



Improving the Use of Sexual Health Services Among University Students in Nova Scotia: A Knowledge Translation Approach

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BACKGROUND

In Canada, university students are among the highest risk population for sexually transmitted infections (STIs), yet, the rates of sexual health service utilization among university students remains low¹.

Most research related to sexual health among university students has been about sexual health knowledge, behaviours, and health outcomes, with very little attention given to use or non-use of health services^{2,3}.

It remains unclear why students are not using sexual health services, especially given the high risk for negative sexual outcomes (e.g., STIs, pregnancy) in this population.

Given that trends of STIs and other negative sexual health outcomes are on the rise, it is imperative that both barriers and facilitators of sexual health service utilization among university students be examined, so as to ultimately, improve rates of use and access to essential sexual health services.

OBJECTIVES

Describe university students' current use of sexual health services

Identify the barriers and facilitators for student access of sexual health services

Design an evidence-based KT intervention that can be used by service providers, university decision makers, policy planners, and students to facilitate the use of sexual healthcare services

METHODS

A three-phased mixed methods design will be used to address the three research objectives.

The study will be guided by the Knowledge to Action Framework. The Theoretical Domains Framework (TDF) and Behaviour Change Wheel (BCW) will be used in phases two and three.

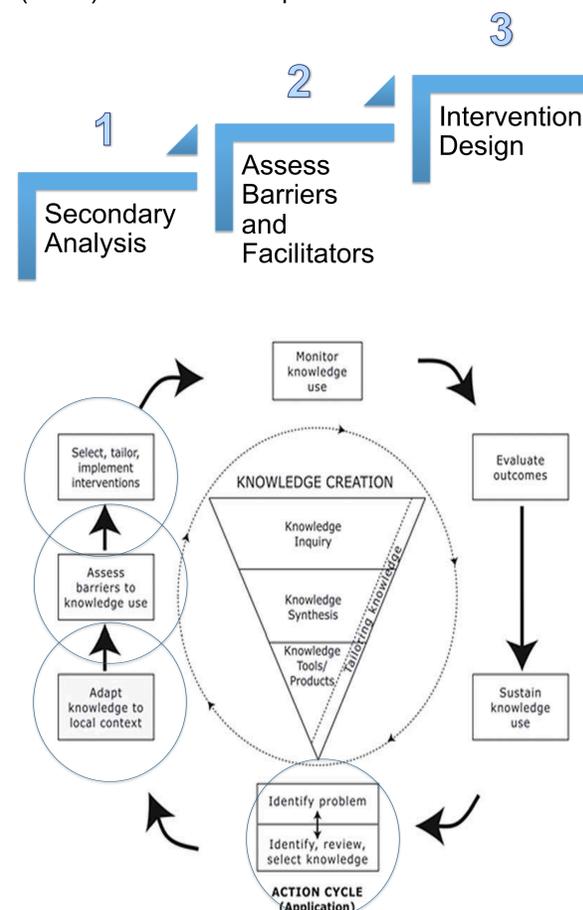


Figure 2. Knowledge to action framework⁵

1 PHASE ONE: SECONDARY ANALYSIS

DATA:

Sexual Health Services and Sexual Health Promotion Among Undergraduate Students in the Maritimes
(n=10,631; funded by a CIHR/NSHRF PHSI)

ANALYSIS:

Descriptive Statistics

- Prevalence of university health centre utilization for sexual health services at Dalhousie University and Acadia University
 - Reasons for use and/or non-use of university health centres
- Multiple Regression
- Relationship between demographic variables and the access of university health services

2 PHASE TWO: ASSESS BARRIERS AND FACILITATORS

DATA:

Interviews: (20-24 undergraduate students from Dalhousie University and Acadia University)
Focus groups: (3 student focus groups at each university – male, female, LGBTQ; 1 HCP focus group at each university)

ANALYSIS:

- Content and thematic analysis to identify perceived barriers and facilitators of access
- Statements will be classified into theoretical domains and grouped
- Beliefs and themes will be generated

3 PHASE THREE: INTERVENTION DESIGN

DATA:

Data collected from interviews and focus groups

ANALYSIS:

Behaviour Change Wheel:

- Facilitate consultation workshops with students, health care providers, and university administrators, to identify the most important barriers and facilitators
- Map the important behavioural determinants identified from the interviews and focus groups to specific behaviour change strategies and interventions⁴

EXPECTED OUTCOMES

This three-phased KT study will advance sexual health practice among the university community – a critical component of youth health that is often overlooked¹. The aim of the intervention will be to increase use of sexual health services for high-risk population of university students. Ideally, this will prevent negative sexual health outcomes and ultimately, improve their sexual well-being. By using theoretically relevant strategies, the proposed theory-based intervention will have a higher likelihood of succeeding⁴.

References

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