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Investigating Socio-Cultural & Structural Forces Affecting Youth's STI Testing Experiences in Northeastern BC

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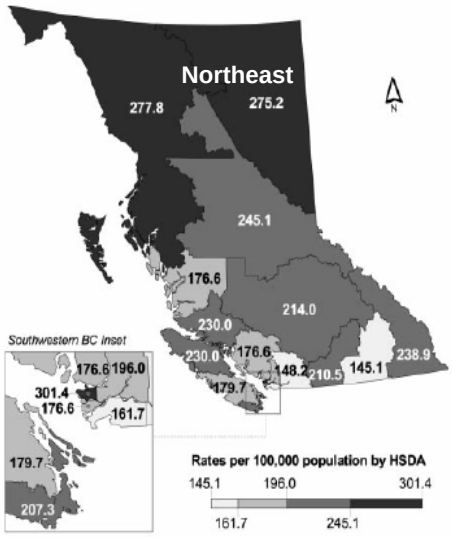
Background

- Despite public health efforts, sexually transmitted infection (STI) rates in Canada are high and rising, especially amongst youth living in northern areas. In BC, Chlamydia rates among youth have doubled since 1997 and currently exceed the national average.[1] STIs disproportionately affect youth, with prevalence among sexually active adolescents and college students of 15% and 25%, respectively.[2] Rural and northern youth face particularly high risks, where STI rates are approximately twice those in many southern, urban areas.[3]

- In particular, resource extraction communities in BC's Northeast are emerging as STI "hot spots". In 2003, BC's Northeast experienced the second highest Chlamydia and Gonorrhea rates in the province[1], and in 2004 Chlamydia rates exceeded the provincial average by 32% (275.2/100,000 compared with the BC average of 208).[1]

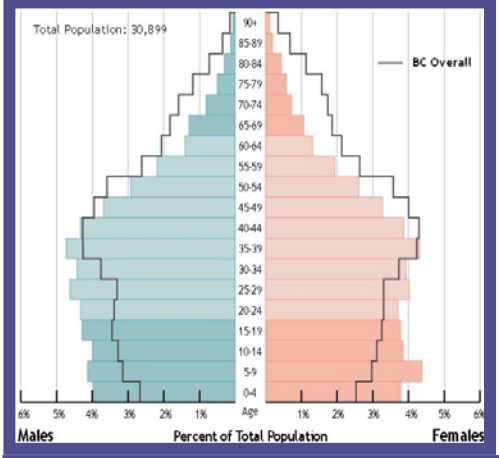
Figure 1. Chlamydia Rates in BC



Source: BCCDC Annual Summary of Reportable Diseases, 2004

- A strong public health impetus exists to take action to promote STI testing among young people. STIs are largely preventable and treatable, and timely testing is an effective means of reducing the disease burden and its associated health and social implications.[4] However, undetected or untreated, STIs pose serious health consequences, including pelvic inflammatory disease, infertility, and ectopic pregnancy. Moreover, STIs are synergistic, in that acquiring one increases the risk of others: consequently, detection and treatment contribute to prevention.

Figure 2. Population Pyramid, Peace River North



Source: Center for Health Services and Policy Research, Provincial Primary Care Mapping Project, 2001

- Northeastern BC is undergoing rapid changes associated with the in-migration of young people attracted by the booming oil and gas industries. BC accounts for 16% of Canada's natural gas[5]– with the Northeast containing the largest proportion of the BC population directly employed by these industries.[6] These activities have progressed at an unprecedented pace, with much of the region's reserves untapped, positioning the Northeast for major supply growth.[7,8] This unfolding phenomenon may have serious health impacts (e.g., health service capacities; sexual behavior of migratory populations) yet to be addressed. Little is known about the sexual health impacts of the oil/gas industry in North America.[9,10]

- The current study was conducted in Fort St. John (pop: 17, 781), which is the centre of Northeastern BC's oil and gas industry. Young people from across the country, primarily males, continue to migrate to the area, with the population aged 15-29 experiencing growth approximately three times the rate of the provincial average from 2000 - 2005.[11] Further, the boom has boosted average disposable incomes in Fort St. John well above the national average.[12] Coupled with these changes are high rates of STIs such as Chlamydia, with rates 2-3 times the BC average since 2002.

Funded by the BC Medical Services Foundation

Methods

In addition to documenting STI rates and service provision patterns, 8 weeks of ethnographic fieldwork was completed. 30 in-depth interviews with youth (ages 15-25) and 18 interviews with health and social service providers also were conducted. Fieldwork included observations and informal conversations with youth, health, education, and social service providers, and other community members. Participants were asked to describe their experiences with sexual health and STI testing, and completed a brief socio-demographic survey.

