



STI CAMPAIGN

PHASE 1 ONLINE COMMUNITY FULL REPORT

DEPARTMENT OF HEALTH AND AGED CARE › APR 2022

fiftyfive5

Part of Accenture Song

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SECTION 1

PROJECT OUTCOME AND OBJECTIVES



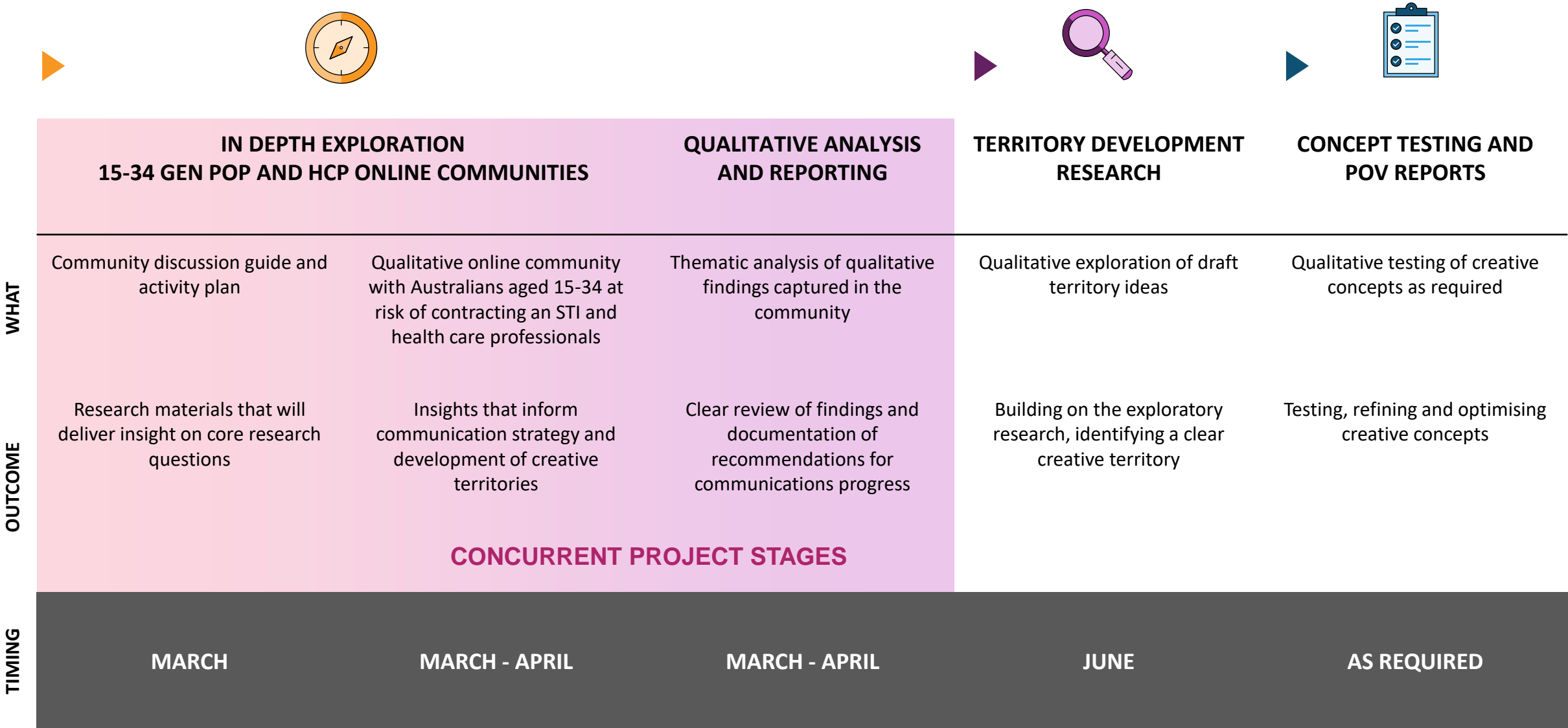
PROJECT OUTCOME

Explore the current sexual health behaviours of Australians, unpacking the relationship between knowledge, attitudes and behaviours. Building on previous research, **specifically considering the impact of the COVID-19 pandemic**, in terms of access to testing, impact on sexual behaviour and assessment of risk. Focusing on specific groups who are most at-risk, **in terms of their particular attitudes and behaviours**. Ultimately, the findings will guide the development of the Sexually Transmissible Infections (STI) Campaign

SPECIFIC DELIVERABLES

- 01** ▶ **Explore current awareness and knowledge when it comes to sex and practicing safe sex**
Exploring knowledge, what shapes this knowledge and its impact on behaviour
- 02** ▶ **Sexual health perspectives and behaviours –STI testing & discussing sexual health**
Exploring the experience of stigma, and how to normalize testing
- 03** ▶ **Building on previous learnings**
Ensuring the learnings from previous research provide a foundation for this study to build on
- 04** ▶ **Gain perspective on sources, channels, use of support**
Exploring emotional territories that will best engage with those most at risk, and whether one territory can speak to all
- 05** ▶ **Exploring the Health Care Professional (HCP) perspective**
HCP perspective on drivers & barriers to safe sex and testing, Perspectives on information needs and support. Exploring emotional territories that will best engage with the target audience
- 06** ▶ **Campaign strategy** Determine the role for communications in campaign development. Working with village partners to develop a campaign strategy covering key audiences, messages and channels

PROJECT ROADMAP



METHODOLOGY:

EXPLORE – QUALITATIVE COMMUNITY DISCUSSIONS

A 6-day qualitative online community with 15-34 year olds living in Australia, and a 4-day online community with HCPs both conducted from 29th March to 4th April 2022

YOUTH COMMUNITY OBJECTIVES:

- To deeply explore the current sexual health behaviours of 15-34 year olds living in Australia, including those in groups who are most at-risk, in terms of their particular attitudes and behaviours
- Gain an understanding of the relationship between knowledge, attitudes and behaviours in relation to sex and practicing safe sex
- Explore sexual health perspectives and behaviours, including STI discussions and testing
- Explore the impact of the current climate (i.e. the COVID-19 pandemic and stigma) on willingness to access and ability to access STI testing
- Lay the ground work for the development of creative territories and sources/channels/supports to be further tested in the next phase of the research

HCP COMMUNITY OBJECTIVES:

- Explore the HCP perspective on current context shaping knowledge, drivers & barriers to safe sex and STI testing
- Identify HCP perspective on the role of shame and stigma on safe sex and STI testing
- Identify perspectives on patient information needs and support and how this has evolved during COVID-19
- Explore emotional territories that will best engage with the target audience of young people living in Australia aged 15-34

N = 85 * Participants: Primary Audience - Youth

CORE TARGET	Living in metropolitan areas	Living in regional/remote areas
1. 15-17yr olds	8	4
2. Heterosexual sexual partners	31	17
3. Men who have sex with men (inc. heterosexual and homosexual identifying males)	12	6
4. Aboriginal and Torres Strait Islander peoples	11	7
5. Culturally and linguistically diverse populations (Speak Mandarin, Cantonese, Korean, Thai, Arabic, Hindi in addition to English)	19	2
6. Mobile and transient populations (i.e. seasonal workers, travellers; international students; backpackers)	9	5

*Total will sum to greater than 85 as some individuals qualified for more than one target group

N = 25 Participants: Secondary Audience - HCPs

SECONDARY AUDIENCE	Living in metropolitan areas	Living in regional/remote areas
1. GPs	7	5
2. Other HCPs treating STIs / delivering sexual health advice	7	6

SECTION 2

THE LANDSCAPE

FOUNDATIONAL CONTEXT HELPS TO PROVIDE AN UNDERSTANDING OF WHY THIS RESEARCH AND THE SUBSEQUENT CAMPAIGN ARE IMPORTANT



INCREASING RATES OF STIs SINCE 2014

Despite making notable progress in the management of Sexually transmissible infections (STI) over recent years, the prevalence of some STI has continued to rise in priority populations.

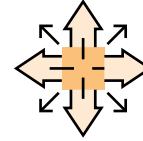
According to a study by the Kirby Institute in 2018¹, there has been a **noticeable increase** in rates of preventable STI such as gonorrhoea, chlamydia, infectious syphilis and congenital syphilis.



A CONTINUING RESPONSE IS NECESSARY AND IN PLACE

Also in 2018, the Department of Health (the Department) publicly released the Fourth National Sexually Transmissible Infection Strategy 2018-2022.

This strategy is designed to set the direction for Australia's continuing response to STIs, with one of the targets being to **reduce** the prevalence of gonorrhoea, chlamydia, and infectious syphilis, and **eliminate** congenital syphilis, by the end of 2022. Another key target is to **increase STI testing** in priority populations. It is also relevant to note the broader importance of good sexual health; and that it is fundamental to overall health and wellbeing across every stage of life.



RESEARCH REVEALED SHIFTS, HOWEVER STIGMA PERSISTED

In late 2019 the Department commissioned research that focussed on attitudes and behaviours related to STIs, with the research looking to compare against previous research from 10 years earlier.

The research highlighted that whilst there had been significant shifts across broad segments of the population in the 10 years prior, there was a continued existence of stigma associated with STIs for some groups, particularly younger women, those in regional areas and CALD populations.



ENVIRONMENTAL AND ATTITUDINAL CHANGES WERE ALSO NOTED

Landscape changes which impact decisions around sexual health were also identified:

- digital access to and consumption of pornography via social media
- broad awareness of the morning after pill (and routes to access)
- easier availability of condoms (particularly with the advent of self-service check-outs at supermarkets)
- the prominence of sexual health conversations in media/social media (e.g. Netflix series Sex Education)
- increased prominence of discourse around consent (particularly in the context of the #metoo movement)
- the impact of dating apps

OUR UNDERSTANDING IS ALSO GROUNDED IN THE ATTITUDES AND BEHAVIOURS OF 16-29 YEAR OLDS ESTABLISHED IN 2020



STI AWARENESS

The majority of young people are aware of at least one STI (85%), with 6.3 STIs on average recalled. HIV was the most commonly recognised alongside genital herpes and chlamydia. Syphilis and HPV were less commonly recognised, with very few aware of trichomoniasis.

A lack of formal and consistent approach to sexual health education in schools was identified as an issue, as was having not learnt about the topic since Year 9 health classes.



STI KNOWLEDGE

The 2020 research indicated modest levels of sexual health knowledge (61% knowing either a lot or quite a bit). However, knowledge of specific STIs was lower, with HIV being the highest (24% saying they know a lot/quite a bit).

When challenged to put this knowledge into practice results differed, with an average score of 7.2 / 12 achieved on an STI test. Older females were seen to score the highest (8.1) and males 19-24 years the lowest (6.0). A number of myths were also seen to prevail, such as the notion that STIs are rare.



STI TESTING

Despite the modest knowledge of STIs, knowledge of what's involved with STI testing was found to be much lower (38%). However, nearly half (48%) of sexually active 16 to 29 year olds had ever been tested for an STI; with 1 in 4 of this group testing at least once every year. It should be noted however that up to 1 in 5 heterosexuals did not know what STIs they were being tested for.

The most common barriers to getting tested included regular condom use, being in a committed relationship/trusting one's partner and not having any symptoms.



CONDOM ATTITUDES

Overall approach to using condoms varied with age, with almost half of 16-18 year olds stating they would not have sex without a condom (44% for females, 54% for males). Conversely, this proportion was lowest among the gay males cohort at 1 in 6 (16%).

The 2020 research also found that both women and specifically men aged 18 years and under had the most positive attitudes towards condoms. Including the personal and broader community benefits of condom use. Further to this, women also tended to agree less with negative condom attitudes, such as not enjoying sex as much with a condom.



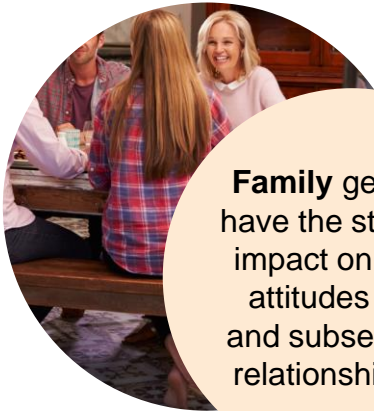
CONDOM USAGE

Actual usage of condoms was seen to vary significantly by relationship status. Across all demographic groups use was more consistent for those not in a relationship, compared to those who were not in committed relationship (34% always used vs 21%).

Positively carrying a condom was seen to correlate with actual use, with the majority (88%) of those carrying one in their last sexual experience actually using it.

TODAY FAMILY, FRIENDS, SOCIETY/MEDIA AND CULTURAL UPBRINGING ALL SIGNIFICANTLY SHAPE THE VIEWS AND ATTITUDES OF 15-34 YEAR OLDS

FEELINGS TOWARDS RELATIONSHIPS AND SEX ARE ALSO HIGHLY INFLUENCED BY THESE FACTORS



Family generally have the strongest impact on views/attitudes to life and subsequently relationships/sex



Young adults are both influenced by **friends** and also close friends who have similar beliefs, views and attitudes



Society and media inform and influence views, especially with regards to what is seen as “normal”



Cultural background and upbringing not only informs views/attitudes but also relationships



I would have to admit that my views are definitely influenced on those around me especially family and how a certain decision or view would affect either how I am perceived by those closest to me or how the decision will affect those closest to me.

- Female, 26-30

I'm a firm believer of the concept that 'you are the average of your 5 closest friends'.

- Male, 18-21

The world is constantly changing, what's considered socially acceptable is always changing and I want to keep up with that. I don't want to be 'behind the times'.

- Female, 22-25

My cultural background and upbringing informs my views and attitudes. My parents migrated here when they were around my age to flee the communist regime in Vietnam.

- Female, 22-25



Understanding the complexity of influences on young adults helps to aid an appreciation of how and why their relationship with sex is also incredibly complicated. It is heavily influenced by external factors such as family, friends, society, media and culture and internal factors such as emotions and reactions to experience.

FOR SOME, COVID-19 REDUCED OPPORTUNITIES TO MEET NEW PEOPLE, FOR OTHERS IT ACCELERATED THEIR WILLINGNESS TO TAKE RISKS

FEWER

OPPORTUNITIES TO DATE AND HOOK UP WITH NEW PEOPLE

- Casual hook-ups with fewer partners (not fewer hook-ups)
- Increased anxiety impacted relationships and desire for sex
- Spent time alone – not dating
- Moved dating to an online virtual space, with less physical contact
- People who were travelling for sex with holiday-makers/when away from home for work had fewer opportunities to meet for sex
- Fear of future lockdowns created withdrawal of opportunities for sex
- Highlighted importance of finding long-term partner
- Some remained with a partner, when otherwise might have ended a relationship
- Some reported reduced availability of condoms with broader supply chain issues

MORE

A SENSE OF URGENCY, NO TIME TO WASTE

- More casual sex as no time to develop relationships
- Accelerated relationships, making up for lost time once out of lockdown
- More risk-taking among those not sure where their life or the world was going
- Encouraged people to date online when they might not have previously done so, creating more opportunities to meet a greater range of people



Among those who increased risk taking behaviour during the pandemic, there was no discussion of associated additional precautions or STI testing



The HCP perspective... COVID-19 impacted healthcare delivery, bringing convenience and support for self-directed care but reducing time for deeper discussion. HCPs raised concern that this was leading to mis-diagnosis of STIs, and prevented the incidental conversations that created opportunities to provide advice on safe sex, and to recommend testing.



