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# Qualitative Research Findings

# Young Heterosexuals

# The 1994 Communication Environment In the Context of Sexually Transmitted Diseases Including HIV/AIDS

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# Background

# 1.0 Introduction

The Commonwealth Government is working with the States, Territories and the community sector to contain the spread of HIV and reduce the impact of HIV/AIDS on affected groups. The Commonwealth has direct responsibility for nationally focused, health promotion policy and programs.

For several years the National AIDS Campaign (NAC) has been targeting young people with the intention of educating and providing prevention strategies relating to HIV/AIDS. In recent times, sexually active heterosexuals have been a priority group for HIV/AIDS education and prevention activities. As a second strategy, the focus on HIVIAIDS is to shift to education and prevention programs of HIV/AIDS in a broader sexual health context that is, as part of a range of educational strategies to educate young people on issues surrounding sexually transmitted diseases (STDs).

In the past, NAC has communicated its messages to young people via the use of popular youth culture such as music, images and art. Slogans and end lines have included:

"If It Is Not On, It Is Not On"
"Be Safe, Be Sure"
"Play Safe, Stay Safe"

The communication has successfully made use of condoms and other safe sex practices more fashionable, "cool" and acceptable, establishing safe sex as the "norm" amongst this target group.

## The Problem

Academic research in the sphere of young heterosexuals' sexual practices, risk behaviour and safe sex practices has often been contradictory. A clear, contemporary picture of the communication environment in the context of youth "norms", language, thoughts, feelings and beliefs relating to safe sex is not available at the present time although a literature review is underway to address this issue.

In addition, communication efforts have been in progress for several years and recent assertions have been made that the "language of safe sex and its currency in the youth market" has lost a degree of relevance and perhaps has become so intricately a part of the youth environment that it has lost a degree of saliency.

Further, it is not currently known the extent HIV/AIDS is viewed in the context of broader health issues.

## The Solution

The NAC proposed to identify the extent of the existence of the problem outlined above and address it by rekindling the issue of personal relevance of safe sex for young heterosexuals, through an introduction of current, youth-relevant language and youth totems into the AIDS education arena. The research aim was to address the issue of HIV/AIDS within a broader sexual health context as discussed earlier in this document.

To achieve this, the AIDS/Communicable Diseases Branch of the Commonwealth Department of Human Services and Health required qualitative research results to provide an overview of the current attitudinal environment among young heterosexuals with regard to the language and communication of safe sex messages as well as their sexual practices and attitudes towards safe and unsafe sexual activities in a broad health context. This intelligence will assist with devising the communication activity of the National AIDS Campaign (NAC) in targeting and effectively reaching young people with its message.

## 2.0 The Research Objectives

The research objectives which were addressed by age, gender and socio-economic status were:

- TO provide an up-date on the communication environment in the context of the current youth culture "norms", language, thought processes, emotional responses, and ideas relating to safe sex and STDs.

- TO identify current sexual beliefs, knowledge and attitudes towards safe and unsafe sexual practices.

- TO comprehend the way young heterosexuals view HIV/AIDS within a broader health context and as a sexually transmitted disease, if at all.

- TO determine if the language of safe sex has become too intricately a part of the youth environment to an extent that it no longer signals a need to re examine sexual behaviour.

- TO understand what language and communication elements will rekindle an interest for young heterosexuals to re-examine their sexual behaviour and observe safe sexual practices.

- TO determine appropriate youth cultural elements that will act as useful vehicles to impart relevant messages such as totems – music, images language, mood etc.

# Methodology

## 3.0 The Research Methodology

The target audience for communication efforts is heterosexually-active males and females aged between 16-24 years from all socio-economic backgrounds. Consequently, this target formed the basis of the research sample.

A different research approach was used for youth 17 years of age and younger than that for youth 18 years of age and older. The research approaches are discussed below:

16 & 17 year olds

Individual in-depth interviews were conducted with youth aged 16 and 17 years of age. The respondents for these in-depth interviews were informally approached and recruited at areas where youth were known to congregate (such as the beach, shopping centres, sporting venues) and privately interviewed at an on-the-spot location or at the office of Stancombe Research & Planning. Respondents were obtained from a spread of socio-economic backgrounds. Each in-depth interview had a duration of up to one hour.

18 - 24 year olds

For young adults aged 18-24 years, mini-group discussions of up to 3 friendship pairs (6 respondents in total) were convened. (The mini-groups were over-recruited to allow for drop outs and a few groups contained 8 respondents)

It was considered important to convene friendship pairs in the mini-group discussions to act as an honesty check within the friendship partnership (friends confront each other in a group situation when they feel a dishonest response has been given. Friends encourage each other to participate in the research and often reveal secrets and use language they may not do outside of the friendship dynamic). Importantly, the group environment promoted an exchange of current language and assisted with clearly addressing the research objectives.

Due to time and budget constraints all research was confined to the Sydney metropolitan area.

The Method in Detail

Mini-group discussions and in-depth interviews addressed the research issues and objectives via the following discussion format:

- Introduction and general discussion of current youth attitudes and behaviour to sex and sexual health, including:
  - Frequency
  - Occasion
  - Levels of behaviour
  - Importance of relationships
  - Peer influence and acceptability
  - Enjoyment
  - Role models/media/entertainment influences

via in-depth discussion and probing.

A Story Completion exercise was used during mini-groups to further understand the thought processes and influences which dictate behaviour and decisions and the language and imagery which surround heterosexual youth sexual practices. Thought Bubbles were used during some in-depth interviews to elicit similar information.

- Exploration of current attitudes to and knowledge of safe and unsafe sex, and HIV/AIDS in a broader sexual health context, including:
  - Definition of each
  - Behaviour/acceptance (including condom issue)
  - Connection to HIV/AIDS
  - Vulnerability to HIV/AIDS
  - Knowledge/perception of other STDs
  - Vulnerability to other STDs (issues of hygiene, contraception)
  - Language/terminology/"slang"

via in-depth discussion, probing and use of show cards "SAFE SEX" and "UNSAFE SEX" to generate imagery, levels of understanding and alternative language/" slang".

Respondents were also asked to participate in a Card Sort exercise designed to ascertain whether HIV/AIDS and other STDs are perceived as being linked as broad sexual health issues in the minds of heterosexual youth. Cards containing individual conditions, diseases (sexual and non-sexual) and including HIV/AIDS were sorted by respondents according to which were perceived to belong together.

Careful attention was given to language used when discussing STDs and sexual health in general and any alternative language/wording was noted.

- Recall of past and current communications in the area of Safe Sex and HIV/AIDS, including:
  - Recall
  - Degree of impact
  - Degree of relevance
  - Degree of empathy
  - Level of comprehension
  - Credibility of message
  - Correctness of tone
  - Appropriateness of the details music, youth totems etc)
  - Individual and peer group acceptability
  - Influence on subsequent/future behaviour

via in-depth discussion, probing and projective techniques such as personification exercises, where appropriate to further understand emotional impact.

Show cards in the form of phrases, slogans and words from past and current communications were also used as stimulus to prompt recall, discussion and to generate alternative language/wording considered more appropriate/relevant/appealing by respondents (where appropriate).

- Generation of the ideal/credible Safe Sex – HIV/AIDS communication including:
  - Tone
  - Language
  - Format
  - Message content (information requirements)
  - Style
  - Location (magazines, billboards, pamphlets etc)
  - Preferred music/role modes/image

via in-depth discussion, probing of responses and role-playing exercise in which respondents undertook the roles of client and/or advertising agency and were asked to create the perfect, ideal advertisement in order to understand appropriate language, tone, role models etc.

- Summary of responses

The Sample

The following sample was obtained:

- An even split of heterosexually-active males and females
- Even split of respondents who identified themselves as currently in a "long-relationship" and outside of "long-term relationships"
- A spread of youth who reported they practiced safe sex "all the time" and those who reported they practiced safe sex "sometimes or never"
- A spread of youth from various ethnic backgrounds in line with the random nature of recruitment (predominantly Anglo-Australian)
- A spread of youth of various socio-economic status (SES) was obtained
- A spread of youth who identified with various youth sub-cultures (to provide insight on allegiances with various totems, images and languages).

## The Sample-Configuration

### *In-depth Interviews – 16 & 17 year olds*

| | | |
|---|---|---|
| 16 years | 1. Male, Lower-Mid SES | 2. Male, Mid-Upper SES |
| 16 years | 3. Female, Lower-Mid SES | 4. Female, Mid-Upper SES |
| 17 years | 5. Male, Lower-Mid SES | 6. Male, Mid-Upper SES |
| 17 years | 7. Female, Lower-Mid SES | 8. Female, Mid-Upper SES |

*Total – 8 individual in-depth interviews*

### *Mini-Group Discussions – 18 - 20 year olds*

| | | |
|---|---|---|
| 18-20 years | 1. Male, Lower-Mid SES (6 respondents) | 2. Male, Mid-Upper SES (6 respondents) |
| 18-20 years | 3. Female, Lower-Mid SES (8 respondents) | 4. Female, Mid-Upper SES (6 respondents) |

*Total 4 mini-group discussions*

### *Mini-Group Discussions – 21 - 24 year olds*

| | | |
|---|---|---|
| 21-24 years | 1. Male, Lower-Mid SES (8 respondents) | 2. Male, Mid-Upper SES (6 respondents) |
| 21-24 years | 3. Female, Lower-Mid SES (6 respondents) | 4. Female, Mid-Upper SES (8 respondents) |

*Total 4 mini-group discussions*

Please note: Lower-Mid SES includes unemployed.

