# Community Oriented Research and Empowerment

***Study Outline***

# The St Lucia Youth Peer Influences and Attitudes Survey

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**Conducted by AID Inc in partnership with the National AIDS Programme Secretariat and the Ministry of Health (Saint Lucia), for the PANCAP Regional Stigma and Discrimination Unit**

DFID Department for International Development

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AID Inc.

# CORE in St Lucia

# The St Lucia Youth Peer Influences and Attitudes survey

## 1 Rational for investigating youth attitudes and social influences in scaling up the anti-stigma response in St Lucia.

### 1.1 Engaging youth

Across the Caribbean, today's youth are faced with a myriad of social and development problems emerging as a result of intrinsic and structural factors. Some of these problems may stem from:

- Limited ability to earn an income being hindered by
  - Unemployment,
  - Underemployment and low wages, and
  - Lack of access to credit to start their own businesses;
- Unsatisfactory access to appropriate or responsive health and education systems
- Unequal access to support for low-income youth or youth from poor or marginalised households Increasing unmet needs as adulthood advances and negative responses that increase the risk of acquiring HIV
- Exposure to influences and peer pressures at key stages during youth development that promote negative attitudes or HIV risk behaviours
- Marginalisation and isolation of youth as a result of alternative lifestyles, sexual orientation, physical appearance or socio- economic demographics.

These factors together can act as barriers to positive development, inclusion and social and economic participation of talented youth in the development of a Nation. Contributing to this adverse environment is a history of broken families and dispersed support systems, whereby the traditional support structures are no longer available.

Of these, youth from rural areas with poor access to current information, young dependent females, youth from 'poor' households, orphans are usually marginalised by their peers for reasons of being different based on size, colour, sexual orientation and socio-economic status. They are the most affected and their self-esteem and knowledge of and access to basic human rights are often compromised.

Despite such obstacles, the youth are champions and a nations' hope for the future. Defining Caribbean youth by their problems alone, or as the source of social problems including HIV is both inaccurate and unfair. In fact, global best practices demonstrate that their engagement in social movements and organizations and their increased influence on public policy are evidence that they can be part of the solution to the St Lucia's social economic and development problems that give rise to HIV, stigma, discrimination and other societal disorders.

### 1.2 Youth as champions and Agents of Change (AoC) against Stigma and HIV risk reduction

First and foremost, the process of involving youth to lead community based change, as well as to design targeted youth-focused and effective programmes for various youth sub group is a 3 fold process, involving;

1. Empowerment & Leadership Development
2. Development of positive attitudes
3. Reducing stigmatising practices among youth

This research study, therefore focuses on elucidating information from youth, by youth to inform the question of, not how to transform youth, but instead,
*How to use the energy and experiences of youth to **inspire their peers and inform, educate and motivate them** to promote human rights in the fight against all levels of stigma and discrimination and by extension address other social disorders that are prevalent within their spheres of influence and their*

*communities?*

In many countries of the Caribbean, youth involvement in social change, dialoguing on youth development issues and political issues remains fragmented and not sustained. Being mindful of the World AIDS Day (WAD) message for 2010 - *human rights and universal access* and the slogan "*I am living my rights*", youth involvement is wholly invisible. Preliminary focus groups with youth in St Lucia have demonstrated that their knowledge on human rights is extremely lacking (and this is also demonstrated in the general population).

Based on this observation, scaling up the human rights based approach to stigma reduction in St Lucia require that youth awareness and voice needs be raised. Their role needs to be strengthened and supported, so that they may become key advocates for the elimination of stigma, discrimination and other problems that contribute to the spread of HIV and inability of countries to mitigate its impact. In addition, if youth are to be leaders among peers in their schools and communities, they themselves must adopt healthy attitudes and practices with regards to anti-stigma and discrimination and HIV risk reduction.

## 2 Study Purpose

As such, this study seeks to gather information that will inform the design of community-based strategies that will;

1. Empower youth to lead positively as agents of change;
2. Promote the development of positive non-stigmatising attitudes and HIV risk reduction behaviours
3. Build the skills of youth to engage communities and advocate for change in the anti -stigma response in St Lucia.