Results

Youth: 52% (n=12)of youth who completed interviews were male. On average, participants were 20 years old and had lived in the community for 8 years. About half (52%, n=12) identified their ethnicity as White, Aboriginal (43%, n=10); one participant identified as Black. 43% (n=10) of youth lived with their families, 26%, (n=6) with friends, and 17% (n=4) with others (e.g., university residence, work camps). 13% (n=3) lived with a partner. Most (78%, n=18) had been tested for STIs and on average had been tested 5 times.

Service Providers: 10 health care workers were interviewed: 4 physicians, 4 public health staff, 1 registered nurse, and 1 clinic assistant. 4 employees of other community organizations that provide services for youth also participated. Most providers were female (71%, n=10) and White (78%, n=11) or Aboriginal (22%, n=3). On average, service providers were 44 years old and had spent 14 years in the community.

Key Barriers for Youth: Serious mismatches exist between available services and youth's needs for STI testing. Study participants identified ***5 key barriers*** to STI testing for youth in Fort St. John:

- Limited opportunities for youth to access STI testing
- Geographic inaccessibility of clinics
- Local social norms
- Lack of information regarding STIs and testing options; and
- Negative interactions with service providers

Limited opportunities for youth to access STI testing

STI testing is provided by the public health unit, 3 walk-in medical clinics, and the hospital.

Public Health: Testing is available during four appointments per week (during two weekday afternoons). Appointments include a thorough interview and are scheduled for 1 hour. No drop-in services are available, and staff reported often being booked up for weeks in advance. Fieldwork indicated that youth often fail to show up for appointments at the public health unit, leading staff to surmise that the youth may have sought testing from a walk-in clinic. Most youth that we interviewed had never heard of the public health unit and/or were unfamiliar with its location. The health unit is located in a high-income area, far from downtown and other services. Most conventional testing and treatment options are offered; however, urine testing for Gonorrhea and pap tests are unavailable.

Medical Clinics: Most youth did not access STI testing through family physicians, but used walk-ins. Typically, appointments are offered between 9-11 and 1-4 on weekdays only. Walk-ins involve a lengthy wait in a crowded waiting room and a brief appointment. Clinics are staffed almost entirely by male physicians (one clinic has no female physicians and no registered nurses). Clinics are busy, but easy to locate in the downtown core.

Hospital: Youth also reported seeking testing at the hospital ER, which is the only option on the weekend or after 4:00 on weekdays.

Limited Clinic Hours: Limited clinic hours were described as a substantial barrier to youth's timely access to testing services. Most clinics operate only during school hours (and shut down during lunchtime). Youth employed as oil and gas workers also explained the difficulties in taking time off work to get tested for STIs. Providers were also aware of the inaccessibility of clinic hours: *We're not flexible to the client needs, we have no clinics over lunch, our clinics end at 4 […] we don't meet the needs of people who work Monday to Friday (Public health service provider).*

Geographic inaccessibility of clinics

Employees – mostly males - involved in the oil and gas industry typically spend significant periods of time 'out at camp', since most work sites are remote, located hours from town. Typical work schedules span 20 or 28 days straight. Workdays are long, with just enough time to eat and sleep before the next workday begins. Although schedules and locations vary, participants who worked in oil and gas discussed the low likelihood of testing among workers living in camp: *We're out in camp, right? Nothing we can do about it, so, [I] didn't really want to take a day off to drive 200K to some town for a test (Kyle, 22 years old).*

The remote locations of oil and gas camps and work schedules, combined with clinics' limited hours of operation, means that STI testing is often inaccessible to these employees. To the best of our knowledge, no STI testing or treatment is available at camps, although youth suggested that there is a need for it. As one worker explained, he had wanted to get tested for STIs after 'hooking up' with a woman he had met in a bar; but, he had to return to camp before he could access testing: *Well yeah, like […] you're living out in camp, you come to town and you've got maybe three hours to do stuff and - cause you gotta be back by a curfew and all that and…yeah, if you gotta sit in the hospital for four hours just to wait to get tested, most guys I know would just be like, 'Fuck it' (Kyle, 22 years old).* Youth explained that taking the day off work to drive to town for an STI test would mean losing a day's pay. In addition, we learned that many young oil and gas workers lack access to their own transportation and/or have had their drivers licenses revoked.

Youth living in town also described transportation to clinics as a barrier to testing. Public transit is limited, involving long waits in cold weather – consequently few youth relied on public transport on a regular basis. Most described depending on friends, family, and partners for transportation, which - particularly among teens – created an additional barrier to getting tested.