# Summary of The Findings

## 4.0 SUMMARY OF FINDINGS

### Attitudes To Sex And Relationships

Generally, most view sex as "fun", "sweaty", "messy", "involving", "passionate" and charged with emotion. Almost all respondents viewed sex positively with the exception of some females from low SES backgrounds who felt they were disempowered in their sexual relationships and consequently did not view sex positively.

- While casual sex is considered to be a great deal of fun, casual sex is fraught with stresses such as a fear of STDs including HIV/AIDS and a fear of an unwelcome emotional relationship, pregnancy and remorsefulness.

- For the majority, it appears that relationships are in vogue.

- Almost all respondents spoke of their desire to get into a long-term relationship or to retain a long-term relationship (2 weeks - 6 months or more).

- This desire appears to be driven by the need for security. Relationships are seen to offer both emotional security and physical security (protection from STDs including HIV/AIDS).

- Some young males and females demonstrated love, and chastity, by *"waiting"* until they had sexual intercourse with a new partner. The length of the waiting period varied from two days to six months.

- Waiting allowed the youths to feel they had determined the sexual history of the partner and developed a sense of affection and comfort.

- Others expressed love by having sex without a condom. For these people, sex without a condom was a clear sign that they trusted their partner to be monogamous and committed to a long-term relationship, to be clear of HIV/AIDS and other STDs and a sign that they were committed to the relationship.

- The desire for a deep emotional involvement and high need to trust the partner means that most consider the risk of infection is very low or nonexistent where there is love in a relationship.

- The short duration of many relationships (most rarely exceed 3 months) means that most respondents are engaging in serial monogamy which puts them at risk.

- While many believe in loving, monogamous relationships, the behaviour reported by most respondents suggests that they are not always monogamous. Young people appear to engage in casual sexual relationships on a frequent basis when the opportunity presents. Most justify this behaviour by stating they "always use a condom" in casual encounters. They expressed a concern that they should be responsible for the health of their regular partner as well as their own. However, this research identifies that while intentions to use condoms on every casual sex occasion are moderately strong, the practice of using condoms is low.

## Language And Dialogue

- While a specific aim of this research was to identify youth language in the area of HIV/AIDS and other STDs, this research found that there is no specific common youth language related to this topic area that cuts across youth sub-cultural and age groups.

- Medically based terms used by educators and the media appeared to be the common means of communication across all groups.

- **There is no blue print for language and an opportunity exists for language to be created that would generate adoption by the youth market.**

- It seems that common language has not evolved primarily as young people rarely discuss sex or issues relating to sex prior to sexual activity other than gaining consent regarding *"doing it"*. Consequently, there is no perceived need for language.

- Some exceptions exist. Discussion of sex prior to sexual behaviour is occasionally initiated by assertive, well educated young women from high SES background and a few men who feel sensitive and cautious about emotional involvement. However, the topic of safe sex is often not discussed at any point in the relationship.

## Sexual Practices

- It appears that many young people commence sexual activity at around the age of 15 years.

- This research found that while many 16 and 17 year olds reported that their first sexual partner was a virgin, some 16 and 17 year old women subsequently engaged in sexual behaviour with men who are several years their senior (over 20 years of age). This is cause for some concern as many do not practice safe sex.

- Most reported that they engaged in vaginal sex followed by oral sex and mutual masturbation as their preferred sexual activities. A minority practiced anal sex.

- On the whole, males tended to be more likely to have multiple sexual partners, usually without the knowledge of the main sexual partner.

- Serial monogamy appears to be popular with most respondents and older people (males in particular) typically maintain a regular relationship in addition to casual encounters.

- Females generally presented as unassertive when expressing their sexual needs and preferences (especially in relation to safe sex) and are placing themselves in danger as a consequence.

## Safe Sex / Unsafe Sex

- All were aware of the potential risk of STDs including HIV/AIDS although personal relevance was low for most if they used a condom most of the time and/or engaged in sexual activity with a regular partner or with a partner from within a peer group they considered they knew well.

- While condoms are synonymous with the term safe sex, few respondents were able to mention other methods of safe sex such as outer sex. Withdrawal of the penis prior to ejaculation was considered the next best safe sex alternative to condom use.

- **Safe sex** is a term that is readily understood by youth. For many, the term safe sex is well known and recognisable. It is however, often perceived as a term that is clinical and cold, the antithesis of the warmth and passion of sex. While all are highly accepting of the concept of safe sex, the barriers to practicing safe sex results in mixed attitudes towards safe sex.

- The notion of 'safe' is considered to be dull for the majority of respondents. 'Safe' is not a highly evocative word in the context of sex. The clinical persona of the term needs to be addressed.

However,

- At a rational level, the concept of safe sex is considered to be reasonable and to a large extent sensible and necessary.

- Safe sex is generally practiced when a condom is easily available, when a relationship is new, when a high degree of trust does not exist between partners, when contraception is required, when the sexual and/or drug taking history of the partner is unclear. Although many exceptions were reported.

- All were **inconsistent** in their use of condoms.

- Respondents place themselves at risk of infection regardless of whether they are within a monogamous relationship or not due to the nature of serial relationships and the inconsistency or total lack of condom use.

- When probed all respondents reported that there had been occasions when they did not use a condom during penetrative sex. Those respondents who were recruited on the basis that they always use a condom reported many incidences when they had not done so.

## Reasons For Not Using Condoms

- Many do not use condoms when engaging in penetrative sex as negative attitudes towards the concept of condoms and negative experiences with the use of condoms often get in the way of this practice.

- There are multiple barriers to condom use. The greatest barriers to condom use appear to be the stigma attached to the category and the low perceived levels of susceptibility to infection of HIV/AIDS or other STDs.

- The reasons why condoms are not always used when engaging in penetrative sex are outlined below:

  - Poor planning
  - Low perceived need/high levels of perceived safety
  - Desire to Demonstrate commitment and trust
  - Emotional barriers including lack of assertiveness

In summary several barriers to condom use exist including the stigma of the condom itself.

- Alarmingly, one of the greatest barriers to condom use is the female's desire to demonstrate her commitment to the relationship by forgoing safe sex. Given the extent of casual relationships reported by those in 'monogamous' relationships, this finding is alarming.

- There is strong evidence that respondents deflect the possibility of infection as something that will happen to someone else and probably to people who are engaging in casual sex.

- Most appear to judge their own casual sex behaviour as acceptable, and view others as potentially at-risk. Further, most believe they only have sex with people who look 'clean' and 'safe', although many are aware at a rational level that the appearance of a person does not indicate whether they are infected with HIV or another STD.

- People with low self-esteem appear to have difficulty asserting their desire to practice safe sex and often find they compromise themselves.

- People from lower SES tended to be less educated in the area of safe sex and were less likely to practice safe sex.

- Most importantly, young people do not tend to discuss safe sex at any point in their relationship. Further, they have only limited discussions with their peer group. The intimacy of the subject matter appears to be the inhibitor.

- Other than abstinence, there appears to be little alternative to safe sex besides condom use. Given abstinence is not often observed and that many do not use condoms due to the strong barriers that exist, alternative strategies need to be imparted to the target group.

**Condoms, The Barrier**

Overall the condom is the barrier to safe sex at many levels:

  - Admission of intent to have sex
  - The purchase process
  - Low comfort levels
  - Performance
  - Difficulties with use
  - Disposal

- While the need to practice safe sex is believed to be relevant for most, especially when engaging in casual sex, the practice of safe sex is difficult for many to adhere to as condoms appear to get in the way.

- The use of condoms needs to be socialised, normalised and the barriers removed to make the practice of safe sex easier.

- This requires both a shift in attitudes and a reappraisal of the marketing of condoms.

- Price is an issue and free condoms appear to appease this issue yet free condoms are usually only available in clubs where the price of admission is prohibitive for most from a lower SES background.

- Individual packs of lubrication appear to be reducing the incidence of non-use of lubricant yet more needs to be done to destigmatise lubricant and make it a necessary and acceptable part of heterosexual activity.

## Knowledge Of HIV/AIDS/STDs

- Most male and female respondents appeared to demonstrate a good level of knowledge about HIV/AIDS and a lesser level of knowledge about other STDs.

- However, it appears that the more educated an individual is, the more likely he/she is to hold accurate information on these issues.

- Generally, HIV/AIDS is differentiated from other STDs on the basis of the mode of infection. Notably, infection through sharing a syringe.

- HIV/AIDS is considered to be much more serious than other STDs as it is thought to result in mortality.

- The most knowledgeable group of youth appear to be those who are attending secondary school and are being educated via Health Education or Personal Development classes. These individuals tend to hold a good understanding of STDs including HIV although were low on knowledge about Pelvic Inflammatory Diseases, Non-specific Urethritis, scabies and pubic lice.

- There is a major problem with lack of information amongst young people who have left school at an early age and missed health education classes. These individuals appear to be the least informed group and often their only source of information is mass media campaigns and grass roots educational activity.

- Advertising campaigns appear to have played a very important role in educating people about the risk of infection with STDs including HIV however, the focus has always been on HIV/AIDS which has meant youth HIV/AIDS as a separate issue to other STDs.

- Most feel they have a degree of vulnerability to HIV and STDs and operate a number of avoidance strategies to reduce this, vulnerability.

- All respondents were fearful of the possibility of contracting HIV/AIDS and to a lesser extent other STDs. The fears appear to have a basis in both the rational and irrational believing that HIV/AIDS results in death while STDs present a sexual health problem.

- The degree of risk each individual believes he/she is exposed to depends on the value judgements of the individual.

- While most believe the risk of HIV/AIDS is moderately high for heterosexuals, most still believe that the most at risk groups of HIV/AIDS are homosexuals, bisexuals and intravenous drug users.

<u>Avoidance strategies</u>

- Avoidance strategies to prevent HIV/AIDS and other STDs include the use of condoms (not all the time), character references on a new sexual partner., monogamy (or at least trusting that the main partner is monogamous).

- While most believe at a rational level that you cannot tell if someone is HIV positive or infected with an STD, at an emotional level most appear to be using visual cues of cleanliness and higher social-status as discriminators. Many believe avoidance of injecting drug users within a peer group will represent safety.

- Sleeping with virgins or inexperienced partners is used as an avoidance strategy. The danger in this is that the word of the partner is relied upon.

- A minority of the sample had presented for HIV/AIDS test or sent a potential partner for testing when they had been promiscuous or practiced unsafe sex they had later regretted.

<u>Perceived level of risk</u>

- At a rational level almost all respondents felt they were at some degree of risk of infection of STDs and to a lesser extent HIV/AIDS as a function of their inconsistent or non condom use.

- Most felt they were at low risk of infection from HIV as they felt they could trust their visual skills to detect if a sex partner was likely to be infected with HIV.

- This indicates that most youth and young adults still believe that HIV risk is marginalised in the community and confined to people who are intravenous drug users or obviously dirty or indiscriminately promiscuous.

- Females were more concerned about the risk of other STDs than men and stated it was one of their considerations when they had sex with or without a condom.

- Females were more concerned about STDs as several were aware of the possibility of sterile if they were infected with some STDs. Most of the females from higher SES were aware that with some STDs there may be not obvious signs of infection so caution should be exercised.

- While women saw STDs (not including HIV) as a stigmatised condition, males were less likely to be concerned about this, partly due to their low perceived susceptibility to infection.

- In terms of HIV, the majority had not internalised the risk of infection believing that high risk groups such as intravenous drug users, bi-sexuals and homosexuals were the at-risk groups more so than heterosexuals. While some thought the incidence of HIV/AIDS had increase amongst the heterosexual population, they were not inclined to really believe heterosexuals were of a high risk of infection.

- HIV/AIDS and other STDs were usually viewed as two discrete areas with different outcomes (death versus treatment). Most tend to believe they have low levels of susceptibility of HIV infection with only a slightly higher chance of infection with another STD. Most have deflected the personal relevance of HIV/AIDS believing that marginalised groups are more at risk of infection than heterosexuals.

- Avoidance of HIV/AIDS is related to avoidance of STDs although the well educated younger respondents were beginning the view other STDs as a distinct and growing problem area.

- While HIV/AIDS is viewed as a broad health issue that potentially effects all parts of the body, other STDs tend to be viewed as specific to genitalia.

- Females usually viewed other STDs as general health concerns partly because infection is often internal with limited external symptoms. Males on the other hand tended to view STDs other than HIV/AIDS as specific sexual health problem.

- Males generally presented as highly penis focussed and were very concerned about protecting their penis.

## Sources Of Information

Young people appear to have limited sources of information for data or feedback on sexual matters. Most feel they cannot talk about these issues with their parents or other authority figures as they anticipate a non-constructive, conservative response based on negative value judgements.

- There is a problem that not all heterosexually- active young people are being effectively exposed to formal education relating to HIV/AIDS and other STDs.

- Consequently, mass media has a vital role to play in educating young people and imparting messages that are relevant to the target audience.

- The role of the mass media and localised educational programs appears to be very important aspects of a communication strategy. The mass media appears to be the most powerful delivery of safe sex messages while localised educational programs in schools and youth centres appears to be able to reach most youth.

- For all age, gender and SES groupings, it seems that mass media messages are required to constantly keep the issue of safe sex alive especially for those who do not respond well in an educational environment.

- Further, as safe sex has lost a degree of saliency with the target market, the respondents attributed this to the absence of recent advertising on the issue, the problem with buying and using condoms, and the low degree of personal susceptibility.

- Many felt they needed to be constantly reminded that continued risk may result in infection, that all heterosexuals are at risk and that it is O.K. to say no to unsafe sex.

- Importantly, the clinical tone of safe sex as an issue needs to be removed so the target market can develop a stronger emotional relationship with the subject.

- Appropriate tone for communication was thought to have its basis in either fear (usually for males) or caring (for young males and most females).

- Many males responded well to the notion of penis personification. For most males, this image appeared to be a powerful motivator to consider their genital health *("our manhood")*.

Slogans

- Several slogans and end lines were reviewed in this research. Included were:
  "If It Is Not On, It Is Not On"
  "Be Safe, Be Sure"
  "Play Safe, Stay Safe"

- The slogan that appeared to have the most relevance and impact on the target audience was "If It Is Not On, It's Not On". The imagery of the language was considered powerful.

- This slogan has a great deal of emotional and rational meaning for the target audiences. The rhyme works well and begins to generate a unifying language that is more user friendly as the language flows allowing respondents to visualise themselves saying these words, adopting a posture and expression that fits with the tone and effectively state their desire not to have penetrative sex without a condom.

- Slogans that implied a directive or command were discounted by the target market. "Be Safe, Be Sure", "Play Safe, Stay Safe" were both considered to be condescending and authoritarian, not at all sympathetic to the difficulties youth encounter in regard to safe sex.

- While each youth sub-group uses differing language and responds to differing music, images and youth totems in line with the fragmented nature of the youth market, some commonalities exist.

- Common emotional triggers exist across all sub-groups. All respondents felt a need to be cared for and were searching for security in an environment that is perceived as highly insecure. These common emotional needs could be m maximised in future communication activities.

- In terms of developing future communication messages, respondents appeared to require messages that had the following characteristics :

- Impart a sense of personal relevance to the heterosexual audience.

- Either funereal in tone or caring in tone.

- Make use of humour as an involvement device to allow messages to be internalised and/or discussed at a peer group level.

- Cut through to females to provide strategies to use condoms.

- Develops a language that moves the topic away from the clinical towards fun in line with the pleasure of sex.

- Continuation of mass media campaigns and local area education appears to be crucial so the wide variety of disparate needs are met. Mass media activity is required to keep the issues relevant and important to the target group.

- Safe sex needs to be revitalised and given a more human and less clinical face.

- The language of safe sex needs to be generated and introduced to the marketplace in such a way that it is not clinical and allows the audience to become involved and have fun discussing the topic.

- A strategy is required to impart the fact that HIV/AIDS is an STD that is highly relevant to heterosexuals.

- Condoms must be destigmatised and normalised if greater use is to be achieved.

- In order to reach females, focus on the relationship and caring is expected to be motivating while males are expected to be motivated by a focus on what most males consider the most important part of their anatomy, the penis.

# The Findings

## 5.0 DETAILED RESEARCH FINDINGS

### 5.1 A Profile Of The Respondents

16 - 17 year olds

- 16 and 17 year olds interviewed in this research were in the early stages of their sexual life and either current school students or recent school leavers.

- There was no obvious difference in maturity levels and sexual experience between 16 and 17 year olds as they presented as being of roughly the same emotional age.

- Some were embarrassed to discuss the topic of sex and STDs including HIV/AIDS especially as they felt inexperienced due to their short history of heterosexual behaviour. They were mostly timid about the subject matter.

- This group presented as highly sensitive and tended to idealise relationships. They sought supportive, non-physical relationships and were slow to engage in penetrative sex until the relationship was established (this varied for each individual from two weeks to six months or more) and the individual and their partner "felt right".

- Some had been exposed to recent sex and personal health education at school (especially those from mid - high SES) which affected their responses and levels of knowledge compared to that of older respondents and young recent school leavers.

- Recent school leavers tended to be from a low SES background. They tended to be less informed and more naive about HIV /AIDS and other STDs than their more educated counterparts. They had missed classroom education on these issues either via lack of attendance to the classroom or due to rejection of the education process.

- Their key source of information on the subject matter is the mass media.

- They operated within confined social networks due to poor mobility and consequently had low exposure to potential sexual partners from new social networks

- Many 16 and 17 year olds spoke of sex as a deeply emotional experience that was usually engaged in only within a long-term relationship where the partner was well known as a friend. Most presented as vulnerable to the prospect of potential emotional hurt they believed to be created by sexual intimacy and tried to guard themselves against this.

18 - 20 year olds

- In comparison to younger respondents these people generally tend to be more confident than 16-17 year olds and more confident with their sexuality and sexual behaviour.

- 18-20 year olds were more likely to be encountering sexual partners away from a closed social group situation due to their increased mobility and exposure to a wider range of potential partners than when younger.

- The reason for this is that all had left the closed environment of secondary school and childhood social networks.

- They were regularly exposed to and becoming more comfortable with a wide range of new people. This had an impact on their attitudes to sex and sexual practices.

- Most expressed they were in a highly experimental phase of their sexual behaviour.

- As a group, they presented as mildly embarrassed when discussing the topic yet were keen to hear other opinions and develop their information base.

- Of all the age groups, this sub-group appeared to be the less informed about STDs including HIV/AIDS and the most likely to be engaging in unsafe sex.

- Multiple partners appeared to be the norm for this age group. While most tended to have serial monogamous relationships, a few were also engaged in casual relationships. Most viewed casual relationships as acceptable behaviour for themselves and their immediate peer group yet trusted their 'monogamous partner' would not be engaging in casual relationships. A clear case of double standards appeared to exist. This attitude affected the degree to which each individual practiced safe sex.

- It appears that they may have missed formal education on the subject matter while at secondary school and had rationalised their lack of perceived risk partly because the issue of personal relevance and risk of infection of STDs including HIV/AIDS does not appear to have been effectively promoted to this group via the mass media.

- Unlike the older and younger age groups, this sub-group was not *"bombarded with all that AIDS advertising"*. For some, urban myths around the low risk of heterosexual infection were popular at the time that many were gaining, their sexual confidence.

21 - 24 year olds

- This group of respondents represented the mature end of the youth market and their attitudes, emotions and behaviours differed slightly from the other her two lifestage groups as a consequence.

- Youth of this age group were the most sexually active and 'promiscuous' due to their independence from the home and parental control, mobility, possible high levels of exposure to potential sexual partners in the workforce or at tertiary education campuses and for some, reticence to enter into serious, long-term relationships.

- Like the 18-20 year olds, multiple partners appeared to be the norm for this age group. While most tended to have serial monogamous relationships, a few were also engaged in casual relationships. Most viewed casual relationships as acceptable behaviour for themselves and their immediate peer group yet trusted their 'monogamous partner' would not be engaging in casual relationships. As with all other respondents, a clear case of double standards appeared to exist.

- 21-24 year olds expressed that they had "grown up with AIDS" and demonstrated a good knowledge base regarding HIV/AIDS. However, their knowledge base on other STDs appeared to be very low.

- Like the youngest group of respondents, this sub-group considered themselves to be at-risk of STDs including HIV to a mild extent due to their inconsistent practice of safe sex.

Gender differences

- Generally, males and females held similar levels of knowledge regarding the topic area yet had differing perspectives on relationships and sex within a relationship.

- While most young males tended to hold similar attitudes to young females, older males and females differed in their attitude and behaviours and often presented as stereotypical in their responses and reported behaviours.

## 5.2 Attitudes To Sex And Relationships

Generally, most view sex as most **"fun"**, "sweaty", "messy", "involving", "passionate" and charged with emotion. Almost all respondents viewed sex positively with the exception of some females from low SES backgrounds who felt they were disempowered in their sexual relationships and consequently did not view sex positively.

- While casual sex is considered to be a great deal of fun, casual sex is fraught with stresses such as a fear of STDs including HIV/AIDS and a fear of an unwelcome emotional relationship, pregnancy and remorsefulness.

- For the majority, it appears that **relationships are in vogue**.

- Almost all respondents spoke of their desire to get into a long-term relationship or to retain a long-term relationship.

- The definition of a long-term relationship varies by individual to individual. For some, long-term is two weeks and for others, long-term is months or more.

- People aged less than 20 years were most interested in the security of a relationship and talked about love within a sexual relationship being important to them.

- Many young respondents stated they would not engage in sexual intercourse in the absence of love.

- This desire appears to be driven by the need for security. Relationships are seen to offer both emotional security and physical security (protection from STDs including HIV/AIDS).

- Women in particular were concerned that love should be a part of a sexual relationship while older men (20 years or older) tended to be less interested in love within a sexual relationship and were more likely to look for sex outside of a relationship.

- Some males aged 21-24 years were actively avoiding the emotional commitment and involvement that comes with a relationship and stated they *"would not have sex with a girl if she looks like she will be clutchy in the morning"*.

- Expression of love varied by individual to individual. Most agreed love included caring for one's partner and being willing to "wait until if feels right before having sex".

- Some young males and females demonstrated love, and chastity, by *"waiting"* until they had sexual intercourse with a new partner. The length of the waiting period varied from two days to six months.

- Waiting allowed the youths to feel they had determined the sexual history of the partner and developed a sense of affection and comfort.

- Many who waited before they engaged in penetrative sex were concerned that they might become emotionally hurt in the process of being intimate and or were concerned that their partner should be ready to engage in sex. Young mid - high SES youth were particularly concerned about this. High levels of self-esteem and learnings from school based personal development classes appears to be instrumental in forming this attitude.

- Others expressed love by having sex without a condom. For these people, sex without a condom was a clear sign that they trusted their partner to be monogamous and committed to a long-term relationship, to be clear of HIV/AIDS and other STDs and a sign that they were committed to the relationship.

- In some ways non-use of condoms has replaced the friendship ring as a symbol of commitment and trust. This is extended to a trust that infection will not occur.

- The desire for a deep emotional involvement and high need to trust the partner means that most consider the risk of infection is very low or nonexistent where there is love in a relationship.

The short duration of many relationships (most rarely exceed 3 months) means most respondents are engaging in serial monogamy which puts them at risk. While many believe in loving, monogamous relationships, the behaviour reported respondents suggests that they are not always monogamous. Young people appear to engage in casual sexual relationships on a frequent basis when the opportunity presents. Most justify this behaviour by stating they "always use a condom" in casual encounters. They expressed a concern that they should be responsible for the health of their regular partner as well as their own. However, research identifies that while intentions to use condoms on every casual sex occasions are moderately strong, the practice of using condoms is low.

## 5.3 Language And Diaglogue

- While a specific aim of this research was to identify youth language in the area of HIV/AIDS and other STDs, this research found that there is no specific common youth language related to this topic area that cuts across youth sub-cultural and age groups.

- Use of language differed by sub-cultural group and SES. Each localised pocket and friendship pair had their own language which often was not familiar to other friendship pairs.

- Medically based terms used by educators and the media appeared to be the common means of communication across all groups.

- **There is no blue print for language and an opportunity exists for language to be created that would generate adoption by the youth market.**

Age differences

- While no specifically youth language was identified, the language used by older respondents around this topic area differed to that of younger respondents.

- The language used by younger respondents tended to have its basis in medical and scientific realms. They used the terms vagina and penis, talked comfortably about STDs including HIV/AIDS, gonorrhea, syphilis, chlamydia, herpes, hepatitis and comfortably used the term condom.

- They generally appeared technically knowledgeable about HIV and AIDS and the language used appears to be adopted from their educators.

- Youth over 21 years of age tended to use euphemism. In the absence of recent formal education, this group have developed and retained their own language. Some of the common terms used by males (which they considered non-derogatory) include:

  Sex Fuck, bonk, shag (lower SES), "Get it off", root (lower SES)
  Vagina Pussy, muff, box, passion mound, Cupid's hill
  Penis Dick, Long John, cock. willie, prick, balls (genitals), love pump

- Much of the language around 'safe sex' is internalised not spoken. For most, **no language exists** to make this type of conversation easy. Many could not imagine the need to have a conversation about safe sex preferring to communicated 'telepathically' and hope the other person will take control and dispel the anxiety.

- It seems that common language has not evolved primarily as young people rarely discuss sex or issues relating to sex prior to sexual activity other than gaining consent regarding *"doing it"*. Consequently, there is no perceived need for language.

- Young adults and teenagers largely do not appear to discuss sex or safety issues prior to sexual activity for several reasons:
  - For most, sex is physical not verbal
  - embarrassment acts as an inhibitor
  - most do not want to 'break the moment'
  - many do not wish to appear forward (say the wrong thing, appear too knowledgeable i.e. promiscuous)
  - women in particular feel disempowered, unassertive.
  - some males feel pressure to appear experienced and knowledgeable and verbalising may reveal that they aren't
  - most trust the partner is to be able to guess what they might
  - some are too drunk to communicate verbally.