## 3 Study Objectives

The overall Objectives of the study are;

- To identify opportunities (such as best information sources, perceptions from the media, who youth listen to or access information from), resources and potential barriers to developing Anti stigma BCC responses tailored to youth and led by youth
- To gain greater understanding into youth populations' social networks, issues of acceptance and peer pressure that are likely to contribute to stigma among youth and how youth cope with being sitgmatised.
- To identity the current HIV and other social stigmatising attitudes and behaviours among youth and key drivers
- To identify experiences of stigma and discrimination among and towards youth inparticular around access to needed services and information
- To identify opportunities to involve youth in the behaviour and attitude change processes
- To gauge the awareness levels of youth around issus of human rights, in particlar those related to denial of rights for marginalised populations
- Gauge level of youth particpation in community development issues

# 4 Study Approach

## 4.1 CORE

The overall apprach adopts a **CORE**[1] approach which is described as communty oriented research and empowerment. CORE is characterised by;

> **Participatory** operations research, programming & evaluation driven by empowered grass roots populations

> **Supporting and empowering vulnerable populations**, core groups, and community leaders at the grass roots to effectively lead the HIV response by collecting information on social dynamics within their peer groups, and settings, thus empowering them to understand how to use information to promote positive changes within there spheres of

> Focuses on **skills building** at each stage in order to empower communities to:
>
> + Conduct needs-based operations research
> + Translate findings into tailored programming using targeted novel BCC strategies
> + Monitor & Evaluating their programmes through participatory M&E approaches.

CORE field investigation techniques are underpinned by BCC formative research methods which ensure that information gathered is contextual and experiential,

[1] CORE was developed by AIDInc and has been inuse since 2002 across following projects: HSPA – Health Services Provision Assessment-AIDInc , MEASURE , St. Georges University; Caribbean Ambassadors fund Informal Workers Peer Education Project; HASSUS – Health and Social Services Utilization Study•Sexual Practices of PLHIV • Mental Health and coping of PLHIV • Quality of Life of PLHIV• HASSER – Barbados HIV Health & Social Services Evaluation and Review : ILO USDoL Workplace Education Project : DFID Private sector and HIV project phases I & II • Working with NGOs to develop skills base for active participation in HIV programming affecting communities and the private sector • HIV Edu-drama stigma reduction sub-project • HIV Stigma reduction peer education design • Barbados men's lifestyle study and initiative (BMLS, 2007)

therefore yielding a wealth of data about the target group relating to psychosocial, cultural, behavioural and economic factors driving HIV related behaviours and attitudes. Recruitment and selection of interview sites are dependent on the main research objectives of the study and hence the site selection process forms the variable component of the CORE approach and is usually decided through (i) groups discussions between the research team (including the trainees in order to build their capacity) and (ii) the collection and review of preliminary information on the characteristics of potential sites (see the modified PLACE approach described below).

The main steps of the CORE are:

1. **Training session - Technical preparation:** Review BCC Formative Research Proposal (this document - Target groups/ Priority Behaviours/ Research Themes) and refine the draft script of the survey instrument, review site information and select sites/communities/venues for undertaking the research (1d, may be 1.5 depending on length of instrument, and capacity of trainees)
2. **Identify and involve research team** (supported by NAP – 0d)
3. **Training session - data collection:** Conduct Training in data collection to involve 1-day pre test, I day in-house – refining instruments based on the pre-test and 1-day in-field, piloting revised instrument (3d)
4. **Conduct Data Collection** (10d depending on sample size required)
5. **Collate and enter data** (5d) (2 to 4 data clerks)
6. **Analyze data** (6 to 10d)
7. Prepare **Report** (3d)

### 4.2 Areas of Focus of the Survey Instrument

Given the study rationale, the following areas will inform the study focus:

1. Demographics and background information.
2. Information sources and interests – Social , HIV, sexual health

3. Social networks and influences including social acceptance (fitting in) and peer pressure
4. Access to and use of condoms (third person).
5. Sexual practices, drug use, social and sexual networks including bisexual and homosexual practices and sexuality (third person).
6. Level of awareness, knowledge regarding transmission, and opinions about HIV/AIDS.
7. Homophobia, Stigma and Discrimination and perpetration of stigma and discrimination
8. Exposure to HIV/AIDS/STI interventions and experiences of Access and service needs.
9. Human rights awareness and respect for others levels of leadership participation

### 4.3 Instrument Design, Pre-test and Ratification

The final instrument comprises of the following sections headings:

| | |
|---|---|
| 1.SOCIO-DEMOGRAPHICS | 6 CONDOM ACCESS AND USE (THIRD PERSON) **- RAP SESSION** |
| 2. INFORMATION SOURCES | 7. HIV ATTITUDES – HOMOPHOBIA AND STIGMA & DISCRIMINATION & PERPETRATION OF STIGMA |
| 3. PEER RELATIONSHIPS- SOCIAL NETWORKS AND INFLUENCES | 8. SERVICE ACCESS EXPERIENCES AND SERVICE NEEDS |
| 4. YOUTH SEXUALITY (THIRD PERSON), SEXUAL PRACTICES AND NETWORKS (THIRD PERSON) – **RAP SESSION** | 9. HUMAN RIGHTS AWARENESS AND YOUTH PARTICIPATION |
| 5. HIV KNOWLEDGE & PRACTICES | |

### 4.4 Survey Approach

#### 4.4.1 Interviewing

The study will adopt an experiential survey approach and focus groups to elucidate the information described above. Mainly, first-person questions will be posed for gaining information on youth experiences with peers, demographics, access and use of media and information, HIV related knowledge, Stigmatising attititudes. With regards to sensitive questions on sexual behaviours and youth or group (or gang) perpetration of stigma and discrimination, third person questions will be posed.

The survey approach consists of a series of face-to-face interviewer-administered quesitons to the youth in selected community settings (community and church youth groups, rap sessions at social hot spots, colleges?, other gatherings) within the urban and rural regions of St Lucia. Approximately 15 trained interviewers will be used to conduct the survey over a period of 10 input days spread across 15 days. It is estimated that the interviewers will be able to survey at least 5 to 6 youth a day and 2 to 3 youth for a half day or evening. The youth interaction and stigma survey has been designed to serve as a simple instrument that can be administered at reasonable cost to a small sample of youth in various settings in order to obtain baseline data that will inform progamme design for youth within the settings targeted.

Questionnaires will be pre-tested and adapted accordingly.

#### 4.4.2 Pilot testing

The pilot will test whether there are any baises (pros and cons) observed using either o f 2 different approaches to adminster the surverys:

1. If questionnaires are interviewer-administered in small groups and youth interviewees complete the survey forms indivually, in response to the

interviewers' questions administered to the group under direct supevision from the interviewer.

2. If the intervewers administers the questions and and fill in the survey forms, one youth at a time.

The former approach (#1) ensures that a greater number of youth can be reached in a shorter duration. However, the approach requires close supervision and a high degree of leadership competance of the interveiwer in ensuring that the interviewee does not lose interest, motivation or get lost in the flow of questions being posed to the group. This approach can result in a higher non-response rate observed compared with approach #2, in particular with regards to sensitive questions, as youth may fail to respsond to particular questions that 'bore' them or that they find too sensiitve.

The pilot of the final draft of the questionnaire will be conducted at one or 2 sites selected by the research team and interviewers. The technical project manager and coordinators will observe the interviewers performing the survey. Supervision and monitoring will be performed from a distance and away from the presence of respondents, i.e. before and after survey administration, so as not to bias responses provided. Coordinators will be assigned to different sites for the fies 3 days of the survey in order to supervise he interviewees.

Each interviewer will pilot the instrument with 2 youth interviewees and each questionnaire should be completed in approximately 30-40 minutes. Experience domonstrates that it is best to provide a hard copy of the questionnaire to the worker being interviewed for him/her to see as the interviewer read the questions. This is introduced for greater ease of comprehension. If deemed necessary by the peer interviewers , Youth are provided with incentives for their time.

