

*Conexiones Sanas/Healthy Connections*

*What Do Adolescents Want to Know about Health?  
Gendered Dynamics of Adolescent Questions about Health-Related Issues*

Alexa A. Priddy  
Research Assistant

University of Arizona  
Services Research Office  
3912 S. 6<sup>th</sup> Ave.  
Tucson, AZ 85714

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## **PURPOSE**

The purpose of this study is to evaluate the questions that adolescents formulate during their participation in the Conexiones Sanas~Healthy Connections Program at La Cañada, an adolescent substance abuse treatment facility in Tucson, Arizona. Through an evaluation of the questions asked during the Conexiones Sana (CS) program classes, there will be a better understanding of how adolescents process health information and what misconceptions or clear understandings they might have about health-related issues that focus on safe sex, STDs, and HIV/AIDS. I will ask: what gender issues are at play that the students are negotiating? Do their questions demonstrate knowledge of the material (i.e. are the students trying to piece together concepts, clarify myths, etc.)? What CS curriculum topics are the adolescents in the program most responsive to? These and other questions will be addressed in detail later in this report.

## **METHODS**

In this study, I conducted participant observations of the CS curriculum classes facilitated by educators/researchers at the Southwest Institute for Research on Women (SIROW). My observation lasted 6 weeks, which allowed me to observe two cycles of the curriculum, which each last 3 weeks. During this time, students in the program—adolescents in treatment—came through the treatment program in which they stayed for four weeks. At any given time, there might be new adolescents coming into the facility or leaving, all of which participated in the CS classes on adolescent health issues related to safe sex, STDs, and HIV/AIDS.

The data I collected consisted of questions that the adolescents asked verbally during the course of the CS class. I did my best to write verbatim the questions they asked, however, I sometimes did have to paraphrase in my own words to keep with the sometimes fast pace of the class. Since

I am looking at what they want to know and what type of questions they ask, I do not feel these alterations influenced the overall conclusions drawn from the data. Furthermore, the issues of class and race of the adolescents will not be addressed specifically in this study, although it may surely impact their needs related to and knowledge of health issues.

In the CS health class, adolescent girls and boys were present together. While collecting my data I wanted to pay close attention to gender dynamics and roles at play in the questions they asked. Each day, I recorded the number of men and women students present and separated the questions asked by gender.

## **METHODOLOGY**

In this study of the health-related questions asked by adolescents during the CS curriculum at La Cañada Adolescent Treatment Center, I will decipher what type of questions the adolescents are asking and also look at how gender might also play a role in the questions asked. As a result, my methodological stance will be modified positivist, recognizing that my data analysis will seek to present some truth about the needs of adolescents in treatment at this particular facility, while also acknowledging that this is not a fixed truth by any means. I will show the limits present in this study that make for a flexible outcome in data and conclusions.

## **DATA ANALYSIS AND DISCUSSION**

During each CS class, I documented the questions asked and sorted them by gender. I kept a file of the questions by each gender and broke down that data to better understand a variety of dynamics present in the questions that the adolescents asked. From an initial glance at the data, I hypothesized that the girls were asking fewer questions than the boys. Plus, I observed the boys to be more outspoken in class.

The data revealed that the adolescents asked a total of 102 questions over the 6 week period; the girls asked 35 questions and the boys asked 67 questions, which might appear to support my hypothesis. However, when attendance (the number of girls and boys present in each class) was taken into consideration, I found my original assumption to be incorrect. Over the 5 weeks of class that I documented attendance in, the average number of girls present each day was two and

the average number of boys present each day was six. Therefore, on average, girls were present in one-third of every class and boys made up the remaining two-thirds of every class. When I calculated the number of girls and boys in attendance and compared that against the volume of questions asked by each gender, I found that girls were actually asking more questions than boys (See Attendance).

I also wanted to answer the question of what health issues adolescents at La Cañada were asking for more information about. To answer this question, I deciphered the main categories present in the CS curriculum: male anatomy, female anatomy, male puberty, female puberty, STDs, HIV/AIDS, hepatitis/tuberculosis (TB), birth control, and relationships/communication. I took the 102 questions and separated them by category. For instance, the question “Are all cold sores herpes?” was placed in the “STDs” category and so on. The health categories with the highest frequency of questions asked are STDs (31%), birth control (24%), HIV/AIDS (15%), and hepatitis/TB (14%) respectively (see Table 1). When I calculated health categories by gender, I found similar results. STDs remained the category with the most questions with birth control a clear second. However, the other categories vary slightly when gender is accounted for (see Table 2).

To further understand the questions the adolescents were asking, I broke the original 102 questions down by referent—what the question was referring to. I wanted to know if they were asking about their partner, themselves, a misconception or myth, etc. I found that with this group of subjects, partner referents were not obviously present. However, I was able to break the referent of the questions down into the following categories: about self/new information, about misconception/clarification, and about new information. In asking questions about any topic, it seems likely that an individual would want to be seeking new information, which is what I found to be true. I also found that many times the adolescents had some knowledge of the issue at hand and were asking a question that was a clarification of their previous knowledge, which was also often a myth or misconception. Finally, I found that in asking about the self, the adolescents never used statements that included “I”, which made it more difficult to decipher which questions were about the self or just general references. Having been a participant observer in the class, I was able use my own experience and judgment to categorize this final group. For

instance, when a girl asked about the female body I categorized that as “about self/new information.” Likewise, when a boy asked about specific effects of a vasectomy on the male body, I placed the question in that same category.

