 per cent endorsed clinic visits during first year orientation and 29.2 per cent endorsed staff visits to first year classes) and using the internet to reach students (26 per cent endorsed methods such as websites and eNewsletters). More traditional methods of advertising health services were endorsed by relatively few students (only 3.1 per cent and 10.3 per cent endorsed using leaflets and posters, respectively, around campus). These results suggest that more innovative – and potentially labour-intensive – outreach may be needed to familiarise students with available health services.

Do you expect this investigation to drive any changes in Maritime universities?

The premise of the study was to promote necessary change to service delivery. As researchers we cannot make this change ourselves, but we can provide the evidence to the individuals that can. The universities participating in this project are very dedicated to their students and want to provide them with the services they require. I am confident that these results will help students with future decisions.

Improving student sexual health services



A research study that assesses the extent to which university-based sexual health services are promoted and delivered among undergraduate students in the Maritime Provinces, Canada, is being used to provide a basis for future improvements in eight universities

UNDERGRADUATE UNIVERSITY STUDENTS are at a high risk of making poor sexual health decisions. Many undergraduates are living away from home for the first time and are particularly susceptible to peer pressure, alcohol consumption and mental health issues such as depression.

All factors have been proven to increase an individual's likelihood of making risky sexual health choices that may result in sexually transmitted infections (STIs), unplanned pregnancies and emotional distress.

Universities have a duty to provide and promote student health services to reduce the risk of poor sexual health decisions and assist with subsequent sexual health concerns and problems. In the Maritime Provinces, however, such university-based services have not been regularly and consistently monitored, which has, in some cases, led to insufficient sexual health support for students.

ASSESSING SEXUAL HEALTH SERVICES

Student enrolment rates for universities across Canada have risen significantly in the last decade, with 24 per cent of 18-24 year olds continuing to university in 2005-06. This figure is even greater in Atlantic Canada, which has one of the highest university attendance rates in the country. It is paramount, therefore, that universities in the Maritime Provinces provide excellent sexual health services for these students.

To this end, a research study entitled 'Sexual Health Services and Sexual Health Promotion Among Undergraduate Students in the Maritimes'

was initiated, aiming to provide evidence on the effectiveness of specific types of sexual health services by considering how many students were aware of, and use, such services, as well as how useful they found them. The study targeted eight universities across Nova Scotia, Prince Edward Island and New Brunswick.

The project was funded by the Canadian Institute of Health Research (CIHR) Partnerships for Health Systems Improvement (PHSI) Operating Grant – the first of its kind in Atlantic Canada. The study closely engages with the CIHR 'Listening for Direction III' research theme, which seeks to identify the most important issues in the management and organisation of health service delivery that would benefit from an investment in research. Project co-Lead Investigators, Drs Audrey Steenbeek and Donald Langille, hope to inspire management to improve practice and develop health services within universities.

A SEXUAL HEALTH SURVEY

Funding from the CIHR enabled researchers to conduct a large-scale survey to determine undergraduate student responses to sexual health services. In 2012, the survey was distributed via mailing lists to all undergraduate students at the eight universities. It was entirely confidential, with each student being able to anonymously submit their answers online using Opinio survey software. All of these factors have been proven to increase an individual's likelihood of making risky sexual health choices that may result in STIs, unplanned pregnancies and emotional distress. In total, 10,232 students submitted responses to the survey. In 2013, the collected data were



INTELLIGENCE

SEXUAL HEALTH SERVICES AND SEXUAL HEALTH PROMOTION AMONG UNDERGRADUATE STUDENTS IN THE MARITIMES

OBJECTIVES

- To identify the barriers to and facilitators of students' use of university-based health services, primarily in the area of sexual health
- To prioritise students' sexual health services needs at each of the participating universities

KEY COLLABORATORS

Dr Donald Langille, co-Lead Investigator • **Amber Cragg**, Research Coordinator • **Kevin Wilson**, Research Assistant

PARTNERS

Dalhousie University • **Dr Peter McLeod**, Acadia University • **Dr Maryanne Fisher**, St Mary's University • **Dr Stephen Perrott**, Mount St Vincent University • **Dr Cathy MacDonald**, St Francis Xavier University • **Professor Kate Krug**, Cape Breton University • **Dr Jo-Ann MacDonald**, University of Prince Edward Island • **Dr Lucia O'Sullivan**, University of New Brunswick

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AUDREY STEENBEEK was awarded a BScN from McMaster University, before going on to the University of British Columbia to complete her Master's in Nursing and PhD in Epidemiology. She is now a member of the Canadian Circumpolar Health Society and the Association of Canadian Universities For Northern Studies, and is a scientific advisor for the National Aboriginal Council on HIV/AIDS and Pauktuutit Inuit Women's Society of Canada. She is also a member and acting Chair of the Health Policy & Translation Group at the Canadian Centre of Vaccinology. Currently working as Associate Professor and Assistant Director of Graduate Programs in the School of Nursing at Dalhousie University, Steenbeek holds a Cross-Appointment with the Department of Community Health and Epidemiology. She is an epidemiologist that specialises in sexually transmitted infections and Aboriginal health.

assessed and a statistical analysis carried out. Researchers learnt about student sexual health service requirements as well as determining the proportion of students that used sexual health services and whether they found these to be well promoted, helpful and appropriate.

The survey unearthed some interesting findings, these included significant levels of risky sexual behaviours, coupled with underuse of the sexual health services on offer. "Despite the fact that majorities of students were satisfied with the sexual health services they had received through their university, only a small percentage of sexually active students had actually used their school's health services," Steenbeek elucidates. This seemed to be largely due to a perceived lack of need. Crucially, it was also found that an alarming proportion of students lacked basic knowledge relating to sexual health; fewer than 80 per cent of students were knowledgeable about the symptoms and side-effects associated with different STIs, and less than half of students were well-informed about the effectiveness and proper use of different forms of contraception. "Overall, these findings have provided target topics which university health promoters could use to increase Maritime university student sexual health knowledge, rates of healthy sexual behaviour and use of sexual health services," concludes Steenbeek.

MAKING A CHANGE

The results of this survey are now contributing towards a comprehensive report of findings, with researchers also working to merge data from the inter-university survey into individual reports from each participating institution. Once completed, findings will be presented in the form of knowledge exchange workshops to service providers, students and university administrations. The workshops will take place as one-day sessions at each of the eight institutions. They will welcome active participation and feedback on the data, hoping to optimise the improvement of university health services through encouragement of discussion and interpretation.

Ultimately, it is hoped that the information supplied by this project will enable universities in the Maritimes Provinces to develop new methods for encouraging students to make informed positive sexual health decisions. By providing a greater understanding of the needs and priorities of student sexual health, as well as detailing current hindrances to good sexual health practice, the data will allow university-based services to target effective methods for promotion and clinical provision of sexual health services. The use of a continuing information and knowledge transfer process will also encourage sustained monitoring and feedback on new developments in these services. Researchers anticipate that this work will provide the impetus for positive changes to be made across Atlantic Canada and inspire other universities worldwide to follow a comparable system of monitoring and improvement.

STUDENT SEXUAL HEALTH SERVICES SURVEY – KEY FINDINGS

OVERALL:



35.1%

of students have had more than one sexual partner in the past year

AMONG THOSE WHO WERE SEXUALLY ACTIVE:

