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YOUNG PEOPLE AND SOURCES OF SEXUAL HEALTH INFORMATION

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August 2020

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Executive summary

This report presents research findings from a study exploring young people's experiences in accessing and assessing sources of sexual health information.

The study was commissioned by the Commonwealth Department of Health. It sought to better understand what sources of sexual health information young people access, how they access these sources, why they choose certain sources over others, and how they determine whether or not a source is reliable or trustworthy. The aim of the study aligns with *The Fourth National Sexually Transmissible Infections Strategy 2018-2022* (1), which identified the need for initiatives that support sexual health and address stigma affecting health-seeking activity, including among the priority population of young people (p18).

This qualitative study comprised interviews with 37 young people aged between 18 and 21, residing in Australia. Interviews explored:

- Sources of sexual health information used by young people, and why
- Kinds of information sought, and why
- The role and extent of trust in evaluating sexual health information
- Attributes of ideal sexual health resources for young people

The study found that young people primarily use the **internet** to find sexual health information. Most said this is because it provides a higher level of confidentiality and privacy, and wider variety of information, than other possible sources such as **parents, siblings and friends, and general practitioners, community clinics and sexual health centres**, and is easy to access. Feelings of shame and embarrassment, and concerns about stigma and judgement for asking about sexual health information, shaped young people's desire to access information in a confidential and private way. While friends were regarded as a source of information for some, their role was described mainly in terms of providing an opportunity to share and compare experiences rather than as supplying facts. Parents were regarded

as available sources of information, but not as a desirable source. While general practitioners were seen as quite trustworthy, young people articulated a number of barriers to accessing them, including wait times, having to make an appointment, costs, transportation and privacy from parents.

Gender differences were visible in the kinds of sexual health information young people sought out. **Young women and trans and gender diverse people who experience menstruation** often sought information about hormonal contraceptive options and menstruation concerns. They also noted concerns about side effects of using hormonal contraceptive options and menstrual issues. Additionally, they noted negative experiences in school concerning period-shaming and stigmatisation by peers and teachers. This included feeling unsupported in these issues, including access to menstrual hygiene products and disposal. **Young men and trans and gender diverse people who do not experience menstruation** were more likely to be interested in sexually transmissible infections and blood-borne virus prevention, and **heterosexual and bisexual men and trans men** in pleasuring partners. Participants of all genders sought information about consent and healthy relationships.

Trust in information was based on context. It relied on key factors including the kind of information sought, what kind of information was considered valid or important, and demographic considerations such as gender identity and sexuality. Many young people noted a preference for scientific and medical information for questions involving physical health, while others noted preferences for more information on lived experiences. Young people assessed credibility in a range of ways, including looking for referenced or peer-reviewed literature, double-checking the information with their general practitioners, and crosschecking information across

multiple websites. They also articulated a preference for information that is presented in a supportive or encouraging way, as well as for quality sexual health resources that demonstrate care, support, and reassurance. Additionally, young people nominating more than one marginalised identity, such as gender identity and sexual orientation, described turning to sources that are less formally credible than others. They explained that this was because some of these sources spoke more to their lived experiences, and said they avoided otherwise credible sources, such as medical sources, if these sources ignored diversity and directly or indirectly encouraged homophobia and gender stereotypes.

All participants expressed a preference for accessing sexual health information in confidential and private ways that also allow for interaction. Websites with anonymous question and answer forums or chat options with medical professionals and sexual health experts were cited as ideal, as they enable interactive dialogue within a confidential setting.

Key recommendations from this study

Near-term recommendations

- Access to confidential sexual health information via interactive media should be improved
- Additional programs and educational materials should be made available to assist teachers and other staff in schools to effectively support young women and young trans and gender diverse people who experience menstruation
- Additional programs and educational materials are required that specifically target young men and their sexual health needs

Medium-term recommendations

- Additional programs and educational materials should be developed that explore multiple aspects of sexual health and promote gender and sexual equity and diversity
- Peer-led sexual health interventions should more carefully distinguish between the role of ‘friends’ and ‘peers’ as sources of sexual health information
- More comprehensive support should be provided for secondary school students to develop skill sets to assess sources of sexual health information

Longer-term recommendations

- Frameworks of positivity, care, support and reassurance should be prioritised in developing and disseminating information about sexual health for young people
- Medical and other environments in which young people seek sexual health information should take a positive and supportive approach, actively aiming to reduce shame and avoid judgement or the communication of stigma

Background

Literature review

Research on young people and sexual health knowledge is vast. The literature covers a wide range of areas, including influences on sexual health and wellbeing; for example, income status (2,3); homelessness (4) and mental health issues such as depression.(5) Peers (6-8) and family (9-11) have also been examined as key influences on sexual health and wellbeing of young people. Media is often presented as a major influence on young people's sexual health and wellbeing, such as the practice of 'sexting' (12) or accessing pornography.(13)

6th National Survey of Australian Secondary Students and Sexual Health 2018

In Australia, findings from the 6th National Survey of Australian Secondary Students and Sexual Health (SSASH 2018) indicate that most young people (61.6%) have accessed four or more sources of sexual health information, the most common being the internet, female friends and mothers.(14,15) Female friends and mothers were given high ratings of trust for accuracy of information, while the internet was rated among the least trusted sources but one of the most frequently used. Less than half of the young people surveyed had ever gotten sexual health information from a general practitioner, despite this being reported as by far the most trusted source, and those who had talked to a general practitioner about sexual health did so infrequently. The survey also found that young people were critical of formal relationships and sexuality education in schools, noting that information was poorly delivered, biased and lacking a number of what they felt were important topics, including relationships, sexuality and gender diversity, consent and sexual violence, sexually transmissible infections and human immunodeficiency virus prevention across different bodies and sexual practices, and pleasure. For some students, this meant using other sources, such as the internet, to gather the information that they needed to engage in sexual activity in a safe way.(14)

Young People and Sources of Sexual Health Information: A Review

Building on the survey findings, a literature review was conducted to investigate existing research on the sources of sexual health information used by young people.(16) Findings from this report noted apparent discrepancies between the sources of sexual health that young people view as the most credible, and those that they use most.(14,17-24) Reasons identified for this discrepancy vary. Reasons given include the gendering of sexual health information (14,19,23-26), a lack of comprehensive relationships and sexuality education in schools (27-29), and barriers, such as shame and stigma, to accessing credible resources. (15,22,30) Friends, not peers, remain a source of sexual health information, and the report notes that often these two distinct terms are conflated.(19,31,32)

Little has been said about how young people might navigate multiple sources of information. Additionally, research suggests that Aboriginal and Torres Strait Islander Peoples' needs regarding sexual health information do not align closely with those of other demographic groups, suggesting the need for specific programs for these populations.(33,34) This review (16) recommended further research to explore young people's access to, and engagement with, sexual health information. This included looking at what kinds of sources young people prefer to engage with and why, how they assess credibility, and negotiate conflicting sources of information, which factors might shape their choices of sexual health information, what barriers might exist in accessing sexual health information, and how sources of sexual health information outside school settings complement relationships and sexuality education.

Research aims

Knowing who young people trust in accessing sexual health information is critical to developing effective prevention education and other initiatives. Research on these issues has the capacity to help improve knowledge and awareness of healthy relationships, sexually transmissible infections, and related sexual health decision-making.

Research questions

In response to recommendations set out in the aforementioned literature review (16), this study explored how young people engage with different sources for sexual health information, and how they understand the credibility and trustworthiness of different sources.

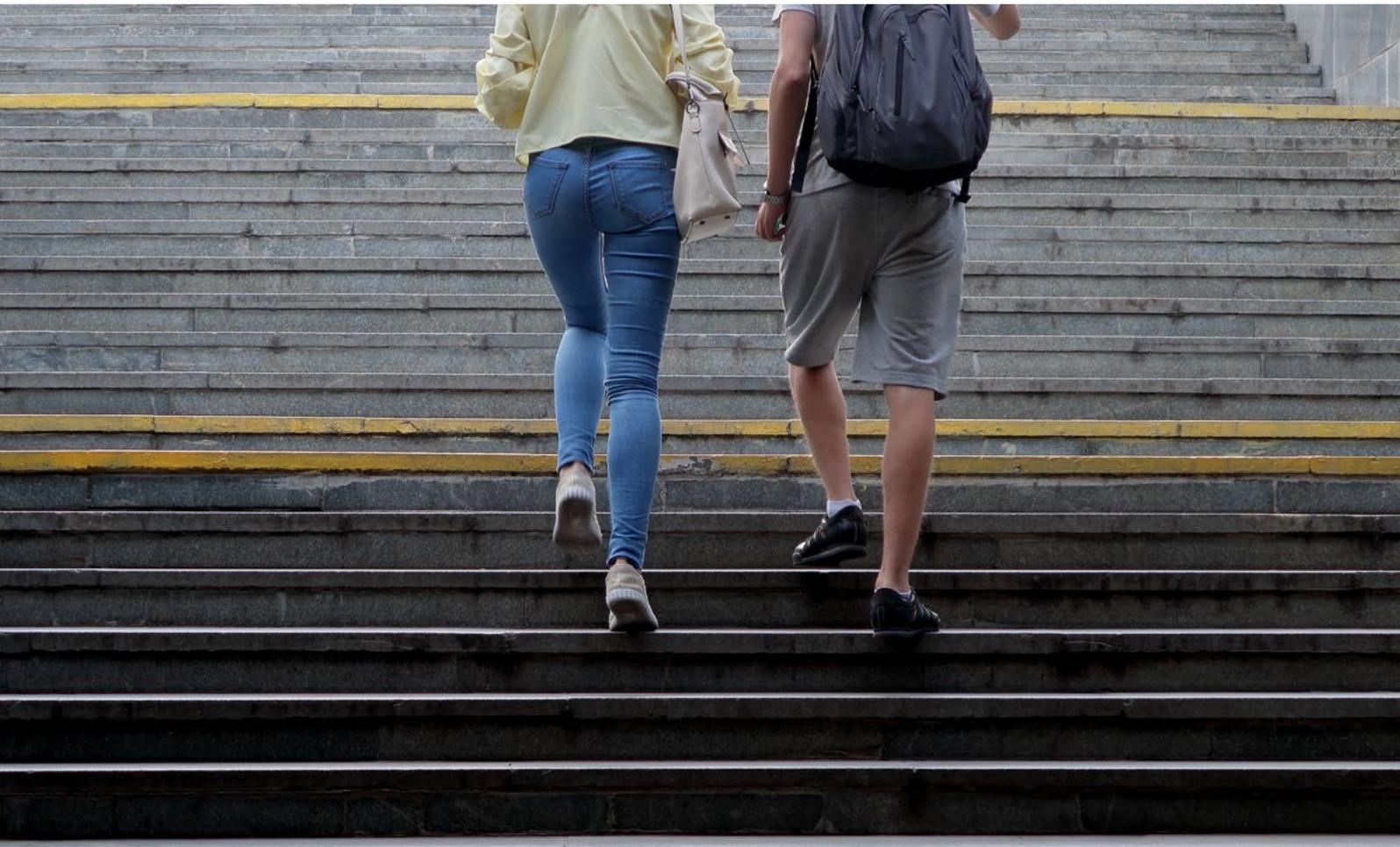
Specifically, it asked:

Research question 1: Where do young people turn in looking for sexual health information, and why?

Research question 2: What kinds of sexual health information do they seek – e.g. relationship advice, gaining access to contraception and/or condoms, identifying sexually transmissible infections, etc. – and why?

Research question 3: What do trust and credibility mean for young people seeking sexual health information, and how do they evaluate it?

Research question 4: How can accurate, reliable information be targeted to young people most effectively?



Methodology and methods

Methodology

This study utilised a qualitative approach because of its capacity to shed light on meanings, understandings and the complexities of decision-making. (35) Specifically, this method was used in this study to understand in depth how young people in Australia engage with, and assess the trustworthiness, of different types of sexual health information. Speaking with young people using a semi-structured interview technique allowed detailed exploration of specific kinds of sexual information, exactly how they assess its validity and reliability, and why they choose some sources over others.

Ethical considerations

Ethical approval for the study was granted by the La Trobe University Human Research Ethics Committee (HEC20110). Because data were collected during the COVID-19 pandemic (end of March 2020 to May 2020), alterations in data collection procedures was required (see Method), more interviews were conducted via Instant Messaging for privacy reasons, and additional wellbeing checks were made.

Methods

One-on-one semi-structured interviews were held with 37 young people aged between 18 and 21. Interviews were conducted using a range of methods: audio/video conferencing, phone calls, and instant messaging (IM). In person (face-to-face) interviews were not conducted due to the COVID-19 pandemic restrictions, which required social distancing.

To be eligible to participate, interviewees had to have been between the ages and 18 and 21, Australian citizens or permanent residents, and currently residing in Australia.

The interviews (see Appendix A: Interview schedule) covered questions on the following topics:

- Which sources were engaged with (or preferred) for different types of sexual health questions
- Reasons for use of those sources and not others
- The meaning of 'trust' in assessing sources of sexual health information
- Ways of enhancing trust in, and access to, reliable sources of sexual health information

Recruitment

Recruitment for this study was conducted in two stages. The first stage utilised an existing study contacts database, while the second stage involved social media advertising and reaching out to organisations to support recruitment.

Stage 1

Participants were contacted using the 6th National Survey of Australian Secondary Students and Sexual Health (SSASH 2018) contact list (see La Trobe University Ethics HEC18030). The list comprised SSASH 2018 participants who volunteered to be contacted for participation in similar research in the future. SSASH is a national survey of sexual health, knowledge and wellbeing of secondary school students in Australia. This survey explores what sources of sexual health information young people use, rates their sexual health knowledge, and assesses their sexual

practices and risk-taking behaviours. A total of 2,280 students from the SSASH 2018 database received an email invitation to take part in the study reported on here. In total, 32 participants were recruited by this method.

Stage 2

The bulk of young people who responded to the invitation via the SSASH database were young straight and queer-identifying (i.e. lesbian, bisexual, pansexual) women. In order to include trans and gender diverse participants, and young men, a secondary recruitment phase was conducted, focussing on social media advertising. A special call for participants was distributed across Facebook and Twitter (See Appendix B: Recruitment advertisement). In total, five participants were recruited by this method.

Data collection

Participants who responded to the SSASH database email or responded to the social media advertisement were then contacted for pre-screening and interview. Participants deemed eligible to participate were then offered a time and date for interview. Interview participants were given the option of participating by phone, Zoom video or audio conferencing, or instant messaging via Zoom.

A participant information statement was provided, and consent to participate was indicated via a consent form, typing in instant messaging, or verbally via audio-recording prior to the interview. Audio/video interviews were transcribed and any identifying information was removed from transcripts. All participants were sent a copy of their transcript to review, a process known as member checking. (36)

Analysis

All transcripts were thematically coded (37) using NVivo software. Analytical rigour was fostered through data saturation and careful qualitative analysis, which includes crosschecking emergent themes with previously analysed transcripts – the constant comparison method (38) – and crosschecking and agreement on the coding scheme.



Participants

The majority of participants (see Appendix C: Demographic characteristics of participants) were young men (46%) and women (41%), with 11% trans and gender diverse young people. The number of heterosexual (59%) and lesbian, gay and bisexual+ participants (41%) was almost evenly spread. The majority of participants came from Victoria (46%) followed by New South Wales (27%), in line with findings from SSASH 2018, and resided in outer suburban areas (49%). Half of the sample were Australian (51%) and born in Australia (68%). Most participants were university students (81%), completing their first or second year of university, which meant that the majority had at least a secondary school education (89%). The majority were living at home with their parents (81%). Half were in a relationship (54%) and identified as monogamous (86%). The bulk of the participants elected to do an instant

messaging chat (51%) or an audio-only (i.e. Zoom audio or phone) chat (30%) for their interview. Zoom video interviewing was chosen by 19%.

As noted above, the majority of participants were university students (81%), whereas the national percentage of completed bachelor's degrees for young people was 24%.⁽³⁹⁾ As such, the majority of participants were engaged in ongoing educational activities that developed skills relevant to the concerns of this study, such as the critical evaluation of ideas, assessment of sources of information and routine use of peer-reviewed knowledge. It may also mean they had greater access to sexual health knowledge than other young people, through resources such as university campus sexual health weeks and associated services. In this respect, the data may not reflect the perspectives and experiences of non-tertiary-educated

young people attempting to access and assess information about sexual health.

In this report, the terms we use to describe gender are based on the demographics question included with each interview (see Appendix D: Interview eligibility screening questionnaire). This question asked participants to choose from a range of commonly used terms to indicate how they describe themselves. Participants were also given the opportunity to nominate terms not listed. Whenever we refer to participants in the report, we use the terms they nominated for themselves.

Findings and discussion

Below, we discuss the key findings of the study, based on the main issues it aimed to explore. These were:

- Sources of sexual health information
- Which questions are pursued, and why
- Trusting and evaluating information
- Sexual health resources for young people

Participant quotations have been edited for clarity. Demographics for participants including gender, sexuality, and age, as well as type of interview method, have been noted for each quotation.

Sources of sexual health information

In response to RQ1 (*Where do young people turn in looking for sexual health information, and why?*) key sources of information used by young people are reported, along with motivations to seek out some sources over others.

These were:

- The internet
- Friends
- Family and siblings
- General practitioners, community centres and health clinics

The internet

The survey that prompted this study (14) found that young people were most likely to have used the internet in seeking sexual health information. This information seeking was, however, only moderate in frequency, and accompanied by relatively low trust in accuracy. Interviews conducted for the current study further expanded on this finding, with every participant interviewed citing the internet as their first, main or only source.

This finding is in keeping with other studies. (17,22-24,30) Considering these studies together, it seems the internet is seen as a source of information, while friends (discussed further below) are seen as a source of (potentially shared) experiences. Internet access included a variety of websites and associated apps, with website choice depending on the specific question being answered. For medical questions, government, university-endorsed, or scientific and medically based websites were used, while for questions relating to relationships, sexuality, sexual practices or consent, websites that enabled discussion of lived experiences were described as more helpful.

I usually look it up on the internet, and mainly rely on scientific studies and peer-reviewed articles for the most accurate information. I do also look for information on websites such as Ask.com and Quora. In addition to

this, I also sometimes read non-peer-reviewed articles and websites as well. (Viarj, man, straight, 18, audio chat)

The foremost reasons given for prioritising the internet were accessibility and immediacy, as well as confidentiality. Shame and embarrassment, and concern about stigma and being judged, also shaped choices for seeking out information.

It's accessible, it's very easy, it's only two taps away and I don't have to deal with any embarrassment or shame or worry, or judgement, like, even fear of judgement – like, of course my mum would be supportive of anything, but there are some things that maybe it's nicer to just keep more private (Luke, man, straight, 19, video chat)

Discreet access was significant for many participants, who also noted a number of tactics to avoid being 'caught' having looked at sexual health information. Such tactics included using anonymous or incognito browser mode, erasing search history, using phone data or public or school wi-fi rather than home wi-fi, and in some cases, using separate devices.

I always look stuff up in the privacy of my room, and tend to use incognito windows [...] I've never really been open with sexual stuff around my family, so the thought of anyone knowing that I'm researching it makes me kind of uncomfortable and freaked out (Ilana, woman, lesbian, 18, instant messaging)

Among young women, menstruation tracking apps were also cited as ideal sources of sexual health information, as they also offered a range of relevant sexual health information, and opportunities to engage with other women to discuss sexual health questions.

I've had Eve [menstruation tracker mobile app] for a very long time, so when I was, like, in Year 7 and wasn't comfortable asking my mother questions like that, I used to just use the app and look up questions or would

ask questions myself as well. (Hailey, woman, straight, 19, audio chat)

The role of pornography as a source of sexual health information elicited mixed responses. While the majority of young people noted that it was unrealistic and were concerned about its detrimental impact on sexuality and relationships, some felt that it could be useful in understanding how to have sex, especially as resources providing that information were limited.

I think it depends on an individual basis [...] we had a talk about this in school [about] how it's negatively impacting mental health and your perspective [on sexuality and relationships]. I believe that is true to some extent, because there is some stuff out there that's gonna, like, screw up your brain for sure, but then if you're using it for, like, I think maybe for information, to an extent that might actually help. But then again, I think that's not the best source to seek help and to learn things. (Aarav, man, straight, 18, video chat)

Friends

Some research has found that young people prefer turning to friends and peers for accessing sexual health information (18,19), often advocating for peer-led approaches to sexual health.(31,40) SSASH 2018 also identified female friends as one of the most frequently used and trusted sources of sexual health information among young people.(14) However, responses in our study were quite mixed when it came to discussing friends as potential sources of information. Friends were seen by some as useful sources of information, but by others more as support in discussing relationships and shared experiences.

I think a lot of the magazine stuff is quite censored, and so it beats around the bush a lot of the time. It doesn't really answer the question, and that's where you sort of go back to friends, because they don't beat around the bush, they tell you how it is. I think [that's] why my education around the emotional aspect [of sexuality and relationships] is sort of lacking, and the more scientific stuff is quite

full, because online sort of scientific clinical stuff, it's answered straight to you and there's no sort of beating around the bush or anything with it. (Edith, woman, 18, straight, audio chat)

That said, many participants in the study did not see friends as any more knowledgeable than them.

Probably not my friends, as they wouldn't know any better than me. My parents could give some moral advice, but I don't believe they've studied sexual health extensively, and any questions I may have of them have already been answered (usually by them) at some point. (Peter, man, straight, 18, instant messaging)

Others, mainly young women, saw themselves as friends approached for information, especially those who had nurses or other medical professionals as parents.

If they [friends] have any pill or period dramas, they'll come ask me before they ask their [general practitioner], because I'll ask my mum [a medical professional]. So through that I have a bit more knowledge. I would never act like I'm a [general practitioner] because I'd have no clue about most stuff, but, yeah, a lot of people do use me because they know I can ask my mum. (Jennifer, woman, straight, 19, video chat)

Parents and siblings

Responses were mixed regarding how and why young people might access parents for sexual health information, echoing the SSASH 2018 study findings that parents, particularly fathers and siblings, were not frequently used as a source of information. (14) Most participants noted that while they knew they could go to their parents if they needed to, they generally preferred not to. This was often due to feelings of embarrassment, concern that parents were too conservative, or a sense that there were more accessible methods of gathering information.

I wouldn't talk to my dad about sexual health things. I could talk to my mum, but I get pretty embarrassed talking

about it [sexual health], so I don't do it very often. (Kayla, woman, bisexual, 19, instant messaging)

My mum didn't know I got the implant; I did that without her knowledge. I was 17, that was two years ago and I was able to get a script on my own, take it home, go to the chemist on my own, buy the Implanon [insertive form of contraception, also known as the rod], go to the doctors again on another occasion and have it inserted, all without my mother's permission, because she would have said no. (Hailey, woman, straight, 19, audio chat)

For those who did say they would turn to parents, this mainly related to those parents having medical backgrounds, such as nursing or pharmacy, or parents who had established an open-talk policy. In one case, this option depended on the topic being investigated.

My parents established an openness to talking about sex from about Year 7 or 8, I've never had a real problem talking to them. (Taylor, man, 18, straight, instant messaging)

Siblings were generally not considered sources of sexual health information unless they were older than the participant (at least in their 20s or older).

I have tended to go more to my sisters for that sort of stuff, because they're very open, they're not going to make it a taboo subject. They're 10 years, nine years older than me; whatever I'm going through, they've likely had some sort of experience with it. (Jennifer, woman, straight, 19, video chat)

I have a sibling, but she is younger than me, so I would not talk to her. I don't think I would, just because I don't know if they would have the information that would be any better fit to me than what I can already find. (Leslie, genderqueer, lesbian/gay, 19, instant messaging)

Some of those who were the eldest siblings considered themselves potential sources of sexual health information for their younger siblings.

Because I'm the oldest, they [younger sisters] come and ask me quite a lot of questions, like 'what does this mean' or 'what happens about this' or 'what should I do about this, is this normal?' (Blake, woman, straight, 18, video chat)

General practitioners, community centres and health clinics

In line with SSASH 2018 findings, general practitioners were considered a highly trusted source of information, but not one with which young people would frequently engage. Generally, general practitioners were regarded as only accessible if a medical intervention of some kind was required.

So if it was something relatively minor, sort of more on the logistical, how-to side, I might go to my friends or search it up on the internet – not specifically, like, pornography, but just, like, general Googling. If it was for something more serious and health related, then I would go to my [general practitioner]. (Noel, man, gay, 20, audio chat)

Participants listed a number of barriers to accessing general practitioners for sexual health information, including having to make and wait for an appointment, having to get to an appointment without parents' knowledge (especially difficult for young people residing in regional and rural areas), inability to access a general practitioner other than their parents' general practitioner, and the potential cost of accessing a general practitioner. Additionally, a few of the female participants noted bad experiences with general practitioners relating to sexual health.

When I went to the doctor, I just went to a bulk-billed one and it was very last minute, and I felt very judged by him, because he's like, 'Did you have unprotected sex?' and I was like, 'Yeah', and he's like, 'Well, you shouldn't be doing that, don't do that'. And I'm like, okay, well it's happened, like give me the test. (Jennifer, woman, straight, 19, video chat)

Community centres and sexual health clinics were not generally identified as sources of sexual health information. Usually these were avoided due to a preference for anonymity and a desire to avoid being recognised while accessing specific information.

Trying to get some sources in person, especially in a small town, is kind of hard, because, like, you try and access information, and if you do it where everybody else can see, everybody will find out that you're accessing that information. So if you're trying to do it a little bit discreetly, [there's] no way you can do it, because everyone's going to know. (Blake, woman, straight, 18, video chat)

Summary

Overall, the internet was identified as the main source of sexual health information. As noted above, this is in contrast with SSASH 2018 findings that female friends were the main sources (14), but echoes findings of other studies (see [16] for a review). Other studies also found some young people mentioned talking about sex and sexuality with friends (18,19), but our study found this was not necessarily to seek out information. We found friends were sometimes approached, but when this happened, they were more generally engaged as a source of shared experiences and support. Importantly, we note a clear distinction between 'peers' and 'friends' (see [16]) whereby young people did not see 'peers' (anyone similar in age) as sources of information, only those they considered 'friends' (people in which they have established friendships or relationships). This is not to suggest that peer-led interventions are not useful. Some research argues that they are.(31) Rather, concerns about young people engaging friends for sexual health information require further investigation. Our findings identify such needs and sources as contextual, dependent on how comfortable a person feels with their friends, and whether or not those friends are experienced sexually, or whether or not friends had access to an expert source of sexual health information such as a parent who works in the health sector.

Privacy and confidentiality were the most important factors for why participants used the internet, alongside its accessibility and the wide variety of information it offers, echoing other studies that have noted privacy and confidentiality as important factors.(22,30) Concerns about experiencing stigma or ridicule, and feelings of discomfort, shame and embarrassment, shaped how young people accessed sexual health information, which was often in secret, without parents' knowledge, even if parents were noted by some as a potential source. As the findings indicate, young people engage in a range of practices to avoid being seen as accessing sexual health information. This highlights the significance of anonymity and privacy, and the intensity of experiences of shame and embarrassment, in shaping these practices.

Some members of the community are concerned that pornography is young people's only source of sexual health information, and that this may perpetuate unrealistic expectations about sex and sexual activity or promote myths about sexual practice (i.e. [41]). This study found that some participants were aware of these issues and concerned about the potential harmfulness of pornography (see [42] for a review), and described being cautious about its use for sexual health information. However, others expressed scepticism about the 'pornography as harmful' narrative (see [43,44]), arguing that pornography could be useful in certain contexts, such as for accessing sexual and gender minority content (45), finding bodily diversity regarding genital and breast appearance, and supporting exploration of new things.

Which questions are pursued, and why

In response to RQ2 (What kinds of sexual health information do they seek – e.g. relationship advice, gaining access to contraception and/or condoms, identifying sexually transmissible infections, etc. – and why?) key kinds of information sought by young people are identified. Here, we note marked gender differences in kinds of information sought, as well as differences in experiences of relationships and sexuality education in school, and ratings of sexual health knowledge.

Below we explore:

- Experiences of relationships and sexuality education in schools
- Self-ratings of sexual health knowledge
- Types of information sought

Relationships and sexuality education in school

On the whole, as found in much other research, participants reported mixed experiences with relationships and sexuality education. (14,29) Many felt they had received very little relationships and sexuality education, or in some cases, none at all.

I wasn't really a big fan [of sex education taught in school]. I think everyone unanimously agreed that it was a bludge lesson, where we didn't really learn anything. Any information we got was so unenthusiastically delivered and it never felt like there was a proper open pathway of communication between us and the teachers. (Kayla, woman, bisexual, 19, instant messaging)

Others reported more comprehensive and varied approaches that they found helpful and useful. This indicates that relationships and sexuality education may not be implemented effectively or consistently across different schools.

It [sex education in school] was actually quite good. They had an external agency come into the school and they went through straight sex, and then they had a separate

component also on gay sex and gay safe practices as well, and it was a really sort of comprehensive education. I thought it was really, really well done. (Noel, man, gay, 20, audio chat)

Among our participants, more young women and trans and gender diverse youth reported issues with their relationships and sexuality education than young men. Some of the female participants noted negative experiences in school not directly related to relationships and sexuality education, but which demonstrated a lack of support for young women's sexual health in school settings.

There's a lack of respect for it [menstruation] in rural schools [...] Like, once my teachers made me announce to the entire class that I had my period [because] I couldn't swim that week and they, like, made me just announce [it] to the entire class of, like, boys. (Lucien, non-binary gender, pansexual, 20, video chat)

As expected, however, most lesbian, gay, bisexual+, and trans and gender diverse participants noted frustration with a lack of sexuality and gender diverse content (14,29,46). Those who noted positive experiences of sex education in school, such as Noel, said it was due to the inclusion of sexuality and gender diverse content relevant to his experience as a young gay man. Some young straight men and women also reported similar frustrations, indicating a desire to want to know and understand diverse sexualities and genders.

I found that it was good for surface level education but [it] never really touched on LGBT [lesbian, gay, bisexual, trans] relationships, which isn't an issue [for] me, but I do know that it was important [for] a few of my friends. (Sarah, woman, straight, 19, instant messaging)

Well, I never received any gay-specific sex ed or knew any gay/bi people, so if I wanted to know something about

sex or whatever I had to find out [for] myself. (Jake, man, gay, 18, instant messaging)

Sexual health knowledge

Participants of all genders noted that they felt they had to seek out information on their own, with little support or guidance from others on how to find the information that they needed.

I felt very responsible for myself. At the time I didn't think too much of it, but looking back I can see how incomplete the education was. (Ilana, woman, lesbian, 18, instant messaging)

More young women and trans and gender diverse youth described their sexual health knowledge as adequate, and articulated an awareness that there was more they could learn:

I would say it's sufficient. I think it's so far been enough to keep me out of trouble and to keep me aware of people around me, but I do not by any stretch of the imagination think that it is as much as it could be. (Jessica, woman, bisexual, 18, video chat)

More young men described higher levels of confidence in their sexual health knowledge than young women and trans and gender diverse youth:

It would probably be a 9, I'm pretty well versed just from my different sources [of information], and then as well as sort of the field that I'm going into as a student, I have sort of done my own supplemental research. So I do have a very good understanding across the wide area of not just sex practices, but also the more sexual health side of it as well, and sort of proper prevention steps, that sort of thing. So I would rate myself quite highly, not to toot my own horn. (Noel, man, gay, 20, audio chat)

The SSASH 2018 survey (14) showed no statistical differences by gender

in overall knowledge levels for sexual health concerns such as human immunodeficiency virus, blood-borne viruses, and sexually transmissible infections, with the exception of human papillomavirus, where young women had slightly higher observed knowledge scores.

Types of information sought

Strong gender differences in kinds of information sought were found, with some overlap, but with young women more likely to report searching for specific information.

Young women and trans and gender diverse people who experience menstruation

Perhaps unsurprisingly, young women prioritised information about contraception. Some were primarily concerned with the potential side effects and impact of hormonal birth control methods on their bodies. Some also noted concerns about the impact of hormonal birth control on their mental health and wellbeing, particularly as hormonal methods have been noted to potentially contribute to feelings of anxiety and depression (47).

Recently when I've been researching birth control, I've found it hard to find complete lists of side effects and statistics on health websites, and I try to avoid getting my information about side effects from individual experiences on forums ... I'm on antidepressants so the emotional side of birth control is very important to me. (Kayla, woman, bisexual, 19, instant messaging)

Menstruation was another concern, with a number of young women and trans and gender diverse young people looking up information about periods, how to manage or handle pain, and how to look out for issues such as endometriosis and severe or abnormal bleeding.

They [sex educators] said, like, look, some girls experience a lot more pain than others, some don't get pain at all, some only get pain beforehand, some people get pain when they ovulate, some people get pain just a little bit during the period. So they

did normalise it, quite ... where there's me, going to the doctor, going, I need a new script for Tramadol ... [So then] you're like, oh, this is normal, this is normal; you go to the doctor to have your normal check-up and they go, okay, so how's your period going, and I go, well, this is happening, and they go, that's not normal, and I'm, like, well, I thought it was, like, I was told it was. (Blake, woman, straight, 18, video chat)

In these cases, participants reported delays in seeking treatment for pain-related or bleeding-related conditions such as endometriosis, and not understanding that what they were experiencing was not necessarily normal for menstruation.

For others, experiences of possible pregnancy and miscarriage were also relevant, with some not realising what was occurring, or missed periods that were not the result of pregnancy:

When I first had my first pregnancy scare, I think I was 17 ... I would never have gotten a blood test, and like you're 17 you don't, you feel like I shouldn't be pregnant, you feel like you shouldn't have had sex, so I wouldn't have gone to the doctor's anyway, because I would've felt straight away that I would've been why did you do that, the reaction. (Jennifer, woman, straight, 19, video chat)

Physical health, including vaginal health, and changes in the physical body, was key to the kinds of information sought by young women. This included questions about issues such as diversity of bodies, normal or natural vaginal discharge, prevention of urinary tract infections, and maintaining good vaginal health, such as ensuring appropriate PH levels.

[Using the internet as a source of information] Research to bring to those types of aftercare discussions and also looking up various symptoms (which I know isn't great, but here we are, haha). I recently had an [urinary tract infection] so before going to the doctors, I looked up some stuff. (Eve, woman, bisexual, 18, instant messaging)

[Using pornography as a source of information] [I'm] definitely looking for more diverse body types and seeing if things are normal more in relation to vaginas more than boobs ... I've turned to porn before just to see what they [vaginas] look like, honestly, and to see if [my own vagina is] normal. (Edith, woman, straight, 18, audio chat)

Lastly, a number of young women and trans and gender diverse youth who experience menstruation reported that they wish they had a better understanding of consent, including scope and conditions for saying no, and understanding of their right to their own bodies.

[I wish I'd] known more about being allowed to say no. Like, my first sexual partner and relationship was abusive in a way, like, it was definitely not healthy. He'd kind of manipulate me into not using condoms and that sort of thing, and I was not raised and taught in a way that empowered me to know I was able to actually stop it. (Lucien, non-binary gender, pansexual, 20, video chat)

Young men

Young men articulated different needs in regards to sexual health information. When asked, most spoke only about their knowledge of sexually transmissible infection prevention, and whether or not they felt they understood how to prevent catching sexually transmissible infections, and how to treat them.

I guess I don't really know heaps about sexual diseases. I got taught them a couple times, I know the names, but I guess my understanding has always been bottom line is if you are protected, you're safe. (Taylor, man, straight, 18, instant messaging)

A few young men expressed concerns about not quite knowing how to pleasure their partners, and described often looking up that kind of information, or supporting their friends in similar searches.

Yeah, so I had one of my, or two of my friends were in a relationship, so I was friends with both of them. The male friend, I'd have discussions with on sex and that kind of stuff, and he'd



bring his problems ... I noticed that my male friend was more interested in, like, his own pleasure and his own self, which would leave my female friend unhappy, yeah. (Ted, man, bisexual, 19, audio chat)

Knowing how to have sex, i.e. the physical processes and actions, was another concern for young men in particular.

I feel a lot of, like, a lot to do with the sexual intercourse part, I feel that was quite lacking when I got into it, and I didn't, definitely didn't know anything, and I feel that there could be definitely should've been a lot more that I could've learnt about – yeah. (Zander, man, straight, 20, audio chat)

Family planning was a concern for some young men, but was focussed on when to start a family and how to start a family, rather than pregnancy prevention.

So overall it [relationships and sexuality education] was helpful in terms of [sexually transmissible infections] but not actually meeting your needs in wanting to know more about when is a good time to start a family, how to plan for that etc. (Peter, man, straight, 18, instant messaging)

Understanding consent was a concern for a few young men, who noted that they wished the issue was more fully covered in relationships and sexuality education at school.

I think maybe when I was younger, just knowing what consent is as well, because we did have a talk at school, but then it kind of hazed out at school, like talking to your friends and all that, so you kind of just forget about that. So doing an online search for it gave me, like, a clear view of what it actually is, and to make sure that it is incorporated into my relationship as well. (Aarav, man, straight, 18, video chat)

Few young men discussed concerns about their own bodies, and looking for information about changes in genital appearance or other related issues.

There was something that I had been

told but I'd forgotten, which I wished that I'd known better, which was that, like, having a long-lasting erection without necessarily, without orgasm or, like, can lead to pain, and, like, kind of a lot of pain, when it's the very first time that maybe happens. (Luke, man, straight, 19, video chat)

Summary

The findings of this study echo previous studies of positive or negative experiences of relationships and sexuality education (see [29,46]). Many participants referred to poor experiences, often citing poor content, poor delivery, and discomfort among teachers delivering the material. Others described positive experiences when relationships and sexuality education was linked to more comprehensive sex education, covered a range of topics, and delivery was competent and not marked by awkwardness.(29,46) Also evident, however, was a sense of inadequate support for young people and their sexual health not directly related to relationships and sexuality education classes. This was most evident for young women and trans and gender diverse people who experience menstruation, many of whom cited experiences of period-shaming and period taboos by peers and teachers. This may suggest that taboos about menstruating (48) continue to negatively affect the experiences of some young people in school settings.

The gender differences identified in the types of information sought were not necessarily surprising. Attention to understanding the body is a longstanding part of the women's health movement that has informed sensibilities about sexual health education for decades. (49) The emergence of women's health clinics in the 1970s as part of second wave feminism and its exposure of the inadequacies of traditional medical and psychiatric responses to sexuality, alongside the introduction of the hormonal contraceptive pill in the 1960s, have underpinned a discourse of women's self-care and need to understand the specificities of their own health. (49,50) Also relevant to this movement is the sense in which women's bodies have been problematised, leading to experiences of shame, stigma and

taboo in accessing information, such as that about vaginal health and hygiene. (51) Additionally, the introduction of the contraceptive pill has been accompanied by research finding women have been increasingly expected to take responsibility for contraception. (22,26,52) This discourse of responsibility, which also tends to position failure in contraception (i.e. pregnancy) as the woman's responsibility, is often tied up in articulations of effectiveness that present hormonal contraceptives as more reliable than non-hormonal forms such as condoms.(53) In addition, these issues are also linked to controversy surrounding women's access to abortion, which also contributes to women's interest in awareness of and engagement with hormonal contraception.(53)

These circumstances and concerns contrast with the experiences of young men, who expressed much more concern about the potential of contracting a sexually transmissible infection, less about potentially passing a sexually transmissible infection onto others, and said little about interest in or concerns about their own bodies, such as normality, changes or appearance, or more specific issues such as prostate cancer. Only one heterosexual young man spoke about concerns about pregnancy, suggesting that, as research has indicated, the 'responsibility' of pregnancy prevention continues to attach to young women. (22,26) Heterosexual men's lack of concern about their sexual health may be related to the lack of focus on the question of (straight) men's sexual health more broadly in contemporary public discourse until very recently, with the focus being primarily on erectile dysfunction (54), debates around circumcision (55), prostate and testicular cancer (56), and the controversial 'male pill' to prevent conception. (57,58) Some young heterosexual men did articulate a focus on pleasuring female partners and questions of how to have sex effectively. This is perhaps reflective of broader discourses that position men as responsible for leading sexual encounters, needing to 'know' how to have sex, and being active and 'masterful' sexual partners.(59) Young women did not mention pleasuring male partners, perhaps also due in part to traditional discourses that position women as sexually passive, and men as

sexually active.(60) For gay and bisexual men, interest in sexually transmissible infection and human immunodeficiency virus prevention may be due to longstanding awareness about the human immunodeficiency virus epidemic that caused devastation for gay and bisexual male communities in the 1980s, and the continued strong community focus and advocacy on human immunodeficiency virus prevention, and sexually transmissible infection prevention that continues today.(61)

Young men, young women and trans and gender diverse youth all noted wanting a better understanding of consent, and a better awareness that they had a right to say no. This may be in part due to increased visibility and awareness of sexual violence and assault as articulated in developing political movements such as #metoo, and is aligned with qualitative findings from SSASH 2018 (14) as well as other studies that explored experiences of sexual health knowledge.(29,46)

Trusting and evaluating information

In response to RQ3 (*What do trust and credibility mean for young people seeking sexual health information, and how do they evaluate it?*) we explore below how young people assess and evaluate sexual health information. As all participants cited the internet as their primary source of information, the findings for this research question are specific to internet sources. However, they also provide context as to when young people might engage friends, family or general practitioners.

Below we explore:

- Trust in information
- Assessing sources
- Accessibility and care

Trust in information

The ways in which young people evaluated and developed trust in particular sources of sexual health information were dependent on context. Key factors in this process were: the kind of information sought (or the question asked), the kind of information considered valid or important (medical vs. lived experience), and demographic and identity issues such as gender identity and/or sexual orientation. For information on physical states and processes, government or organisation website domains (i.e. .gov or .org) were deemed credible and trustworthy, the perception being that these use reliable medical sources and focus on facts, and are written by doctors or sexual health experts. For information on relationships, or consent and sexual practices, forum-based websites such as Reddit, or question-and-answer websites such as Ask.com and Quora were deemed more appropriate, as they enable young people to explore a diversity of experiences.

[For sexual health information, I would use] websites that are, for example .org, .gov etc., ones that are backed up through medical practitioners, things like that. I do still read [personal] accounts from people to get the personal side of things as well, but often when I'm looking for fact, I go for medical profession[als]. (Edward, trans

man/trans masc, gay, 18, video chat)

A number of participants paid particular attention to language, especially if the content was concerned with medical sexual health questions, noting language that was professional indicated the source was more trustworthy than language that was colloquial or too 'everyday' in nature.

I would probably look at references or who wrote the article, or, like, the level of, like, the language that's being used would kind of persuade me to think one way or the other about the credibility of the information. (Zander, man, straight, 20, audio chat)

Trans and gender diverse and lesbian, gay and bisexual+ participants noted that they were more likely to trust a sexual health website that had strong sexuality and gender diverse content, even if it was not a .gov or .org or regarded as credible, on the basis that it would have a better understanding of their unique needs than websites that focussed primarily on heterosexual relations (i.e. penile-vaginal intercourse).

I'd probably choose a LGBT [lesbian, gay, bisexual, trans] site over a government site. There have been times when I've looked for information before, and the whole premise behind the information that they were giving was quite outdated. (Ted, man, bisexual, 19, audio chat)

Young men and women also noted that they did not necessarily trust the information from the internet, friends or parents, and would often crosscheck the information received with online sources or their general practitioner.

Yeah, well it really depends on the sources, like if my mum's telling me one thing, the internet's telling me another thing, and a [general practitioner] is telling me a third thing, then I'm just going to trust the [general practitioner], because they went to school for 12 years or however long it takes to be a [general practitioner]. (Luke, man, straight, 19, video chat)

Assessing sources

While young people all cited the internet as their main source of sexual health information, they also noted that it was not as trustworthy as information received from a general practitioner. This finding was also noted in SSASH 2018. (14) Many participants used the phrase 'a pinch of salt' or similar (approaching with scepticism) when considering the veracity of information, indicating that they recognised that using the internet for sexual health information required them to think more carefully about what they read.

Yeah, I would say it's a lot more challenging to find cited resources that you could trust. I'd still have to like double-check against different, like, forums or websites. (Zander, man, straight, 20, audio chat)

Definitely government health websites, because I know that they have to be checked [...] so I wouldn't go and use Wikipedia because I know that anyone can edit that and it's not that reliable. (Hailey, woman, straight, 19, audio chat)

As mentioned previously, while young people prioritised websites that were government based or written by doctors and referenced with medical sources, they also searched for similar answers across websites to determine reliability.

When I look for something, I look at a lot of the articles or topics. The reputability comes into [it], but the more reputable, the more salt I take it with. If I were to find a not-reputable article that I was reading, I wouldn't take much stock into it, but if I were to find two reputable articles saying the same thing, I would take more into it. Like, I take multiple accounts before coming to any thoughts or decisions. (Abby, trans woman, pansexual, 21, video chat)

Others noted that if they still felt unsure, they would then take the step to check with their parents if comfortable to do so, or with their general practitioners.

Ooh, I guess it sort of depends on what it is. Like, if it was something health related and there was a lot of different sources, then I would, you know, go and see my general practitioner in person to properly discuss it. (Noel, man, gay, 20, audio chat)

That said, some participants noted that they sometimes turned to sources that might be regarded as less credible, because they answered questions or articulated lived experience not available, or discounted, in medical studies.

I've gotten a mix of both scientific and personal experiences with sexual knowledge [...] With the menstrual cup, sometimes if I urinate, it can actually fill up with urine, and if I looked on a scientific website, that said scientifically this is impossible, there is no connection between the urethra and the cervix ... but then I've looked it up on things like Reddit and there's been a lot of other women that have had instances of experiencing the same thing, and it's, like, okay I'm not losing my mind, that it must be possible. (Katie, woman, bisexual, 19, audio chat)

Participants also noted they often needed to rely more on 'lived experience' information, as it took into account the diversity sometimes absent from supposedly 'objective' information such as that found on medical websites.

Things like stories and experiences about pregnancy and childbirth, I would rather read lived experiences, because, yes, there's a basic scientific explanation for what happens during labour, but everyone's experience is different. (Carrie, woman, bisexual, 19, instant messaging)

Others noted avoiding sites that covered all possibilities, such as WebMD, which many participants avoided as they did not want to alarm themselves by misidentifying what they were experiencing as much more serious than it actually was.

Healthline I think I go on a bit, WebMD just makes me scared so I don't like to go on that, because they're always, like, you've got cancer or something

bad (Jennifer, woman, straight, 19, video chat)

Some participants, especially lesbian, gay, and bisexual+ and trans and gender diverse, noted needing to 'piece together' various sources both credible and not credible, to find the information they needed.

[If] it is difficult to find it, I often just go with a mix of female and trans male information, and I do find that by using the two of them, I can find things to help. (Leslie, genderqueer, lesbian/gay, 19, instant messaging)

Lastly, some described relying on 'gut feelings' to assess information where other avenues of evaluation failed, saying that for them, the information needed to 'feel' like it was correct.

