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Schools: A Missed Opportunity to Inform African American Sexual and Gender Minority Youth About Sexual Health Education and Services

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Abstract

Sexual and gender minority (SGM) youth are at disproportionate risk for HIV. Schools play an integral role in educating young people about sexual health in addition to providing sexual health services. This qualitative study examined SGM youths' perception of school sexual health education and services. A total of 42 self-identified African American SGM males participated in focus groups or in an in-depth interview. Qualitative findings revealed that schools are missing the opportunity to educate SGM youth about sexual health. Youth participants noted several barriers to accessing sexual health education and services at schools including limited, targeted health information and school nurses not being knowledgeable of health issues that impact SGM youth. Participants noted that school sexual health services are not adequately marketed to students and sometimes do not include testing for HIV and other sexually transmitted diseases. Suggestions for future research and implications for school nurses and sexual health services are discussed.

Keywords

schools, sexual health, HIV prevention, sexual health services, youth, sexual orientation, qualitative research

African American sexual and gender minority (SGM) youth are at disproportionate risk for sexually transmitted diseases (STDs), including HIV. The term SGM is used to describe the fluidity in sexual orientation and gender identity and is an umbrella term often used to describe individuals who identify as lesbian, gay, bisexual, or transgender (Mayer et al., 2008). African American SGM youth bear the greatest burden for HIV, accounting for 58% of those currently living with HIV (Centers for Disease Control and Prevention [CDC], 2014). Additionally, SGM males make up 84% of the new HIV infection cases among males in the United States (Grov et al., 2016). Given these alarming statistics among SGM youth, school sexual health education and services should be inclusive of SGM youth and focus specifically on the unique health concerns of this population.

Schools play an integral role in educating young people about sexual health. This is especially true for SGM youth. SGM youth, specifically SGM males, are at an increased risk for HIV and STDs, making school an ideal place to educate young people about sexual health. Unfortunately, SGM males do not always rely on schools for sexual health information. One study by Rose and Friedman (2012) found that schools were the least cited source of sexual health information among SGM males. On the contrary, another study conducted by Bakker and Cavender (2003) found that school nurses are critical in promoting positive health behaviors among SGM youth. School nurses and school-based health centers (SBHCs) provide a wide range of services including primary medical care, health education and promotion, HIV/STD testing, and mental/behavioral health care (Harper, Liddon, Dunville, & Habel, 2016). With the increasing rates of HIV among SGM males, it is important to examine SGM males' perception of school-based sexual health education and services because schools have the potential to reach large numbers of young people including this hard-to-reach and hidden population (Bakker & Cavender, 2003; Joint Commission, 2011; Kirby & Laris, 2009).

Numerous studies have documented support for sexual health education in schools; however, there is a dearth of

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research focused specifically on school-based sexual health services (Moore, Barr, Wilson, & Griner, 2016). The potential for school sexual health services to influence behavior among young people is only possible if these services are accessible. Research shows that adolescents are often unaware of the type of sexual health services offered at school and express concerns about confidentiality and disclosure (Carroll, Lloyd-Jones, Cooke, & Owen, 2012). One study found that while SGM males were more likely to talk to school nurses about HIV/STD testing, they were least likely to consult school nurses about sexual orientation and attraction (Rasberry et al., 2014). A 2016 study concluded that having school sexual health services, including an STD/HIV testing referral system in place, may increase HIV/STD testing among students (Rasberry et al., 2016). Testing and referral systems are important, given the high rates of HIV/STD among SGM males.

Adolescence can be a difficult time for young people; this is especially true for African American SGM males (LaSala & Frierson, 2012). During adolescence, African American SGM males are trying to figure out their sexuality and rely heavily on a number of sources, including schools, to learn about sexual orientation and sexual health topics (Rose, Friedman, Spencer, Annang, & Lindley, 2013). Limited research has been conducted examining SGM males' perceptions of school sexual health education and services. Thus, the specific aim of this study was to qualitatively examine African American SGM males' perception of school sexual health education and services.

Method

Design

This study used a phenomenological research design. Primary data collection methods were used including focus groups and interviews with 42 African American SGM males. Purposive, convenience sampling was used to recruit participants for this study. All study and recruitment procedures were approved by the primary author's institutional review board.

