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Informing the Trending Sexual Health initiative:

Results from the 2017 Warming Up survey



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Data summary

- » The Warming Up survey was conducted in April 2017. Of the 603 participants recruited, 431 were eligible participants aged 16–29 years and living in Australia.
- » On average participants were 17.8 years old and the majority of them (58.3%) reported to be sexually active. The sample was diverse in terms of sexual orientation and included some transgender persons.
- » Almost all respondents knew that sexually transmissible infections (STIs) can affect anyone who is sexually active (93.0%) and that STIs could affect their health if left untreated (96.1%). A majority of participants (55.7%) knew that STIs were common among young people and 38.3% were aware that STIs are often symptom free.
- » Most participants felt that STIs could seriously affect their health (89.0%), and half (50.7%) believed they could contract an STI.
- » Most respondents agreed that they discussed what they like or would like to do with their sex partners (80.6% and 78.8%, respectively); a lower proportion of participants (54.1%) discussed how to prevent STIs.
- » A large proportion of participants believed that people their age should talk to their partners about STIs and sexual health (85.9%), use condoms with any new partner/s (92.0%) and test for STIs (81.5%)
- » Most participants believed that using condoms is a good thing (91.1%) and knew where to get condoms (87.2%). Lower proportions of respondents considered that using condoms is easy (60.0%) or that condoms are expensive (33.8%).
- » Participants generally felt that their best friends would encourage them to use condoms (69.0%) and 55.7% believed that their sexually active friends use condoms.
- » Most respondents perceived people their age who use condoms with new partners as smart (84.9%) and trustworthy (72.2%). Lower proportions of participants perceived these young people as attractive (40.6%), cool (39.9%) or popular (27.1%).
- » A majority of sexually active participants (57.0%) had sexual intercourse without a condom in the 12 months prior to the survey.
- » Large proportions of respondents thought testing for STIs is a good thing (92.5%). Less than half of participants (46.4%) knew where to get tested. A third of participants (32.7%) considered that testing for STIs is easy and 14.6% that testing for STIs is expensive.

- » Only 30.8% of participants felt that their best friends would encourage them to get tested for STIs and 21.0% believed that their sexually active friends have been tested for STIs.
- » Most respondents perceived people their age who have been tested for STIs as smart (75.7%) and trustworthy (61.5%). Lower proportions of participants perceived these young people as attractive (27.7%), cool (25.5%) or popular (19.1%).
- » Only 20.9% of the sexually active participants reported to have ever tested for STIs, including 10.0% one time and 10.9% several times. Intention to test for STIs in the next months was moderate among sexually active participants (mean score = 2.7, SD = 1.17, range 1-5).
- » Most participants (81.0%) had at least once noticed messages promoting condom use in the 12 months prior to the survey and 69.9% had at least once noticed messages promoting testing for STIs in that period. Substantial proportions of respondents had been exposed rarely or occasionally to sexual health promotion messages in the past year.
- » Of the participants who noticed sexual health promotion messages in the past year, 42.2% considered these messages relevant to them, 55.2% thought the messages increased their knowledge and 37.8% thought the messages increased their confidence.
- » The three most popular sexual health promotion websites reported by respondents were *ReachOut* (with 45.1% of the participants having heard of this online resource), *Safe Sex No Regrets* (17.3%), and *Get The Facts* (15.9%). Having heard of a website did not necessarily imply having visited this website.

Introduction

Warming Up is the first of a set of five studies aimed at informing the development and evaluation of a sexual health promotion initiative conducted nationally by Family Planning NSW, ACON Health Limited and the Centre for Social Research in Health at UNSW Sydney.

Called Trending Sexual Health (TSH), the initiative is aimed at increasing young people's engagement with sexual health, including motivating them to talk about sexual health, increase their condom use and test for sexually transmissible infections (STIs).

The present study objective is to provide the TSH initiative with baseline data and formative knowledge on the sexual health-related needs of young people in Australia. This includes insights into STI knowledge, perceived threat of STIs, attitudes and norms relating to sexual health, perceived barriers and facilitators of condom use and condomless sexual intercourse, barriers and facilitators of testing for STIs and actual uptake of testing, familiarity and engagement with sexual health promotion and major websites.

As it recruited participants from NSW as well as other Australian states and territories, Warming Up will complement data collected through the NSW periodic survey It's Your Love Life (IYLL). In addition to the indicators derived from IYLL, new questions have also been developed to explore subjective aspects that are important for the TSH initiative. Developing campaigns and activities aimed at 'trending sexual health' necessitates, for instance, to better assess what are the norms relating to sexual health among young people and how they perceive their peers who are using condoms or testing for STIs.

It is anticipated that the data presented in this report will contribute to informing the TSH intervention framework and provide a basis for future evaluation of its impact at the end of the project.

Methods

Design

Warming Up is a cross-sectional quantitative survey conducted online in April 2017. Participants were recruited through paid advertisements on Facebook targeting users aged 16-29 years and living in Australia. After clicking on the banner ads, Facebook and Instagram users were directed to a webpage providing information on the study objectives and conditions of participation. The webpage also provided access to the survey questionnaire. Participants provided online consent before starting the survey and only participants aged 16-29 years old and living in Australia were given access to the questionnaire. It took on average 21 minutes for participants to complete the survey.

Sample

A total of 5,357 individuals visited the introduction page of the survey and 603 (11.0%) started completing the questionnaire. Of these 603 participants, 431 were eligible for the present analyses.

On average eligible participants were 17.8 years old (median = 17 years, range = 16-29). Two thirds of these participants (66.1%) were female, 32.0% were male, 1.2% were female-to-male (FTM) transgender, 0.5% male-to-female (MTF) transgender and 0.2% intersex.

All states and territories were represented in the sample with largest proportions of participants originating from NSW (38.7%), Victoria (20.0%) and Queensland (14.2%).

Most participants (82.7%) were born in Australia and 6.1% reported to be of Aboriginal or Torres Strait Islander descent.

Of the sample, 71.3% self-identified as heterosexual and the other as lesbian, gay, bisexual, transgender or intersex (LGBTI).

A majority (58.3%) of participants in this sample had had oral, vaginal or anal sex with someone and will be referred to as 'sexually active participants'.

Measures

The survey instrument included 59 questions on participants' socio-demographic and lifestyle characteristics as well as: a) their knowledge of STIs (4 questions), b) perceived severity of STIs (2 questions), c) perceived risk of contracting an STI (2 questions), d) number of sex partners in their life time and in the past 12 months, e) ability to negotiate sexual interactions and discuss ways to prevent STIs (4 questions), f) views of what young

people should do to protect their sexual health (6 questions), g) perceived barriers to and facilitators of using condoms (4 questions), h) friends' opinions and practices regarding condom use (3 questions), i) views of other young people who use condoms with new partners (7 questions), j) frequency of condom use during vaginal or anal intercourse in the past 12 months (1 question), k) perceived barriers to and facilitators of testing for STIs (4 questions), l) friends' opinions and practices regarding testing for STIs (3 questions), m) views of other young people who have been tested for STIs (7 questions), n) testing for STIs and STI diagnoses (5 questions), o) exposure to messages promoting condom use and testing for STIs (2 questions), p) appreciation of the relevance and impact of sexual health promotion messages.

Questions in sets a, b, c, d, g, h, j, k, l, n, and o were derived from previous online research on sexual health among young people (Adam et al, 2017). Questions for sets e, f, i, m, and p were specifically developed for this study.

Data analyses

Descriptive analyses (frequencies or mean scores and standard deviation) were calculated to describe the data presented in this report.

Ethics

The study was approved by the Family Planning NSW Ethics Committee (R2016-08 Trending Sexual Health Evaluation).

Results

Knowledge of STIs

Participants were asked 4 questions aimed at assessing their knowledge of STIs (Table 1). A majority of participants (55.7%) knew that STIs were common among young people. Almost all participants (93.1%) knew that STIs can affect anyone who is sexually active or that STIs can affect people's health if they are left untreated (96.1%). Gaps in knowledge of STIs could however be identified. Only 38.3% of participants knew that most STIs have no symptoms.

Table 1 Proportion of participants holding correct knowledge of STIs

	True	False	Don't know
STIs are common among young people	55.7%	5.2%	39.1%
STIs can affect anyone who is sexually active	93.1%	4.3%	2.6%
Most STIs have no symptoms	38.3%	32.2%	29.6%
If left untreated STIs can affect your health	96.1%	0.9%	3.0%

Perceived severity of STIs

Almost all participants somewhat or strongly agreed with the statement that 'Getting an STI could seriously affect [their] health' (89.0%) and only a few participants (5.2%) somewhat or strongly agreed with the statement 'Getting a STI is no big deal' (Table 2).

Table 2 Participants' views of the severity of STIs

	Strongly disagree	Somewhat disagree	Undecided	Somewhat agree	Strongly agree
Getting an STI could seriously affect my health	1.3%	2.2%	7.5%	27.3%	61.7%
Getting an STI is no big deal	54.2%	29.1%	11.5%	4.8%	0.4%

Perceived risk of contracting an STI

Half of the participants (50.7%) somewhat or strongly agreed with the idea that they could get an STI and 11.0% somewhat or strongly agreed that they felt they were 'unlikely to get an STI' (Table 3).

Table 3 Participants' views of their risk of contracting an STI

	Strongly disagree	Somewhat disagree	Undecided	Somewhat agree	Strongly agree
I believe I could get an STI	8.7%	18.1%	21.6%	32.6%	18.1%
I feel that I'm unlikely to get an STI	59.0%	22.5%	7.5%	8.8%	2.2%

Numbers of sex partners

Half (54.7%) of the sexually active participants had 1 or 2 sex partners in their lifetime and three quarters (74.7%) had between 1 and 5 sex partners.

Only a minority of the sexually active participants (7.1%) had no sex partners in the past 12 months, half (50.6%) had only one sex partner in that period, 30% had between 2 and 5 sex partners and the remaining participants (12.4%) had 6 or more sex partners.

Most participants (70.5%) had at least one new sex partner in the past 12 months. Half of the time (54%) this new sex partner was a date that became a relationship.

Ability to negotiate in sexual interactions

Participants were asked about their ability to negotiate sexual matters during sexual interactions (Table 4). Most participants agreed that they discuss with their partner/s what they would like to do regarding sex (78.8%), ask their partners what they like regarding sex (80.6%) and almost all participants considered that they were able to change their mind and refuse sex (90.5%). Discussing the prevention of STIs was less frequent with only 54.1% of participants agreeing with the statement 'my partner/s and I discuss how we can prevent STIs'.

Table 4 Participants' ability to negotiate in sexual interactions and discuss the prevention of STIs

To what extent do you agree or disagree with the following statements regarding the way you interact with your sex partner/s?	Strongly disagree	Somewhat disagree	Undecided	Somewhat agree	Strongly agree
I discuss with my partner/s what I would like to do regarding sex	4.7%	8.2%	8.2%	39.4%	39.4%
Overall, ask my partner/s what they like regarding sex	2.4%	5.3%	11.8%	32.4%	48.2%
Even if I decided to have sex with someone, I am still able to change my mind/say no	0.6%	4.7%	4.1%	17.6%	72.9%
My partner/s and I discuss how we can prevent STIs	11.8%	16.5%	17.6%	25.9%	28.2%

Perceptions of what other young people should do for their sexual health

Participants were asked for their perceptions of what young people their age should do in terms of sexual health (Table 5). Most participants believed that young people should look after their sexual health (92.3%), keep themselves informed about sexual health (92.2%), talk to their doctors about their sexual health (79.6%), test for STIs (81.5%), talk to their partner/s about STIs and sexual health (85.9%), and use condoms with any new partner/s (92.0%).

Table 5 Participants' perceptions of what young people should do in terms of sexual health

Please indicate how much you agree or disagree with each of the following statements about sexual health?	Strongly disagree	Somewhat disagree	Undecided	Somewhat agree	Strongly agree
People my age need to look after their sexual health	4.1%	0.8%	2.8%	12.2%	80.1%
People my age should keep themselves informed about sexual health	3.9%	1.1%	2.8%	14.9%	77.3%
People my age should talk to their doctors about their sexual health	3.6%	3.0%	13.8%	29.3%	50.3%
People my age should test for STIs	3.3%	4.1%	11.0%	32.3%	49.2%
People my age should talk to their partner/s about STIs and sexual health	3.9%	3.0%	7.2%	19.3%	66.6%
People my age should use condoms with any new partner/s	4.1%	1.7%	2.2%	9.1%	82.9%

Barriers and facilitators of using condoms

Participants were asked about a range of potential individual, social and structural barriers to and facilitators of using condoms (Table 6). Most participants believed that using condoms is a good thing (91.1% somewhat or strongly agreed with the statement). A majority (60.0%) of participants considered that using condoms is easy. Most participants (87.2%) knew where to get condoms and a third (33.8%) considered condoms as expensive.

Table 6 Participants' perceived barriers to and facilitators of using condoms

	Strongly disagree	Somewhat disagree	Undecided	Somewhat agree	Strongly agree
Using condoms is a good thing	1.8%	1.8%	5.4%	23.7%	67.4%
Using condoms is easy	0.6%	9.3%	29.9%	27.5%	32.5%
I know where to get condoms	3.6%	3.9%	5.4%	15.9%	71.3%
Condoms are expensive	11.7%	15.9%	38.6%	26.6%	7.2%

Participants were asked about their friends' opinions and practices regarding condom use (Table 7). Most participants (69.0%) felt that their best friends believed they should use condoms. The majority of participants (55.7%) believed that their sexually active friends use condoms and slightly lower proportions of participants (51.5%) indicated that they talk about using condoms with their friends.

Table 7 Friends' opinions and practices regarding condom use

What do your friends think and do regarding condom use?	Strongly disagree	Somewhat disagree	Undecided	Somewhat agree	Strongly agree
My best friends believe I should use condoms	2.3%	3.0%	25.7%	20.5%	48.5%
My friends and I talk about using condoms	13.9%	16.2%	18.5%	33.3%	18.2%
My sexually active friends use condoms	4.0%	9.6%	30.7%	29.0%	26.7%

Participants were asked how they perceived people their age who use condoms (Table 8). Most participants perceived people their age who are using condoms with new partners as smart (84.9%) and trustworthy (72.2%). A strong minority of participants considered young people who are using condoms as attractive (40.6%), cool (39.9%) and a lower proportion saw them as popular (27.1%). Proportion of participants who agreed with the fact that 'people who use condoms are boring' was low (8.0%).

Table 8 Participants' views of the people their age who use condoms with new partners

	Strongly disagree	Somewhat disagree	Undecided	Somewhat agree	Strongly agree
Smart	2.6%	3.0%	9.6%	18.2%	66.7%
Attractive	5.9%	5.6%	47.9%	18.8%	21.8%
Careless	60.1%	16.8%	15.5%	3.0%	4.6%
Trustworthy	2.3%	3.3%	22.1%	29.0%	43.2%
Boring	50.5%	19.5%	22.1%	5.0%	3.0%
Popular	10.6%	10.9%	51.5%	16.5%	10.6%
Cool	5.9%	9.2%	44.9%	19.8%	20.1%

Condom use

Sexually active participants were asked to indicate how frequently they used condoms during vaginal or anal sex in the past 12 months (Table 9). Of the sexually active participants, 9.0% did not have sexual intercourse in the past 12 months, 34.0% always used condoms for sexual intercourse in that period, 44.2% sometimes used condoms and 12.8% never used condoms. This indicates that a majority of sexually active participants (57.0%) had sexual intercourse without condoms in the past 12 months.

Table 9 Frequency of condom use during vaginal or anal intercourse in the past 12 months

How often were condoms used when you had sexual intercourse in the past 12 months?	%
I didn't have sexual intercourse in the past 12 months	9.0
I always used condoms for sexual intercourse	34.0
I sometimes used condoms for sexual intercourse	44.2
I never used condoms for sexual intercourse	12.8

Barriers and facilitators of testing for STIs

Participants were asked about a range of potential individual, social and structural barriers and facilitators of testing for STIs (Table 10).

Most participants believed that testing for STIs is a good thing (92.5% somewhat or strongly agreed with the statement) but only a third (32.7%) of participants considered that testing for STIs is easy. Less than half of participants (46.4%) knew where to get tested and a minority (14.6%) considered testing for STIs as expensive.

Table 10 Participants' perceived barriers to and facilitators of testing for STIs

	Strongly disagree	Somewhat disagree	Undecided	Somewhat agree	Strongly agree
STI testing is a good thing	0.8%	0.4%	6.3%	18.5%	74.0%
STI testing is easy	2.4%	11.0%	53.9%	17.3%	15.4%
I know where to go if I want to get tested for STIs	13.8%	24.8%	15.0%	16.1%	30.3%
STI testing is expensive	11.0%	7.9%	66.5%	9.1%	5.5%

Participants were also asked about their friends' opinions and practices regarding testing for STIs (Table 11). Three participants out of 10 (30.8%) felt that their best friends believed they should test for STIs. A fifth of participants (21.0%) believed that their sexually active friends have been tested for STIs and 23.9% indicated that they talk about getting tested with their friends.