If it's something that I feel like, if it makes sense to me, if what they're saying makes sense with how they're saying it, I'd be, like, okay, that's fair enough, but if, like, oh, I'm not too sure how that works, that's when I will do a bit further of the digging, whether it's on the topic or on the website. (Ottis, man, straight, 18, audio chat)

Accessibility and care

As noted earlier, sources such as the internet were preferred, and yet not trusted as widely as medical sources such as general practitioners or sexual health workers. Private and confidential access was more important than credibility if it required face-to-face or otherwise public interaction.

I guess just that stuff I feel more comfortable looking [at] online, as I just like to have my privacy around it. (Otis, man, straight, 18, audio chat)

I think the ability to anonymously search a question is the aspect I appreciate the most, as I don't have to ask anyone face to face. (Kayla, woman, bisexual, 19, instant messaging)

Importantly, however, many young people still expressed a desire for engagement with another person when investigating

sexual health issues. Many spoke about the virtues of community forums, anonymous question websites, and chat platforms that enabled them to engage in a dialogue with one or more people, without compromising privacy and confidentiality.

Sometimes I'll actively seek out people who have a similar experience to me and see how their experience turned out. This can give me the reassurance it's going to be alright, or maybe be the prompt for me to do something about it. (Taylor, man, straight, 18, instant messaging)

Indeed, as some participants noted, seeking sexual health information was sometimes not merely about getting the right answers, but also about looking for support, reassurance or care.

Summary

This study found that young people made distinctions between questions that related to physical or medical sexual health and questions about relationships, consent, and sexual practices and lived experience. In some cases, these would overlap, such as in lived experiences of birth control side effects. As highlighted above, the majority of participants used the internet as their main source of information, whichever kind of question was being pursued and, as such, it was also the source they used for assessing trustworthiness and reliability. While general practitioners were regarded as the most trustworthy sources of information, they were not considered easy enough to access, due to the reasons highlighted in 'Sources of sexual health information'.

Studies have noted that peer-led sexual health programs can be effective sources of knowledge.⁽³¹⁾ However, our study found peers were not wholly trusted. Young people did not feel that their peers had any more knowledge (for the most part) than themselves. Rather, trust development was marked by whether or not someone was connected to a doctor or sexual health expert. Engaging with peers was less about *trust in the information itself*, and more about *trust in being able to talk about sex and sexuality without embarrassment, fear, judgement, or ridicule*. These issues highlight the

importance of the internet, its accessibility, and why young people gravitate towards it. While participants did not necessarily consider the internet to be as trustworthy as a general practitioner or sexual health worker (discussed below), it was the most accessible and likely to offer reassurance, care and support. These capacities were more important to participants than the credibility and trustworthiness of the information itself, but only because participants often engaged in a process of triangulation to assess trustworthiness.

Examined at another level, evident in the data there were also some clear differences between the kinds of information considered the most trustworthy, depending on whether the participant was focussed on positivist and objectivist approaches to knowledge ('I just want the facts') or was more oriented to understandings of the truth based on experience and perception, seeking to identify shared realities, reassurance and diversity ('I want to find out more about these issues and experiences'). While some young people said their sense of trust was based on whether or not sources had a medical or 'objective' framing, others were wary of this approach, particularly the young women and trans and gender diverse and lesbian, gay and bisexual+ participants, as they identified 'mainstream' 'objective' medical sexual health information as often heteronormative or heterosexist in nature, and neglectful of diverse genders, sexes and sexualities.

Related to this, the study found that young people often view sources with some degree of caution, distrust or scepticism (with 'a pinch of salt'). Research suggests this may be in part due to moralising reflexes that drive certain sexual health initiatives and may have framed first encounters to sexual health information and adolescent sexuality.(32,61) These often engage in shaming, abstinence-based strategies, or alternatively confine themselves to highly biological and medical accounts that simultaneously distance young people and present themselves as the sole source of information of value.(29,46) As studies of young people and their experiences of relationships and sexuality education have found, such approaches are common in relationships and sexuality education

delivery in school settings (29,46), and many young people consider them detrimental to their acquisition of credible sexual health knowledge.(14,29,46) As Fisher et al. (14) note, some young people in Australia reported seeing relationships and sexuality education messaging as intending to 'hide' the real truth from them, leading them to seek it elsewhere.

Overall, this study found a high level of stated trust in general practitioners for physical and sexual health information, but use of their services was limited. This may be because related information that is of an emotional nature or may have ties to emotional issues (such as mental health) or controversial practices (i.e. some kinds of substance use, or sexual practice) is not seen to be suitable for general practitioner consultation.(63-65) Additionally, several studies have identified a preference among young people for being asked about sexual health, rather than having to initiate the conversation themselves.(22,66-69) Participants also commonly described wanting general practitioner environments to be positive, friendly, and not shaming or critical.(66-70) That said, some studies have also found that general practitioners report anxiety and uncertainty about how to engage young people appropriately on controversial or sensitive topics, including substance use, sexual health, and mental health.(71,72) Indeed, some research has even noted that general practitioners do not feel it is appropriate, or in some cases in line with their ethical duty as doctors, to discuss potential causes of concern, such as sexual health needs, unless the patient raises it.(73,74)



Sexual health resources for young people

In response to RQ4 (*How can accurate, reliable information be targeted to young people most effectively?*) our study found participants cited websites and mobile apps as their main sources of sexual health information. Below we report what young people said makes up a good sexual health resource for them.

According to participants in this study, websites provided the most accessibility, anonymity and confidentiality in accessing sexual health information. This finding echoes those of other studies, which also found preferences for internet resources that enable confidentiality. (22,30) Additionally, those favoured were supported by government, university/ research, or not-for-profit sexual health organisations.

I'd like to see at least a government-funded site with university research backing it. (Taylor, man, straight, 18, instant messaging)

It would clearly be contributed to by

people knowledgeable on the topic, be easy to understand and would show up in a Google search. (Jake, man, gay, 18, instant messaging)

Young people explained that access to a range of information and experiences was important to assist them in their decisions about sexual health, and pointed out that a one-size-fits-all approach was not appropriate as it did not recognise the diversity of sex, sexuality, gender, and sexual health experiences.

Definitely a whole range, I reckon it should cover almost every corner of what's okay, what's not okay, what to do in different situations, and all that stuff, I guess. (Ottis, man, straight, 18, audio chat)

Probably a website that had a forum, where you could seek answers from both the general public and sexual health and medical professionals. (Viraj, man, straight, 18, audio chat)

Information that was interactive and enabled young people to access sexual health experts and general practitioners in a confidential manner was vital.

If [general practitioners] were more readily available and weren't so expensive and, like, it wasn't such a hassle, I would definitely go to the [general practitioners]. (Ashley, woman, straight, 18, audio chat)

Probably an interactive website would possibly be best with, like, stuff you can leave comments on, yeah, preferably with health professionals, like, kind of acting as moderators and answering questions and stuff. (Edward, trans man, gay, 19, video chat)

Additionally, participants said that websites need to look professional, with muted colour schemes and language that balanced being professional with being everyday enough to be easy to understand.



I think, like I said earlier, layperson terms are fantastic; I think I would keep the medical stuff as medical as necessary, but I also wouldn't have a problem with that being, you know, sort of brought down so that people could readily access that too. (Jessica, woman, bisexual, 18, video chat)

Websites such as SHINE SA, menstruation tracking apps such as Flo and Eve, and even online magazines such as Teen Vogue and social media platforms such as Snapchat were listed as potentially ideal sources of sexual health information, as they enabled interactive content.

Snapchat, they have those stories, and it's, like, they cover different topics and things, and they ask people questions, and they ask what their opinion is, or things like that. Or it has, like, articles where they ask the doctors different questions and they give their opinion on different things and you can find out information that way. (Blake, woman, straight, 18, video chat)

Summary

The popularity of websites and apps as preferred sources of sexual health information is unsurprising given the internet is the primary source of sexual health information cited by young people in our study. In line with many other studies about relationships and sexuality education in schools (see [29] for a review), young people in this study indicated a need for a range of content from medical details of reproduction and puberty, and prevention of sexually transmissible infections, blood-borne viruses, and pregnancy, to questions around sexuality, gender identity, relationships, sexual practices, pleasure, and consent. Additionally, they also indicated a need for interactive content and/or the ability to engage in a dialogue with others to facilitate experiences of care, reassurance, shared experiences, and support (18,19) without the judgement, stigma or embarrassment of face-to-face interaction could include.

Examples given for creating the appropriate balance between connection and safety, the need for interaction and privacy and confidentiality included

presenting case studies involving young people, asynchronous options such as expert-moderated question and answer forums that enable interaction with peers, and private synchronous text chat options with experts such as doctors and sexual health workers. Additionally, young people also noted that even though they preferred to access information confidentially and privately, those who experienced poor relationships and sexuality education still wanted more comprehensive relationships and sexuality information in school programs. This finding is common across the literature (29,46) and has been recommended in previous studies exploring young people and relationships and sexuality education.(14,29,46,75,76) Participants also indicated that such programs could better link young people to online sexual resources for more information if relationships and sexuality education curriculum did not have the capacity to cover all necessary content.