RECENT SOCIETAL CHANGE HAS CREATED AN OPPORTUNITY FOR THE DEPARTMENT'S COMMUNICATIONS ON SEXUAL HEALTH TO CUT THROUGH, AND ENCOURAGE 15-34 YEAR OLDS TO TAKE RESPONSIBILITY FOR HEALTH OUTCOMES

#MeToo and the importance of consent

The MeToo movement has created a discussion about consent across Australia and internationally, including the importance of discussing sex and boundaries with prospective partners. The implications of consent are discussed in education programs and in the media, and can shape the rationale for promoting condom-use

“ Step one; talking about sex, in respectful terms around consent and boundaries Step two; fun & tension. Step three; foreplay, respecting one another and communicating simultaneously. Step four; Sex.

- Female, 26-30

INDIVIDUAL AGENCY



PUBLIC DISCOURSE

Social media creating spaces for discussion

Social media channels, specifically TikTok have created more spaces for young people to ask questions and find information about their health. Information presented in visual formats aids comprehension and breaks down barriers that can be a characteristic of health environments. By discussing STIs, STI testing, and condom use via these media there is an opportunity to engage more deeply with 15-34yr olds.

“ It's technically an account for a brand of period products... They talk about the whole cycle (month long), not just the bleeding aspect. And other parts of your body, your mood and mental health, your breasts, everything.

- Female, 15-17

PHYSICALLY POSITIVE

A focus on health, mental health and preventative action

The role that individuals can play in the maintenance of their own health and wellbeing has become more prominent. Wearable health tech, managing diet, exercise, sleep, And alcohol consumption are topics of regular media discussions. STI testing can be part of our health maintenance routine.

“ Telehealth has led to patients becoming more engaged in their own health, I feel they will continue to care about their health and visit the GP more

- GP

“ You need to be more proactive about your healthcare seems to be the general vibe of how we approach this because of the pandemic.

- Male, 31-34

OUR PRIORITY GROUPS DIFFERENTIATE ON KEY ATTITUDES TOWARDS SEXUAL HEALTH, INCLUDING CONDOM USE AND STI TESTING



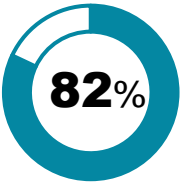
15-17 YEARS OLDS

As expected with their age, younger Australians tend to be **new to sex and less experienced**, however a majority have strong intentions when it comes to practicing safe sex

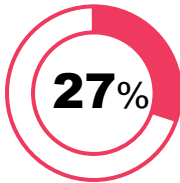


Further to this, a majority of young Australians agree that using **condoms is the best method** of STI prevention (76%)

Positively they are more likely to agree that **sexual health is important to overall health**, though they have less knowledge of STIs and how to get tested



agree sexual health is important for overall health

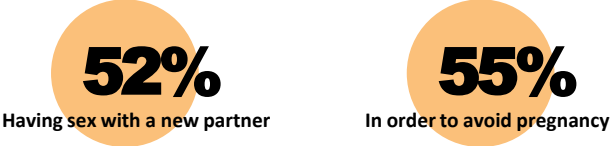


feel they understand what is involved in STI testing

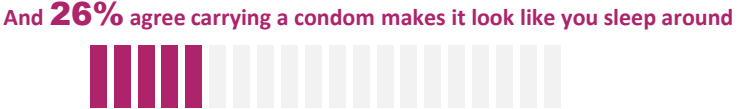
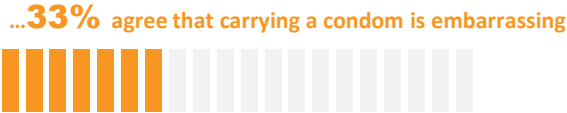


HETEROSEXUAL SEXUAL PARTNERS

Condom usage among heterosexuals is significantly higher in certain situations such as:



Condom usage is more likely to make heterosexual **feel protected and relaxed**, than others (57% vs. 49%). However, despite this there are still some **negative perceptions around carrying condoms**:



Barriers are also likely to exist around testing with **fewer heterosexuals having ever been tested** for an STI compared to others (35% vs. 45% of other couples)



MEN WHO HAVE SEX WITH OTHER MEN

The Fourth National Sexually Transmissible Infections Strategy 2018–2022 noted that men who have sex with men are **disproportionately affected by almost all STIs** compared with the general population. However, a 2021 publication in AIDS⁴ noted that positive change is being seen over time:



The 2020 research also highlighted that men who have sex with other men tend to see managing sexual health as taking responsibility for their overall health. While, of the six groups of interest in this report, this population **present as the most informed** when it comes to sexual health, though self-reported **knowledge does not always match**².

The research also suggests that **strong sex positive attitudes** prevailed in this group as they are seen to have **more open conversations with friends**. In addition to this, there is an indication that pre-exposure prophylactic (PrEP) **makes sex seem ‘safe enough’** and the associated testing means that this population are **generally more aware** of STIs.

¹Kirby Institute. Bloodborne viral and sexually transmissible infections in Aboriginal and Torres Strait Islander people: Annual Surveillance Report 2017. Sydney: Kirby Institute, UNSW Sydney; 2017.
²Quantitative data sourced from *Stancombe Research + Planning Segmentation research (2020)*. Comparisons made between population of interest and all other respondents at 95% confidence.
³Fourth National Sexually Transmissible Infections Strategy 2018–2022
⁴Increasing preexposure prophylaxis use and ‘net prevention coverage’ in behavioural surveillance of Australian gay and bisexual men, AIDS: April 2021

IN ADDITION TO THESE ATTITUDES PREVALENCE OF DIFFERENT STIs ARE ALSO SEEN TO BE HIGHER AMONG OUR PRIORITY GROUPS



ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLES

According to a 2017 report by the Kirby Institute, as a population, Aboriginal and Torres Strait Islander people are **disproportionately impacted by STIs** compared with the non-Indigenous population¹. Notification rates of **chlamydia, gonorrhoea and syphilis** are significantly higher in the Aboriginal and Torres Strait Islander population. The report notes that this disproportion is born from:



Greater exposure to riskier environments



Lack of access to testing or treatment



Co-existing medical and social factors

Research conducted by in 2020 identified that Aboriginal and Torres Strait Islander people generally exhibit **lower awareness and knowledge** of STIs and sexual health, despite having stronger confidence². Condom use is also seen to be good, but again holds poor connotations with:



3 in 10

having a negative attitude in relation to carrying a condom

- Carrying one is embarrassing OR
- It will infer that I sleep around



CULTURALLY AND LINGUISTICALLY DIVERSE

The Fourth National Sexually Transmissible Infections Strategy 2018–2022, noted that some studies have indicated a **high prevalence of certain STIs**, as well as a **lack of STI knowledge and understanding**. This is supported by previous research conducted in 2020 which suggested that this population generally have lower awareness and knowledge of STIs:

Number of STIs recognised in a prompted list



One thing we do know is that Australia’s CALD population continues to grow, with some of these **people coming from countries with high prevalence** of STIs⁴.

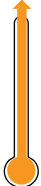
This population are also seen to have more **consistent condom use** than the typical young person, with 1 in 3 saying they **wouldn’t have sex without one** and a higher proportion stating they would always or most of the time use one.



Will always or mostly use a condom during sex



MOBILE AND TRANSIENT POPULATIONS



Following the ease of global COVID-19 restrictions this group is **expected to resume international travel** and contribute to a **sudden increase in STI transmission**

This is exacerbated by previous evidence to suggest that it is **not uncommon for people to behave differently when travelling**, which included **engaging in unsafe sexual practices**⁵.

The 2020 research looked at this population, however it should be noted that the group was exclusively male and generally reported **similar attitudes and beliefs** concerning sexual health as other older **heterosexual males**. As a group, the mobile and transient population is also seen to **have good awareness of STIs** and of the **testing process**. With condom use among this group also tending to be more consistent and in some cases a non-negotiable, such as when **travelling in perceived high-risk countries**².

Beyond **education and promotion** of safe sexual health practices, the **provision of STI services, including testing**, for people within this population who are ineligible for Medicare is an important consideration³.

¹ Kirby Institute. Bloodborne viral and sexually transmissible infections in Aboriginal and Torres Strait Islander people: Annual Surveillance Report 2017. Sydney: Kirby Institute, UNSW Sydney; 2017.
² Quantitative data sourced from Stancombe Research + Planning Segmentation research (2020). Comparisons made between population of interest and all other respondents at 95% confidence.
³ Fourth National Sexually Transmissible Infections Strategy 2018–2022.
⁴ WHO. (2016). Report on globally sexually transmitted infection surveillance, 2015. WHO Press: Geneva, Switzerland.
⁵ McNulty, A. M., C. Egan, H. Wand, and B. Donovan. (2010). ‘The behaviour and sexual health of young international travellers (backpackers) in Australia.’ Sexually Transmitted Infections, 86(3):247–250

SECTION SUMMARY

TAKEOUT

Research conducted in 2020 identified that modest levels of STI knowledge existed while STI rates continue to increase in Australia. Stigma related to STIs was also found to be persistent and a contributing factor to these rates. This was noted particularly in priority groups, such as 15-17 year olds, CALD populations and men who have sex with men.

The COVID-19 pandemic has impacted opportunities and mindsets for safe sex and STI testing; reducing opportunities to meet new people or accelerating a willingness to take risks.

Recent societal changes (i.e., social media creating spaces for discussion, a focus on health, mental health and preventative action and the #MeToo movement coupled with the importance of consent) have also created an opportunity for the Department's communications on sexual health to cut through and encourage young people to take responsibility for health outcomes.

IMPLICATION

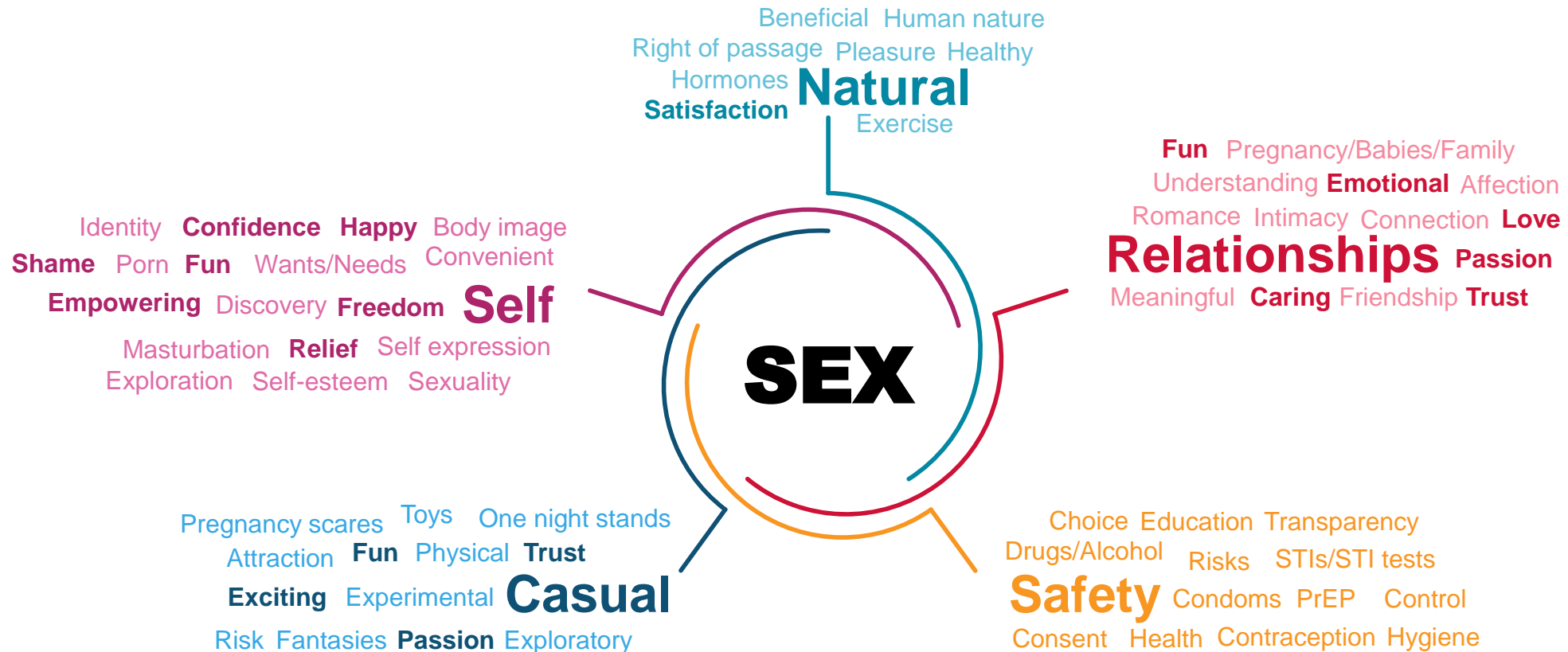
The 2020 research provides a strong foundation for reflection and is an important source to inform communications development. However, the COVID-19 pandemic and broader societal change has shaped the attitudes, experiences and behaviours of 15-34 year olds and consequently the findings in this research report will supplement the previous research to ensure we tease out the most relevant audience needs, and tensions for the creative territories to respond to.

SECTION 3

BEHAVIOURS

BEFORE WE BEGIN TO UNDERSTAND SEXUAL HEALTH BEHAVIOURS, WE MUST UNDERSTAND YOUNG ADULTS' EXPECTATIONS AND EMOTIONS WHEN IT COMES TO 'SEX'

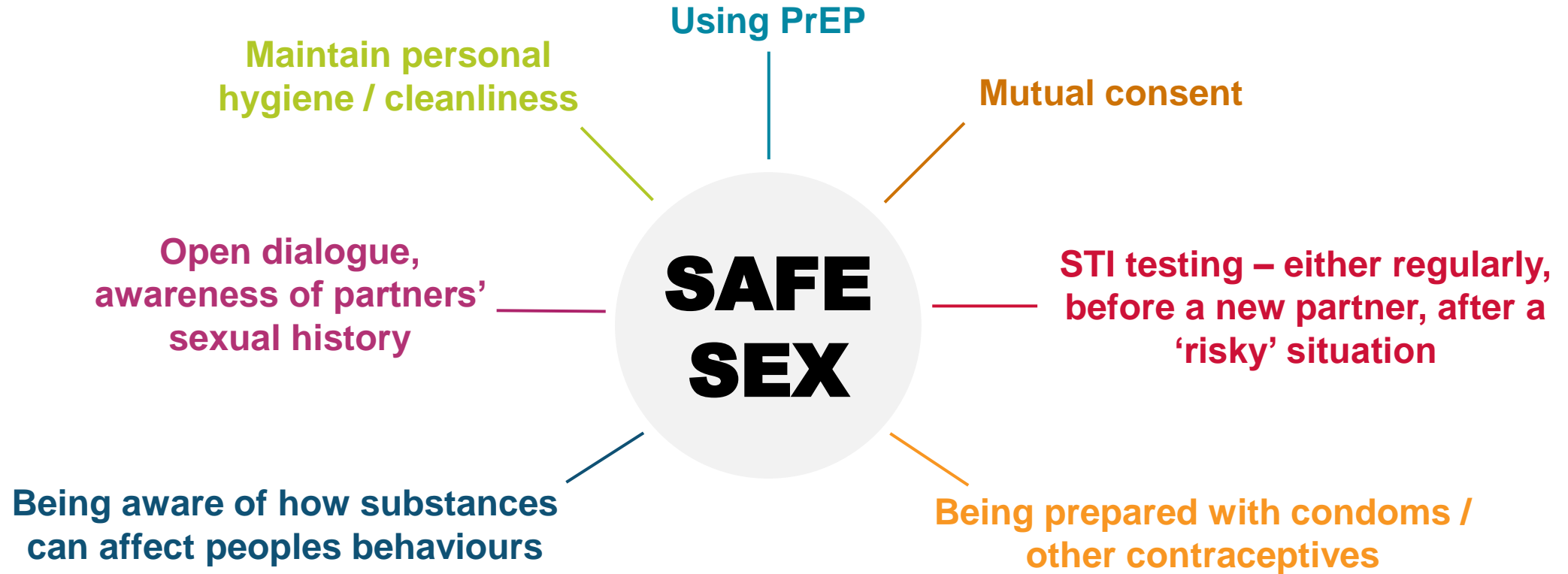
THESE ASSOCIATIONS ARE SHAPED OVER TIME THROUGH EDUCATION, RELATIONSHIPS, AND EXPERIENCE



Not only does this give us a perspective on the language used by our target audience, it gives us an insight into the role of sex in their lives – the functional and emotional benefits people derive and how safe sex and STIs intersect with the benefits. It also helps us identify ways in which we might create communications that fit into their world to be more relatable and meaningful.

BEYOND SEX IT IS ALSO IMPORTANT THAT WE UNDERSTAND HOW 15-34 YEAR OLDS THINK ABOUT 'SAFE SEX'

AS WITH THOUGHTS ON SEX, THESE FEELINGS ARE INFLUENCED BY EDUCATION, RELATIONSHIPS, AND EXPERIENCE

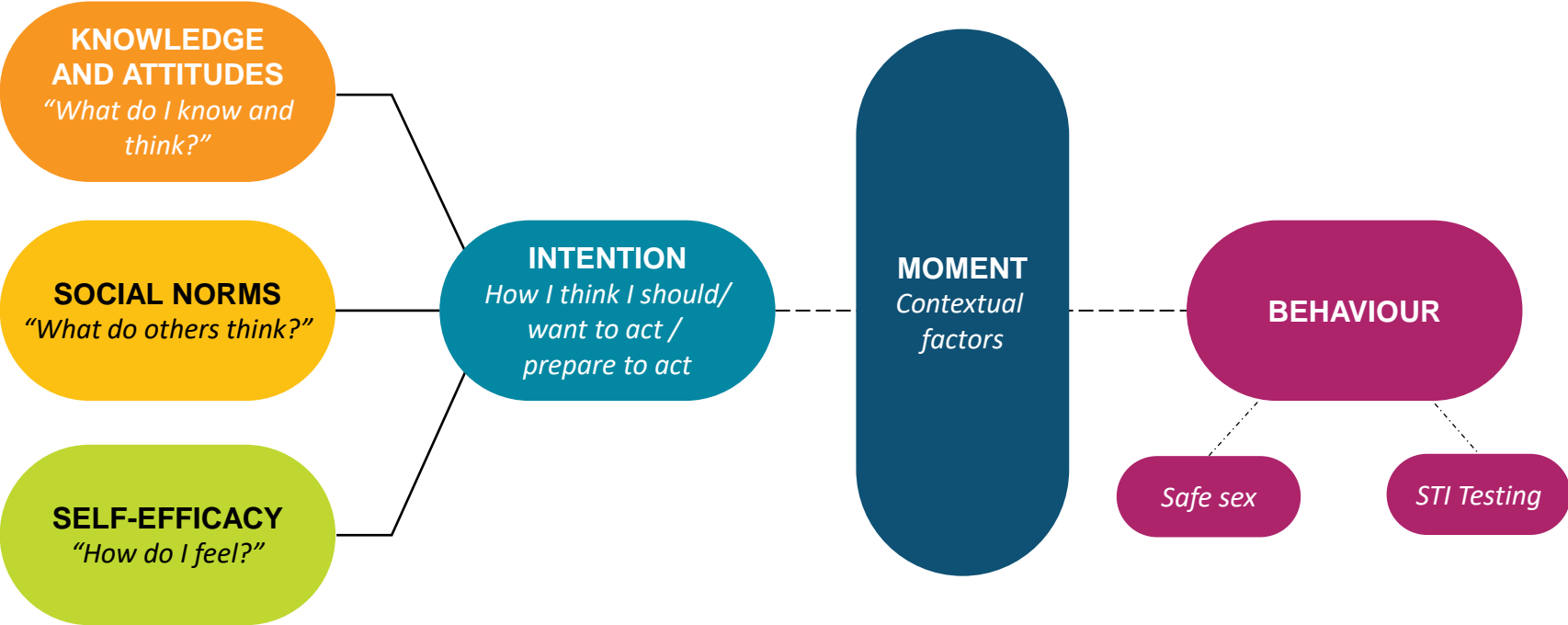


15-34 year olds also vary in their definition of what defines safe sex. Knowing and understanding this is important as these definitions set an individual's personal standard for what they consider to be safe sex.

THE THEORY OF PLANNED BEHAVIOUR PROVIDES A USEFUL FRAMEWORK TO UNDERSTAND INDIVIDUALS' ACTIONS WHEN IT COMES TO SEX AND SEXUAL HEALTH

MODIFIED THEORY OF PLANNED BEHAVIOUR

There are a range of direct and indirect influences on young adults' safe sex and STI testing behaviours. A myriad of internal and external factors such as social norms, knowledge and attitudes, as well as one's self-efficacy shape an individual's intentions when it comes to sex and sexual health. However, intended behaviours rarely match up to actual behaviours and are influenced by a dynamic interplay between "moments" and the emotions that are at play in those moments.



In order to effectively create a campaign that will motivate behaviour change, we need to unpack each element and get to the core influencers of intention and the drivers and barriers to actual behaviours.

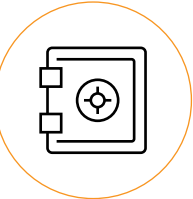
KNOWLEDGE AND ATTITUDES ARE A KEY PART OF INFLUENCING INTENT, BUT MAY NOT ALWAYS BE ALIGNED

WHILE KNOWLEDGE CAN BE INFLUENCED BY SAFE SEX EDUCATION AND AWARENESS, ATTITUDES ARE SHAPED BY PRIOR EXPERIENCE, EMOTIONS, AND EVEN STIGMA

KNOWLEDGE “WHAT I KNOW”

SAFE SEX

Young adults’ knowledge of safe sex exists along a continuum. For many, contraception was the focus of safe sex, rather than protection from STIs



STIs

Knowledge about STIs similarly exists along a scale. It is common for young adults to have general awareness rather than detailed knowledge related to specific STIs, symptoms, treatment, long-term impacts etc.



STI TESTING

Among those with low knowledge, there was a lack of understanding about the process of and where to get tested, which could hinder testing behaviour. Those who had greater knowledge about testing tended to have previous experience or peer knowledge.

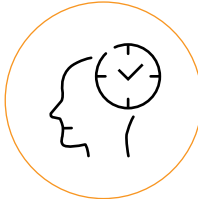


In the past I was a bit more blasé about sexual health because I was wild, rebellious and carefree. I would still carry condoms and use them, but if I forgot them or we didn't have any to access, things would still end up happening a lot of the time.

I think that definitely shaped how I am now because I know how risking to my health that could have been.
- Female, 31-34



ATTITUDES “HOW I THINK”



PREVIOUS EXPERIENCE

Previous sexual experience is a key factor that influences young adults' attitudes towards safe sex and STI testing.



INTERNAL FACTORS

Emotions, feelings and personality can shape attitudes towards safe sex, STI testing and perceived risks or risk-taking behaviours.



STIGMA

Stigma around having an STI negatively influences attitudes around safe sex and STI testing. Among young adults with a stigmatised lens, there is a perception of people who have STIs as ‘dirty’ versus those without STIs being seen as ‘clean’.

A campaign that intends to educate and increase knowledge will not necessarily change young adults’ attitudes towards safe sex and STI testing. Instead, a broader understanding of factors that influence behaviours is needed.

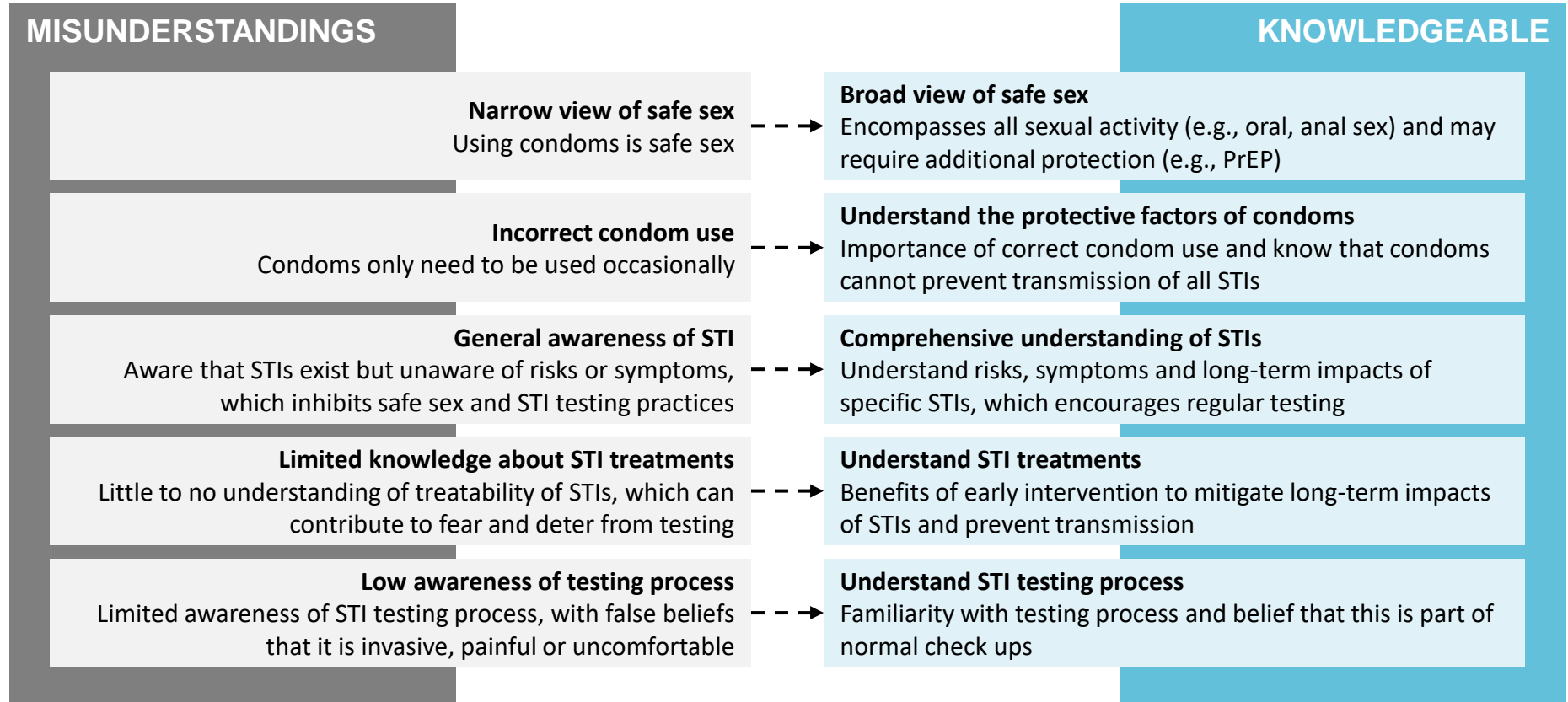
DESPITE GENERAL AWARENESS OF STIs, HCPs FEEL THAT 15-34 YEAR OLDS' KNOWLEDGE IS NOT ALWAYS EVIDENCE-BASED AND FALSE BELIEFS ARE COMMON



As part of their role, HCPs commonly need to address misconceptions and false beliefs around safe sex and STIs.

HCPs identified the following factors as contributing to greater knowledge:

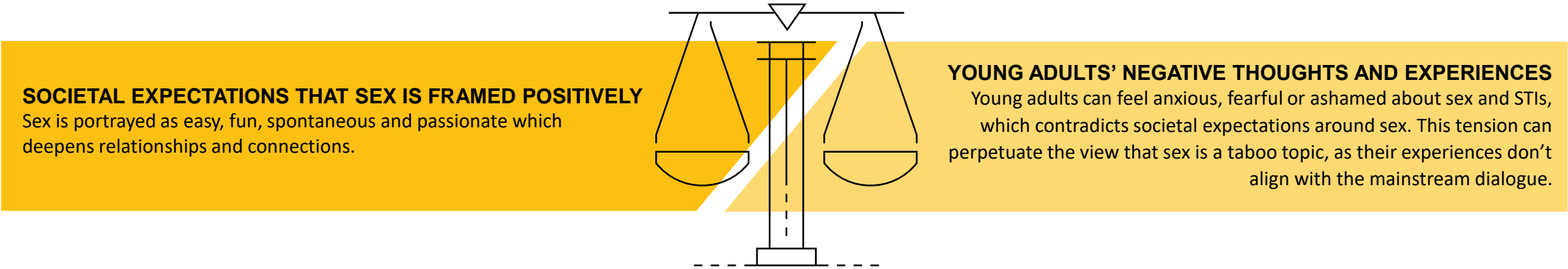
- Education level
- Socio-economic status
- Community/peer group
- At-risk cohorts (e.g., sex workers)
- Previous experience (e.g., STI diagnosis or STI testing)



Misconceptions and false beliefs around safe sex and STIs are common among young adults, which impacts their attitudes, intentions and behaviours. Currently HCPs play a role in addressing false beliefs, yet there are many young adults that will not present to HCPs. There is an opportunity for a campaign to address false beliefs and encourage conversations with HCPs, which may facilitate behaviour change and greater adoption of safe sex and STI testing practices.

CURRENT SOCIAL NORMS FRAME SEX AS FUN AND SPONTANEOUS BUT SAFE SEX AS SENSIBLE, WHICH CONTRIBUTES TO STIGMA

Social norms are derived from peer groups, communities and relationships. Young adults’ expectations and beliefs about safe sex are influenced by how they think others around them feel and behave and, in turn, this impacts their intention to engage in safe sex and STI testing practices. Young adults’ experience tension as their experiences are multidimensional and nuanced, which conflicts with the societal portrayal of sex as predominantly straightforward and positive.



STIGMA INFLUENCES SAFE SEX BEHAVIOUR

For many, sex and safe sex is a taboo topic, which restricts open conversations about safe sex practices.

Among heterosexual participants, perceptions of safe sex are commonly focused on contraception rather than STI prevention. While among the participants who identified as men who have sex with men, the focus is on PrEP before other STIs.

STIGMA INFLUENCES STI TESTING BEHAVIOUR

Social stigma around having STIs and testing still exists. Among young adults who were fearful of a diagnosis of STI, stigma was a main concern as they held the view that they would be judged or condemned. Fear, embarrassment and shame can prevent young adults from getting tested.

In contrast, young adults that viewed testing as important for regular check ups reported less stigma and normalisation of the testing and treatment of STIs.

Campaigns that can shift the social narrative have the power to shift social norms. Opening up the dialogue to encompass all the dimensions of sex, to include sexual health, can help destigmatise conversations and safe sex behaviours.

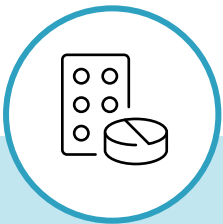
AN INDIVIDUAL'S PERCEPTION OF THEIR ABILITY TO SHAPE A SITUATION IS A STRONG INFLUENCE OF 15-34 YEAR OLD'S INTENDED BEHAVIOUR



A campaign that uses strategies to increase self-efficacy, notably confidence, perceived control and empowerment, would positively influence intention and actual safe sex behaviours and STI testing practices among young adults.

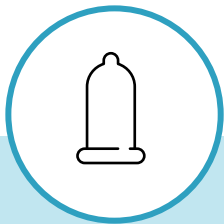
THE INTENDED BEHAVIOURS BEGIN WITH DISEASE AND PREGNANCY PREVENTION, PROGRESSING TO A MORE SOPHISTICATED INTENT FOR HEALTH AND WELLBEING

While, condoms are most commonly perceived as the primary way to practice safe sex, young adults more intent on preventing disease being “sex-positive” and healthy, and demonstrating more proactive safe sex behaviours e.g., routine STI testing, use of PrEP, upfront conversations about partners, history, etc.



CONTRACEPTION

Safe sex practices aim to prevent pregnancy (between heterosexual partners)



DISEASE PREVENTION

Safe sex practices aim to prevent sexually-transmitted infections



HEALTH AND WELLBEING

Safe sex practices aim to ensure mental and physical wellbeing through mutual care and respect for one another



According to HCPs, most young adults seek advice regarding contraception or, in fewer cases, disease prevention. HCPs have minimal discussions with young adults about the role of safe sex in holistic mental and physical wellbeing.

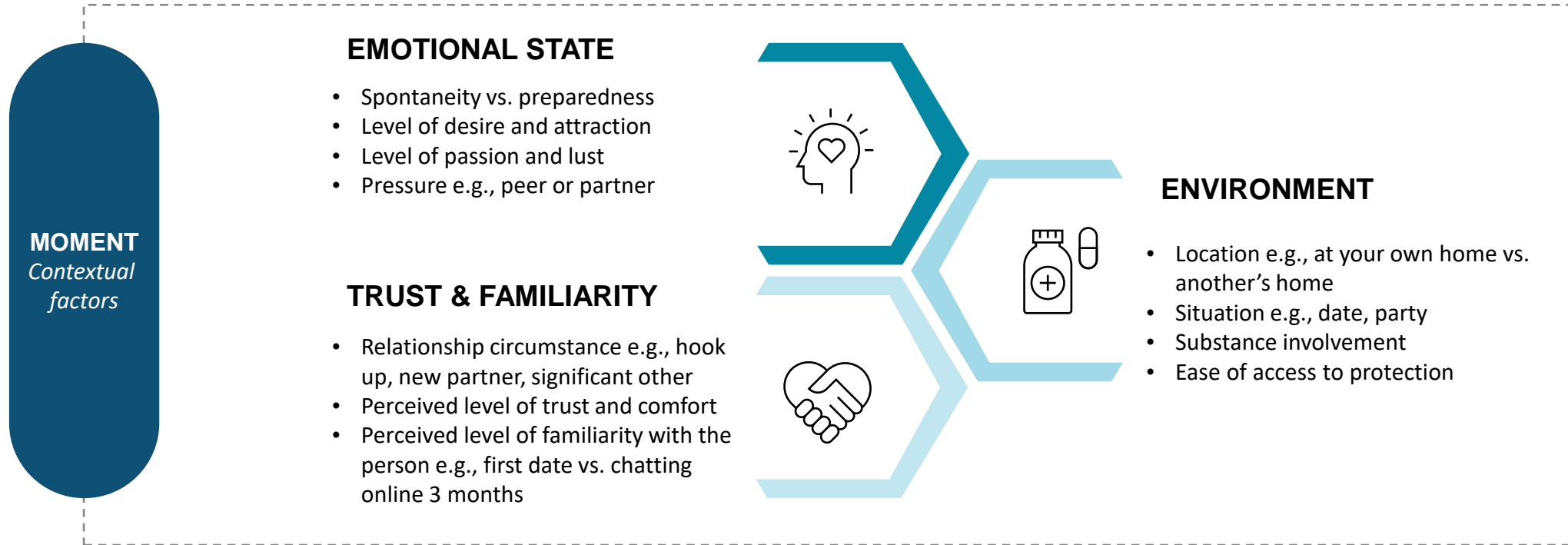


Many think that safe sex means taking the morning after pill, which requires explanation that this does not prevent STIs or provide any sort of ongoing protection. What their partner believes is ok/acceptable in regards to safe sex often plays a part in their opinion.

– Pharmacist, Metro

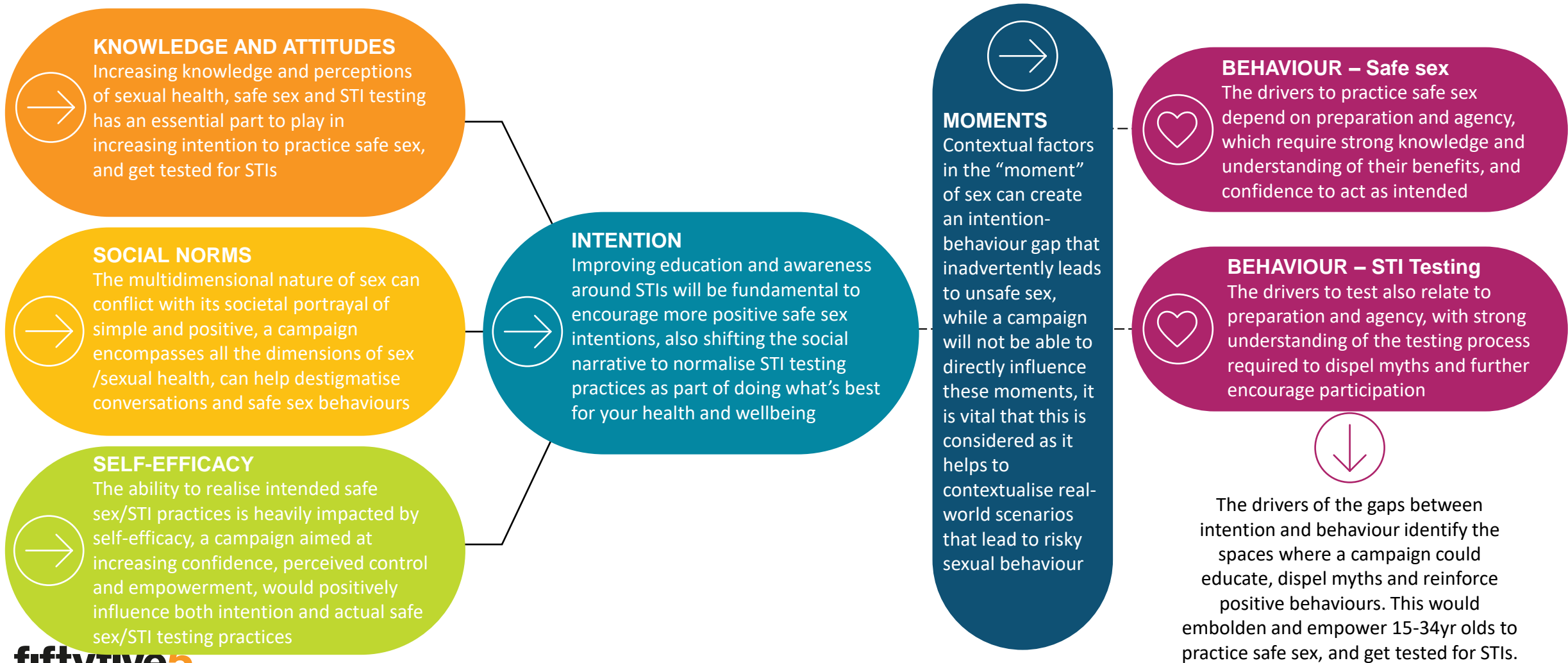
A government campaign that aims to provide better education and awareness around STIs could help move young adults’ towards having more positive safe sex intentions and shift the social narrative to normalise safe sex practices as part of doing what’s best for your health and wellbeing.

HOWEVER, CONTEXTUAL FACTORS IN THE “MOMENT” OF SEX CAN CREATE AN INTENTION-BEHAVIOUR GAP THAT UNINTENTIONALLY LEADS TO UNSAFE SEX



While the “moment” is not something that a campaign can directly influence, it helps to contextualise real-world scenarios that lead to risky sexual behaviour. Armed with this insight, we can begin to mine the ways in which a campaign can be authentically positioned and speak to real internal pleasures, struggles, unmet needs related to sex, sexual health, and STI testing.

IN SUMMARY THE THEORY OF PLANNED BEHAVIOUR PROVIDES A FRAMEWORK FOR UNDERSTANDING SEXUAL HEALTH BEHAVIOURS AND WHAT THIS MEANS FOR FUTURE CAMPAIGNS AIMED AT INCREASING SAFE SEX AND STI TESTING



FAMILY, CULTURE AND SOCIAL MEDIA ARE NOTED AS BIG INFLUENCERS FOR THESE EMOTIONAL RESPONSES

A word cloud featuring various emotions and states of mind. The words are arranged in a horizontal, somewhat circular pattern. The colors range from dark purple for negative emotions to bright orange for positive ones. The words include: UNCOMFORTABLE, EMBARRASSED, NERVOUS, RESPONSIBLE, SAFE, CONFIDENT, EMPOWERED, PREPARED, RELIEVED, OKAY, FRIGHTENED, IRRESPONSIBLE, AWKWARD, SCARED, SECURE, REASSURED, FINE, IN CONTROL, PRIVILEGED, DIRTY, SHAMEFUL, GUILTY, WORRIED, ANXIOUS, and ANNOYED.

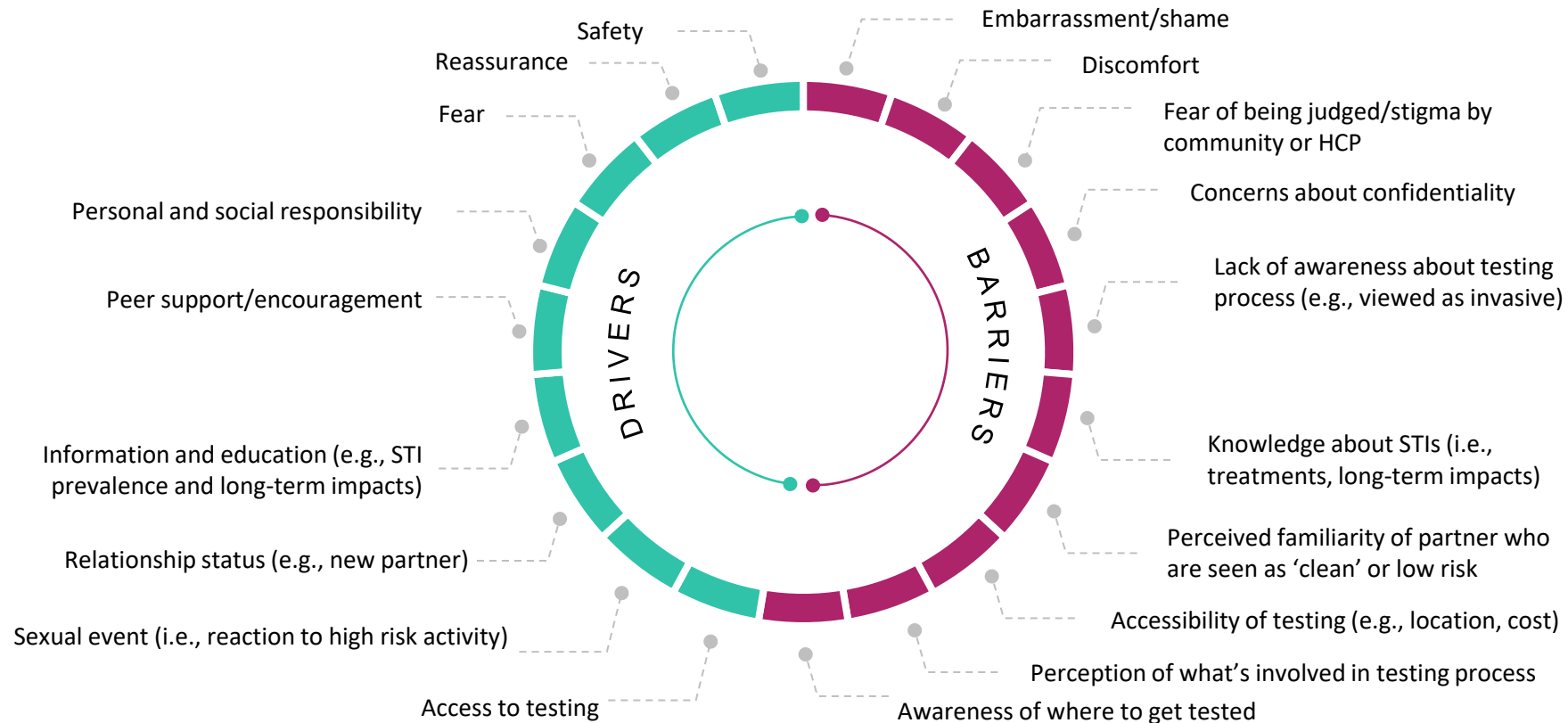
UNCOMFORTABLE EMBARRASSED NERVOUS RESPONSIBLE SAFE CONFIDENT EMPOWERED PREPARED RELIEVED OKAY FRIGHTENED IRRESPONSIBLE AWKWARD SCARED SECURE REASSURED FINE IN CONTROL PRIVILEGED DIRTY SHAMEFUL GUILTY WORRIED ANXIOUS ANNOYED

“

Understanding this language will support the tension that the campaign will respond to. The more positive language presented on the right of the page tended to be used by those who were more open to getting tested and could be a suitable aim for the campaign.

DRIVERS AND BARRIERS ARE PREDOMINATELY SHAPED BY EXPERIENCE AND UNDERSTANDING OF THE TESTING PROCESS, AND EXPECTATIONS OF COMMUNITY REACTION

Factors that could **support** proactive, regular and timely STI testing



Factors that could **prevent** proactive, regular and timely STI testing

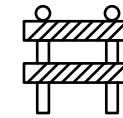
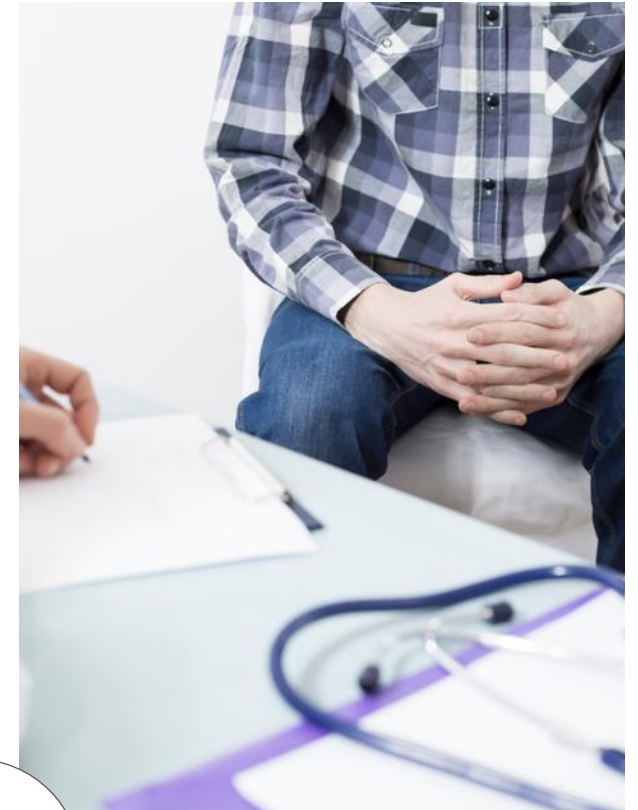
A SUCCESSFUL CREATIVE TERRITORY WILL ACKNOWLEDGE THE COMPLEXITY OF EMOTIONS TOWARDS STI TESTING AND PROVIDE EDUCATION ON THE TESTING PROCESS

DRIVERS



The need to have an STI test presents a complex emotional response that is different for each individual and would likely also be different every time a test is required. Future campaigns aimed at encouraging STI testing need to capture the complexity of these emotions and normalise the before of getting a test.

It is also critical to consider the numerous barriers that may also exist when a young person needs an STI test. Particularly as these barriers will often present together and more so when an individual is going to get tested for the first time. It will therefore be key that the campaign can link young people to tailored information that provides detail on where to get tested, what it involves and provides reassurance that the environment and medical staff will be safe and open in their approach.



BARRIERS

AND THE SUCCESSFUL TERRITORY SHOULD POSITION STI TESTING AS MOTIVATING ENSURING IT IS CONSIDERED RELEVANT, “NORMAL”, OR A PART OF A ROUTINE HEALTH CHECK



INACTIVE

INTENTION: Minimal intention to be tested

BEHAVIOUR: Never been tested



Most will get an STI test when offered opportunistically e.g. at pap smear. Some decline however I do not know if it is because of stigma or if they perceive themselves as lower risk.

– GP, Metro

It will be critical for the campaign to be inclusive of the target audience on this end of the spectrum, and credibly raise awareness and educate on why action is needed



REACTIVE

INTENTION: Minimal intention to be tested unless symptomatic

BEHAVIOUR: Testing linked to symptoms and/or previous partner diagnosis



I still find a large proportion of patients I see do not link their presenting signs and symptoms to a possible STI. In some patients I have seen, an influencing factor [for testing]... has been when it has been disclosed to them by a friend, that their partner has a history of an STI, such as Herpes, but the partner has not disclosed this themselves.

– Nurse, Metro

The campaign must also normalise for those that occasionally experience and emphasise the importance of normalising testing behaviour



PROACTIVE

INTENTION: Intend to be tested regularly and/or after high-risk sexual activity

BEHAVIOUR: Regular testing, which is seen as a part of broader health check ups



There is the very pro-active cohort in protecting themselves from STIs. I see couples who have STI checks prior to being [sexually active] with each other.

– Nurse, Regional

While reinforcing positive sexual health behaviours already in action by certain audiences and not alienating

SECTION SUMMARY

TAKEOUT

The relationship that 15-34yr olds have with safe sex, sexual health and STI testing is complex and multifaceted, the theory of planned behaviour helps us to organise our understanding of knowledge and attitudes, social norms and self efficacy and the ways in which these three components impact on intended behaviour.

With this understanding we can then explore the relationship between intended and actual behaviour and how this is shaped by the context created by moments. This understanding helps to identify spaces for creative territories to influence planned behaviour.

A wide range of emotions capture the ways 15-34yr olds express their relationship with sexual health and STIs, from empowerment to fear. The barriers to testing are numerous and include shame, stigma and a concern about confidentiality. Whereas motivations to getting tested include a safe environment, with equitable access to services and information.

IMPLICATION

The gaps between intention and actual behaviour are key to unlocking communications.

A successful communications campaign will challenge these barriers, and reinforce the motivations raised by the target audience. No specific themes were found by sub-audience, indicating the content of communications could work across sub-audiences.

SECTION 4

CONVERSATIONS AND INFORMATION

15-34 YEAR OLDS ARE SELECTIVE WHEN THEY TALK ABOUT SEX, THEY DISCUSS RELATIONSHIPS WITH PARENTS, THE DETAIL WITH FRIENDS AND PARTNERS, AND SEEK HEALTH ADVICE FROM HCPs



- Good for discussing relationships but for the most part conversations about sex are reserved only for sibling relationships, not parents
- Conversations can be casual or serious depending on the family relationship
- Conversations are usually kept very high level



- Discussing sex with friends helps to normalise behaviours and get advice from others who are likely to be in or have experienced similar situations
- Conversations are generally more casual
- Depending on the friend some conversations can get quite detailed



- All topics (i.e., protection, previous partners, expectations, likes/dislikes etc.) related to sex are discussed with intimate partners
- Conversations are generally more serious
- If comfortable, nothing is off limits when talking with partners



- Provide medical information/advice
- Conversations are generally more serious
- If comfortable with the HCP patients will speak in great detail



For most conversations face to face is preferred, or at least over the phone, there is some fear about having conversations “recorded” if having them in a written format

WHAT IS THE BEST WAY TO HAVE CONVERSATIONS?

Lighter conversations can be had over private message with friends or intimate partners



15-34 YEAR OLDS WANT A LOT FROM THE INFORMATION SOURCES THEY ACCESS REGARDING SEXUAL HEALTH AND STIs/STI TESTING

IDEALLY THESE SOURCES SHOULD BE...

Just something easily accessible, without judgment or complicated processes. The more easily understood and encouraging in taking action, the fewer barriers to staying safe.

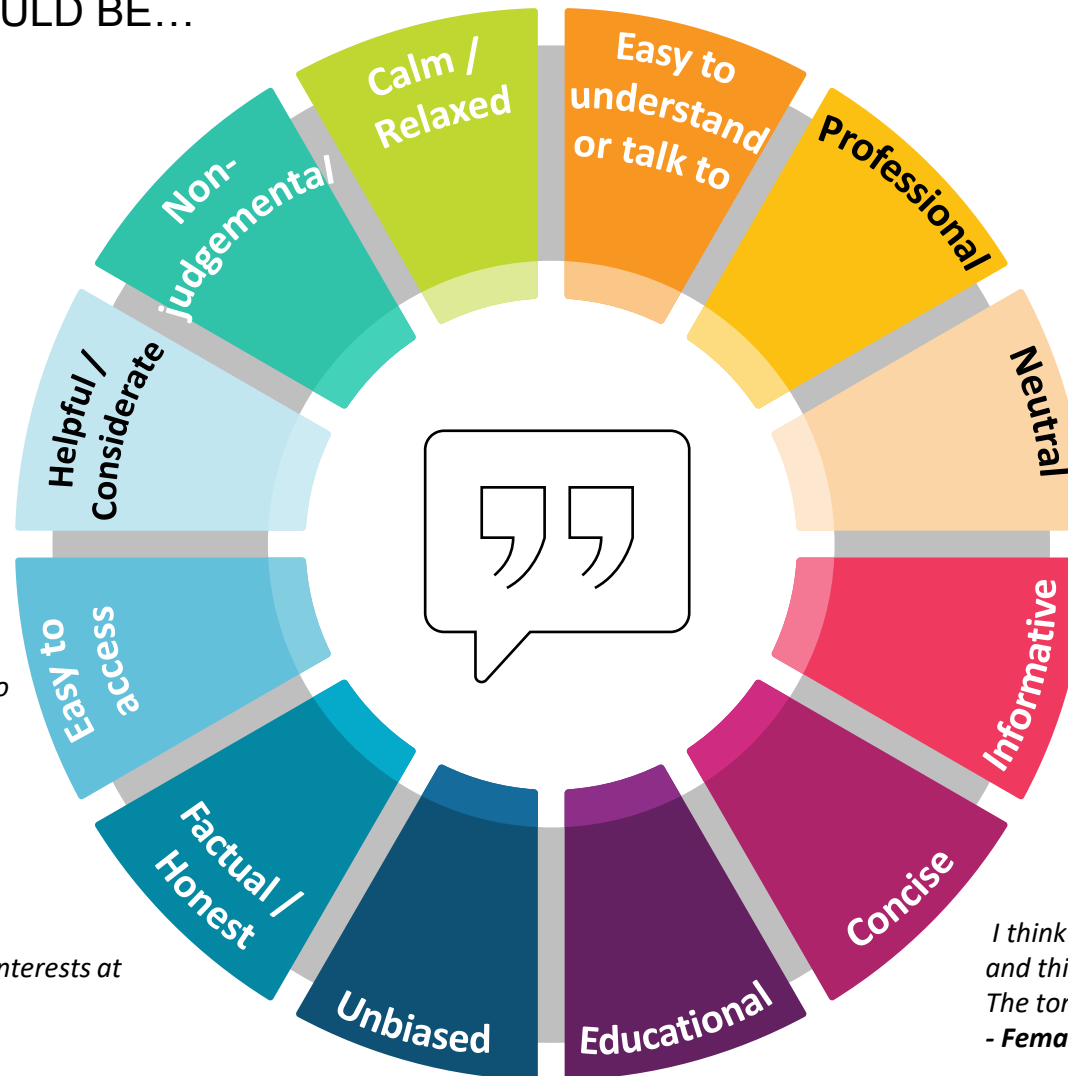
- Female, 15-17

Some people may feel anxious or fearful about STI testing, so I think the language in the sources needs to be accessible to the broad community and not be overly clinical and intimidating.

- Male, 22-25

One that is honest, caring and has your best interests at heart. Tough love.

- Male, 26-30



One that is passionate and in depth.... They make you feel really comfortable... and connect with you in a human way... They also sympathise with you and don't tell you what you should have done but what you can do in the future to avoid things like another STI.

-Female, 22-25

Neutral or positive tone is ideal. Often people seeking this information are feeling negative. An informational style is important because people want facts.


- Male, 31-34

I think that the information source should not contain any bias and this way we know that we will be able to trust the source. The tone should also be understanding and gentle.

- Female, 15-17

FOR STI ADVICE AND INFORMATION HCPs ARE CONSIDERED TO BE VERY IMPORTANT, AS THEY ARE...

KNOWLEDGEABLE	TRUSTED	CONFIDENTIAL	FAMILIAR WITH IT	ABLE TO TEST
▼	▼	▼	▼	▼
HCPs are qualified/trained in STIs and so they are knowledgeable on the topic and could provide accurate, reliable information	HCPs are seen as having their patients' best interests at the heart of what they do and so they can be trusted	HCPs can answer questions about sexual health and STIs while maintaining confidentiality of the patient	It is assumed that HCPs talk with patients about sexual health and STIs on a regular basis, and so are familiar with the topic	Beyond providing information, HCPs are then able to take the next step and provide STI tests, should the patient want/need one

 However, there were some perceptions that HCPs may judge patients who ask questions related to sexual health. There were also apprehensions around feeling embarrassed/nervous and this preventing patients from raising the topic.