Table 11 Friends' opinions and practices regarding testing for STIs

What do your friends think and do regarding testing for STIs?	Strongly disagree	Somewhat disagree	Undecided	Somewhat agree	Strongly agree
My best friends believe I should test for STIs	15.2%	7.8%	46.1%	18.9%	11.9%
My friends and I talk about getting tested for STIs	33.7%	23.5%	18.9%	17.3%	6.6%
My sexually active friends have been tested for STIs	16.5%	14.8%	47.7%	12.8%	8.2%

Participants were asked how they perceived young people who have been tested for STIs with a list of adjectives being presented to them (Table 12). Most participants perceived people their age who have been tested for STIs as 'smart' (75.7%) and 'trustworthy' (61.5%). A strong minority of participants considered young people who have been tested for STIs as 'attractive' (27.7%), 'cool' (25.5%) and a lower proportion saw them as 'popular' (19.1%). Proportion of participants who agreed with the fact that people who have been tested for STIs are 'boring' was low (6.9%).

Table 12 Participants' views of the people their age who have been tested for STIs

	Strongly disagree	Somewhat disagree	Undecided	Somewhat agree	Strongly agree
Smart	3.9%	3.9%	16.5%	26.8%	48.9%
Attractive	6.5%	6.9%	58.9%	19.5%	8.2%
Careless	48.5%	16.5%	24.2%	8.7%	2.2%
Trustworthy	4.3%	6.5%	27.7%	25.1%	36.4%
Boring	42.4%	16.0%	34.6%	5.2%	1.7%
Popular	7.8%	10.4%	62.8%	15.6%	3.5%
Cool	6.1%	10.4%	58.0%	17.7%	7.8%

Testing for STIs

Only 20.9% of the sexually active participants in this sample have ever tested for STIs, including 10.0% one time and 10.9% several times.

Of the participants who ever tested for STIs or Human Immunodeficiency Virus (HIV) one reported to be HIV positive.

Of the tested participants, 31.3% reported to have ever been diagnosed with an STI other than HIV, including 14.6% who were diagnosed for an STI in the past 12 months.

Tests were most of the time recent with 75.0% of the participants having tested for STIs or HIV in the past 12 months, including 50.0% in the past 6 months.

Intention to test for STIs in the next months was moderate among sexually active participants (mean score = 2.7, SD = 1.17, range 1-5).

Exposure to messages promoting condom use and testing for STIs

Participants were asked how frequently they noticed sexual health messages promoting condom use or testing for STIs in the 12 months prior to the survey (Table 13). Most participants (81.0%) had noticed at least once messages promoting condom use in the past 12 months and 69.9% had noticed at least once messages promoting testing for STIs. As can be seen in Table 13, there was however a substantial proportion of participants who had only been exposed rarely or occasionally to sexual health promotion messages in the past year.

Table 13 Frequency of exposure to messages promoting condom use or testing for STIs

Exposure to sexual health promotion messages telling young people...	Never	Rarely	Occasionally	Often
To use condoms	19.0%	30.5%	35.4%	15.0%
To test for STIs	30.1%	36.7%	25.2%	8.0%

Of the participants who noticed sexual health promotion messages in the past 12 months, 42.2% somewhat or strongly agreed with the idea that the messages they noticed were relevant to them. A majority of the participants (55.2%) considered that these messages increased their knowledge and 37.8% that the messages increased their confidence. As can be seen in Table 14, the proportion of participants who strongly agreed with these statements was limited.

Table 14 Participants' appreciation of the relevance and impact of sexual health promotion messages

Would you say that the sexual health promotion messages you noticed in the past 12 months...	Strongly disagree	Somewhat disagree	Undecided	Somewhat agree	Strongly agree
Were relevant to you	5.9%	30.3%	21.6%	38.4%	3.8%
Increased your knowledge	7.0%	19.5%	18.4%	39.5%	15.7%
Increased your confidence	8.1%	22.7%	31.4%	31.9%	5.9%

Familiarity and engagement with online sexual health promotion resources

Participants were asked whether they knew various sexual health promotion websites (Table 15). *ReachOut* was the most popular website with 45.1% of the participants having heard of this online resource. The second most popular website was *Safe Sex No Regrets* (17.3%), followed by *Get The Facts* (15.9%), *Play Safe* (15.5%) and *Body Talk* (10.9%). Participants' levels of familiarity with all other websites ranged from 9.7% (*Ending HIV*) to 3.5% (*Red Aware*).