Recommendations

In the *Fourth National Sexually Transmissible Infections Strategy 2018-2022* (1), one of the priority areas for action is the implementation of initiatives to support sexual health and address stigma in relation to sexual health. Young people are cited here as a priority population (p18). Based on the findings of this study, a number of recommendations can be made to inform such initiatives. If implemented, these recommendations have the potential to improve access to sexual health information for young people, as well as the quality and breadth of that information. The recommendations are listed as follows: 1) near-term recommendations, 2) medium-term recommendations, and 3) long-term recommendations.

1. Near-term recommendations

1.1 Access to confidential sexual health information via interactive media should be improved

Privacy and confidentiality are vital to young people in accessing sexual health information. They choose methods to protect privacy even if the information made available is felt to be less reliable. However, they also articulate a need for content to be interactive. Websites that enable interaction, such as through question and answer or community forums, or chat-based services, are thus regarded highly by participants. *The Fourth National Sexually Transmissible Infections Strategy 2018-2022* asks that 'a sustained effort is made to engage with each generation using approaches that address these risks and barriers and to provide young people with services which are acceptable to them and meet their needs' (1 p20). Our findings indicate access to credible and reliable information while also enabling privacy and confidentiality. As suggested by participants, it would be beneficial to have a website or mobile app resource that combines credible information overseen by sexual health experts and counsellors working in sexual health and wellbeing, with access to some kind of dialogue or interactive content. Given online resources are already numerous, a website and companion app that collates vetted websites may be the most useful innovation in this context. The focus would be on leveraging the high-quality material/websites/platforms already available, including websites produced by organisations local to young people. It would make finding reliable sources of information on a given topic easier for young people and allow them to compare sources. Adapting a location-specific resource to allow online consultation with suitable experts via a question and answer forum or confidential web chat may be more useful than developing an entirely new resource.

1.2 Additional programs and educational materials should be made available to assist teachers and other staff in schools to effectively support young women and young trans and gender diverse people who experience menstruation

While not directly related to acquiring sexual health information online, the need for better information and support relating to menstruation came up consistently for young women and young trans and gender diverse people who experience menstruation. Expressed needs include providing greater access to facilities to dispose of hygiene products, reducing surveillance on those who may need to utilise the toilets during class to change hygiene products, and providing alternative sports and recreation options. This also requires teachers and professional staff to be trained to support young women and trans and gender diverse people who experience menstruation in these matters, as well as addressing the shaming and stigmatisation of periods that frame these experiences. While a number of resources are currently available that may be useful in this regard, they may require additional review to ensure they are meeting the needs of these groups. This may require organisational vetting, and new resources may be needed. More generally, we recommend that resources are developed, promoted and adopted by teachers as part of relationships and sexuality education, and their use is encouraged to better support young women and young trans and gender diverse people who experience menstruation in schools.

1.3 Additional programs and educational materials are required that specifically target young heterosexual men and their sexual health needs

Young heterosexual men in this study gave diverse responses on questions about their sexual health knowledge. Some articulated strong confidence in their sexual health knowledge (while we know from research important gaps are common), while others articulated a desire to gain further knowledge but did not quite know how to do so. In both cases, targeted support for improving knowledge is warranted. Programs that focus specifically on young men's sexual health concerns – such as prostate and testicular cancer; signs and symptoms of sexually transmissible diseases and blood-borne virus infections; infertility; and discussions about normality, changes to or appearance of the body – are necessary and may benefit many young heterosexual men. As noted both in the study and the literature more broadly, social and health concerns continue to be gendered; for example, 'responsibility' for pregnancy prevention continues to fall on young women.(22,26) Programs that articulate the responsibility that young heterosexual men also have in preventing pregnancy may be beneficial in supporting gender equity. Some young heterosexual men also expressed a desire for greater understanding of sexual consent practices. This suggests programs for young heterosexual men should include content on how to communicate desire with partners and ensure activities are consensual.

2. Medium-term recommendations

2.1 Additional programs and educational materials should be developed that explore multiple aspects of sexual health and promote gender and sexual equity and diversity

Programs need to be much more comprehensive and cover a wide range of sexual health matters, and include material supporting diverse genders and sexualities.(29,46) Such material exists in current relationships and sexuality education curriculum (75,76), but its implementation is not consistent for all young Australians.(14) Additionally, more attention needs to be paid to supporting young people if they do encounter an issue with their health. For example, as a few of our young women participants note, menstrual issues such as extremely heavy and painful periods were not discussed in their health classes. While this is not necessarily the reason they did not seek out support for their menstrual concerns until they were older, such information must be included if equity in the provision of information is to be achieved. This issue is particularly important as causes of heavy and painful periods – such as endometriosis, adenomyosis, von Willebrand disease, polycystic ovarian syndrome, and even conditions such as hypothyroidism – can severely impact on fertility and quality of life. As stated previously in 1.2, greater use of resources supporting young people who experience menstruation should be promoted.

2.2 Peer-led sexual health interventions should more carefully distinguish between the role of 'friends' and 'peers' as sources of sexual health information

Research indicates the value of peer-led sexual health interventions.(31) Peers and friends are often conflated in the literature, however, potentially confusing effects(16) More careful consideration is needed in framing the category of friends (18,19) and its utility as a source of sexual health information. In this study, young people described having conversations about sex with their friends, but did not necessarily turn to friends for sexual health information. Peers were not a consideration. 'Friends' require pre-established relationships and friendships, whereas 'peers' may be anyone of a similar age. This distinction is important. This is not to suggest that friends are not valuable sources of sexual health knowledge, nor that experiences of engaging with peers should be dismissed (18,19); rather, that the issue is complex. Peer-led interventions need to consider carefully how they approach the role of 'friends' and 'peers' in sexual health information access and provision, and recognise that this role may be less about accessing credible information and more about opportunities to share experiences and find support and reassurance. Given the documented high levels of information (or advice) seeking among friends (14), peer-led sexual health interventions should be implemented but developed with these issues and distinctions in mind.



2.3 More comprehensive support should be provided for secondary school students to develop skill sets to assess sources of sexual health information

While participants in this study demonstrated strong skills in assessing

sources of sexual health information, often using a triangulation technique, it is important to note that most participants (81%) were attending university, and could be expected to have developed additional critical and research skills that influenced their information-seeking activities and their responses to this study's questions. In light of this, the study's findings might not reflect the views and practices of other, non-tertiary educated, young people. Given

sexual health information found in online or other resources is not always reliable, and effective interpretation requires such skills, we recommend relationships and sexuality education include a targeted research component that supports young people in developing skills to assess sexual health information prior to leaving secondary schooling.

3. Longer-term recommendations

3.1 Frameworks of positivity, care, support and reassurance should be prioritised in developing and disseminating information about sexual health for young people

Key for participants in this study was the capacity to access information in a way that is supportive and caring, does not shame or judge them, and provides reassurance about their sexual interests, and their bodies where appropriate. Programs and resources should be designed with this in mind. A caring, reassuring and supportive environment on sensitive topics such as sexual health can be highly beneficial, indeed this is what young people are actively searching for when they look up sexual health information. This has already been noted in research on positive experiences of relationships and sexuality education in schools.(29,46,75,76) Incorporating a guiding framework of positivity, care, support and reassurance into national, state and territory curriculum policies and pedagogy, as well as across public and sexual health programs and services, is required to address the needs articulated by young people.

3.2 Medical and other environments in which young people seek sexual health information should take a positive and supportive approach, actively aiming to reduce shame and avoid judgement or the communication of stigma

Young people indicate a desire to engage more with general practitioners on sexual health issues. This is in part due to general practitioner consultations allowing interactive dialogue. However, they cited a number of barriers to being able to do so. These include access to reliable transportation to get to the general practitioner, time lags between needing to see a general practitioner and getting an appointment, financial costs, ability to see a general practitioner without their parents knowing, and access to a general practitioner that is not judgemental. These observations suggest further training is needed if general practitioners are to work effectively with young people and support their needs.

This approach has been successful in other areas, such as in training general practitioners to work effectively with sexual and gender minority patients, so that patients do not feel the need to 'educate' doctors about their specific needs and concerns.(77) It is important to note, however, that such training also needs to take into account general practitioner concerns about working with young people.(72-74). One way to achieve this would be to train doctors in how to support young people to talk about sensitive issues such as sexual health, perhaps utilising an approach that positions young people as having the capacity to learn how to engage in sexual practices while minimising risk and harm (see [78] for a comparative approach regarding men's use of performance- and image-enhancing drugs and engaging with doctors). This model allows for exchange of information between patients and doctors (79), rather than doctors feeling

they need to 'preach' to young people. (71) Policy and funding supporting further training for general practitioners to have conversations with young people about sexual health, without concern about causing offence or crossing a line (73) appears to be needed.

Summary

This study explored what sources of sexual health young people use and why, how young people use and assess sexual health information, and what makes an effective resource for young people. Knowing who or what young people trust in accessing sexual health information, and how they come to trust particular sources, is critical to developing effective prevention education and other initiatives. Research on these issues has the capacity to help improve knowledge and awareness of healthy relationships and sexual health more broadly.

Using a qualitative interview-based method, this study found that young people primarily rely on the internet for sexual health information as it offers confidentiality and privacy, diversity of information and easy accessibility. Young people engaged in a range of practices to assess whether online information was credible and reliable. However, gender differences regarding the kinds of sexual health information sought were apparent, and the availability of credible and positive knowledge on different issues was not necessarily consistent. Additionally, the majority of the participants were undergoing tertiary education. Knowledge evaluation and assessment of trustworthiness may be directly affected by access to education.

Young people may appear to be proficient in their search for sexual health information due to their engagements with tertiary education. This may also be a result of growing up with access to digital technologies and digital literacy. Overall, young people articulated a preference for information that was not only confidential but also allowed engagement in caring, positive, and reassuring interactive dialogue.





