

Audience Profile, Part I

I. Introduction

Background

The Sacramento PMI Community Council is the local planning and oversight body charged with developing a prevention marketing plan to prevent the sexual transmission of HIV among a target audience of young adults age 25 and under. Over the past two years, the Council (and its predecessor, the PMI Steering Committee) has been following a series of planning steps leading toward the completion of a marketing plan. Each step is based on social marketing methodologies, and critical decisions at each stage are based on behavioral theory, HIV-prevention data and research, and community expertise. The planning steps leading toward the selection of a target audience culminate in the development of the audience profile. This document describes the target audience and will be used as a reference for upcoming program planning steps.

Purpose

The audience profile brings together findings from all of the formative research (the situation analysis, the audience research, and the environmental profile) and national studies, and outlines the decisions made based on this information as to the target audience and behavioral objective (what the program wants the target audience to do). For programmatic purposes, the audience profile has been separated into two parts.

The purpose of Part I is to document the decisions made thus far. It explains the rationale for the Design Team's recommendation and the Council's approval of the target audience and the behavioral objective. This first part of the audience profile includes **final selection of the target audience** and **definition of the behavior to target**, and explains how research guided these two selections. The profile also describes the possible **key elements** that program activities could focus on to best help members of the target audience perform the new behavior.

In a separate document, Part II creates a vivid portrait of the target audience or each segment of the audience. The document describes available information on the audience's current behaviors and attitudes and the environment in which it lives; further describes the key elements needed for the audience to adopt the new behavior; and lists community resources and potential local partners for program implementation.

Part II will serve as a reference during the next Design Team work sessions, during which the marketing mix will be formulated and recommended to the Council. Part II provides the background

information for the decisions to be made during program design. These decisions include: prioritizing the key elements needed for the target audience to perform the new behavior, matching appropriate activities to the key elements, determining appropriate channels and delivery systems, and developing a promotional strategy.

The Sacramento Design Team

The Sacramento Design Team is a working group made up of Council members, site staff, and AED staff. Members of the Sacramento Design Team are: Cherry Carroll, Joanna Cassese, Eric Glunt, Sherri Latham, Carol Maytum, Neil Mikota, Chuck Newport, Kamal Singh, Felicia Sobonya; site staff Peter Simpson, Kristen Weeks, and Susan Berman; and AED staff Carol Schechter, Julia Rosenbaum, and Eileen Hanlon.¹

The Design Team is charged by the Council to carry out a detailed data review and make recommendations. During its first meeting, January 11 and 12, 1996, the team reviewed all the formative research; identified and highlighted key findings; and developed possible target audience segments, behavioral objectives, and associated key elements. The Design Team recommended a target audience segment and accompanying behavioral objective to the Council, which approved the recommendation.

The Design Team is also charged with the next program planning steps: prioritizing the key elements and developing a draft marketing mix (also called the 4 Ps).

Data sources

The Design Team used the following data sources and background information during its work session to define a target audience segment and behavioral objective:

- ▶ Situational analysis and key informant interviews
- ▶ Focus groups and individual interviews
- ▶ Environmental profile of 15 zipcodes of the Sacramento area
- ▶ National literature
- ▶ Community expertise
- ▶ Behavioral science theory.

Considerations for decisionmaking

The Design Team used the following considerations to help prioritize possible audience segments and behavioral objectives. These considerations were introduced to the Council during the audience profile training in November 1995.

¹ Jill Shannon (guest), Olga Grinstead (Prevention Sciences Group, University of California-San Francisco), and Glen Nowak (Department of Journalism, University of Georgia) also participated in the first Design Team meeting. Deanna Vestal is an invited guest of the Design Team and may attend future meetings.

- ▶ *Risk*: the level of risk-taking behaviors that the audience is currently practicing.
- ▶ *Impact*: the effect on the health goal if the audience adopts the new behavior.
- ▶ *Behavioral feasibility*: how likely the audience is to adopt the new behavior.
- ▶ *Political feasibility*: how supportive the community would be of the target audience and the new behavior.
- ▶ *Operational feasibility*: how possible it is to reach the audience and influence the new behavior given available program resources.

Decisions made

The goal of the first Design Team meeting was to complete the following phrase, based on the information available and the considerations for prioritization.

*In order to get _____ (the target audience)
to do _____ (the behavioral objective),
we will focus on _____ , _____ , and _____ (key elements).*

The Sacramento Design Team reviewed a number of possible target audience segments and accompanying behaviors, and recommended the following:

Get sexually active 14-18 year olds, in high-risk areas, who use condoms inconsistently to use condoms consistently and correctly with all partners.

A number of key elements were also identified and further prioritization will take place during the next Design Team meetings. These key elements are described at the end of this document.

II. Rationale for decisions

The following section breaks down the target audience and behavioral objective and describes the rationale for each component. This section does not follow the chronological order of decisions made by the Design Team or the Council, but instead presents a composite of all the decisions made through the planning process.

Initial audience cut: Sexually active 14-18 year olds in high-risk areas

Process of decisionmaking

The target audience was first identified by a subcommittee of the Sacramento PMI Steering Committee. The Design Team revisited and confirmed the selection of this target audience after further data collection and review.