Of the participants who reported to have heard of sexual health promotion websites between 36.4% and 87.5% had never visited the website/s.

Table 15 Proportion of participants who have heard of various sexual health websites

Websites	%
ReachOut	45.1
Safe Sex No Regrets	17.3
Get The Facts	15.9
Play Safe	15.5
Body Talk	10.6
Ending HIV	9.7
Ansell Sex-Ed	6.6
The Drama Down Under	4.0
Red Aware	3.5

Conclusion

The findings presented in this report confirm and expand previous research on sexual health among young people in NSW conducted by our research team. While most young people in this Australian sample generally discuss what they like sexually with their partners, only half talk about possible ways to prevent STIs. Large proportions of youth end up engaging in unprotected sexual intercourse with their partners every year and only a fifth reported to have tested for STIs. The rate of STI testing observed in this survey was lower than in previous research. This could reflect the fact that many participants in this sample were young and had had limited numbers of sexual partners.

The low uptake of sexual health related behaviours among participants does not reflect a lack of awareness regarding what young people can do to protect their sexual health. On the contrary, most respondents were convinced that people their age should discuss STIs with partners, use condoms with any new partner and test for STIs. There is however a strong discrepancy between these views on what people should do and actual behaviour, and reducing this gap will be a major challenge for sexual health promotion.

A range of factors were identified that could contribute to the lack of discussion, condom use and testing for STIs among the young people participating in the survey. Some gaps in STI knowledge still remain. Substantial proportions of participants didn't know that STIs were on the rise among young people or that STIs are often without symptoms. While most participants perceived STIs as severe conditions, not all felt that they were personally at risk of contracting an STI. Young people's perceptions of condom use and STI testing could also influence their behaviours. While most participants perceived condom use and testing for STIs as a good thing, a substantial minority of participants did not perceive using condoms or testing as easy. Some young people reported that they didn't know where to get tested for STIs; others perceived condoms or testing for STIs as expensive.

Another factor that may be detrimental to sexual health is the lack of perceived support for using condoms or testing for STIs. As in previous research, perceived norms in this study were more supportive of condom use than of testing for STIs. For instance, we found that while the majority of participants believed that their friends would encourage them to use condoms, only three respondents out of 10 believed that their friends would encourage them to get tested for STIs. The study also contributes new knowledge on the social image of young people who use condoms or test for STIs, an area of high relevance to the Trending Sexual Health initiative. Results indicate that while young people who use condoms or have tested for STIs were most of the time considered as smart and trustworthy, they were less often seen as attractive, cool or popular. Further, the study findings confirm and expand previous data on young people's engagement with sexual health promotion. There were substantial proportions of respondents who had only been exposed rarely or occasionally to

sexual health promotion messaging. Also, while a majority of participants considered that the sexual health messages they noticed increased their knowledge, only 4 out of 10 saw these messages as relevant to them. Sexual health promotion needs to find ways to better engage with young people with content relevant to their situation.

The study has some limitations. Data were obtained through self-reporting and may be affected by declaration bias. The number of participants recruited was limited and participants were younger than those recruited in previous surveys. The sample cannot be considered representative of the population of young people aged 16- 29 years old living in Australia, nor of the population of young people who use social media. All findings would need to be validated using other, larger samples of participants.

Despite these limitations, the findings presented in this report contribute to a better understanding of the sexual health-related attitudes, practices and needs of the population of young people targeted by the Trending Sexual Health initiative. In line with the results of the 2016 IYLL periodic survey (Adam et al. 2017), the findings indicate that there is a need to strengthen young people's engagement with sexual health promotion. Sexual health messaging should not only recommend behaviours but comprehensively address main factors that limit uptake of condom use and testing for STIs among young people living in Australia. Some of these barriers have been extensively described elsewhere and possible ways to address these factors through sexual health campaigns and other activities have been suggested (Adam et al. 2017). Previous research found that norms around condom use and testing for STIs were one of the major determinants of sexual health related behaviours and that strengthening norms should be an important objective of sexual health promotion campaigns and other initiatives. In this research we also found that the social images of young people who use condoms and test for STIs are important aspects to consider. There is scope for improving the social images of young people who embrace sexual health promotion and making them appear trendier could contribute to social and behavioural change. These findings provide an empirical validation of the main idea that was at the origin of the Trending Sexual Health initiative and offer new directions for the development and implementation of campaigns and other activities targeting young people in Australia.

References

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