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Appendix A: Interview schedule

Background

- a. Can you tell me a little bit about yourself?

Sources of information

- a. Who/what do you go to for sexual health information?
 - i. What have your experiences been like in accessing these sources?
- b. Did you experience sex education at primary or secondary school?
 - i. If yes, can you tell me a bit about your experience?

Sexual health knowledge

- a. How would you rate or describe your knowledge of sexual health information?
- b. What kind of sexual health information do you feel most comfortable or confident about?
- c. What kind of sexual health information are you not sure about, or looking to gather more information on?

Trust in information

- a. What kind of sources of sexual health information are you most comfortable accessing? What kind of sources of sexual health information are you least comfortable accessing?
 - i. Why?
- b. How do you determine whether a source of sexual health information is reliable?
- c. Do you use sources that are less credible over those that you view as more?
 - i. Why or why not?
- d. How do you make choices about conflicting sources of information on a particular topic (i.e. give examples if unclear)
- e. What kinds of obstacles do you experience in trying to access credible sexual health information?

What young people want

- a. What are some positive examples of sexual health information that you thought were effective, or met your needs?
- b. What are some negative examples of sexual health information that you thought were ineffective, or didn't meet your needs?
- c. What did you wish you knew before engaging in sexual activity?
- d. If you could design an effective source of sexual health information, what would that look like (i.e. what would the source be, how would you access it, etc.)

End of interview

- a. This project aims to find out about young people and their sources of sexual health information. With that in mind, is there anything we haven't yet discussed that you think is relevant to this project?

Appendix B:

Recruitment advertisement

SPECIAL CALL FOR
TRANS AND GENDER DIVERSE
PARTICIPANTS

Young People and Sexual Health Information

CONTACT
A.WALING@LATROBE.EDU.AU

We are recruiting participants to participate in an interview of approximately one hour in length as part of a study funded by the Commonwealth Department of Health (La Trobe University Ethics Reference Number HEC20004).

We are looking to discuss how you might access sexual health information, and what obstacles you might face in getting the information that you need.

Participants for this study need to be between 18 and 21, provide proof of age, and currently reside in Australia. They can do a phone call, video or audio chat, or IM messaging interview.

We are particularly interested in interviewing trans and gender diverse people. We have a wonderful response already from young cis men and cis women but do have a few spots available for these groups.

Participants will be provided a \$25 Coles gift card as a thank you for their time.

To find out more, express your interest in participating, or pass on any concerns, please email us at a.waling@latrobe.edu.au.

Appendix C: Demographic characteristics of participants

Table 1 Characteristics of participants (N = 37)

| | n | %* | | n | %* |
|--------------------------------|----|-----|--------------------------------|----|-----|
| Age | | | Assigned sex at birth | | |
| 18 | 13 | 35% | Male | 19 | 51% |
| 19 | 15 | 41% | Female | 18 | 49% |
| 20 | 7 | 19% | Completed education | | |
| 21 | 2 | 5% | Primary school | 2 | 5% |
| Assigned sex at birth | | | Secondary school | 33 | 89% |
| Male | 19 | 51% | TAFE | 1 | 3% |
| Female | 18 | 49% | Bachelor's degree | 1 | 3% |
| Completed education | | | Country of birth | | |
| Primary school | 2 | 5% | Australia | 25 | 68% |
| Secondary school | 33 | 89% | India | 2 | 5% |
| TAFE | 1 | 3% | Malaysia | 2 | 5% |
| Bachelor's degree | 1 | 3% | South Africa | 2 | 5% |
| Country of birth | | | Bosnia and Herzegovina | 1 | 3% |
| Australia | 25 | 68% | Indonesia | 1 | 3% |
| India | 2 | 5% | Kyrgyzstan | 1 | 3% |
| Malaysia | 2 | 5% | New Zealand | 1 | 3% |
| South Africa | 2 | 5% | Singapore | 1 | 3% |
| Bosnia and Herzegovina | 1 | 3% | United Kingdom | 1 | 3% |
| Indonesia | 1 | 3% | Employment/study status | | |
| Kyrgyzstan | 1 | 3% | University student | 30 | 8% |
| New Zealand | 1 | 3% | Secondary school student | 4 | 11% |
| Singapore | 1 | 3% | Unemployed | 2 | 5% |
| United Kingdom | 1 | 3% | Employed | 1 | 3% |
| Employment/study status | | | Ethnicity** | | |
| University student | 30 | 8% | Anglo-Celtic | 19 | 51% |
| Secondary school student | 4 | 11% | North-West European | 4 | 11% |
| Unemployed | 2 | 5% | Southern and Central Asian | 4 | 11% |
| Employed | 1 | 3% | Southern and Eastern European | 3 | 8% |
| Ethnicity** | | | Southern and East African | 2 | 5% |
| Anglo-Celtic | 19 | 51% | Housing status | | |
| North-West European | 4 | 11% | With parents | 30 | 81% |
| Southern and Central Asian | 4 | 11% | Shared accommodation | 2 | 5% |
| Southern and Eastern European | 3 | 8% | University residence | 2 | 5% |
| Southern and East African | 2 | 5% | With partner | 2 | 5% |
| Housing status | | | On own | 1 | 3% |
| With parents | 30 | 81% | Relationship status | | |
| Shared accommodation | 2 | 5% | Relationship | 20 | 54% |
| University residence | 2 | 5% | Single | 15 | 41% |
| With partner | 2 | 5% | Casually dating | 2 | 5% |
| On own | 1 | 3% | Relationship style | | |
| Relationship status | | | Monogamous | 32 | 86% |
| Relationship | 20 | 54% | Either | 4 | 11% |
| Single | 15 | 41% | Polyamorous | 1 | 3% |
| Casually dating | 2 | 5% | Religion | | |
| Relationship style | | | Not religious | 21 | 57% |
| Monogamous | 32 | 86% | Christian | 5 | 14% |
| Either | 4 | 11% | Catholic | 3 | 8% |
| Polyamorous | 1 | 3% | Agonistic | 2 | 5% |
| Religion | | | Hindu | 2 | 5% |
| Not religious | 21 | 57% | Atheist | 1 | 3% |
| Christian | 5 | 14% | Buddhist | 1 | 3% |
| Catholic | 3 | 8% | Orthodox Christian | 1 | 3% |
| Agonistic | 2 | 5% | Pagan | 1 | 3% |
| Hindu | 2 | 5% | Residential location | | |
| Atheist | 1 | 3% | Capital/inner suburban | 9 | 24% |
| Buddhist | 1 | 3% | Outer suburban | 18 | 49% |
| Orthodox Christian | 1 | 3% | Regional | 8 | 22% |
| Pagan | 1 | 3% | Rural | 2 | 5% |
| Residential location | | | | | |
| Capital/inner suburban | 9 | 24% | | | |
| Outer suburban | 18 | 49% | | | |
| Regional | 8 | 22% | | | |
| Rural | 2 | 5% | | | |

Table 1 Characteristics of participants (N = 37)

| | n | %* |
|---|----|-----|
| Secondary school type*** | | |
| Government schools | 20 | 54% |
| Other private schools | 11 | 30% |
| Religious-based schools | 6 | 16% |
| Self-identified gender identity**** | | |
| Man | 17 | 46% |
| Woman | 15 | 41% |
| Trans woman | 2 | 5% |
| Genderqueer | 1 | 3% |
| Non binary | 1 | 3% |
| Trans man | 1 | 3% |
| Self-identified sexual orientation**** | | |
| Heterosexual or straight | 22 | 59% |
| Bisexual | 8 | 22% |
| Gay or lesbian | 5 | 14% |
| Pansexual | 2 | 5% |
| State/territory | | |
| Victoria (VIC) | 17 | 46% |
| New South Wales (NSW) | 10 | 27% |
| Queensland (QLD) | 5 | 14% |
| South Australia (SA) | 3 | 8% |
| Tasmania (TAS) | 1 | 3% |
| Western Australia (WA) | 1 | 3% |

*Percentages may not total 100 due to rounding.

**Ethnicity is reported following the Australian Standard Classification of Cultural and Ethnic Groups, developed by the Australian Bureau of Statistics. Cultural and ethnic background was classified according to a combination of self-reported group identification with cultural or ethnic groups, participants' birthplace and their parents' birthplaces.

***School types reported are based on participant self-descriptions of their secondary schools.

****Gender and sexual orientation have been reported based on participants' self-selected terms.

Appendix D: Interview eligibility screening questionnaire

Brief: Please be assured that all information you provide will be stored in a private and secure location and/or deleted on completion of the study. You do not have to answer any question that you do not feel comfortable answering.

Are you an Australian resident?

- No
 Yes

What is your age?

- 18 20
 19 21

How do you describe your sexuality?

- Gay Queer Other (please describe)
 Lesbian Pansexual
 Bisexual Straight or heterosexual

How do you describe your gender?

- Male Trans male / trans man Agender
 Female Genderqueer Other (please describe)
 Trans female / trans woman Bi queer

What sex were you assigned at birth (on your original birth certificate)?

- Male Female

Were you born with intersex variation/s?

- No Yes

Which state do you live in?

- NSW WA ACT
 QLD TAS SA
 VIC NT

Are you of Aboriginal or Torres Strait Islander origin?

- No Yes, Torres Strait Islander
 Yes, Aboriginal Yes, both

What is your ethnic/cultural background? _____

In which country were you born? _____

How would you describe the area in which you live?

- Capital city or inner suburban Regional (pop. 5,000 or more) Remote
 Suburban Rural

What is your postcode?

Contact

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