In June 1994, the subcommittee selected sexually active 14-18 year-old males and females as

an initial target audience. The subcommittee reviewed data (the situational analysis and the key informant interviews), then prioritized possible demographic segments of the adolescent audience based on the following criteria: prevalence of HIV infection; potential risk based on risky behaviors and other STDs; and the feasibility of reaching the audience through a program with community support.

A geographic selection was made to focus the formative research. The subcommittee made an initial selection of 15 high-risk zipcodes in the Sacramento metropolitan area. The initial selection was based on high teen STD and birth rates, and zipcodes that were economically and demographically representative of Sacramento city.

In January 1996, the Design Team reviewed available data, revisited, and confirmed the rationale for selecting youth in high-risk areas. The team then expanded the target area to include other high-risk areas beyond the 15 initial zipcodes. The PMI Sacramento Demonstration Site currently has participation from seven counties surrounding the city of Sacramento. The team will review teen birth and chlamydia data for the other counties to ensure that program activities will reach youth in high-risk areas of any participating county. The team will conduct this review as data become available over the next months.

Rationale for the initial selection

- ▶ Results of the key informant interviews indicated that youth who: a) were exhibiting risky behaviors in Sacramento, b) would be the most receptive and accessible audience, and c) for whom there would be service agency support, were 14-18 year-old males and females.
- ▶ Selecting youth who are already sexually active focuses on the segment already practicing risky sexual behavior. High-risk behavior is also confirmed by local chlamydia data, teen birth data, HIV rates among young adults (indicating possible infection during adolescence). In addition, these were confirmed later by the reported behavior of focus group participants.
- ▶ The Sacramento area is ethnically diverse, and high STD rates are found among whites, Latinos, and African Americans. This information led the subcommittee not to segment according to ethnicity during the initial target audience selection.
- ▶ The subcommittee and the Design Team stressed that subgroups by gender and sexual identity (that is, heterosexual females, heterosexual males, young men who have sex with men (YMSM) not gay-identified) be included in the target audience.
- ▶ Targeting high-risk areas based on epidemiologic data increases the program's ability to focus on youth in the audience who are already practicing high-risk behaviors.
- ▶ High-risk areas often include minority and low socioeconomic communities, which are frequently underserved.

Further segmentation: Who use condoms inconsistently

Process of decisionmaking

Based on the formative research, the Design Team identified several potential ways of further narrowing

the target audience, including:

- ▶ youth who have unplanned/spontaneous sex
- ▶ youth who have a steady partner
- ▶ youth who use drugs or alcohol
- ▶ young women using other methods of birth control
- ▶ youth who have tried condoms, but don't use them regularly
- ▶ gender, ethnic, and sexual orientation segments: males, females, YMSM, African- American women.

The main goal of audience segmentation is to define an audience as widely as possible, whose members share similar characteristics, and whose program needs are therefore similar.

Following much discussion, the Design Team noted that each of the potential segments also fell under the broader segment of “inconsistent condom users.” The Design Team felt that a program targeting inconsistent users could adequately address all the other considered segments.

Rationale for the behavioral segment

- ▶ It is estimated that this segment includes a large proportion of the sexually active teens. National data indicates that many sexually active teens have tried condom at least once. The focus group research supports the national data. Participants implied that most have tried and used condoms inconsistently; fewer participants said that they had never used a condom.
- ▶ Overall, the background data did not indicate significant differences by age, gender, ethnicity, or sexual orientation. The Design Team felt no immediate need for further demographic segmentation. The Design Team did request that additional information be collected about YMSM to verify this decision (see “Further considerations” below).
- ▶ The segment includes other possible behavioral segments discussed in the Design Team meetings — such as alcohol/drug use, partner relationship, other birth-control methods, having unplanned sex — which are many reasons given by youth for not using condoms consistently.

Behavioral objective: Use condoms consistently and correctly with all partners

Background on the new behavior

Increased risk reduction through condom use requires consistent use, meaning using condoms correctly during every act of sexual intercourse and every partner. “All partners” includes both steady and casual partners, a concept through which the belief about not needing to use condoms with a steady partner can be addressed.

It may be useful to add the phrase “in all situations” to the behavioral objective. The formative research indicated that youth see particular situations as barriers to using condoms, such as being under the influence of drugs and alcohol, being in denial about the possibility of sex happening. By specifying that the behavioral objective be applied to all situations can be used to develop specific messages to

address unplanned sex and sex under the influence of alcohol or drugs. This addition will be discussed in the next Design Team meeting (see “Further considerations” below).

Rationale for the behavioral objective

- ▶ Although many in the target audience have already tried condoms, and may use them sometimes, the audience sees many barriers to consistent use (such as a bad condom experience, the status of their relationship, other birth-control methods). Thus they still require additional effort to practice safer sex.
- ▶ The formative research, consistent with national data, suggests that incorrect condom use may be an issue. The statement of such barriers to condom use as leakage and slippage suggest that condoms are not being used correctly.
- ▶ Local and national research indicates that youth are not likely to use a condom with a steady partner, as a sign of trust or love. Yet the formative research showed that the target audience may consider a partner as “steady” only after a short period of time and without clear risk assessment. “All partners” includes steady partners for risk reduction.
- ▶ Local research indicates that youth have unplanned sex for many reasons: sex with friends, denial of possibility of having sex, or the influence of drugs or alcohol. In these instances, local research and national data suggest that youth are not likely to use condoms. “All partners” and “all situations” can address these circumstances.