### 4.4.3 Focus Groups

The findings of the data analysis will be supported by the qualitative assessments gained from focus groups discussions to ensure that valid justifications are available for variations in onservations and for outliers. Focus groups questions will be formulated after the review of completed questionnaire responses that will be undertaken by the research team midway during the survey administration period. The review will determine the scope and depth focus groups questions that are requried to support analogous or inconclusive findings attained from the surveys.

## 4.5 Site and Interviewee Recruitment and Interviewing Process

The study team comprises of Technical Project Manager (Stigma unit) (1) coordinator (Stigma unit) (1); Master trainee coordinators (5) survey enumerators (10 to 15); focus group researchers (4); data entry clerks (4); lead data analyst (1), trainee analyst (1). In the interest of capacity building, youth from the various targeted communities and social settings will be trained in interviewing techniques and recruitment of interviewees.

A modified PLACE approach will be used to gather information. PLACE[2] is an approach designed to provide strategic information to prevention programs based on the unique features of local social and transmission networks. The premise is to use this approach to provide relevant information to the research team on the youth group characteristics and influences in diverse settings. The specific objectives of the modified PLACE method are:

- To identify gatherings and characteristics of youth in specific settings and the nature of their peer to peer influences and interactions that affect their

[2] The PLACE method was developed in 1999 and piloted tested in South Africa. Since then, the protocol has been implemented in Tanzania, Uganda, Zambia, Burkina Faso, Ghana, Madagascar, Malawi, Zimbabwe, India, Mexico, Jamaica, Russia, St Lucia, Haiti, Kazakhstan, Kyrgyzstan and Uzbekistan.

attitudes and stigmatizing practices and belief of myths around HIV and its transmission

- To provide specific actionable recommendations to address critical gaps in developing targeted programmes to reduce pre-existing and HIV related stigma among youth

The Five Steps of the modified PLACE method are;

Step 1) A technical team will review the information on youth socialization in St Lucia and discuss the best venues and approached for interviewing and identified Priority youth Areas[3] (sites or hotspots) where per –peer influences are most apparent - these may include schools, colleges, clubs, shopping malls, the blocks, eating venues.

Step 2) The technical team assigns field assessment teams to each PYA to take charge of local PLACE implementation. Assessors conduct preliminary interviews with approximately three (3) site informants to identify all sites where the targeted populations (youth in this case) also where they are likely to meet new sexual partners, introduced into new ideas and habits and where they socialize unsupervised.

Step 3) Usually, the field assessment teams would visit all venues identified in Step 2 and characterize each in terms of the type of venue or site; the type and approximate number of people who visit the venue in addition to the youth (including MSM, sex workers, and clients); the existence of any current HIV/AIDS, anti -stigma or youth development messages/programmes/information at the venue; and the feasibility of future on-site efforts are recorded. Within the modified approach this broad

[3] In a small Island State like Barbados it is more efficient to classify the PPYs as hotspots, localities or sites (small geographical areas) where youth are most likely to meet/congregate and positive or negative attitudes or behaviours can be cultivated or introduced, etc.

information will also be collected to use in recruiting interviewees for the study and for use at a later stage in order to establish the feasibility of implementing or scaling-up on-site interventions during the programme design phase that ensues from the study.

Step 4) Across the venues within the sites and hotspots identified a representative sample of five hundred (500) to six hundred (600) youth will be interviewed regarding the areas indicated in the survey and described previously.

Step 5) The findings will be analyzed and interpreted and recommendations made for action specifically targeted at the youth groups described in the sites visited.