- The topic is considered embarrassing and is perceived to be fraught with concerns about how the initiator or the conversation will be viewed.

- While a minority felt comfortable about the asserting of themselves and negotiating safe sex, most did not, particularly those from lower SES background or those with poor self-esteem.

- The barriers to negotiating safe sex are obvious when the internal dialogue of the respondents is examined. Some self-statements are listed below:

  Females
  *"If I mention condoms, we will have to talk about it."*
  *"He'll bring it out at the right time."*
  *"I hope he's got one."*
  *"No condom, no sex"*
  *"If he doesn't carry one that means he probably doesn't do this often."*
  *"Just go with it"*
  *"It's O.K., he loves me."*

  Males
  *"I've come this far what the heck!"*
  *"She looks clean."*
  *"It is O.K., she's a friend."*
  *"We didn't use a condom last time."*
  *"It'll be alright."*
  *"I'll worry about it later."*
  *"It's too much trouble, I'll have another drink."*

- Most do not perceive themselves a personally susceptible to HIV/AIDS or other STDs. Most are aware of their risk taking behaviour and for some, this adds to the thrill of sex, for others it is anxiety provoking yet usually the next morning. Females tend to rely on the males to produce a condom at the right moment although a few were responsible for their own sexual health.

- Some exceptions exist. Discussion of sex prior to sexual behaviour is occasionally initiated by assertive, well educated young women from high SES background and a few men who feel sensitive and cautious about emotional involvement. However, the topic of safe sex is often not discussed at any point in the relationship.

## 5.4 Sexual Practices

- Longer-term relationships are defined as those which have a duration of more than four weeks and for the majority of more than three months.
- These relationships appear to be the norm with young people who presented as insecure and searching for emotional support within a relationship.
- It appears that many young people commence sexual activity at around the age of 15 years.
- The youngest respondents reported that they had between one and three sexual partners by the age of 17 years. Older respondents (21-24 years) reported that they had up to twenty sexual partners since they commenced sexual activity.
- Most respondents tend to have sexual relationships with people of around their own age.
- This research found that while many 16 and 17 year olds reported that their first sexual partner was a virgin, some 16 and 17 year old women subsequently engaged in sexual behaviour with men who are several years their senior (over 20 years of age). This is cause for some concern as many do not practice safe sex.
- Young heterosexuals researched in this study reported a wide variety of sexual practices.
- Most reported that they engaged in vaginal sex followed by oral sex and mutual masturbation as their preferred sexual activities.A minority practiced anal sex.
- The type of sexual activity practiced by young people often depends on the type of relationship and their feelings for the sexual partner. In casual relationships, vaginal sex appears to be the norm.
- When defining their behaviour, young people differentiate between serious" longer-term "relationships" which are defined by an emotional as well as a physical relationship and casual "flings" which are defined as lacking in emotional depth.
- All respondents make distinctions between casual and regular sexual partners and tend to have different practices for each. Nearly all are more cautious and less experimental with casual partners unless they have known them for a long period of time as a consequence of peer group socialisation.
- Sexual practices other than vaginal sex appear to be most popular when there is a higher degree of familiarity and comfort between the partners or when one or both partners is uninhibited as a consequence of alcohol consumption.
- Monogamous relationships are popular amongst young people, yet several respondents aged eighteen years or over reported they often had casual relationships outside of their normal monogamous relationship without their partner's awareness.

- Casual relationships generally appear to be less popular due to the lack of emotional depth delivered by these relationships, fear of "having to act emotionally involved", fear of "disease or AIDS" and the "bother of finding a condom and going through all that" safe sex preparation and practice although, as mentioned earlier, casual sex may be engaged in within the security of a long-term relationship.

- The trigger for multiple partners was often dissatisfaction with the main relationship and multiple partner activity usually commenced prior to the demise of the main relationship.

- A few individuals identified that they had a "main sexual partner" with whom they shared an "open relationship". These people could have several new sexual partners each month.

Differences by gender and SES

- Generally the male respondents tended to be more sexually active than female respondents.

- Sexual activity and incidence of multiple sexual partners was highest amongst those young adults who had left school and were meeting sexual partners either at university or college, in the work force or via the extended peer group.

- Females expressed that they were keen to be involved in longer-term relationships while a small number of males stated they preferred casual sexual encounters usually with females who they had known for some time.

- On the whole, males tended to be more likely to have multiple sexual usually without the knowledge of the main sexual partner.

- Serial monogamy appears to be popular with most respondents with older people (males in particular) typically maintaining a regular relationship in addition to casual encounters.

- Females generally presented as unassertive when expressing their sexual needs and preferences (especially in relation to safe sex) and are placing themselves in danger as a consequence.

## 5.5 Safe Sex / Unsafe Sex

- All were aware of the potential risk of STDs including HIV/AIDS although personal relevance was low for most if they used a condom most of the time and/or engaged in sexual activity with a regular partner or a partner from within a peer group they considered they knew well.

- While condoms are synonymous with the term safe sex, few respondents were able to mention other methods of safe sex such as outer sex. Withdrawal of the penis prior to ejaculation was considered the next best safe sex alternative to condom use.

**Safe sex** is a term that is readily understood by youth. For many, the term safe sex is well known and recognisable. It is however, often perceived as a term that clinical and cold, the antithesis of the warmth and passion of sex. While all are highly accepting of the concept of safe sex, the barriers to practicing safe sex results in mixed attitudes towards safe sex.

Positive attitudes:

- "sex with a condom"
- "avoidance of and protection from disease"
- prevention of pregnancy
- emotional safety, "feeling comfortable and relaxed"
- monogamy
- "knowing the person you sleep with" ("clean partner")

Negative attitudes:
- "too planned and sterile"
- "no fun, boring sex life"
- "precautions" and "protection"
- (problem) of "having to plan" and "break the moment"

- When respondents were discussing safe sex, the tone of voice was often sanitised and removed from the self. The term did not appear to have been internalised in a personally relevant manner leading to a general non-use of the words as a part of youth vernacular and a reduction in the significance of the term.

- The image of safe sex is split with some believing it to be an image generated out of protective, caring, responsibility and others believing it is born out of planned sterility. For others, the image of safe sex is closely associated with sensible, yet frightened young promiscuous people.

- The notion of 'safe' is considered to be dull for the majority of respondents. 'Safe' is not a highly evocative word in the context of sex. The clinical persona of the term needs to be addressed.

However,

- At a rational level, the concept of safe sex is considered to be reasonable and to a large extent sensible and necessary.

- Safe sex is generally practiced when a condom is easily available, when a relationship is new, when a high degree of trust does not exist between partners, when contraception is required, when the sexual and/or drug taking history of the partner is unclear. Although many exceptions were reported.

- Most respondents believed safe sex to be most important in casual relationships where risk is considered to be highest. It is also considered important at the beginning of a long-term relationship prior to "finding out what relationships (the partner has) had in the past".

**Unsafe sex** is a term that is understood by youth to mean:

- "not using condoms"
- "too many partners"
- "unprotected sex" (particularly relevant to the first encounter)
- "diseases – AIDS, herpes, hepatitis, etc."
- "pregnancy"
- "lack of responsibility and care"
- "worry and guilt"
- "danger and possible death"
- "Russian roulette"
- "giving in", feeling pressured (lack of assertion).

- Young heterosexuals reported that they do not always practice safe sex. All respondents sampled in this project engaged in unsafe sex from time to time. Some rarely engaged in safe sex due to a false perception of low risk of infection.

- All were **inconsistent** in their use of condoms.

- Respondents place themselves at risk of infection regardless of whether they are within a monogamous relationship or not due to the nature of serial relationships and the inconsistency or total lack of condom use.

- When probed all respondents reported that there had been occasions when they did not use a condom during penetrative sex. Those respondents who were recruited on the basis that they always use a condom reported many incidences when they had not done so.

Differences by gender and SES

The more confident and assertive an individual was with their sexuality, self-identity and partner(s), the more consistent they appeared to be in their use of condoms.

- Amongst this sample, males were comparatively the most dedicated initiators and users of condoms while females were the least likely to initiate use of condoms and the most likely to engage in unsafe sex.

- While this is contrary to findings from other studies, it appears that there is a difference in self-reporting of behaviour.

- Males appeared to be more accurate in their reporting.

- Females appear to overstate their use of condoms because they are aware of the importance of using condoms and have feelings of guilt and embarrassment about their inconsistent or non-existent condom use.

- Essentially, females tended to be dishonest in their initial reporting of condom use and once their confidence had been gained during the research process they reported that their frequency of use was much less than originally stated and in some cases, that they were not using condoms at all.

- There appears to be a real problem of females not taking responsibility for their sexual health. Most stated that they were unassertive about condom use and had difficulty discussing the topic with their partner, particularly if he was a casual partner.