“ They have the training and authority to speak on the subject without judgement and with the most medically accurate information.
- Male, 31-34

“ Google is great for mild concerns however if I get worried, I will see my family doctor as he would have a better opinion.
- Male, 22-25

“ It helps when they're easy to get along with, if they're awkward about these things then it makes it so much harder to bring up everything you want to speak about.
- Female, 22-25

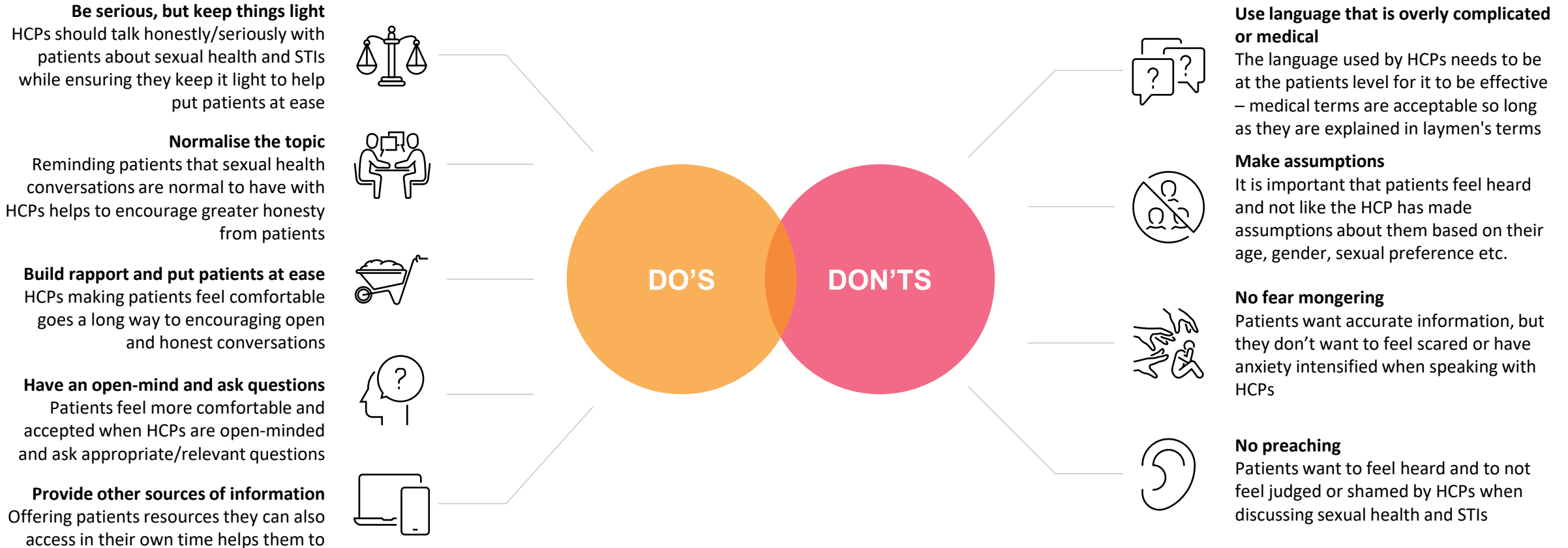
15-17 year olds find HCPs challenging when it comes to information as they are still largely reliant on their parents to take them to the GP. As such they prefer/desire information to come through **school**:

- School is seen as a desirable channel/platform as the information is delivered equally, to everyone at the same time so no one is being singled out
- School is also noted as feeling like a safe environment for learning about these topics, however any involvement of questions in this setting would need to be done in an anonymised manner for maximum impact



For 15-17 year olds, schools are the primary source of information with this shifting to healthcare professionals after school. It is important to ensure that healthcare professionals are approaching conversations on sexual health in a manner that is non-judgmental and allows patients to feel comfortable requesting STI tests

FROM THE PERSPECTIVE OF 15-34 YEAR OLDS THERE ARE GUARDRAILS HCPs SHOULD FOLLOW WHEN SPEAKING WITH PATIENTS ABOUT GENERAL SEXUAL HEALTH AND STIs



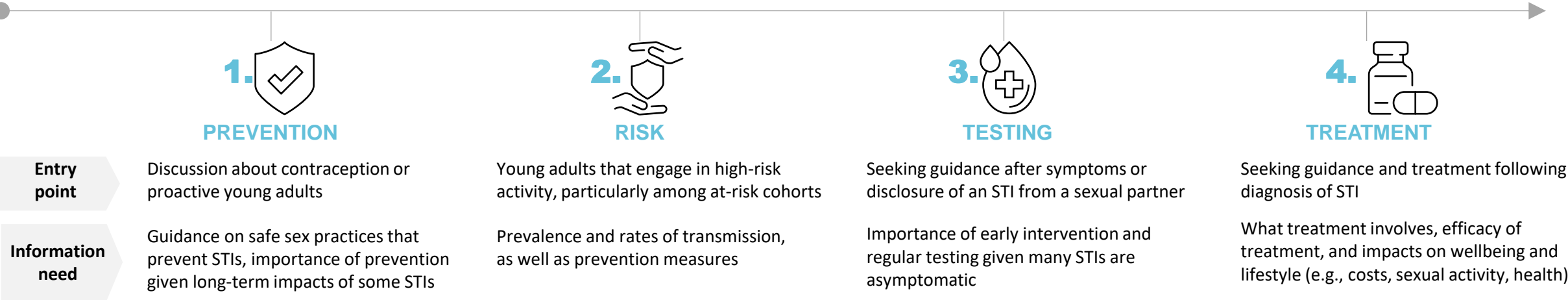
HCPs have a very important role to play in helping to reach the targets set of **reducing** and (where possible) **eliminating** STIs and **increasing STI testing** in priority populations. To do this it will be important for HCPs to know and follow these guardrails when having conversations on sexual health.

15-34 YEAR OLDS TEND TO SEEK INFORMATION FROM HCPs ABOUT INFECTION, TESTING AND TREATMENT



WITH HCPs IDENTIFYING A NEED FOR OPEN AND TIMELY DISCUSSIONS

According to HCPs, there are four main entry points for HCPs to have a conversation about safe sex and STIs, with young adults more commonly presenting at the testing and treatment stages. Each stage is associated with information gaps among young adults.



HCPs identified a range of barriers that inhibit effective conversations with young adults:



STIGMA/
SHAME



VAGUE OR INDIRECT
LANGUAGE



LACK OF OPENNESS/
EMBARRASSMENT



TIMELINESS OF
CONTACT



LANGUAGE/
CULTURAL BARRIERS

A campaign that encourages open and timely communication with HCPs about STIs would enhance young adults’ knowledge about each stage (i.e., prevention, risk, testing and treatment), as well as normalise and reduce stigma around STIs.

OVERARCHING GUIDANCE TO ENSURE MESSAGING HITS THE MARK WITH THE TARGET AUDIENCE



✓
IT IS

Light-hearted and humorous
Empowering/Motivational/Inspirational
Reassuring/Normalising behaviours
Inclusive
Targeted and representative
Informative
Easy to understand
Relatable, clear and direct
Simple yet factual

Too serious
Judgemental in tone/nature
Fear invoking/mongering
Cringey
Too fact heavy
Discriminatory
Overly graphic or explicit regarding STIs

IT IS NOT
✗





SECTION SUMMARY

TAKEOUT

Information about STIs and sexual health is desired by the target audience, with an opportunity to acquire detail when needed.

When it comes to general conversations around sex there are many people the target audience talk to, as each has a different role to play. These include family, friends, partners and HCPs.

When it comes to information and advice on sexual health and STIs, HCPs are seen as vital as they:

- Are qualified/medically trained/knowledgeable and so are familiar with the topic of sexual health and STIs
- Can be trusted to put patients needs first and to maintain confidentiality of patients
- Can assist patients beyond information and provide STI tests when needed

However, the traditional environment for the delivery of sexual health advice and STI testing requires reconsideration, with the importance of social media, and delivery of information via virtual sources desired.

IMPLICATION

Communication content and channels needs to be tailored to the needs of 15-34yr olds, and communicated in relatable, non-judgmental language.

SECTION 5

UNDERSTANDING THE AUDIENCE

BY EXPLORING THE CHARACTERISTICS OF OUR PRIORITY GROUPS WE DEVELOP MORE OPTIONS FOR THE DEVELOPMENT OF CREATIVE TERRITORIES



Inexperience with sex is the primary risk factor.
Younger Australians are generally less experienced and have lower awareness/understanding of sex and related issues, such as sexual health. They are more reliant on schools and their peers for information. They tend to learn superficial information about STIs, but this does not extend to STI testing.

Characteristics of some cultures may make it more difficult to talk openly about relationships/sex at home.
Religion or culture means that for sex can be a taboo topic and thus not something that can be openly and freely talked about in the house. We also find this group have a lack of STI knowledge and understanding, potentially impacted by English proficiency.



Condom use is high but holds misperceptions.
While most will use condoms to avoid pregnancy, particularly for casual encounters or at the start of a relationship, their use is not normalized. Some feel stigmatised for carrying one or suggesting the use of one. STI testing rates are also seen to be lower among this group.

Generally, exhibit lower awareness and knowledge of sexual health and STIs, despite exhibiting high confidence.
Aboriginal and Torres Strait Islander peoples are disproportionately affected by a number of STIs and are more frequently exposed to environments and situations where there is an increased risk of exposure to STIs.



While these men present as the most informed about sexual health their information does not always ring true.
This group is more likely to actively manage their sexual health, nevertheless they continue to be disproportionately affected by STIs compared to the general population. There was also some indication PrEP may also lead to complacency around protected sex.

Engaging in unsafe sexual practices when travelling is seen to be common among those who travel frequently.
Positively this group is understood to have higher awareness of STIs, testing and condom use, which tends to be more consistent. However, a portion of this population are ineligible for Medicare and may not seek testing and treatment in the event of an infection.



AND WHAT COULD HELP THE PRIORITY GROUPS OVERCOME THESE RISK FACTORS?



15-17 year olds

Due to challenges with accessing HCPs, 15-17 year olds are generally more reliant on schools for information and education on sexual health. It is therefore important to offer holistic education programs that teach about STIs and testing. Language should be inclusive for multiple types of relationships and cultural needs. Post school, young adults are seen to be less likely to learn about STIs again until needed and/or through peers who may be providing misinformation. As such, it will be important to continue to provide accurate and accessible information through advertising campaigns, programs at university/ TAFE and HCPs.



Heterosexual sexual partners

While condom use is largely normalised for this group due to the dual nature of condoms (i.e. pregnancy prevention and STI protection), more can be done to ensure consistent and continued use along side other safe sex practices. Communications that encourage carrying condoms as just part of a normal life, regardless of gender are likely to be beneficial to reducing stigma around their use.



Men who have sex with men

Access to GPs / medical services that are open and non-judgemental is key. This audience needs to feel heard by a HCP, that understands their needs and how they differ to the population generally. A positive relationship with a HCP is likely to lead to safer sex, with more regular check-ups, such as when renewing a PrEP prescription.



Culturally and linguistically diverse people

Improving sexual health literacy among young CALD adults and assisting them to navigate available sexual health services is important for this population. It is likely that family and partners will not be viable sources for information delivery. HCPs indicate that those less confident with English, will still use English words to describe sex and their symptoms. Therefore health information should be tested in-language prior to roll out to ensure translations have the desired impact.



Aboriginal and Torres Strait Islander peoples

Access to GPs / medical services that provide culturally safe and appropriate services (including education, prevention advice/information, STI testing and treatment) will go a long way to assisting this group in terms of both reducing exposure to STIs and to encouraging ownership of their sexual health. For this group another key factor of access for consideration is metro verse regional/rural/remote.



Mobile and transient populations

Access to STI testing and screening will be key for this group, particularly for those who are not citizens or permanent residents of Australia. Interventions through workplaces who employ mobile and transient workers and known places of congregation (i.e., backpackers) is likely to be an effective way to reach those who may not have a fixed address for an extended period of time. However, these will need to be discreet and confidential.

SECTION 6

INSIGHT OVERVIEW



INSIGHT OVERVIEW

ONE

Research from 2020 identified that **stigma and low awareness of STIs is problematic in Australia**. Increasing incidence of STIs requires attention and with the **pandemic shaping an increased likelihood to take risks**, among some, the need to develop communications to encourage safe sex behaviours and STI testing is clear.

Broader societal change that has been underway over the past 5 years frames the environment in which these communications will be received, with **consent, motivation to manage healthcare, and an ability to deliver meaningful content via video on social media** all important considerations.

fiftyfive5

Part of **Accenture Song**

STI Campaign research Phase 1, April 2022

TWO

When exploring the relationship that 15-34yr olds have with safe sex, sexual health and STI testing the **theory of planned behaviour** helps us to organise our understanding of **knowledge and attitudes, social norms and self efficacy and the relationship that these three elements** have with intended behaviour.

With this understanding we can then explore the **relationship between intended and actual behaviour** shaped by the context created by **moments**, to **identify spaces for creative territories to influence planned behaviour**. The **gaps between intention and actual behaviour are key to unlocking communications**.

THREE

A wide range of emotions capture the ways 15-34yr olds express their relationship with sexual health and STIs, from **empowerment to fear**.

When considering the barriers to testing they are **shame, stigma, and a concern about confidentiality**.

Whereas motivations to getting tested include a **safe environment, with equitable access to services and information**.

A successful communications campaign will challenge these barriers, and reinforce the motivations raised by the target audience. No specific themes were found by sub-audience, indicating **the content of communications could work across sub-audiences**.

FOUR

HCPs recognise that **the environment in which they interact with patients is changing**, and there is concern that a move to a virtual environment may lead to **mis-diagnosis or remove opportunities to have conversations about STI testing and sexual health**.

As a recognised source of information for 15-34yr olds **they witness the misinformation and gaps in understanding** and 15-34yr olds **respect the potential that HCPs have to support their sexual health**. However, although they respect the profession, **15-34yr olds may not be seeking the advice of HCPs in traditional environments**, which requires consideration for communications.

FIVE

The three distinct components of **safe sex practices – condom use and PrEP, STI testing as a response to experience of symptoms**, and STI testing as **part of routine healthcare** present the three behaviours that we wish 15-34yr olds to exhibit. The **next steps** for this study will be to **develop creative territories** that will encourage these behaviours, but **prioritisation will likely be required**.

The exploratory findings from this topline report will provide a **platform to build a selection of creative territories, that motivates one or more of the desired behaviours**, to further discuss with the Department. Which will then be taken forward to the next stage of development with the creative team and consumers.

SECTION 7

POSITIONING TERRITORIES

IT'S IMPORTANT THAT EACH TERRITORY...

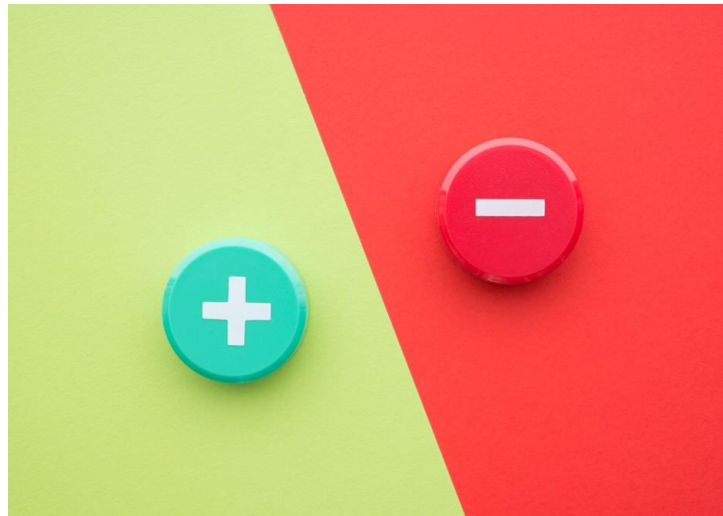
**IS GROUNDED IN INSIGHT AND
CITIZEN NEED**

*This is based on our research and
the previous work undertaken by
the Department*

**REINFORCES A BENEFIT THAT IS RELEVANT
AND MOTIVATING** *There must be a pay off*

OR

**REMOVES A BARRIER THAT IS HOLDING
PEOPLE BACK** *Obstacles need to be eliminated*



**IS SINGLE-MINDED, CLEAR &
SPECIFIC**

*We may cross-pollinate later, but
for now they must be specific*



WE HAVE A FRAMEWORK FOR DEVELOPING TERRITORIES...

