be nonthreatening (e.g., “Where do people your age learn about sex and relationships?” “What things about sex or relationships do you think are important for teens to know but are not taught?”). We then transitioned to discussing STDs by asking, “Do teens worry about getting STDs?”

As the discussion about STDs began, we introduced a series of facilitated activities that allowed participants to express themselves. We first, we explored adolescent approaches to prevention by asking participants to independently and anonymously write a list of “things people your age do to keep from getting an STD.” By soliciting anonymous answers, we were able to obtain suggestions that were not influenced by the group discussion. During a brief break, the note-taker reviewed the lists and generated a master list that excluded duplicate items. As we anticipated, all five primary prevention strategies were mentioned during this exercise.

The second facilitated activity involved small group discussions about two case vignettes (see boxes). The vignettes had been written by study staff and revised on the basis of feedback from three adolescents. Two versions of each vignette were developed, one with a male protagonist and one with a female, allowing us to match the main character’s gender with that of focus group participants. After reading each vignette to the group, we used structured probes to explore participants’ knowledge, beliefs, and perceptions regarding the utility of and barriers to using each primary STD prevention strategy. The probes did not explicitly define and ask about the five strategies, but rather approached them in a subtle fashion. For example, moderators inquired about young men’s knowledge of partner behaviors that increase STD risk by asking, “What types of things might a girl do that put her at risk for having an STD or HIV?”

In the next facilitated activity, we asked participants to view a magazine photo of two teenagers, one male and one female. They were asked to create a story that described the scene’s probable setting, the degree to which the adolescents knew one another, the likelihood that they had engaged in sexual behaviors and the probability that one or both had an STD.

For the final activity, the moderator read the list of items that participants had generated earlier regarding ways in which teenagers prevent STD exposure. The moderator asked the group members their perceptions of how often teenagers used each strategy, as well as the rationale behind and potential limitations of each strategy.

**Analysis**

We used STATA 9.0 to perform descriptive analysis of demographic, sexual, and reproductive data from the questionnaire. We calculated frequencies for categorical variables, and means or medians for continuous variables. All focus group discussions were recorded and transcribed. To identify and organize participants’ perspectives regarding our major topics of interest, we used the methodological approach to content analysis and the constant comparison method described by Glaser and Corbin. This coding process involved three steps. First, two coders independently reviewed the transcripts line-by-line to identify themes related to the mechanisms by which primary prevention strategies reduce STD risk, the barriers to adolescents’ adoption of each strategy and the strategies that adolescents employ to reduce their STD risk. This open coding process resulted in a list of words, phrases and passages related to each of these three topics. The coders then met to compare coded passages and reach consensus that all relevant passages had been identified. This process, known as investigator corroboration, ensures consistency, reliability and validity of the identified passages and reduces subsequent interpretive bias. The entire study team then reviewed relevant passages to identify emergent themes (a process called axial coding). These themes were defined and organized into
be nonthreatening (e.g., “Where do people your age learn about sex and relationships?” “What things about sex or relationships do you think are important for teens to know but are not taught?”). We then transitioned to discussing STDs by asking, “Do teens worry about getting STDs?”

As the discussion about STDs began, we introduced a series of facilitated activities that allowed participants to express themselves.26-31 First, we explored adolescent approaches to prevention by asking participants to independently and anonymously write a list of “things people your age do to keep from getting an STD.” By soliciting anonymous answers, we were able to obtain suggestions that were not influenced by the group discussion. During a brief break, the note-taker reviewed the lists and generated a master list that excluded duplicate items. As we anticipated, all five primary prevention strategies were mentioned during this exercise.

The second facilitated activity involved small group discussions about two case vignettes (see boxes). The vignettes had been written by study staff and revised on the basis of feedback from three adolescents. Two versions of each vignette were developed, one with a male protagonist and one with a female, allowing us to match the main character’s gender with that of focus group participants. After reading each vignette to the group, we used structured probes to explore participants’ knowledge, beliefs, and perceptions regarding the utility of and barriers to using each primary STD prevention strategy. The probes did not explicitly define and ask about the five strategies, but rather approached them in a subtle fashion. For example, moderators inquired about young men’s knowledge of partner behaviors that increase STD risk by asking, “What types of things might a girl do that put her at risk for having an STD or HIV?”

In the next facilitated activity, we asked participants to view a magazine photo of two teenagers, one male and one female. They were asked to create a story that described the scene’s probable setting, the degree to which the adolescents knew one another, the likelihood that they had engaged in sexual behaviors and the probability that one or both had an STD.

For the final activity, the moderator read the list of items that participants had generated earlier regarding ways in which teenagers prevent STD exposure. The moderator asked the group members their perceptions of how often teenagers use each strategy, as well as the rationale behind and potential limitations of each strategy.

Analysis

We used STATA 9.0 to perform descriptive analysis of demographic, sexual, and reproductive data from the questionnaire. We calculated frequencies for categorical variables, and means or medians for continuous variables.

All focus group discussions were recorded and transcribed. To identify and organize participants’ perspectives regarding our major topics of interest, we used the methodological approach to content analysis and the constant comparison method described by Glaser and Corbin.32 This coding process involved three steps. First, two coders independently reviewed the transcripts line-by-line to identify themes related to the mechanisms by which primary prevention strategies reduce STD risk, the barriers to adolescents’ adoption of each strategy and the strategies that adolescents employ to reduce their STD risk. This open coding process resulted in a list of words, phrases and passages related to each of these three topics. The coders then met to compare coded passages and reach consensus that all relevant passages had been identified. This process, known as investigator corroboration, ensures consistency, reliability and validity of the identified passages and reduces subsequent interpretive bias.21,22 The entire study team then reviewed relevant passages to identify emergent themes (a process called axial coding). These themes were defined and organized into...