Considerations applied to target audience and behavioral objective

The Design Team used the following considerations to evaluate the target audience and its accompanying behavioral objective:

- ▶ *Risk:* All in the target audience are currently at risk.
- ▶ *Impact:* Increased condom use will lower STD and HIV risk, which is currently high as indicated by local infection rates. If the target audience were to practice condom use consistently, its members would have little additional risk.
- ▶ *Political feasibility:* Because the youth are already sexually active and already have tried condoms, there is less risk of controversy. The program cannot be attacked for promoting new sexual activity.
- ▶ *Operational feasibility:* The program resources are expected to be adequate to reach this audience.
- ▶ *Behavioral feasibility:* There is high knowledge about condoms for safer sex; most of the audience have already tried condoms and may already be using sometimes; and there is high regard for others who use condoms. National research and prevention experience show that consistent condom use is a feasible, albeit difficult, goal to promote.

VI. Key Elements

Relying on information from the formative research, national studies, and their research and program experience, the Design Team listed the benefits and barriers to condom use as seen from the target audience's point of view. By grouping similar barriers together, the Design Team identified key elements that would be needed to help the audience adopt the new behavior. Key elements are the factors that must be in place to help the target audience increase correct condom use.

Benefits

Research participants mentioned a several benefits to condom use, consistent with national research and program experience. These benefits are of varied importance for each segment (males, females, and YMSM). The benefits of condom use are:

- ▶ Pregnancy prevention
- ▶ STD prevention
- ▶ HIV prevention
- ▶ Youth can act on their distrust of their partner
- ▶ Youth feel in control
- ▶ Youth worry less
- ▶ Youth feel self-respect
- ▶ Youth can follow peer norms, which say that they should use condoms
- ▶ Youth can attain future goals.

Barriers

The formative research mentioned comparatively more barriers to condom use. These findings are also consistent with national studies and research in the other demonstration sites. While all these barriers may apply to each segment (males, females, and YMSM), they vary in importance to each segment.

Due to the limited available details about each audience segment, the team was not able to prioritize the barriers further. The team felt that there was especially limited information for YMSM. The team agreed to consult national literature and experts with respect to identity for YMSM and its relationship to risk. In addition, the team was unsure of the role of alcohol and drug use as a determinant of consistent condom use (and other risk and protective behaviors) and again agreed to consult national literature for more information (see "Further considerations" below).

The following are the barriers to condom use for sexually active, 14-18 year old males, females, and YMSM in high-risk areas, who use condoms inconsistently.

- ▶ Sex is unplanned (spontaneous sex, not carrying condoms)
- ▶ Lack control in the heat of the moment
- ▶ Influence of drugs or alcohol
- ▶ Limited access to condoms (where and when to get condoms)
- ▶ Cost of condoms

- ▶ Lack of condom-use skills
- ▶ Condoms are uncomfortable
- ▶ Condoms are inconvenient
- ▶ Peer pressure (friends' influence) not to use
- ▶ Cultural norms do not support condom use
- ▶ Afraid of partner resistance or rejection, or seek partner approval
- ▶ Lack of communication and negotiation skills
- ▶ Condoms block intimacy, and youth trust their partner
- ▶ Youth feel no perceived risk for HIV, STDs, or pregnancy
- ▶ Youth believe that there are better birth-control methods
- ▶ Youth feel uncomfortable about their sexual identity

Key elements

The barriers, which are from the audience's point of view, can be grouped and translated into *key elements*, or needs from the program point of view. The key elements guide the development of program objectives. The key elements derived for the Sacramento site are consistent with findings about what influences condom use from the other PMI sites and national data.

Skills

- Youth have condom-use skills for all situations
- Youth have communication and negotiation skills for all partners and different situations

Self efficacy

- Youth feel confident that they can use condoms with all partners in all situations
- Youth feel confident about discussing and negotiating condom use with all partners in all situations

Peer and community norms

- Norms support the use of condoms with all partners in all situations
- Norms support the discussion of sex and condom use between partners

Perceived risk

- Youth believe that they are at risk for HIV and STDs
- Youth believe that they are at risk of pregnancy

Attitudes

- Youth have positive attitudes about the comfort and convenience of condoms
- Youth have positive attitudes about condom use with steady partners

Access to condoms

- Price/cost of condoms is affordable
- Condoms are available
- Condoms are available at the right time

Further considerations

Several issues of concern have been raised and further discussed by the Council and the Design Team.

First, the PMI Community Council showed concern about not targeting youth who never use condoms. Site and national staff have looked at national studies to estimate how many sexually active youth have never used a condom. Studies show a wide range of “ever use” rates, from 20% to 77% of sexually active youth in the target age group. The results of the local formative research implied that most participants had tried condoms. It is important to remember that youth who have never used a condom will be reached through exposure to program activities, even though they are not the target audience of the intervention. Or, should the Council decide, an additional target audience and behavior (such as “youth who have never used a condom will try a condom”) can be designated and addressed by the program. A different audience and behavior may require different program activities and messages.

Second, the local research indicates that drugs and alcohol are an important part of the target audience’s life. The Design Team wants to make sure that this fact is addressed adequately in the program. The team discussed whether drugs and alcohol should be considered as a key element in the program. Due to CDC limitations, PMI cannot address alcohol and drug use directly. And while alcohol and drugs are associated with sexual activity, national studies are inconclusive in showing whether alcohol and drugs a cause of unsafe sex behaviors. The role of alcohol and drugs in the lives of the target audience will be addressed in more detail in the second part of the audience profile.