Procedure

African American SGM males were recruited for this study using flyers and announcements made at a local community-based organization whose mission is to serve SGM youth. The inclusion criteria for this study included (a) self-identified as African American, (b) aged 18–21 years, (c) self-identified as a sexual or gender minority, and (d) must reside in the metropolitan area in the Southeastern United States where the study took place. Those individuals who were interested in participating and met the inclusion criteria were asked to contact the primary author. Eligible participants were invited to take part in a focus group. In-depth interviews were offered to participants that were unavailable the day of the focus group or to those that were uncomfortable speaking in large group settings.

Informed consent was obtained from participants prior to the start of each focus group and interview. Led by a trained moderator, focus groups/interviews were audio recorded and lasted approximately 60 minutes. The moderator asked questions from the semi-structured discussion guide, probing when necessary. At the conclusion of the discussion, participants were asked to complete a demographics and health behavior questionnaire to gather additional characteristics about the study sample. Participants received US$10 cash incentive for compensation for their time and contribution to the research.

Instrumentation

A semi-structured focus group discussion guide was developed using existing measures, relevant literature, and constructs from the interdependence model of social influence and interpersonal communication and social cognitive theory (Bandura, 1977; Rusbult & Van Lange, 1996). The discussion guide questions addressed health information-seeking behaviors, HIV/STD information sources, perceptions of health information sources, and recommendations for improving the delivery of health information. Additional details about the discussion guide are presented in Table 1.

Participants

Participants in this study included 42 self-identified African American SGM male youth, with a mean age of 19.4 years ($SD = 1.2$). Most participants (76.2%) were high school graduates or had some college experience. The mean age at which the study participants acknowledged their sexual orientation was 13.6 years ($SD = 3.7$). The mean age of first sexual intercourse was 14.8 years ($SD = 3.1$). All SGM participants reported being sexually active. Of the 42 SGM male participants, less than half cited schools as a source of sexual health information. Table 2 presents additional demographic characteristics about the study sample.

Data Analysis

Audio files were transcribed verbatim by an online transcription company. Personally identifiable information was removed during transcription. Transcripts were then imported into QSR NVivo 9 for thematic analysis (QSR NVivo, 2010). An initial codebook was developed using the focus group discussion guide. The research team met to review the codes, their associated definitions, and proper application. To establish intercoder reliability, a portion of transcripts were coded independently by the two authors. Coders discussed and resolved any discrepancies in coding. Once intercoder reliability was achieved, the codebook was updated, and the remaining transcripts were coded by the primary author.

Table 1. Focus Group Discussion Guide Questions.

Discussion Guide Domain	Discussion Guide Questions
Current health information sources	From what sources do you receive health information?
	What kind of health information do you get from these sources?
	What kind of health information do you get from school?
	From what sources do you receive information about sexual orientation?
	From what sources do you receive information about HIV/STD prevention?
Perceptions of health information sources	Why did you select these sources to receive health information?
	How do the messages about sexual orientation make you feel?
Health information recommendations	How would you recommend improving the delivery of health information to African American SGM males?
	From what sources would you like health information delivered to you?
	What can schools (media, parents) do to improve the delivery of health information to African American SGM males?

Note. SGM = sexual and gender minority; STD = sexually transmitted disease.

The researchers used a grounded theory approach to analyze the data (Glaser & Strauss, 1967). The transcripts were analyzed line by line to identify and compare major ideas. Using thematic analysis allowed patterns and themes to emerge from the data. Axial coding was also conducted to identify relationships between codes and salient categories of information representing themes (Strauss & Corbin, 1997).

Results

Qualitative findings were grouped into two thematic areas: (1) perceptions about school sexual health education and (2) perceptions about school sexual health services.

Perceptions of School Sexual Health Education

Roughly half of the participants reported accessing sexual health education at school. Most participants shared that schools provide comprehensive health information ranging from diet and exercise to safe sexual responsibility. Very few participants reported that schools provide information about sexual orientation. In fact, these participants shared that sexual orientation is only discussed in the context of HIV which only further stigmatizes their community. One participant shared, "I remember talking about this in school, but the teacher only focused on how you can get HIV if you're gay." Another participant commented, "We never talked about this [sexual orientation] in school at all. At least not in a positive way. We only talked about how being gay increases your chances for HIV."

Several participants felt like high school, and specifically sexual health education class, was the appropriate place to discuss sexual orientation and other sexual health topics. One participant shared, "We talked about everything else in health class. Why not talk about being gay?" Most participants shared that they had already engaged in sexual intercourse by the time they entered high school and felt the sexual health education curriculum could have been more comprehensive and in depth. One participant commented, "I already had sex by the time I got to [high] school, so my teacher should have talked to us about more than just abstinence."