- Further, many females viewed the cessation or non use of condom use as a statement that they were committed to the relationship and trusting of their partner.

- However, a few well educated females from mid-high socio-economic stated strong intentions not to have sex without a condom. They did not always achieve this.

- Relatively speaking, older respondents tended to be the most consistent in their condom use due to the nature of their sexual activity being mostly of a casual nature.

- It should be noted that none of the sample "always used a condom" even if they had agreed with this statement at the time of recruitment.

- While all agreed that use of condoms is sensible, there appears to be many reasons why condoms are not always used when engaging in penetrative sex.

## 5.6 Reasons For Not Using Condoms

All were aware that condoms are a useful protective device against STDs HIV/AIDS and most are knowledgeable about the benefits of condom use yet attitudes to sexual self-identity, lack of personal ownership or internalisation of the facts and the condom continue to act as barriers to safe sex.

Many do not use condoms when engaging in penetrative sex as negative attitudes towards the concept of condoms and negative experiences with the use of condoms often get in the way of this practice.

There are multiple barriers to condom use. The greatest barriers to condom use appear to be the stigma attached to the category and the low perceived levels of susceptibility to infection of HIV/AIDS or other STDs.

The reasons why condoms are not always used when engaging in penetrative sex are outlined below:

Poor Planning:

- Lack of availability of condom / poor planning
- Resistance to *"breaking the mood"* by *"calculating to have sex"*
- Unable to plan / act due to intoxication
- Lack of funds to purchase condoms

Low perceived need / high levels of perceived safety

- Use of the contraceptive pill (condoms redundant)
- Perceived low risk
    - self and partner "clean",
    - self and/or partner has virgin status,
    - partner is known from the extended peer group (expected to be of similar morals and health status, no known intravenous drug users in the circle of friends)
- Low number of reported/perceived previous sexual partners
- Belief that the partner looks 'clean', affluent, attractive
- Belief that partner is not an intravenous drug user
- Belief in own intention to always use a condom in a casual relationship (so no need in monogamous relationship)
- Self and/or partner been tested for HIV/AlDS and to a lesser extent other STDs.

Demonstration of commitment and trust

- Trust in the partner to be free of STDs including HIV
- Trust in the partner not to become pregnant/impregnate
- Transition from a casual relationship to a longer-term relationship
- Trust in the partner to be faithful (he/she cares about me)
- Demonstrating commitment to relationship

Emotional barriers

- Inability to assert oneself
- Didn't commence relationship with condom usage so find it difficult to justify usage on subsequent occasions
- High level of requirement to be accepted
- Afraid of value judgements about sexuality and sexual behaviour when purchase, carry, introduce, use condoms.

Other reasons

- Dislike rubber/lack of sexual pleasure (low mention)
- A minor mention of the discomfort of condoms was mentioned by a few males yet this does not appear to be a major barrier to condom use.

In summary several barriers to condom use exist including the stigma of the condom itself.

- Alarmingly, one of the greatest bafflers to condom use is the female's desire to demonstrate her commitment to the relationship by forgoing safe sex. Given the extent of casual relationships reported by those in monogamous' relationships, this finding is alarming.

- There is strong evidence that respondents deflect the possibility of infection as something that will happen to someone else and probably to people who are engaging in casual sex.

- Most appear to judge their own casual sex behaviour as acceptable, and view others as potentially at-risk. Further, most believe they only have sex with people who look 'clean' and 'safe', although many are aware at a rational level that the appearance of a person does not indicate whether they are infected with HIV or another STD.

- People with low self-esteem appear to have difficulty asserting their desire practice safe sex and often find they compromise themselves. Females in this sample tended to be more unassertive than males. Some males reported female partners "preferred not to use condoms" and had come to this conclusion not due to any direct statement of preference by female partners but because females generally had stated *"don't worry about it"*, *"it doesn't matter"* or *"I'm on the pill."*

- When questioned about these reports females stated they found it hard to talk about condom use for fear of looking as if they did not trust the male, were nervous about interrupting the flow of intimacy as it would draw attention to a part of themselves they did not necessarily wish to reveal (i.e. concern, lack of confidence, insecurity) were more concerned about pregnancy than STDs (a more immediately relevant concern) and a feeling that once they *"got to that point you don't want to be a tease and call a stop it."*

Differences By Socio-economic Status

- Overall, males and females from lower socio-economic status tended to be the least likely to use condoms for a number of reasons. People from lower SES tended to be less educated in the area of safe sex and were less likely to practice safe sex for a number of reasons including.
    - lack of awareness of personal susceptibility
    - lack of perceived personal relevance
    - low self esteem
    - inability to assert oneself (especially females)
    - condom barrier (not available, breaks the moment, "not as good as without a condom", expensive, don't know how to apply)
    - under influence of drugs or alcohol and incapable of considered decisions
    - strong desire to have sex and "worry about the consequences later"
    - trust in the partner
    - financial barrier
    - desire not to appear pre-planned (esp. females)

- People from mid-to-high SES tended to be more concerned about using condoms yet did not always use condoms for a number of reasons including:
    - lack of personal relevance / low belief in susceptibility
    - trust in partner / declaration of commitment
    - Had STD / HIV test (or partner had)
    - condom barrier (not available, breaks the moment , not as good, hope the partner has one)
    - under influence of drugs or alcohol and incapable ofconsidered decisions
    - strong desire to have sex and "worry about the consequences later"
    - trust in the partner
    - desire not to appear pre-planned (esp. females)

- Sexual experimentation is high and condom use is not always used for anal sex and very rarely, if at all for oral sex. The practice of withdrawing the penis prior to ejaculation is a common method of birth control for young people who do not use condoms and the female is not using other forms of contraception. There are obvious dangers associated with this.

- For both genders, relationships are the norm at the moment yet several reported sexual behaviour with other partners without the regular partner's awareness.

- Monogamy is an expectation that is not always observed. While most tend to practice safe sex outside of their longer-term relationship, not all do so. The risk is obvious.

- In cases where open relationships were the norm, condoms tended to be used with the irregular partners (most of the time) so the regular partner is protected.

- Most importantly, young people do not tend to discuss safe sex at any point in their relationship. Further, they have only limited discussions with their peer group. The intimacy of the subject matter appears to be the inhibitor.

- Other than abstinence, there appears to be little alternative to safe sex besides condom use. Given abstinence is not often observed and that many do not use condoms due to the strong barriers that exist, alternative strategies need to be imparted to the target group.

Differences By Gender

- Both males and females believe that once a relationship has past a casual phase (this could be a period of two weeks to six months) then condom use can be ceased in preference to the contraceptive pill. Condoms are often therefore primarily viewed as contraception rather than a barrier to of STDs.

Gender differences existed in terms of practicing safe sex. While most were concerned about the issue females tended to be the less forceful and assertive in ensuring safe sex practices were adhered to.

Females

- Females demonstrated major problems negotiating safe sex with a male. Many were not comfortable talking about the topic with a male, even a long-term partner for fear of being perceived as sexually experienced, 'promiscuous' or a 'nymphomaniac'.

- They were generally reticent to carry condoms and be prepared for sexual activity for fear of being, labelled promiscuous. Most do not like to be perceived as a dominant sexual partner.

- Most expressed they had great difficulty persuading a partner to use a condom due to their own inhibitions and a belief that the partner would prefer not to use a condom.

- For many in a regular monogamous relationship, recommencement of condom use after a lapse appeared to be difficult to justify to the partner especially if the female was taking the contraceptive pill. This is one of the key times when condom use is ceased and this often occurs early in the relationship.

- Some interpreted penetrative sex without a condom to be a declaration of love.

- A tacit sign of monogamy is believed to be cessation of condom usage. The danger here is condom usage appears to cease once an emotional attachment is made by one of the partners. This emotional attachment may not be reciprocated and monogamy cannot be assured.

- It seems that women need to be targeted to ensure they assert themselves in this area.

Males

- Males appear to trust that their female partners are 'clean' and rely on visual cues and peer group approval to assist them to make this judgement.

- Many men reported they feel awkward discussing condom use with a female. For them, it took away the mood of the moment and pressured them to take the initiative and *"open up"* thereby exposing themselves to the possibility of emotional conversations that the would prefer to avoid.

- Like females, some males find it difficult to assert themselves.

- Males felt more confident than women that they could resist having penetrative sex without a condom yet were concerned about losing face should they find themselves in this situation. This often prompted them to have sex without a condom.

- Contrary to other studies, males in this sample did not find lack of sensation a major barrier to condom usage.

- Condoms themselves are the biggest barrier to safe sex.

## 5.7 Condoms, The Barrier

Overall the condom is the barrier to safe sex at many levels:

Admission of intent to have sex

- Pre-planning condom use implies an admission of intention to engage in sex. This presents a problem as most prefer to *"slip into sex"* rather than intellectualise or obviously plan. The mood of sex is important to most and rational planning interferes with this.