Tension *The problem we are trying to solve; can be framed by a community insight or by highlighting a better way of doing something for greater benefit*

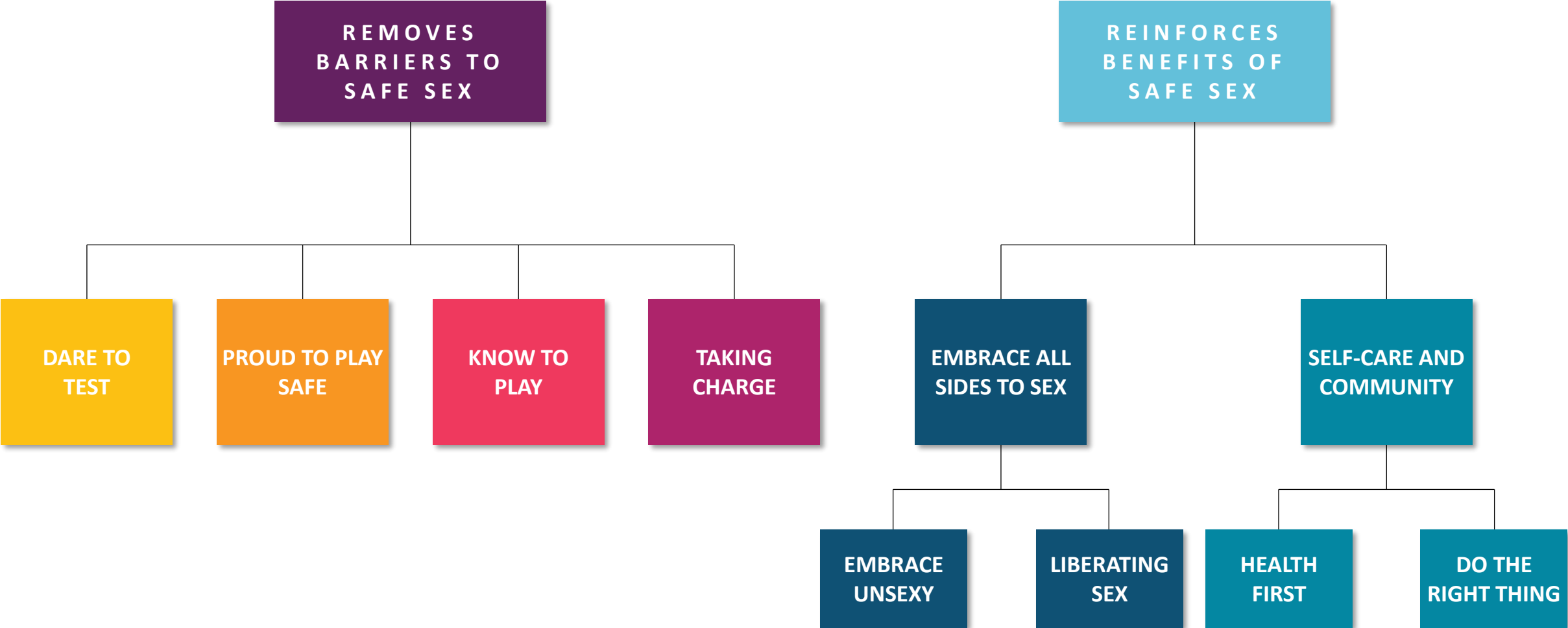
Solution *The proposed mindset and behaviour change that will solve the tension*

Benefit *What the target audience gets out of the exchange; this can be functional (what I tangibly get) or emotional (how I feel as a result)*

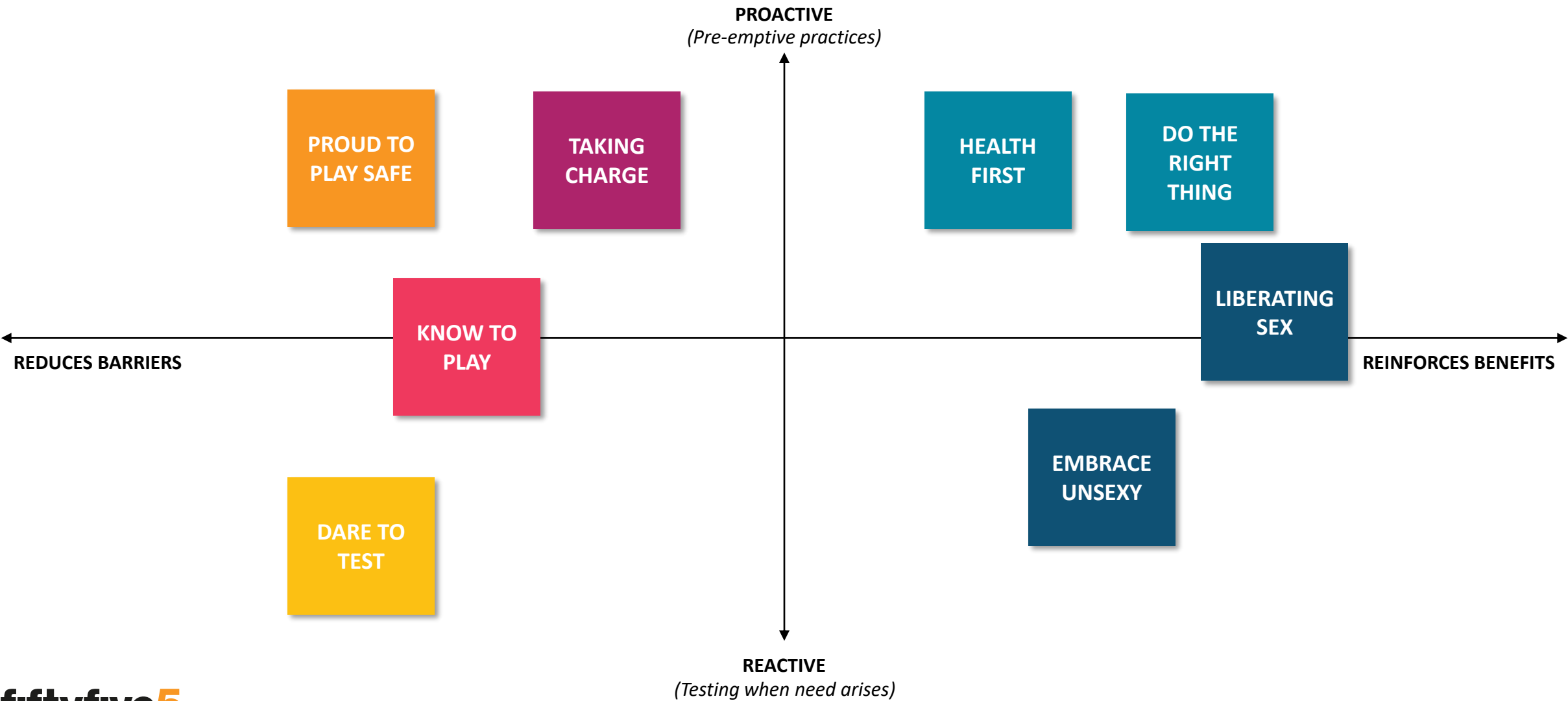
Hook *The proposition that ultimately reflects why I will appreciate, take up, and engage with the desired mindset and behaviour change*



WE IDENTIFIED A NUMBER OF POTENTIAL EMOTIONAL TERRITORIES FOR A FUTURE CAMPAIGN THAT PROMOTES SAFE SEX PRACTICES IN TWO WAYS...



IN ADDITION TO THE TWO DIMENSIONS NOTED ON THE PREVIOUS PAGE, WE ALSO SEE THESE TERRITORIES EXISTING ALONG A CONTINUUM OF REACTIVE TO PROACTIVE...



DARE TO TEST

UNPACKING THE TERRITORY

WHAT’S THE INSIGHT?

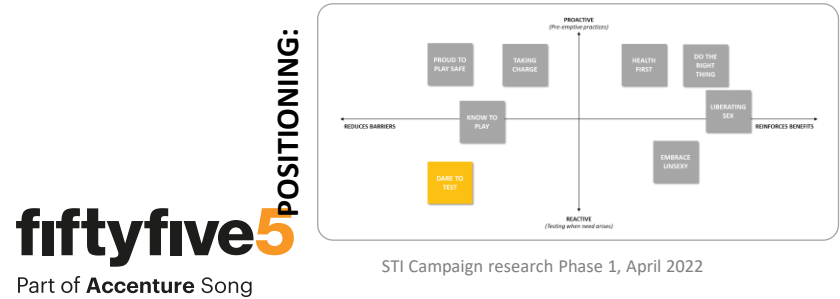
While we’ve progressed a great deal as a society, talking about safe sex and dealing with sexual health is still taboo today. There is still stigma that makes young adults, more than anything, **embarrassed when the need to have a test comes up. The uncertainty of how they’re feeling physically, not knowing what to expect from the testing process and the fear of test results** lead many to feel self-conscious wondering “am I normal?”.

HOW DO WE WANT THEM TO FEEL?

It takes guts to face up to life’s uncertainties and misfortunes no matter how nerve-wracking. Protecting oneself and others takes **courage**. And through that courage you find **safety, security and assurance, knowing that you’ve done everything to not risk your health from one bad mistake.**

WHAT IMPACT DOES THAT HAVE?

By **validating the embarrassment and loneliness that stems from the uncertainty of STIs and STI testing,** we’re acknowledging the courage and fearlessness it can take to protect yourself. Encouraging **young adults to be bold, brave, and test so that they can get the assurance regarding their sexual health and not live in uncertainty.**



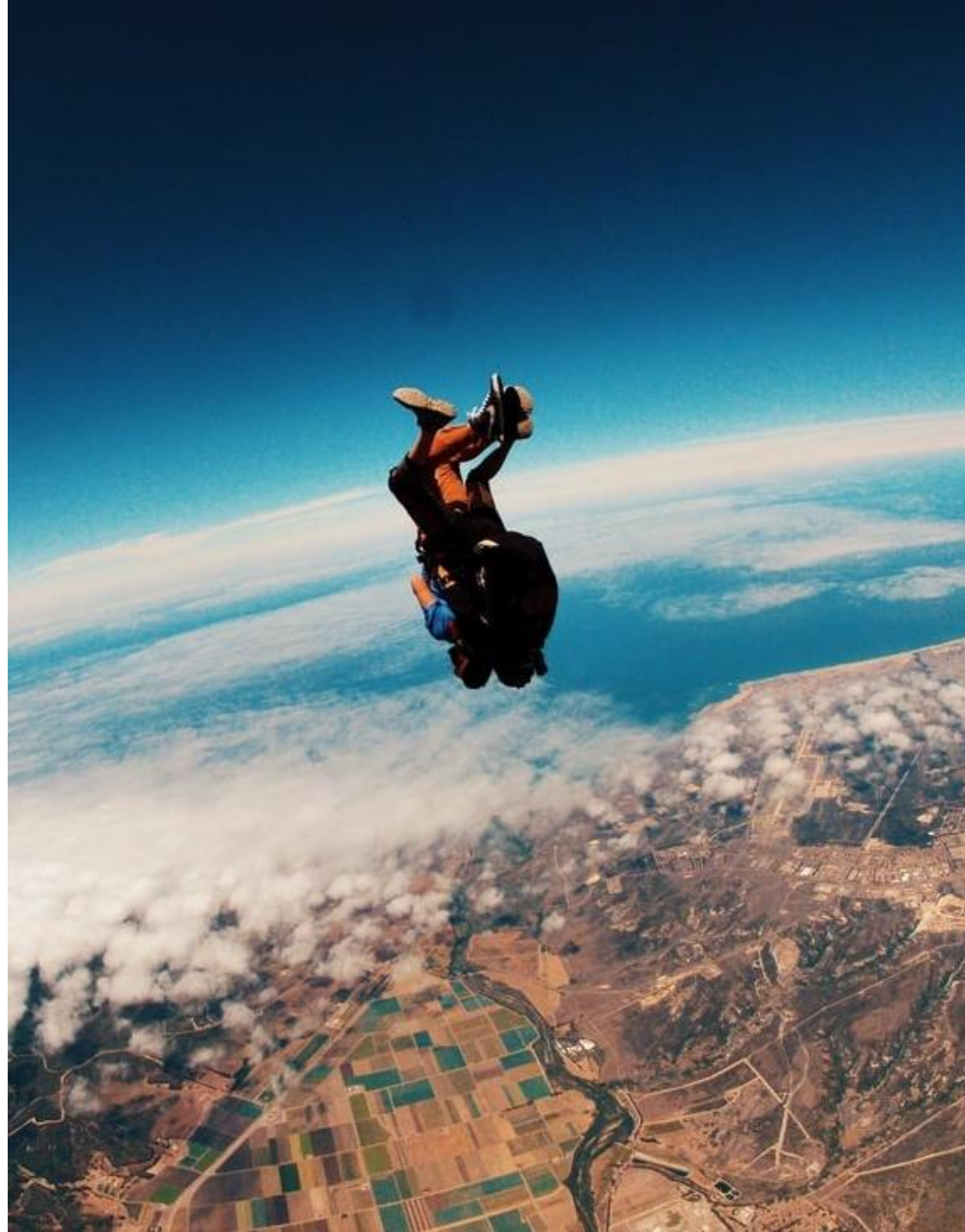
DARE TO TEST

TERRITORY FOR TESTING

Not being safe and having to deal with the repercussions can be humiliating. I'm embarrassed that I've put myself in this situation and figuring out what to do next is confusing and stressful.

Taking charge of my sexual health and getting tested takes courage and gives me assurance after bad calls and errors in judgment. It helps to know that this can happen to anyone, and I'm being brave by protecting myself and others around me.

It's time to normalise getting tested because it's nothing to be embarrassed about. Have the courage to test and manage your sexual health so that you can feel secure knowing that you're not at risk.



PROUD TO PLAY SAFE

UNPACKING THE TERRITORY

WHAT’S THE INSIGHT?

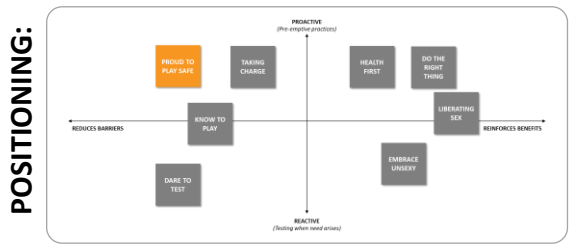
Stigma, cultural background, and upbringing bring huge amounts of **fear that create secrecy and shame related to sex**. Even efforts to be safe such as carrying a condom and/or proactive STI testing can **come with judgment**. **Negative connotations** such as being sexually experienced, promiscuous, “dirty”, and untrustworthy, make young adults **feel ashamed, even when they want to test and do what they believe is the safe thing**.