Third, the Design Team was concerned about the lack of information about young men who have sex with men (YMSM), but who do not necessarily identify themselves as gay. While it is clear that this audience segment is at risk for HIV and STDs, there is little information about sex behaviors, attitudes and lifestyle. The Design Team’s main question was whether this segment can be reached as part of the selected target audience, or must it be a separate target audience because of important differences. Site and national staff have conducted key informant interviews with service providers and researchers who work with young gay men nationally and in the Sacramento area. The consensus among the interviewees is that YMSM probably identify more with teenagers in general (as opposed to the gay community) and share similar attitudes and issues as other adolescents. This issue will be addressed in more detail in the second part of the audience profile.

Finally, the Design Team will consider adding the phrase “in all situations” to the behavioral objective, to highlight the program’s need to address different situations that youth encounter when making sexual decisions.

Next steps

The second part of this document, Audience Profile, Part II, provides more information about the target

audience and the environment (its community and influences). Additional information is being collected through a condom audit of free and low cost condoms, and benefits and barriers to condom use among high-school students in El Dorado county.

The key elements for this target audience will be prioritized by the Sacramento Design Team at its next meeting. The team will use the following criteria:

- from national studies, how important is the key element in changing behavior?
- can a program adequately address this element?
- how great will an impact can a program have on this key element, given time, resources, and community support?

Finally, the Design Team will develop a marketing mix based on the priority key elements and the audience profile background information. The team will recommend appropriate program activities to address the selected the key elements for the target audience. The PMI Community Council will review and approve the recommendations.

Audience Profile, Part II

Introduction

The Sacramento PMI Community Council is the local planning and oversight body charged with developing a prevention marketing plan to prevent the sexual transmission of HIV among a target audience of young adults age 25 and under. Over the past two years, the Council (and its predecessor, the PMI Steering Committee) has been following a series of planning steps leading toward the completion of a marketing plan. Each step is based on social marketing methodologies, and critical decisions at each stage are based on behavioral theory and HIV-prevention data and research. The planning steps leading toward the selection of a target audience culminate in the development of the audience profile. This document describes the target audience and will be used as a reference for upcoming program planning steps.

Background

The audience profile brings together findings from all of the formative research (the situation analysis, the audience research, and the environmental profile) and national studies, and outlines the decisions made based on this information as to the target audience and behavioral objective (what the program wants the target audience to do). For programmatic purposes, the audience profile has been separated into two parts.

In a separate document, Part I documents the rationale for the Design Team's recommendation and the Council's approval of the target audience and the behavioral objective. Part I of the audience profile includes the final selection of the target audience and the definition of the behavior to target, and explains how research guided these two selections. It also describes the key elements that program activities might focus on to best help members of the target audience perform the new behavior.

Purpose

The purpose of Part II is to summarize all of the data that the PMI Sacramento site has collected on the selected target audience and behavior in a way to make it useful to the site program planners.

Part II creates a portrait of the target audience (sexually active 14-18 year olds in high-risk areas) and each segment of the audience (heterosexual males, heterosexual females, and young men who have sex with men). The document describes available information on the audience's current behaviors and attitudes toward condom use. It also describes the context in which the youth live and make decisions, and community resources for reaching youth.

Part II will serve as a reference for the next decisions to be made during program design. These

upcoming decisions include prioritizing the key elements needed for the target audience to perform the new behavior, matching activities to key elements, identifying appropriate channels and delivery systems, and developing a promotional strategy.

Data sources

This document uses all the information collected by PMI thus far, as well as the expertise of staff and Council members. The data sources are the following:

- ▶ The situational analysis and key informant interviews, conducted prior to the planning process and used to focus the formative research
- ▶ The focus group and individual interview report, the formative research sponsored by PMI
- ▶ The environmental profile of 15 initial zipcodes of the Sacramento area, for which the most epidemiologic data is available
- ▶ The 1995 California Youth Behavior Risk Survey (YRBS), a state-wide survey of high-school students
- ▶ National literature, used to support the trends seen in local data or to supplement where local data is not available and not practical to collect (such as information on determinants for condom use and on young men who have sex with men)
- ▶ Community expertise to verify information about youth and their environment
- ▶ Behavioral science theory to help explain behaviors and how to achieve change
- ▶ Marketing tools, to organize information in a way to better design activities and messages that appeal to the audience.

Selected target audience and behavioral objective

The Sacramento Design Team reviewed a number of possible target audience segments and accompanying behaviors, and identified the following target audience and behavior:

Get sexually active 14-18 year olds, in high-risk areas, who use condoms inconsistently to use condoms consistently and correctly with all partners in all situations.

Part I of the Audience Profile describes the decisionmaking process that led to selecting this target audience.

Defining “high-risk” areas

The PMI Sacramento Demonstration Site currently has participation from seven counties surrounding the city of Sacramento. Because PMI will target 14-18 year olds in *high-risk areas*, the Design Team gave attention to specifying exactly which areas within the seven counties would be defined as high risk for intervention purposes.

The program will initially target areas of highest risk identified by geographical descriptions of the seven counties. The descriptions include high, medium, and lower risk areas, using teen birth and chlamydia rates as indicators of risk behavior among youth. In addition, a geographical description of

high or low density county population describes the potential numbers of youth to reach and affect.

