“The hardest part is the stigma and my lack of information”: Exploring HIV (testing) literacy of gender variant/sexually diverse young people

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Introduction

- Traditional approaches to HIV prevention, including HIV testing, tend to target discrete at risk populations, such as gay, bisexual and other MSM, but do not speak to an increasing number of young people who are rejecting dominant labels of sexual and gender identity.
- Effort is required to support Gender Variant and Sexually Diverse Young People (GVSDYP) with sexual health literacy, negotiating safer sexual practices and accessing appropriate sexual health services.
- Examination of the sexual health literacy and practices of GVSDYP is needed to articulate lived experiences and contexts to inform innovative, nuanced and effective sexual health prevention and care[1].

Methods

- Sexual health with Young Queer People in Queensland (SHYQQ) is a co-designed participatory project with GVSDYP.
- Peer researchers conducted qualitative longitudinal in-depth interviews with 40 GVSDYP aged 16-24
- Interviews captured detailed understandings and practices in relation to: sexual negotiation, access to HIV/STIs information, testing, PrEP and sexual health services, personal communities of identities, and the role of technology and stigma. Thematic analysis was undertaken.

Participants

- Participants described complexity of identities and complex journeys leading to, and through, accessing health care services. GVSD identities influenced access to social networks, health care and support.
- Queer, Non-Binary were common overarching identities, though young people described multiple descriptions of identity (Figure 1).

Figure 1: Young peoples’ multiple descriptions of identity

Table 1: Young People Demographics	N = 40	N (%)
Age range	16-18	6 (15)
	19-20	14 (35)
	21-24	20(50)
Sexually active	Yes	36 (90)
	No	4 (10)
Partners in last 6 months	0	4 (10)
	1	17 (43)
	2-5	14 (35)
	6+	5 (13)
HIV Test	Yes	19 (48)
	No	14 (35)
	Unsure	7 (18)
STI Test	Yes	29 (73)
	No	11 (28

Findings

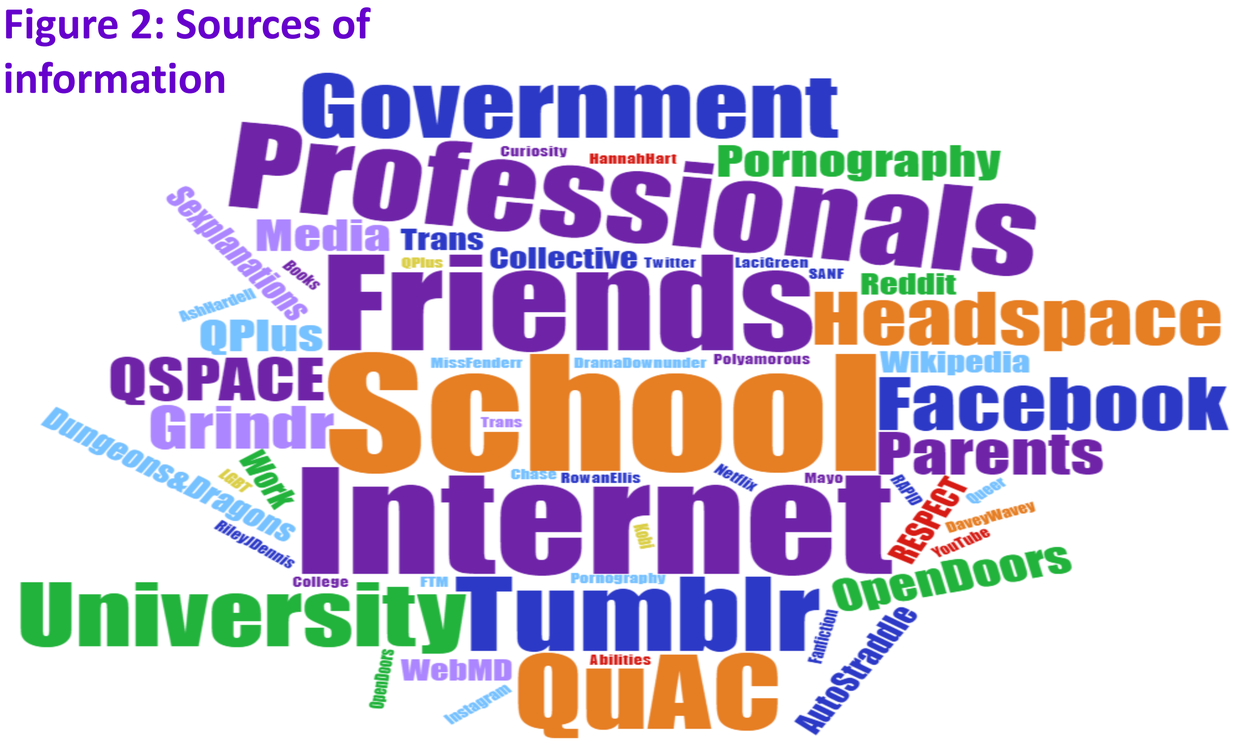
- Participants generally described poor sexual health literacy and drew on many avenues as sources of sexual health learning (Figure 2). They frequently described receiving inadequate sexual health information from school settings, family and health services.

being trans there's absolutely nothing, either you’re like lesbian or you’re gay, its completely focused on straight cis people and abstinence, that’s all they focus on at school

- Participants described the importance of informal ‘legitimate’ knowledge networks as forms of peer learning to share and support each other around sexual health literacy. These included friendship/sexual networks, ‘knowledgeable friends’ – friend/social networks linked into/ work in LGBTIQA+ (related) organisations, Social media (blogging, (closed) Facebook sites, Google. YouTube, Tumblr), Gaming culture, music, Fangirl culture, zines, TV programmes.

There’s this group I’m on, on Facebook, which is really big on sex and body positivity. So I’d probably go there because I know that they’d definitely have a lot of information

Figure 2: Sources of information



Discussion

- Sexual health literacy promotion must engage the realities, complexities and (sub) cultures of GVSDYP.
- Supportive GVSD peer networks and safe spaces for sexual health learning are vital to enhance sexual health literacy.
- Multiple online environments, including localised and wider settings are important for peer sexual health communication and learning.
- We need to better understand how online and offline social networks can be intertwined[2].
- Some young people are less well connected due to locality, cultural and/or socio-economic background. We need to find channels of sexual health communication for these young people
- The next stages of our research include working with young people to co-produce a localized social marketing product to enhance HIV literacy in young queer people in Queensland and to undertake further longitudinal interviews in regional/rural QLD

References

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