Local social norms

Overall, youth perceived STI testing as a highly stigmatized behaviour. In addition, youth are exposed to a plethora of stereotypes related to gender and class roles, such as 'rigger' culture (e.g., hyper-masculinity, sexism, apathy towards self care). One participant described the dominant attitudes of 'riggers', also often referred to as 'rig-pigs': *There are a lot of guys who are riggers and they're here for six months or they're here for three weeks and then they're gone, they're back. And it's just sort of like, who knows where they've been? I'm sure with a lifestyle like that, they don't take time to be like, oh, you know, six months I should go and get myself checked, right? Especially with the mentality that's forced among a lot of these guys - it's like you know, it's not cool to be weak at all. So, to have go and test for STDs is not - is not a merit badge you want to wear (Joel, 24 years old).*

Women living in Fort St. John were also subjected to sexual stereotypes. For example, male participants frequently referred to women as 'nasty', 'sluts', 'campies', or 'questionable', based on their dress or sexual reputations. Local women are also frequently stereotyped as 'gold diggers' who are willing to engage in unprotected sex, particularly when they are binge partying with 'riggers'. Homophobia was also identified as a predominant social norm that affects young men's decisions about getting tested for STIs: *They're scared - that if they go to someone, they'll have to say in the interview, how many partners have you been with in the last three months? Man and woman or both? And they would rather not get tested and lie. Like, to avoid any sort of stigma (Joel, 24 years old).*

While many of the norms in Fort St. John are well established, many young people migrate to Fort St. John from across the country in search of opportunities in oil and gas. Upon arrival, they find themselves in an unfamiliar context – earning unprecedented wages and working stressful jobs for extended periods of time, away from family and other sources of support. Unfortunately, the resources currently available in Fort St. John do not appear to have the capacity to help young people make successful transitions into adulthood, especially concerning their sexual lives. Moreover, the social mores tend to create unrealistic and unhelpful expectations about the ways in which young women and young men should behave sexually.

Lack of information about STIs and testing options

Youth cited a lack of information about STIs as a barrier to testing, illustrating how this perpetuates silence around sexual health issues - enabling apathy about testing and increasing taboos associated with its use. Participants frequently discussed the invisibility of STI testing services in Fort St. John: *You never hear of any advertisements for testing or anything like that, so […] if you don't hear about it then it's out of your mind (Kaylee, 21 years old).*

Young people discussed how oil and gas workplaces were devoid of sexual health information, highlighting how this lack of information reinforced the idea that STIs and STI testing should not be discussed openly. As one young worker put it: *It's not a popular topic of conversation [on the rigs] I guess you'd say […] it's just not something you'd talk about really a lot, so if you don't really talk about it, it's not really on your mind and [you] don't really see posters or anything (Kyle, 22 years old).*

Youth wanted to receive more information about STIs and testing procedures (e.g., that common bacterial STIs can be cured with free antibiotics), which they said would increase their likelihood to test in the future. Some youth consulted friends, family, and/or media sources for information about symptoms, risks, procedures, and treatment, but highlighted the challenges in acquiring such knowledge in a place where very few opportunities exist for young people to openly ask questions about sexuality and youth sexual behaviour.

Negative interactions with service providers

Service providers and youth indicated that the current models of service provision did not facilitate the establishment of rapport and shut down opportunities for youth to ask questions, seek advice, and/or develop skills related to STI prevention. For example, James, a 23 year old college student, reported: *It felt almost like I wasting the doctor's time. Like he didn't want me to be there to do that, and it takes all of, you know, a minute.*

Youth who had been tested were unsure about what STI they had been tested for. Rose, an Aboriginal high school student, described an occasion where she had accompanied a friend for testing after a sexual encounter with an oil and gas worker: *They [the health care provider] printed off this piece of paper and then we looked at it and she was like […] They just kind of pushed us away and we had to go. They didn't - they didn't talk about STDs or anything (Rose, 16 years old).*

Participants also discussed service providers' refusals to provide testing upon request. For example, a 25-year old male reported: *I actually went to him [my doctor] one time and told him I needed it [STI testing], and like I'm friends with his son, and we hang out sometimes. And I actually went to him […] I wanted to get tested, but he told me to pull my pants up [laughs] and he's not doing it.* Service providers also described similar situations. For example, one provider described an occasion where a young man presented at the ER with a severe case of herpes. He was told that he had an STI, but was sent away, without receiving testing or treatment. Instead, he was advised to make an appointment at public health.

Suggested responses

- **Reach out to youth**
  - Launch an information campaign to promote sexual heath among young people (and to reduce stigma related to STIs)
  - Provide information, staff training, testing, and free condoms at oil and gas sites
  - Cooperate with organizations in Fort St. John serving youth to advertise STI testing locations and hours
  - Train local youth as volunteers to provide public education to promote sexual health
- **Support local service providers**
  - Provide ongoing training (e.g., improving clinical rapport)
  - Build profile of service providers in the community (e.g., community recognition awards; local media)
- **Improve access**
  - Increase hours of operation, especially evenings and weekends
  - Provide drop-in services at the public health unit

We can work together

Based on the urgent need for improved sexual health services in the Northeast, OPTions for Sexual Health and the Northern Health Authority have established a partnership in Northeastern communities - including Fort St. John and Dawson Creek. Oil and gas companies in the region also represent important opportunities to build local health service capacities that address the needs of the populations that they employ. In addition, researchers can also offer their support to inform coordinated and innovative approaches to improving the sexual health of young people in Northeastern BC.

Acknowledgements

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