- For some, pre-planning condom use is thought to indicate the partner may be promiscuous or it might imply that one of the partners is *"dirty, unclean", "has diseases"*. Some feel that implying these things by pre-purchasing, carrying, producing a condom may get in the way of penetrative sex.

The purchase process

For many, the following acts as barriers to purchasing condoms:

- The availability in retail outlets that are local and rarely visited (pharmacies, supermarkets) except for condom purchases. *"The only time I go to those shops is when I need condoms, I hate the way it is so obvious". "It is like they look at you like you dirty dog."*

- The perceived declaration of intent, stigma and embarrassment of shopping for condoms. *"It is like raising a flag and saying I'm going to have sex"*

- The packaging does not clearly indicate the product features and benefits so brand choice cannot be rapidly made. *"I grab one and hope it does the job". "You don't want to browse, people will think you are really brazen." "They all look so serious, heavy, I just want one that fits with my sense of fun."*

- The expense of condoms (especially a strong, barrier for students and the unemployed who have limited available income). *"They're about $12 a box. I usually don't have that sort of money on me when I need them." "They're expensive." "You can only use them once."*

Comfort levels

- Several felt that sex was a private matter and felt the evidence of condoms publicised their behaviour.

- Young people were concerned that a parent might find a condom and be disapproving of their sexual behaviour especially as many thought their parents idealised their offspring and believed they did not engage in sex.

- Some felt uncomfortable carrying condoms as they were concerned the might perish. This was a popular excuse for unsafe sex.

- Almost all males felt that condom interferes with the 'flow' of seduction and this inhibited use.

- Very few of the respondents felt comfortable discussing condom use with a partner, especially a casual partner for the reasons outlined above and to *"go without rather than ruin it all"*.

<u>Performance</u>

- While few mentioned the use of condoms seriously affected the sensation of penetrative sex, same males held the view that women preferred *"natural sex"*. They developed this view as females often would not assert themselves or insist on condom use.

<u>Difficulties with use</u>

- Many felt uncomfortable using condoms as:

  - "They are hard to put on"
  - "They sometimes split"
  - "Girls can never put them on properly because they are tight at the base (of the penis)"
  - "They slip off sometimes and you don't want to stop then"
  - "Penetration is harder

It was apparent that few respondents use lubricants with condoms. Lubricants are often not used as it is an additional cost, some don't Like the feel of a cold ointment on the skin, males were mostly embarrassed to buy lubricant as they were afraid the shop-keeper might think they were purchasing it as a homosexual sex aid. Females did not like to carry lubricant with them or keep it at the home. It was an obvious sign of inability to be *"naturally aroused"*.

Disposal

- A few mentioned they did not feel comfortable handling condoms containing semen.

- Some felt uncomfortable disposing of them as they were nervous they might be noticed by a disapproving person.

While many barriers to condom use were evident, the benefits of condoms were thought to be:

- Protection against infection
- Sustained erection
- Increased frequency of female orgasm
- Eliminates obvious signs of sexual activity (if disposed condom is undetected)
- For a few women, condoms were perceived as a barrier to swallowing semen during oral sex.

In conclusion, condoms act as a barrier to safe sex.

- While the need to practice safe sex is believed to be relevant for most, especially when engaging in casual sex, the practice of safe sex is difficult for many to adhere to as condoms appear to get in the way.

- The use of condoms needs to be socialised, normalised and the barriers removed to make the practice of safe sex easier.

- This requires both a shift in attitudes and a reappraisal of the marketing of condoms.

- Price is an issue and free condoms appear to appease this issue yet free condoms are usually only available in clubs where the price of admission is prohibitive for most from a lower SES background.

- Individual packs of lubrication appear to be reducing the incidence of nonuse of lubricant yet more needs to be done to destigmatise lubricant and make it a necessary and acceptable part of heterosexual activity.

## 5.8 Knowledge Of HIV/AIDS/STDs

- Most male and female respondents appeared to demonstrate a good level of knowledge about HIV/AIDS and a lesser level of knowledge about other STDs.

- However, it appears that the more educated an individual is, the more he/she to hold accurate information on these issues.

- Generally, HIV/AIDS is differentiated from other STDs on the basis of the mode of infection. Notably, infection through sharing a syringe.

- HIV/AIDS is considered to be much more serious than other STDs as it is thought to result in mortality.

- The most knowledgeable group of youth appear to be those who are attending secondary school and are being educated via Health Education or Personal Development classes. These individuals tend to hold a good understanding of STDs including HIV although were low on knowledge about Pelvic Inflammatory Diseases. Non-specific Urethritis, scabies and pubic lice.

- There is a major problem with lack of information amongst young people who have left school at an early age and missed health education classes. These individuals appear to be the least informed group and often their only source of information is mass media campaigns and grass roots educational activity.

- Advertising campaigns appear to have played a very important role in educating people about the risk of infection with STDs including HIV however, the focus has always been on HIV/AIDS which has meant youth view HIV/AIDS as a separate issue to other STDs.

- Many were unsure about the risk of STD infection through oral sex and withdrawal of the penis before ejaculation.

- Generally respondents believed that STDs including HIV were most likely to be transmitted through unprotected sex, homosexual and bi-sexual contact or transmitted through sharing needles with an infected intravenous drug user.

- Most had low awareness infection with HIV was possible through vaginal fluids and most believed that HIV would not be transmitted through unprotectedsex with a trusted partner.

- This is a major cause for concern as many young heterosexuals are not monogamous even though they may view themselves as monogamous.

## 5.9 Attitudes To HIV/AIDS/STDs

- Most feel they have a degree of vulnerability to HIV and STDs and operate a number of avoidance strategies to reduce this vulnerability.

- All respondents were fearful of contracting HIV/AIDS and to a lesser extent other STDs. The fears appear to have a basis in both rational and irrational believing that HIV/AIDS results in death while STDs present a sexual health problem.

- The degree of risk each individual believes he/she is exposed to depends on the value judgements of the individual.

- While most believe the risk of HIV/AIDS is moderately high for heterosexuals, most still believe that the most at risk groups of HIV/AIDS are homosexuals, bisexuals and intravenous drug users.

- Some believe that sexually "promiscuous" individuals (not oneself) fall into the high risk group.

- This belief has led to a down-playing of the number of sexual partners and might have and a conscious behaviour to choose sexual partners through an extended peer group where assumptions can be made that the individual is "clean" and limited in their sexual history.

- HIV/AIDS carries a high level of stigma. All would feel discriminated against if they were to have HIV/AIDS and this is a strong trigger for avoidance of HIV/AIDS although the criteria for safety is often inaccurate.

- A strong fear of stigmatisation and rejection is evident should one become with HIV and to a lesser extent other STDs. This can act as a barrier to unsafe sex practices.

- It is the way the risk is viewed and the strength of the desire to have sex that predicts one's safe sex behaviour. Often desire for sex over-rides the conscious decision not to have unsafe sex. Many delay the notion of risk next morning when they commence the worry about *"what have I done? Will I get AIDS or STDs? How stupid was I?"*

Avoidance strategies

- Avoidance strategies to prevent HIV/AIDS and other STDs include the use condoms (not all the time), character references on a new sexual monogamy (or at least trusting that the main partner is monogamous).

- Not all respondents believed they can take control of their own destiny – avoidance of infection of HIV or STDs. These people are highly anxious often avoid new sexual encounters preferring the safety of longer-term relationships.

- While most believe at a rational level that you cannot tell if someone is HIV positive or infected with an STD, at an emotional level most appear to be v visual cues of cleanliness and higher social-status as discriminators.

- Many believe avoidance of injecting drug users within a peer group will represent safety.

- Sleeping with virgins or inexperienced partners used as an avoidance strategy. The danger in this is that the word of the partner is relied upon.

- A minority of the sample had presented for HIV/AIDS test or sent a potential partner for testing when they had been promiscuous or practiced unsafe sex they had later regretted.

Perceived level of risk

- At a rational level almost all respondents felt they were at some degree of risk of infection of STDs and to a lesser extent HIV/AIDS as a function of their inconsistent or non condom use.

- Most felt they were at low risk of infection from HIV as they felt they could trust their visual skills to detect if a sex partner was likely to be infected with HIV.

- This indicates that most youth and young a adults still believe that HIV risk is marginalised in the community and confined to people who are intravenous drug users or obviously dirty or indiscriminately promiscuous.

- Females tended to be more concerned about risk of pregnancy than HIV infection partly as they did not believe they would be infected and the risk of pregnancy appears to be a more immediate concern.

- Males also felt risk of HIV was slight even though they recognised that the incidence of HIV in the Australian population was on the increase. They believed in their ability to distinguish high risk partners from low risk partners. However, all reported incidences where they had penetrative sex with a stranger and were concerned about possible infection the next day.

- In terms of other STDs, most were aware that these diseases were becoming more common.

- However, as with HIV, many did not believe they would become infected although all thought there was some chance of infection given the risk behaviour they were demonstrating (i.e. non-protected penetrative sex with partners).