### 4.6 Sampling

The selection of particpants is not randomised and hence based on a convenience sample of interviewees from the targeted sites and venues. A scientific sample size bassed the youth population of St Lucia is not required, as the study specifically focuses on using the information gathered from the youth surveyed at the various sites and venues to develop youth -focused anti-stigma, leadership and human rights strategies specifically for those sites and venues surveyed and those not surveyed yet demonstrate similar characterisits to sites surveyed across St Lucia. The sampling technique , although based on convenience, should also seek to ensure that the sample will approximately reflect the male to female ratio robserved within the site/venue targeted. For instance, the block may be dominated by males and therefore, the gender balance of youth surveyed will reflect oversampling of males for such a site selected.

### 4.7 Recruiting and training Interviewers

Fifteen interviewers are recruited and will be trained to administer the survey over a 4 day process of combine in classrommand in field interactive lessons and practicals (see outline of the CORE approach in section 4.1). Past experiences o the technical team in administering behavioural surveys in the region has demonstrated that there are no significant reporting biases observed when female enumerators are used to interview male and female respondents compared with when males are used. In particular when 3rd person techniques are used for asking senstive questions. However, biases have been observed when male enumerators have interviewed female respondents on first person reported sexual practices.

### 4.8 Data processing/cleaning and data entry

Data cleaning will be conducted throughout the data collection period and followed by a final check and investigation of any inconsistencies arising out of completed questionnaires.

The template for data entry will be created by the AIDInc data manager using EPIDATA and incorporated with error checks to assure quality of the data entry process - by picking up erroneous codes during data entry. Daily supervision and error checks will be undertaken by the data management coordinator.

Data analysis will be performed using the Statistical Package for the Social Services (SPSS). Version 16 or 17.

### 4.9 Data analyses

The analyses of quantitative data will take the form of univariate analyses, performed to provide descriptive statistics and check for irregularities rather than inferential analyses, as the youth population is not a representative sample of the St Lucia youth population, but is indeed reflective of youth attending the venues targeted. Descriptive statistics will keep the analyses simple, describing samples, trends and variations of findings in different sub-groups. Whereas, inferential

statistics focuses on testing probabilities and associations that support inferences made from the findings that can be extrapolated to larger populations of similar demographics.

# 5 Oveview of main components of the Youth Survey

## 5.1 Socio-Demographic information

Participants are asked to provide background information on their sex, age, education, employment, household structure/residential status and current partnership status .

## 5.2 Information sources and interests – HIV /AIDS and other sexual health information

This section focuses on identifying where youth obtain their information, the sources they prefer, and how these sources influence them and what relevent HIV /AIDS and other sexual information thay have bene exposed to.[4]

## 5.3 Social networks and influences including social acceptance (fitting in) and peer pressure

New development theories have emerged that examine the characteristics of communities (and by extension groups) that foster positive and negative development, involvement and of youth. Social researchers recognise the dynamic, interactive and multi-contextual nature of youth shaping experiences and therefore programmers also recognise that there is need for multiple lines of enquiry and several layers of analyses into this field. This study only seeks to analyse some key components of youth influencing youth (Peer influences)

The relationships of youth influences has been depicted by Connell et al in 1995[5]

[4] Questions are adapted from the AIDInc workplace surveys on information Sources, the Barbados men's lifestyle study, HOT teen survey and the Uganda Youth issues HIV Survey. And the standard HIV communications survey.

[5] Connell, J.P., J.L. Aber, and G. Walker.1995 How do urban communities affect youth? Social science research to inform the design and evaluation of comprehensive community initiatives. In J.P. Connell et al. (eds.), New Approaches to Evaluating Community Initiatives. Washington, DC: The Aspen Institute.