A number of participants expressed concerns about the lack of sexual health education targeted toward SGM males. Several SGM males mentioned schools providing a *one-size-fits-all approach* when it comes to providing sexual health education. Most participants did not feel like the health information provided by schools was applicable to them. One participant concluded, "I got information from school, but school always gives you the one-size-fits-all approach. Which that don't work for us. We need information that is about us."

Perceptions of School Sexual Health Services

Focus group participants expressed mixed perceptions about school-based sexual health services. Some participants indicated that they did not access sexual health services at school due to confidentiality issues. One participant commented, "I used to go to my school clinic, but I stopped going because I was scared that other people would see me." Another participant mentioned,

> I went to my school nurse too but it seemed like every time I was there, my teacher would walk by or some of my friends. I did not like that so I started going to a clinic near my house to get information.

Some participants reported that their school did not provide sexual health services and felt this created a barrier to HIV/STD testing. One SGM participant stated, "My school didn't have one [a clinic] so I really didn't have anyone to talk to at school about stuff. The clinic was too far from my house so I really have no way of getting a HIV test." Another participant shared,

> My clinic didn't offer testing so I still had to find a way to get a HIV test. I think I hated that the most because I wanted to go to the school nurse for a test but I couldn't.

Table 2. Characteristics of the Study Sample.

Participant Characteristics—*n* (%)	
Characteristics	African American SGM Males ($n = 42$)
Mean age (*SD*)	19.4 ($\pm$1.2)
Age (years)	
18	14 (33.3)
19	7 (16.7)
20	12 (28.6)
21	9 (21.4)
Race	
African American	42 (100.0)
Education	
Some high school	4 (9.5)
High school graduate/GED	20 (47.6)
Some college	12 (28.6)
2-Year college degree (associates)	5 (11.9)
4-Year college degree (BA/BS)	1 (2.4)
Current Health Information Sources	
Interpersonal sources	
Peers	32 (76.2)
Physicians	25 (59.5)
Family	18 (42.9)
Teachers/school	18 (42.9)
Church	5 (11.9)
Media sources	
Internet	40 (95.2)
Television	21 (50.0)
Radio	11 (26.2)
Newspaper	13 (31.0)
Sexual behavior	
Mean age participant acknowledged sexual orientation	13.6 ($\pm$3.7)
Mean age of first sexual intercourse	14.8 ($\pm$3.1)
Mean number of lifetime partners	8.6 ($\pm$7.9)
Ever had sexual intercourse	42 (100.0)
Ever tested for a sexually transmitted infection	31 (73.8)

Note. GED = general equivalency diploma.

Other participants shared that the school's inability to provide sexual health services made them rely on their peers and the Internet for sexual health information. One participant mentioned, "My school didn't have a clinic so I had to get my information from my friends and the Internet."

Several participants shared that they had spoken to a school nurse about HIV/STD symptoms and inquired about testing locations. Participants felt having this information readily available at school was beneficial. One participant shared,

> I went to talk to my school nurse because I had an itch and wanted to be sure that I didn't have anything. She helped me out a lot. She gave me these pamphlets and she told me where I could get tested at.

Participants also reported that school nurses were not always aware of the health issues that their community faces. One SGM participant noted, "The nurse didn't know a lot about my lifestyle, so my visit with her wasn't really helpful."

Discussion

Qualitative findings revealed that schools could improve sexual health services and education. Only half of the study participants accessed sexual health information from schools. This could be the result of inadequate services or the lack of sexual health education and services being offered at school. This finding is consistent with national research that shows a decline in U.S. teens receiving sexual health education in schools (Guttmacher Institute, 2016). This report shows that with advances in digital media, young people are more likely to access sexual health information online (Guttmacher Institute, 2016). Given this recent report, schools should ensure that sexual health services are available and that health education classes are providing students with accurate information about sexual health.

Participants indicated that sexual health education often excludes sexual orientation or only discusses sexual orientation in the context of HIV prevention. Participants felt that this exclusion further ostracized and stigmatized their

community. A 2013 article highlighted that school's exclusion of SGM youth further promotes prejudice against these young people (Slater, 2013). Youth participants felt that school was the ideal environment to educate them about sexual orientation and sexual health but expressed concerns that accurate information about this topic was not always provided. While participants indicated that schools should provide SGM youth with information about sexual orientation, a 2013 report by the Gay, Lesbian, & Straight Education Network (GLSEN) found that schools oftentimes do not provide students with information about health topics that impact SGM individuals. Additionally, this report found that one in five students had been taught negative content about SGM individuals (GLSEN, 2013).