- Females were more concerned about the risk of other STDs than men and it was one of their considerations when they had sex with or without a condom.

- Females were more concerned about STDs as several were aware of the possibility of sterile if they were infected with some STDs. Most of the females from higher SES were aware that with some STDs there may be no obvious signs of infection so caution should be exercised.

- While women saw STDs (not including HIV) as a stigmatised condition, males were less likely to be concerned about this, partly due to their low perceived susceptibility to infection.

- In terms of HIV, the majority had not internalised the risk of infection believing that high risk groups such as intravenous drug users, bi-sexuals and homosexuals were the at-risk groups more so than heterosexuals. While some thought the incidence of HIV-AIDS had increased amongst heterosexual population, they were not inclined to really believe heterosexuals were of a high risk of infection.

- HIV/AIDS and other STDs were usually viewed as two discrete areas with different outcomes (death versus treatment). Most tend to believe they have low levels of susceptibility of HIV infection with only a slightly chance of infection with another STD. Most have deflected the personal relevance of HIV/AIDS believing that marginalised groups are more at risk of infection than heterosexuals.

- Avoidance of HIV/AIDS is related to avoidance of STDs although the well educated younger respondents were beginning the view other STDs as a distinct and growing problem area.

- While HIV/AIDS is viewed as a broad health issue that potentially effects all parts of the body, other STDs tend to be viewed as specific to genitalia.

- Females usually viewed other STDs as general health concerns partly because infection is often internal with limited external symptoms. Males on the other hand tended to view STDs other than HIV/AIDS as specific sexual health problem.

- Males generally presented as highly penis focussed and were very concerned about protecting their penis.

## 5.10 Sources Of Information

Young people appear to have limited sources of information for data or feedback on sexual matters. Most feel they cannot talk about theses issues with their parents or other authority figures as they anticipate non-constructive, conservative response based on negative value judgements.

- Some of the 16-18 year old respondents from a mid SES background stated they could acquire information from youth centres they attended and often used these centres as a source of free condoms.

- For those attending either a secondary or tertiary educational institution, information on sexual matters was widely available. Many schools appear to be providing information on HIV/AIDS and most recently have been focussing on other STDs as a topic for education.

- However, not all schools appear to be educating students on these issues. A couple of respondents attended catholic secondary schools where sex education was not taught.

- Tertiary institutions appear to be passive providers of education on sexual matters, HIV/AIDS and other STDs yet the system relies on the student's interest and initiative to access the information. The availability of free condoms on campus gives a strong message that condom use for penetrative sex is important.

- While schools and youth workers appear to be adequate sources of technical and clinical education, they do not appear to promote free-flowing discussions of the subject matter.

- Several reasons for this may exist including the educators lack of comfort with the subject matter and the classroom environment.

- Further, institution based education does not reach all sexually active young people:

  - Many people from lower SES backgrounds leave school at an early age
  - Some students do not learn from a classroom structure.
  - The group environment may not promote discussion for some people
  - Some may feel uncomfortable dealing with a personal issue in front of their peers.
  - Only a relatively small percentage of the population continue on to tertiary education.

- There is a problem that not all heterosexually-active young people are being effectively exposed to formal education relating to HIV/AIDS and other STDs.

- Consequently, mass media has a vital role to play in educating young people and imparting messages that are relevant to the target audience.

## 5.11 Communication Activity

The role of the mass media and localised educational programs appears to be very important aspects of a communication strategy. The mass media appears to be the most powerful delivery of safe sex messages while localised educational programs in schools and youth centres appears to be able to reach most youth.

- Television advertising appears to be the most dominant source or information for the target group as well as press advertisements posters in public lavatories (including airports) and editorial.

- Females reported that women's magazines are a good source of information, especially editorial, feature articles and advice columns.

- Most people obtained information on HIV/AIDS from advertising campaigns, particularly the Grim Reaper campaign and the Many Beds campaign with supporting news reports of specific HIV/AIDS cases supplementing the campaigns. For most the campaigns were thought provoking and frightening, promoting a high level of uncertainty about their partner and prompting adoption and use of safe sex until the uncertainty passes (could be a matter of days).

- To date, the strength of the communication activity has been in the visual imagery of the communication and the tone of the communication. While few can recall the aural messages of the campaigns, the visual out-take is strong particularly for Grim Reaper, and Multiple Partners (beds). Recall of 'feet' was low.'

- Much of the advertising has had a strong impact on the target audience with the older age group who 'grew up with the ads' most influenced. Younger respondents have been exposed to safe sex messages through school education programs and to a lesser extent the previous campaigns yet the 18-20 year old age group appears to have missed the thrust of communication activity and are the least likely to be practicing safe sex.

Differences By Age

- Older respondents (>29 years) stated they "grew up with AIDS and 'safe sex' messages" and had strong recall of early campaign messages.

- Younger (<18 yrs) who had remained at school felt they had received safe sex education at school (especially education relating to STDs).

- Those who were in between these groups or who had left school at an early age tended to be deficient in information and were less likely to be practicing safe sex at all.

- Mass media communication activity appears to be especially important for youth of low SES as they appear to be the least informed on the issue and the least likely to actively seek information. They are also the most likely to take risks in regard to sexual behaviour.

- Mass media advertising appears to be the most effective means of communicating with this group as they tend not to participate in mainstream educational activities.

- For all age, gender and SES groupings, it seems that mass media messages are required to constantly keep the issue of safe sex alive especially for those who do not respond well in an educational environment.

- Main media advertising was reported to have the effect of promoting discussion amongst peer groups and possibly within the home. A few respondents stated that a parent had left condoms "lying around in the room" after a spate of advertising.

- Young working people and unemployed youths in particular benefit from mass media communication activity as it was often their sole source of information.

- Further, as safe sex has lost a degree of saliency with the target market, the respondents attributed this to the absence of recent advertising on the issue, the problem with buying and using condoms, and the low degree of personal susceptibility.

- Many felt they needed to be constantly reminded that continued risk taking may result in infection, that all heterosexuals are at risk and that it is O.K. to say no to unsafe sex.

- Importantly, the clinical tone of safe sex as an issue needs to be removed so the target market can develop a stronger emotional relationship with the subject.

- Appropriate tone for communication was thought to have its basis in either fear (usually for males) or caring (for young males and most females).

- Many males responded well to the notion of penis personification. For most males, this image appeared to be a powerful motivator to consider their genital health *("our manhood")*.

Slogans

Several slogans and end lines were reviewed in this research. Included were:

"If It Is Not On, It Is Not On"
"Be Safe, Be Sure"
"Play Safe, Stay Safe"

- The slogan that appeared to have the most relevance and impact on the target audience was "If It Is Not On, It's Not On".

- The imagery of the language was considered powerful.

- This slogan has a great deal of emotional and rational meaning for the target audiences. The rhyme works well and begins to generate a unifying language that is more user friendly as the language flows allowing respondents to visualise themselves saying these words, adopting a posture and expression that fits with the tone and effectively state their desire not to have penetrative sex without a condom.

- Females were particularly drawn to this slogan while males were highly responsive to the cartoon character. The cartoon characters worked well. They injected personal warmth and humour, allowed male respondents to project themselves onto the character. The device of personifying a penis was considered highly amusing and motivating to males.

- When youth language is explored, it is apparent that males are comfortable with the notion of personification of the penis.

- Slogans that implied a directive or command were discounted by the target market. "Be Safe, Be Sure", "Play Safe, Stay Safe" were both considered to be condescending and authoritarian, not at all sympathetic to the difficulties youth encounter in regard to safe sex.

# The Way Forward

## 6.0 The Way Forward

While each youth sub-group uses differing language and responds to differing music, images and youth totems line with the fragmented nature of the youth market, commonalities exist.

- Common emotional triggers exist across all sub-groups. All respondents to be cared for and were searching for security in an environment that is perceived as highly insecure. These common emotional needs could be maximised in future communication activities.

In terms of developing future communication messages, respondents appeared to require messages that had the following characteristics:

- Impart a sense of personal relevance to the heterosexual audience.

- Either funereal in tone or caring in tone.

- Make use of humour as an involvement device to allow messages to be internalised and/or discussed at a peer group level.

- Cut through to females to provide strategies to use condoms.

- Develops a language that moves the topic away from the clinical towards fun in line with the pleasure of sex.

Continuation of mass media campaigns and local area education appears to be crucial so the wide variety of disparate needs is met. Mass media activity is required to keep the issues relevant and important to the target group.

- Safe sex needs to be revitalised and given a more human and less clinical face.

- The language of safe sex needs to be generated and introduced to the marketplace in such a way that it is not clinical and allows the audience to become involved and have fun discussing the topic.

- A strategy is required to impart the fact that HIV/AIDS is an STD that is highly relevant to heterosexuals.

- Condoms must be destigniatised and normalised if greater use is to be achieved.

- In order to reach females, focus on the relationship and caringis expected to be motivating while males are expected to be motivated by a focus on what males consider the most important part of their anatomy, the penis.