Sacramento and Yolo counties are identified as areas of high risk and high density and will be the primary target areas for the first phase of implementation. These areas are defined by zipcodes, thanks to the availability of detailed data for these two counties. Amador and Calaveras counties are identified as medium risk and low density. El Dorado, Nevada, and Placer counties are considered lower risk and low density. Subject to revision based on implementation experience, the second phase of implementation will include components targeting these areas of medium to low risk and low density.

Portrait of the target audience

What do we know about 14-18 year old sexually active youth living in high-risk neighborhoods? The following sections describe the characteristics of youth living in high-risk areas in the 15 zipcodes from Sacramento and Yolo counties, to better understand the target audience so as to design a program best suited to its needs and likes. As more information becomes available for other high-risk areas, it will be incorporated into the planning process.

Demographics of the target audience

The 1990 Census counted approximately 30,000 youth ages 14-18 in the 15 zipcode area. Half are male and half female. In 1990, the ethnic breakdown for teens was:

White:	55%
Latino:	19%
African American:	17%
Asian/Pacific Islander:	16%
Native American:	2%
Other:	10%

Compared with the total population of Sacramento county, the target audience has a smaller proportion of whites and greater proportion of minorities, especially African Americans and Asians. Since 1990, the Sacramento area has been growing by a couple of percentage points a year, mostly from immigration. Because recent growth is primarily due to immigration, it can be assumed that the proportion of minority youth may have increased. In addition, ethnic households cluster in certain geographic areas. Thus certain neighborhoods and zipcodes of the Sacramento high-risk area have larger proportions of minorities than the area as a whole.

Many youth living in high-risk areas are living in low-income homes. Average annual family income in Sacramento county ranges from \$18,207 for single mothers to \$50,346 for married couples. As the PMI focus group data shows, many youth live in single-parent homes (about a third of the PMI focus group participants).

How large is our target audience?

From available data, we can estimate the proportion of sexually active youth in the 15 zipcodes who have ever tried a condom. First, we can estimate the number of sexually active youth:

- ▶ 14-18 year olds who are sexually active, from the PMI focus group data: 67%
- ▶ High-schoolers who are sexually active, from California YRBS (1995): 45%

Thus, in this area, there are about 13,500-20,100 sexually active 14-18 year olds.

Next we can estimate the number of sexually active youth who have tried a condom:

- ▶ Sexually active youth in the age group who have tried condoms, from national literature: 40-70%
- ▶ Sexually active high-school students who used condoms at last intercourse, from YRBS (1995):

23%

Thus, there are 3,100-14,500 sexually active youth who have tried condoms.

Finally, we can subtract the number of youth who always use a condom to estimate the number of inconsistent condom users:

- ▶ Sexually active youth in age group who use condoms consistently, from national literature: 12-37% of sexually active, or 1,600-7,400 youth

Thus there are between 1,500 and 7,100 youth in the 15 zipcode area who are sexually active and use condoms inconsistently.

The PMI intervention, although designed for inconsistent condom users, will reach other youth — reinforcing condom use among those who always use condoms, and introducing condom use to youth who have never tried condoms.

Meet the target audience

The target audience includes all ethnicities in low-income, high-risk neighborhoods. The PMI formative research shows that there are not significant differences among different ages (the years from 14 to 18) or among ethnic groups to warrant segmenting the audience further. Differences were noted by gender and sexual orientation that may warrant further segmentation for program activities. Thus, three specific segments within the overall target audience have been identified for planning purposes: heterosexual males; heterosexual females; and young men who have sex with men (YMSM), but are not necessarily gay-identified.

The PMI formative research highlighted many similarities across age, ethnicity, and sexual orientation that can be used to reach all segments at once. Mainly, the segments have similar lifestyles, all living as teenagers together in the area with similar activities and interests. Little information is available specifically about gay/bisexual youth. But most service providers and researchers contacted working with this population think that YMSM are much like their clearly heterosexual teenage counterparts. Young men experimenting with sex with other men have the same general interests and concerns as other adolescents. The critical element that makes their risk different is only their sexual partner.

Youth share similar issues and concerns

From the PMI focus group results, the following are some of the things that youth are concerned about:

- ▶ Being part of a group of friends; individuality, but within the norms of the group
- ▶ Doing fun activities
- ▶ Preventing pregnancy
- ▶ Young women are concerned about violence
- ▶ Future aspirations, such as finishing school, having a career, having a family.

Most youth like to hang out

In the PMI focus groups, teens interviewed stated that they like hanging out with friends both male and female and of a variety of ages. They like “kickin’ it.” Some of the activities they engage in include hanging out at malls, going to the movies, playing music, talking, working, playing sports, getting high or drunk, flirting, and having sex. Most youth in the target audience attend public school.

A big part of hanging out is getting high. Many adolescents use alcohol and marijuana, and there is also use of some other drugs. More than 80% of PMI focus group participants had tried alcohol, and more than 60% have tried marijuana. The 1995 YRBS reported that 75% of California’s high-school students had tried alcohol, 41% had tried marijuana, and 22% of the students reported using alcohol or drugs prior to their last sexual intercourse.

Both males and females in the PMI focus groups say they are not particularly interested in having relationships. But in actuality, relationships are fairly common. The length of relationships varied widely (from weeks to years), but could be considered “serious” within a relatively short time. Girls and bi/gay males were more interested in sex within the context of a relationship than were heterosexual males. Girls and bi/gay males looked to relationships for love, intimacy, and conversation as well as sexual gratification.