The results of this categorization by referent showed marked differences in referent by gender. 49% of boys asked “new information” questions, while 46% of girls asked “about misconception/clarification” questions. The second most prevalent referent for boys at 37% was “about misconception/clarification,” and the second most prevalent referent for girls at 37% was “about self/new information.” Although there are limits to this data, like my own judgments on categorization of questions, I found it to be interesting that the boys lacked in the more personal questions about “self” and the girls lacked in the less personal questions about “information.” Both remained interested in clarifying information and myths/misconceptions (See Table 3).

## **CONCLUSIONS**

This project seeks to understand the gender issues present in the CS classes. From the data presented here, I have shown that there are differences present in data separated by gender. For instance, the types of questions asked by girls focus primarily on self, whereas questions asked by boys focus on new information. On the other hand, gender proved to not be a differentiator in what CS class category yielded the most questions asked. The topic of STDs was the most prevalent, regardless of gender. Finally, by taking gender into consideration, I disproved one of my own assumptions. I had hypothesized based on my in-class observations that the boys asked more questions. It is true that overall there were more boy questions than girl questions. However, when the number of questions is broken down by the number of girls and boys present, girls asked more questions in the CS classes during the time of my observations than the boys.

These conclusions about gender are important indicators of how to approach health issues with adolescents in treatment. The data about types of questions asked lets researchers and curriculum planners know to include both straightforward factual information in combination with more detailed personal information about health and bodies. For instance, girls asked personal questions like: “How do you reach your cervix?” While boys asked: “What is the

most common route of infection [for HCV]?” Therefore, it is important for various types of information to be communicated to adolescents.

This study also shows that the adolescents at La Cañada came into the CS classes with an understanding of health issues, though limited and with many misconceptions. The questions that the adolescents asked were not just based on foundational information, but on conceptual knowledge. They were often trying to piece together sets of information that they had accumulated. For example, one boy asked: “Don’t you need to be exposed to a lot of blood to get HIV?,” and similarly a girl asked: “I thought that Hepatitis C didn’t happen through sex?”

A final question this study answers is about what CS curriculum topics the adolescents are most responsive to based on the questions they ask in class. My findings, as aforementioned, were that the adolescents asked the most questions about STDs, regardless of gender. The majority (31%) of the adolescents, both boys and girls, in the CS classes asked the most questions about STDs. A close second (at 24%) was the topic of birth control. This information tells me that the topics of STDs and birth control were both presented well (i.e. it included various types of knowledge for different communication styles) and were also topics that adolescents want to know more about and/or are finding important to their lives right now.

This study brings to the forefront some important information about adolescent interest in health-related issues. What do my findings say about the health issues that adolescents find most compelling and closely affecting their lives? What does this tell us about the information they don’t have answers to? It is important for researchers to listen to the voices of the subjects they study. The adolescents at La Cañada vocalized their ideas, misconceptions, and concerns about health issues in the questions they asked during the CS classes/curriculum. They have provided direction in understanding their needs and also in shaping future research studies.

This study serves as an important starting point for further research on adolescent health needs and interests as well as how to design curriculum on health-related topics for adolescent audiences. Furthermore, this study brings light to gender differences that might be present in group settings that include young people of different genders. By analyzing the questions

adolescents at La Cañada asked, service providers, researchers and educators can better assess the needs of this specific group.

However, there were limits to this study that I would like to acknowledge and that would merit attention in future studies. For instance, a longer period of data collection would be optimal in order to obtain a larger sample of questions from a range of adolescents participating in the CS curriculum. A larger data pool would further substantiate the findings of the study. The prevalence and content of questions asked is also dependent on the presentation of the curriculum and the backgrounds of the adolescents. Does the energy of the facilitators affect the number of questions asked on a given day? Does the use of visual and interactive educational devices increase the volume of questions asked? Does the socialization (race, class, gender, sexuality, ethnicity, etc.) of the adolescent affect their willingness to be a vocal and active member of the CS classes? How might evaluating a group based on verbal communication in a classroom setting affect the data received and who is likely to participate? How does gender, as well as other variables related to socialization aforementioned, play a role in participation and willingness to discuss health-related issues? As you can see, there are many variables in this type of study and surely even more to account for in a future study, as highlighted in these limits.

Based on this study, I have made conclusions about adolescents and health education. Clearly, adolescents have misconceptions about health issues, particularly those related to safe sex. However, they are asking questions that show a need and desire on their behalf for more space to receive comprehensive information. When working with mixed-gender classes, it is important to vary the types of information communicated on a given topic and to listen to the questions being asked to decipher what issues are important to adolescents. Listening to the adolescents, as the CS researchers have done, will provide much needed information that will help any individual curriculums educating adolescents on health issues continue to cater to their specific needs and level of education. This is especially important for curriculums, like CS, that have continuous turnover of students in their classes. My hope is that researchers and service providers continue to look not only to other programs and providers when creating or revising their curriculums or direct-service programs for adolescents, but that they also look to the adolescents themselves and see what their voices are saying about the needs of this specific and quite diverse population.