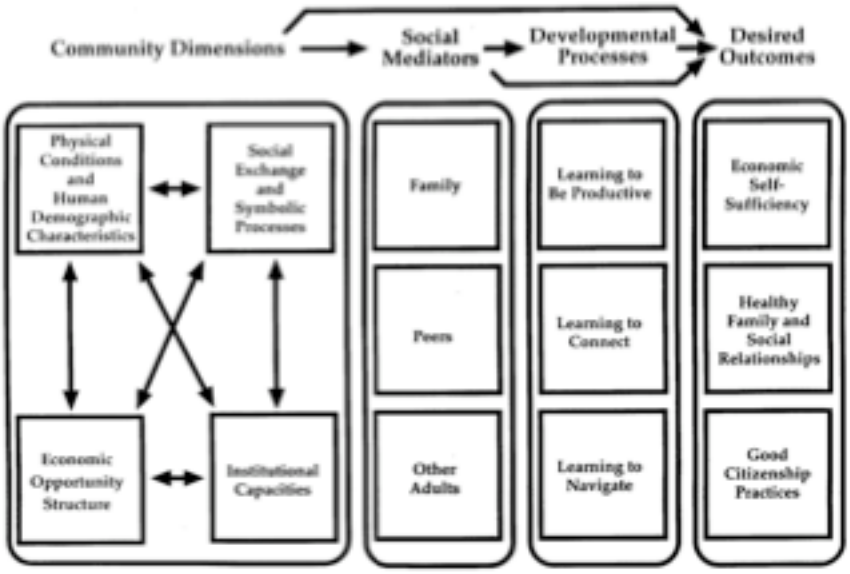


FIGURE 1 Components of conceptual framework.
SOURCE: Connell et al. (1995). Reprinted by permission.

Connell's conceptual framework is based on the premise that many youth today are raised (or nurtured) to some extent by TV, nannies and day care and their peers – also linked to the balance of exposure to these factors. It is important to see five or six social systems at work in the socialization of today's youth: family community schools (with sports and extra-curricular activities) media (including advertising) peers and, sometimes if attending - church, synagogue or temple can be a significant influencer.

It is also recognised that traditional and urban influences differ and there are influences not seen in traditional settings experienced by those growing in poor, urban neighbourhoods or housing projects. However in small island states, the likelihood is that more uniformity exists among youth experiences and influences as urban and rural dynamics merge as a result of accessibility and the requirement for youth to move between the 2 areas on a daily basis as they perform their most basic duties such as education, socialisation and chores.

### 5.4 Youth Sexuality, Sexual practices and sexual networks (Third Person)

This section asks respondents about their perception on what are the key motivators of youth to engage in sexual intercourse and youth perceptions on their peer groups sexual practices and networks (who is having sex with whom) within their peer group.

### 5.5 HIV/AIDS related knowledge and Practices

This section asks respondents about what they know about the modes of transmission and prevention of HIV/AIDS, the myths surround HIV transmission, condom use and how to 'stop' or "cure' HIV.

### 5.6 Condom Access and use (Third person)

This section explores youth perceptions about the levels of condom use among their peers; who is using them; why and why not; sources of access and levels of access

### 5.7 HIV/AID related Attitudes (Homophobia and stigma and discrimination) –

This section explores the attitudes of youth toward persons and youth living with HIV/AIDS and their perceptions about behaviour of their peers towards HIV+ persons. In addition the section explores what youth think about gays and lesbians and what their peers think. Their perceptions of their peers are an extremely important indication of how each youth is likely to respond if they found themselves to be diagnosed as HIV+, depending on the levels of perceived stigma that exists in their peer group. This section adapts measures from the global stigma index questions.

### 5.8 Perpetrators of Stigma (Third person)

This section seeks to gather real life reports form youth of violence, discrimination and marginalisation enacted towards other youth by their peers or opposing peer groups for various reasons.

### 5.9 Access to services and experiences

This section surveys the youths' experiences on accessing sensitive sexual health related services or information[6].

### 5.10 Awareness Human rights and respect for others and youth participation

Human rights apply to every human being everywhere, and are rights to which you have a just claim. They are founded on respect for the dignity and worth of each individual. This section investigates whether youth surveyed are aware of their rights and recognize the equal rights of others in the community; the role youth can have in presenting human rights; The section gauges their level of knowledge of overall human rights as in the 1947 human rights declaration and also rights specific to HIV and AIDS stigma and discrimination and marginalization of other groups[7]. The section also explores the levels of participation of youth in community, school, church and other leadership or development roles.

[6] Source: Sexual health survey, VCT survey and Exit surveys

[7] Source: Human rights assessment instrument- AIDInc