Many youth have sex

Many youth have had intercourse by the time they finish high school. The California YRBS (1995) reports that 32% in ninth grade to 59% by grade 12 are sexually active. The PMI focus groups showed that 67% of participants reported vaginal, oral or anal intercourse. And 68% of sexually active participants² reported sexual activity (not necessarily intercourse) once a month or more. Almost three-fourths of sexually active participants reported having had more than one partner in their lifetimes.

California data shows some ethnic differences in sexual activity. The 1995 YRBS suggests that African-American teens have intercourse at an earlier age than whites or Latinos, and thus a larger proportion of African Americans in each high-school age group are sexually active. On the other hand, Asian/Pacific Islander youth have their first sexual intercourse at a later age, and thus account for a smaller percentage of sexually active high-school youth.

From the PMI focus groups, many sexual behaviors are similar among the three segments:

- ▶ There is high knowledge about HIV/AIDS, although some (particularly males) still have misconceptions about transmission.
- ▶ There is little perceived risk of STDs or HIV.
- ▶ Neither males nor females talk with their partner about relationships, sex, or using condoms.
- ▶ Males and females think that sex and quality thereof are important.
- ▶ Heterosexuals claim that they are concerned about pregnancy.
- ▶ Many have spontaneous or unplanned sex.
- ▶ Most know about condoms and reasons for their use.
- ▶ Most know where to get condoms.

² “Sexually active” was defined as including kissing and heavy petting, but not necessarily intercourse.

- ▶ Many don't like to buy condoms, and some believe they are too expensive.
- ▶ Most complained about condom performance and quality, indicating a lack of condom-use skills.
- ▶ Most had a positive regard for other teens who use condoms, using words like “smart” and “responsible” to describe condom users. They also used negative terms to describe teens who refuse to use condoms.
- ▶ But many indicated that they would have some distrust of a partner who insists on using condoms.

Service providers and researchers contacted who work with YMSM believe that these young men are similar to their heterosexual counterparts. Specifically, they feel these boys have more in common with their heterosexual peers than with older, gay-identified males. They have low perceived risk of STDs and HIV (especially if they are having sex with other young men). They have poor communication skills regarding condoms and little ability to negotiate condom use. They also have difficulty negotiating condom use in a boyfriend relationship, due to issues of trust and love. This last situation also emerged in the PMI focus group of gay/bi males.

Even though sex is of equal importance to males and females, PMI focus group responses indicate gender differences as to reasons for having sex. Some females report having sex to acquire love, trust, and attention. Many girls say they will keep having sex if it is good. Many males have sex with or without commitment and will often find someone new if sex is not good or if another willing person comes along. Gay and bisexual males reported wanting relationships for intimacy and companionship as well as for physical gratification. Males do not seem to value monogamy as much; sex itself is important. Heterosexual males talk violently about sex; girls are concerned about forced sex and violence. Trust is important to females and YMSM.

The issue of abstinence came up more often from female focus group participants than from males. For a few females who choose to abstain, they talked about remaining virgins as a way to meet long-term goals. Girls who were sexually active in the past and now choose to abstain either have had negative experiences or are changing their goals and attitudes. In general, many females choose to wait for some time in a new relationship to have sex, but not for long — speaking of a balance between wanting a male's respect, getting to know the boy, and both partners wanting to have sex. Only a few males interviewed have decided not to have sex. Gay/bisexual focus group participants stated that young men are much more sexual than young women, and indicated that men cannot choose wait or abstain from sexual activity. Both males and females, whether sexually active or abstinent, respect girls who choose not to have sex.

And sex is often unprotected

Few PMI focus group participants mentioned never using condoms. They did mention situations when condom use is difficult (when drunk/high, or having unplanned sex) or not using a condom with a partner they trust or if they want to show trust. National data supports this practice of not using or stopping the use of condoms with a longer-term partner. A national survey of adolescent males showed that as age increases, condom use decreases, implying less use with a steady partner or a young woman

who uses other birth-control methods. In addition, the 1995 YRBS shows that oral contraceptive pill use increases with age for young women.

Some national studies indicate that through the coming out years, YMSM move from low-risk behaviors to more risky ones. Thus younger MSM may not be engaging in the most risky behaviors (except in cases of sex for money).

Epidemiologic data also suggests that these young adults are practicing unsafe sex. The three segments are at risk for STDs, HIV, and pregnancy, depending on the segment. Sacramento county reports 371 cases of young adults with AIDS and an additional estimated 500-700 teens infected with HIV. Very few young adults are going to test sites, thus it is difficult to estimate the prevalence of HIV in this population.

YMSM are potentially at the highest risk for the sexual transmission of HIV: 60% AIDS cases among the 20-29 age group in Sacramento county are from gay/bi transmission (total of 223 cases). A serosurvey of 500 young gay men (ages 17-25) in Sacramento indicates that 6.5% are HIV positive.

Chlamydia data shows some STD risk for heterosexual males: 274 young men (ages 15-19) were diagnosed with chlamydia in Sacramento county in 1995; eight cases in Yolo county. As chlamydia does not cause symptoms in men, young men may be unlikely to seek care for this infection specifically. Comparing this data with the much higher rates among young women also suggests that young men may not be getting tested and diagnosed. In addition, 175 young men were diagnosed with gonorrhea in Sacramento county.