Several participants stressed the importance of sexual health education being targeted specifically for SGM youth. Participants felt that schools' sexual health education curricula did not provide sufficient information for SGM youth, especially for those who already engaged in sexual intercourse. Additionally, school nurses were not always knowledgeable of health issues that impact SGM youth. These findings corroborate previous research focused on enhancing information relevance by targeting and tailoring health information (Kreuter & Wray, 2003). Based on these findings, schools should consider updating their current sexual health education curricula to be more inclusive of SGM youth. Furthermore, when developing targeted health communication approaches, schools should make every effort to ensure the content is culturally appropriate for the target audience (Krueter, Lukwago, Bucholtz, Clark, & Sanders-Thompson, 2003).

In addition to sexual health education, participants shared their perceptions of school-based sexual health services. Some participants indicated that their school did not offer sexual health services and felt this was a barrier to HIV/STD testing. Other participants shared that they did not access the school sexual health services due to confidentiality and disclosure concerns. This finding is consistent with previous research that found that SGM males oftentimes refused to seek sexual health services due to issues regarding confidentiality (Rasberry et al., 2014). This study found that school sexual health services may not offer all of the services that SGM males need. For example, this study found that HIV/STD testing was not a service offered by the school nurse in the community where the participants attended high school. This finding is extremely important, given the high rates of HIV among SGM males. According to the CDC (2016), schools should help young people access sexual health services by providing services on-site at school or by providing referrals to community-based resources.

Previous research and reports have found that there is a shortage of school nurses (Institute of Medicine, 2010; Lightfoot & Bines, 2000). At schools where SBHCs are not present, school nurses have a pivotal role to play in providing sexual health services and education to SGM males. Schools should strive to recruit and retain school nurses as well as ensure school nurses receive continuing education focused on health issues that impact SGM males.

Study Limitations

Although the preliminary results of this research are promising, these findings need to be interpreted with careful consideration. First, this study had a limited sample of only 42 African American SGM males in one community. Albeit small, this study provides a general understanding of SGM males' perceptions of school-based sexual health education and services. Second, this study included a purposive, convenience sample of African American SGM males. Due to the qualitative nature of this research, the results of this study cannot be generalized to other youth who identify as racial, ethnic, or sexual minorities. To corroborate these findings, additional research should be conducted with a larger, more representative sample of SGM youth.

Implications for School Nursing and School Sexual Health Services

Collectively, these findings provide major implications for school nursing and school-based sexual health services. First, findings from this study show the importance of school nurses providing adequate sexual health counseling and services to SGM males. This study found that school nurses were not always aware of the health issues that impact SGM males. This highlights the need for school nurses to be trained in providing culturally competent care to diverse patients, including SGM youth. Similar to Rose and Friedman (2016), cultural competency training should begin during undergraduate studies and continuing education should be offered regularly to ensure school nurses are prepared and knowledgeable about health issues that impact SGM youth. Second, findings suggest that it would be beneficial for nurses to work with colleagues to update schools' current sexual health curricula to be inclusive of SGM individuals. Future research is needed to develop and pilot test materials with SGM individuals to determine whether improving the content of the curriculum also improves health behaviors among SGM youth. Third, this study highlights the need for schools to market the sexual health services offered. The entire study sample reported being sexually active; however, several participants noted that they were unaware of the sexual health services offered at school. Students are sometimes unaware of the full range of services offered by SBHCs (Gilliland & Scully, 2005; Knopf et al., 2016). SBHCs need to identify strategies to market their services to all students, including SGM students. Additionally, participants mentioned that HIV/STD testing was not always a service offered on school campus. Where SBHCs are present, school nurses are well suited to provide sexual health services, specifically HIV/STD testing, to SGM youth, a hidden and often marginalized population. At schools where

there are no clinics or where HIV/STD testing is not allowed on campus, we recommend that school nurses establish a referral system with community-based organizations to ensure SGM students are able to access sexual health services. Recent studies show that referrals are particularly important for young people who have concerns about confidentiality or for those who are not able to receive HIV/STD testing at school (Beeson et al., 2016; Rasberry et al., 2016). Given that SGM males bear the greatest burden for HIV, this study highlights the importance of providing comprehensive sexual health services at school.

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