Chlamydia rates for young women are very high: more than 1,400 young women (ages 15-19) were diagnosed with chlamydia in 1995 in Sacramento county; 74 in Yolo county. Sacramento county reported 427 cases of gonorrhea among young women.

There is also a rise in HIV infection among young women. Of the 169 women diagnosed with AIDS, a fifth are under the age of 30. Most of these have been infected by having sex with an injection drug user or are themselves using injection drugs.

Teen birth rates (ages 15 and below and 15-19) in Sacramento county are higher than the state average. Birth rates to younger teens (under age 15) are the highest in the six-county area. Within Sacramento county, there are areas in which teen births are double the county rate (see the Environmental Profile). Yolo county also shows teen birth rates higher than the state average. The numbers of births for young women are similar across ethnicities, but rates by ethnic group would show high birth rates for African Americans and Latinas, and lower rates for whites and Asians. In 1993, 1,267 young women (ages 15-19) in Sacramento county had abortions funded by MediCal.

While PMI focus group participants stated that pregnancy was a concern, the high teen birth rates suggest that youth may not be using contraception correctly or consistently.

Market analysis of behaviors

The purpose of analyzing the “market” as it relates to our behavioral objective is so that we may better position and promote the proposed behavior and key elements to our target audience. PMI will promote the benefits of the new behavior while minimizing the barriers to adopting the behavior, and positioning the new behavior as better than competing behaviors. PMI can also try to raise the barriers to competing behaviors, and make the benefits look less appealing.

What follows is a discussion of possible benefits of condom use, reported barriers to condom use, and a look at the competing behaviors.

Benefits to consistent and correct condom use

From the PMI focus groups, youth mentioned the following benefits to condom use:

- ▶ Prevents pregnancy
- ▶ Prevents STDs
- ▶ Prevents HIV/AIDS
- ▶ Eases distrust of partner
- ▶ Helps youth feel in control
- ▶ Eases worry
- ▶ Increases self-respect
- ▶ Conforms to peer norms that condoms should be used
- ▶ Helps attain future goals.

These benefits were confirmed by an additional survey conducted at a high school in El Dorado county. The youth in this survey also mentioned the benefits of communicating with a partner and complying with a partner’s wishes.

In addition, PMI focus group participants hold others who used condoms in high regard, using words like “smart” and “responsible” to describe young men and women who always use condoms.

The PMI intervention must work with youth to prioritize these benefits, then highlight and promote the key benefits that youth will find attractive.

Barriers to consistent and correct condom use

The following table lists the barriers to condom use cited by PMI focus groups. These barriers were also mentioned by high-school students in a survey in El Dorado county. The checkmarks are an attempt to indicate which barriers are particularly important to each segment. But further prioritization would require additional audience research.

<i>Barrier</i>	<i>for hetero males</i>	<i>for hetero females</i>	<i>for YMSM*</i>
Sex is unplanned (spontaneous sex, not carrying condoms)	✓	✓	✓
Lack of control in the heat of the moment	✓	✓	✓
Influence of drugs or alcohol	✓	✓	✓
Peer pressure (friends) not to use	✓		✓
Cultural norms do not support condom use	✓	✓	✓
Partner resistance, fear of rejection, or seek partner approval		✓	✓
Lack of communication skills		✓	✓
Condoms block intimacy; youth trust their partner		✓	✓
Limited access to condoms (where, when get condoms)	✓		✓
Cost of condoms	✓		✓
Condoms are uncomfortable	✓	✓	✓
Lack of condom-use skills (condoms break, leak)	✓		✓
Condoms are inconvenient	✓	✓	✓
No perceived risk of disease or pregnancy	✓	✓	✓
Use and belief in better birth-control methods		✓	
Discomfort regarding sexual identity			✓

* Young men who have sex with men, not necessarily gay identified.

The PMI intervention will attempt to help youth overcome these barriers or learn ways to minimize their effects. Key elements are strategies that will guide the program to address these barriers.

Benefits and barriers to competing behaviors

It is also helpful to understand why youth may choose to do other behaviors. PMI activities, materials, and messages will position consistent and correct condom use as a more attractive behavior than competing behaviors, and attempt to raise the barriers and lower the benefits to these other behaviors.

There are primarily two behaviors in competition with PMI's identified behavior of using condoms consistently and correctly: unprotected intercourse, or use another form of birth control (for heterosexuals). Some of the benefits of these competing behaviors are:

- ▶ Easier, more convenient
- ▶ Less embarrassing
- ▶ More pleasurable
- ▶ Will please partner
- ▶ Don't have to plan, can be spontaneous, can deny sexuality.

There is also competition among services targeting youth: other service providers offer similar services. For example, public health services, Planned Parenthood, and other community-based organizations may be promoting contraceptive methods other than condoms. PMI may need to address this form of competition during the intervention.

Again, additional audience research may be necessary to identify which competing behaviors are most important to address.

Reaching the target audience

PMI will have to reach youth in their own language, style, and environment. The following is some information on their world.

Communication

Youth in the PMI focus groups have high levels of knowledge about HIV and AIDS and are very aware of the messages surrounding them. Many teens expressed that they are not impressed with current messages. Several say that messages are often vague, repetitive, and unsophisticated. Many say they “talk down” to them and are sometimes insulting. Most teens expressed that they want to know the facts and the details with credible, “true life” people, preferably of their own age group.

It is important to note that many in this audience have limited English proficiency: 12% of Sacramento school students have limited English proficiency. Most speak an Asian language; Spanish and Russian are the next most common languages spoken. About 16% of Yolo county students have limited English proficiency. Most of these students speak Spanish.

Networks and influences

Parents and family: 61% of PMI focus group participants claim that their parent or another adult have a lot of influence over their behavior. And 63% of California high-school students report discussing HIV/AIDS with their parents (YRBS 1995).

Peers: Being cool is important. Being cool means being an “individual” both within a group and outside of a group. Many youth are affected by their partner’s influence: they are concerned about their partner’s reaction to talking about and using condoms.

Persons with AIDS: Many PMI focus group participants said that they knew someone with AIDS. In addition, they stated that such spokespersons were credible, as they had “been there.”

Locations

Hang outs: From the PMI research, the following are where to find the target audience: shopping malls, movie theaters, music performances/festivals, sporting events, fast-food restaurants, parks, the river and the lake, at home and the homes of their friends, and youth centers.

School: As only 10% of Sacramento county students attend private schools, most in the target audience attend one of the 23 public junior and senior high schools in area. About 3,000 students drop out of school each year in Sacramento county, and about 300 a year in Yolo county. California law decrees that HIV education must be held at least once in both junior high and high school. YRBS reports that most California high-school students (87%) have received some HIV/AIDS-prevention education. Local schools show great variety in level and depth of the AIDS-prevention curriculum, which seems to depend on the influence of local educators. In addition, many PMI focus group participants reported hearing about HIV/AIDS from teachers and counselors.

Media: Many focus group participants reported learning about HIV/AIDS through the media, mainly television and movies.

Health services: There are several teen clinics in area; other clinics may take teens by appointment or refer them to teen clinics. As mentioned above, chlamydia data suggests that few young men seek care. In addition, very few young adults go to HIV-test sites. Gay/bisexual focus group participants said that they get a lot of information from Lambda. Other HIV-prevention programs are operating in the area (see list below).

Correctional facilities: Many area youth go through the justice system. About one in 15 young adults in Sacramento county are arrested each year (a total of 7,600 in 1992), and one in 10 in Yolo county (550 in 1992). A fourth of the PMI focus group participants reported having been arrested at some time.

Other programs and potential collaborators

There seems to be general agreement that youth are in need of additional HIV-prevention efforts. The Sacramento county HIV-prevention plan lists youth as a target population for future county-funded HIV-prevention activities. In addition, a survey of 114 service providers in Sacramento county indicated that youth were the population with the most unmet need for HIV-prevention services.

Current programs serving youth are using the following strategies: counseling and testing, peer and individual counseling, school-based education, group and street counseling (few activities), and peer outreach (few activities). The following are strategies that are *not* currently reported for youth prevention: condom or bleach distribution, worksite or community education, and mass media.

The following are some of the organizations currently reaching youth with HIV-prevention activities:³

<i>Organization</i>	<i>Description of activities</i>
Lambda	Trains gay/lesbian/bisexual youth as peer educators to conduct HIV-prevention sessions for other gay/lesbian/bisexual youth and to conduct street outreach; hotline
HIV Youth Prevention and Education (HYPE) Program (county program)	6-hour HIV curriculum and referral information for youth (ages 12-18) in detention facilities, group homes, and alternative schools. Reached 500 youth in first 6 months of 1995.
Center for AIDS Research, Education, and Service (CARES)	Speaker's bureau, school presentations, and peer educator training

³ Contact the site staff for an up-to-date and more expanded list of potential collaborators.

<i>Organization</i>	<i>Description of activities</i>
Sacramento County DHHS, AIDS Education and Prevention Program	Peer education in public schools, counseling and testing from mobile van, prevention case management for high-risk youth
Planned Parenthood of Sacramento Valley	Seminar; counseling and testing for high-risk youth
Sacramento AIDS Foundation	StopAIDS program for young gay/bisexual men
Sacramento Black Alcoholism Center	Training for high school students; program for juveniles on probation
Asia Pacific Community Counseling	Presentations on HIV prevention
Kaiser Permanente	Traveling play in schools
San Juan Unified School District, Office of Student Assistance and Prevention Programs	Peer education program

Potential barriers to community support

The following groups or situations may create barriers to the PMI intervention:

- ▶ Conservative state-wide political agenda
- ▶ Local conservative leaders
- ▶ Lack of community awareness of youth’s risk for HIV
- ▶ Few other HIV-prevention programs for youth, and especially in the areas of condom distribution or access, making PMI a trail blazer in this area
- ▶ Some family-planning efforts are not effectively integrating AIDS-prevention activities into their services
- ▶ Parents, some of whom ask that their children not receive sex/AIDS education in the schools (especially Russian and Asian parents).

Next steps

- ▶ Workgroups, made up of site staff and Council members, will further develop the description of and workplans for the intervention.
- ▶ The PMI staff is collecting epidemiologic, demographic, behavioral, and programmatic data about the regional areas of the PMI Sacramento Demonstration Site.
- ▶ Workgroups and site staff will use the descriptions of the regional areas (such as high risk, low risk) to guide implementation decisions.
- ▶ PMI may need to interview key informants or undertake concept testing in regional areas where differences are seen from what is described in this document.