HOW DO WE WANT THEM TO FEEL?

Whether it’s carrying a condom, proactively getting an STI test or requesting a partner to, you feel **proud** of taking the steps to safeguard your health and others. Knowing that there’s nothing to be ashamed of and taking action is **dignifying**.

WHAT IMPACT DOES THAT HAVE?

Flips the narrative of shame by demonstrating that shame is shameful. Ditches the old connotations and associations of safe sex practices to build a culture where practices are deemed as taking ownership, being proactive and proud of it because there is no reason to hide.



PROUD TO PLAY SAFE

TERRITORY FOR TESTING

I sometimes worry about what someone will think if I carry a condom or ask them to get an STI test. I don't want them to think I don't trust them or that I sleep around. So it's easier to let things go and just go with the flow when it comes to sex.

Being proactive about my sexual health by using protection and getting tested when needed means I'm taking ownership, and being responsible, and that's something I have pride in. I feel dignified not ashamed for putting me first.

Gone should be the days when we shame towards each other for doing what is safe and makes us feel good about ourselves. Be proud of doing what you need to do to be proactive about your sexual health.



KNOW TO PLAY

UNPACKING THE TERRITORY

WHAT’S THE INSIGHT?

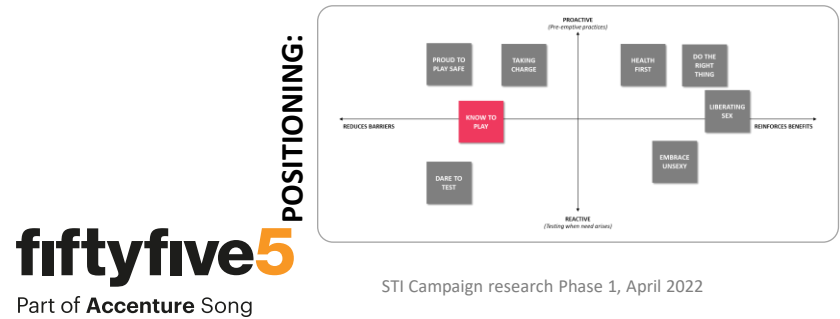
A lack of awareness and knowledge about STIs means young adults are led by a lot of assumptions e.g. “I won’t get an STI from someone I’m familiar with”, arrogantly making decisions based on a playbook that’s missing some informative pages. These **assumptions coupled with optimism bias** e.g., “I would never be one to catch an STI”, means that they can feel **invincible and even in denial sometimes when the need to test arises**.

HOW DO WE WANT THEM TO FEEL?

Hit by a dose of reality. Feel informed and aware by the truth about STIs and testing. Help them realise that they’re **NOT invincible** and that **STIs are much more common than they think** so that they **feel more care and concern to protect themselves**.

WHAT IMPACT DOES THAT HAVE?

Debunking STI myths will raise greater awareness and help young adults **know more**, opening their eyes to the face that they’re not immune to them. It may **raise a little alarm** but also equip them with the knowledge to **know how to protect themselves**. **Sparking them with truth to get their heads out of the sand**.



KNOW TO PLAY

TERRITORY FOR TESTING

I'm very safe when it comes to sex. I don't sleep around and I make sure that the person I'm sleeping with is trustworthy. I've never caught an STI and I don't think I ever will.

STIs are much more common than you might think. Knowing the facts about STIs has opened my eyes to the very real possibilities of getting one myself, and I now feel more confident that I know how to protect myself and what to do if I get symptoms.

By knowing what's true and not true about STIs you can make smarter decisions and do what's needed to both protect yourself as well as test yourself when the need arises.



TAKING CHARGE

UNPACKING THE TERRITORY

WHAT’S THE INSIGHT?

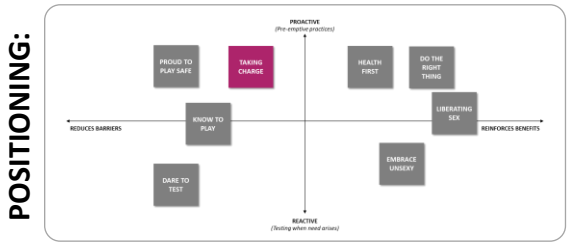
Occasionally 15-34-year-olds can **feel disempowered** or **lack the confidence to speak out** to their partners about their preference for using protection or for a need to get tested. **Young adults** can feel pressure to **‘go with the flow’, conform to peer/partner pressure, and not break the ‘moment’** during sexual encounters to save face from **potential rejection**.

HOW DO WE WANT THEM TO FEEL?

We want young people to **feel empowered to take agency** where possible during their sexual experiences. Having the **confidence** to initiate frank conversations and follow through on safe sex practices so that they can **stand their ground for what makes them feel safe and comfortable when it comes to sex**.

WHAT IMPACT DOES THAT HAVE?

Confidence for young people to request their partner use a form of contraception, or to have a test, allows young adults to have **more control over their sexual encounters and manage their sexual health**.



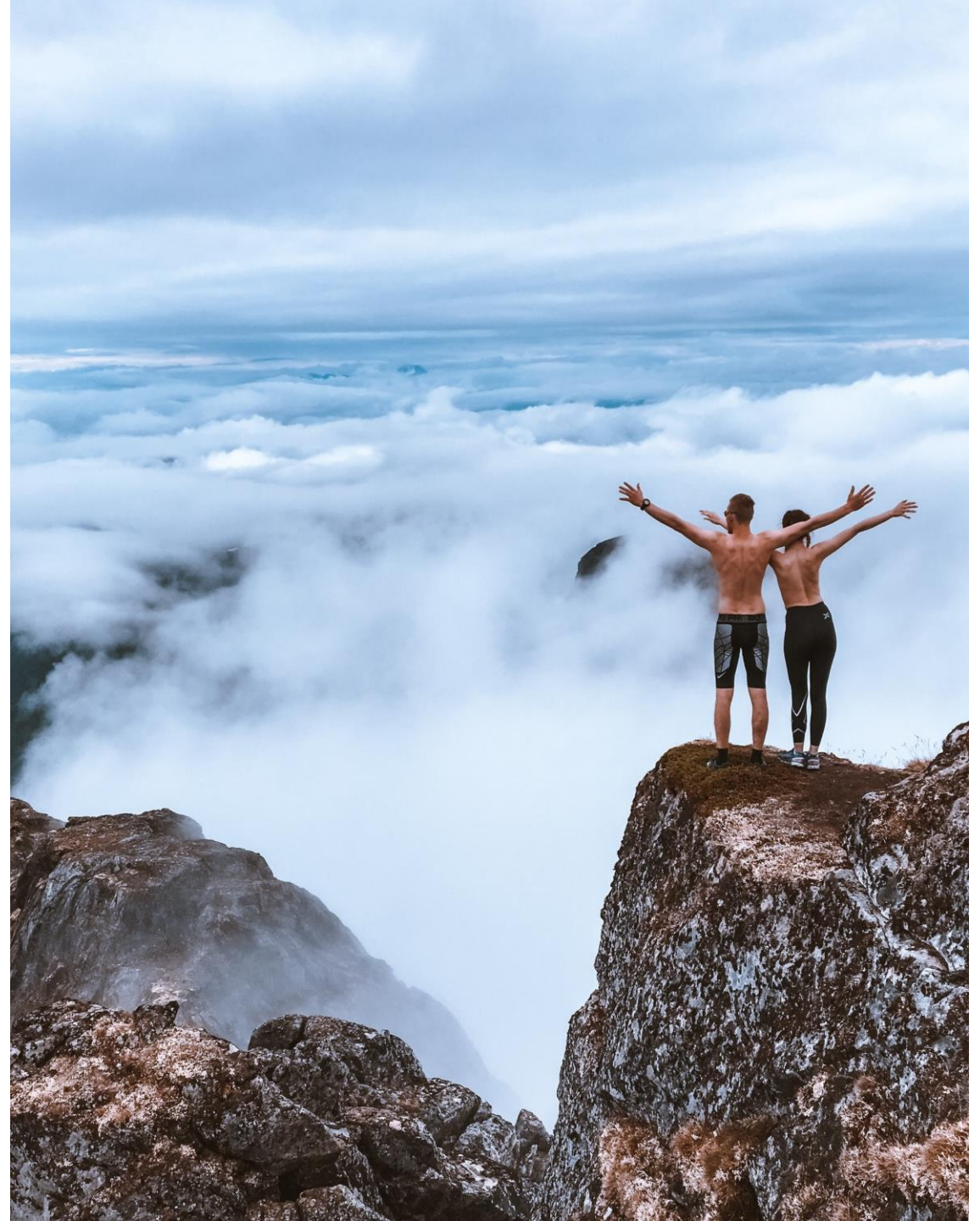
TAKING CHARGE

TERRITORY FOR TESTING

Sometimes I get swept up in the moment, and I'm not always in control to make sure I'm safe. I know using protection and testing for STIs is important, but I don't want to ruin the moment and I don't feel confident talking about it with potential partners.

Taking charge of my needs first and foremost gives me agency to not just ask, but have a conversation with my partner about being safe. I feel empowered and in control knowing I've taken responsibility with my relationships and my sexual health.

Everyone has a right to feel safe while having fun and mutual agreement around needs and preferences for safer sex should be a non-negotiable.



EMBRACING UNSEXY

UNPACKING THE TERRITORY

WHAT’S THE INSIGHT?

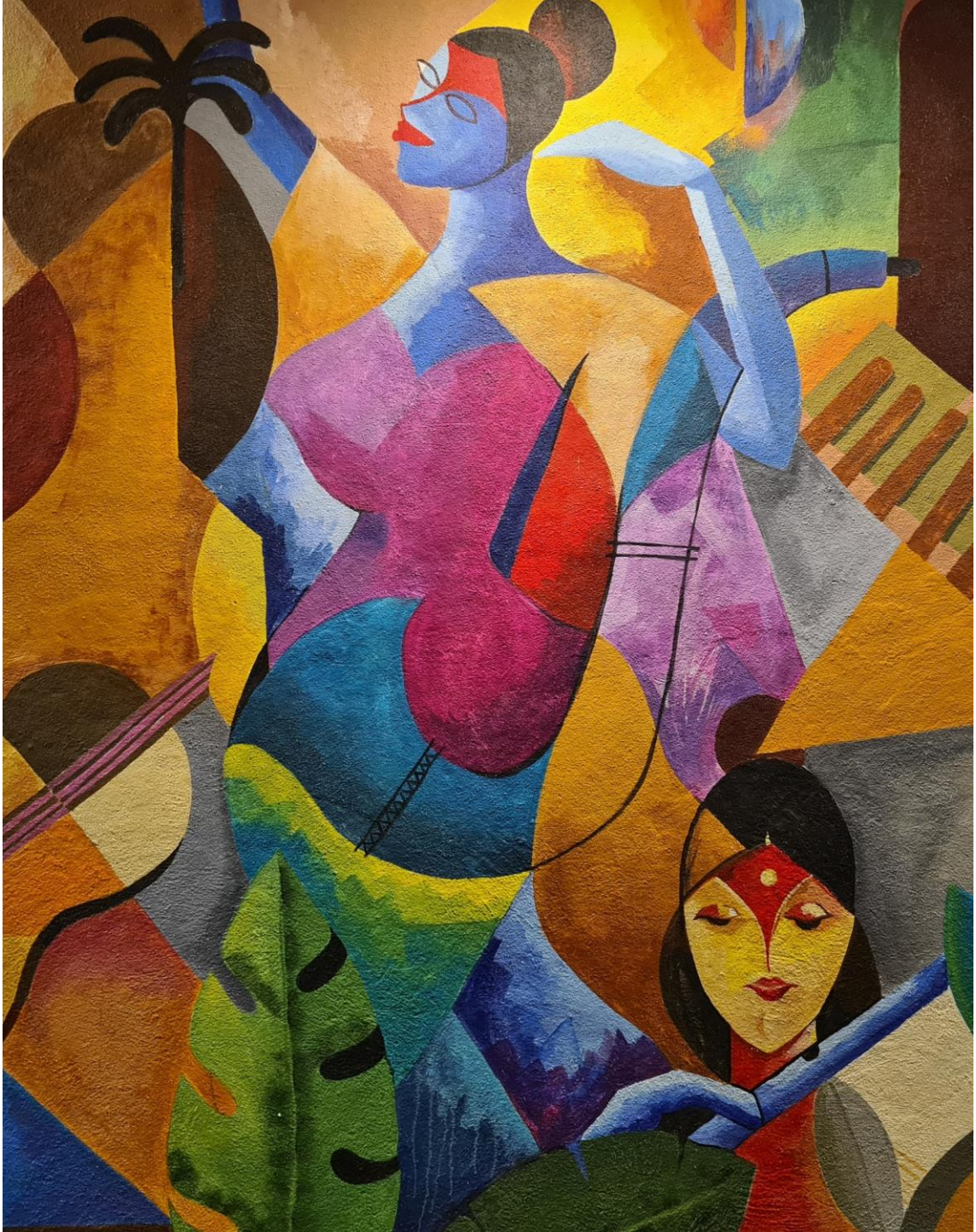
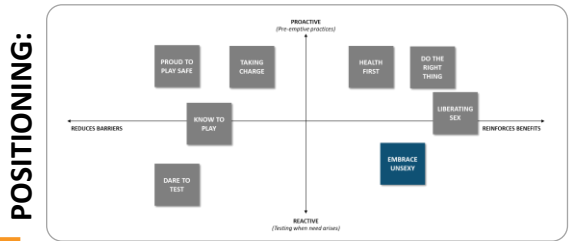
Sex is always framed as fun, positive, and spontaneous. But the truth is that young adults feel sex and the emotions that come with it are multifaceted, **it can be just as awkward, uncomfortable, and sometimes nerve-wracking**. And yet, these aspects of sex don’t see the light of day, making conversations and actions related to safe sex seem negative, boring, and ultimately, awkward to follow through on – why are we only embracing one side of the sex story?

HOW DO WE WANT THEM TO FEEL?

Comfortable embracing all sides to sex. **At ease for dealing with the awkward aspects of sex upfront and over with**, so there’s less chance of having to deal with much worse later on.

WHAT IMPACT DOES THAT HAVE?

Facing the facts and embracing the full sex story – the good, the bad, the awkward. By acknowledging that **we know it’s awkward to break out the condom, wait for an STI test, or ask a partner to get one...we’re promoting openness around doing these things** no matter how awkward upfront to avoid the risk of getting an STI, saving you from greater awkwardness down the line.



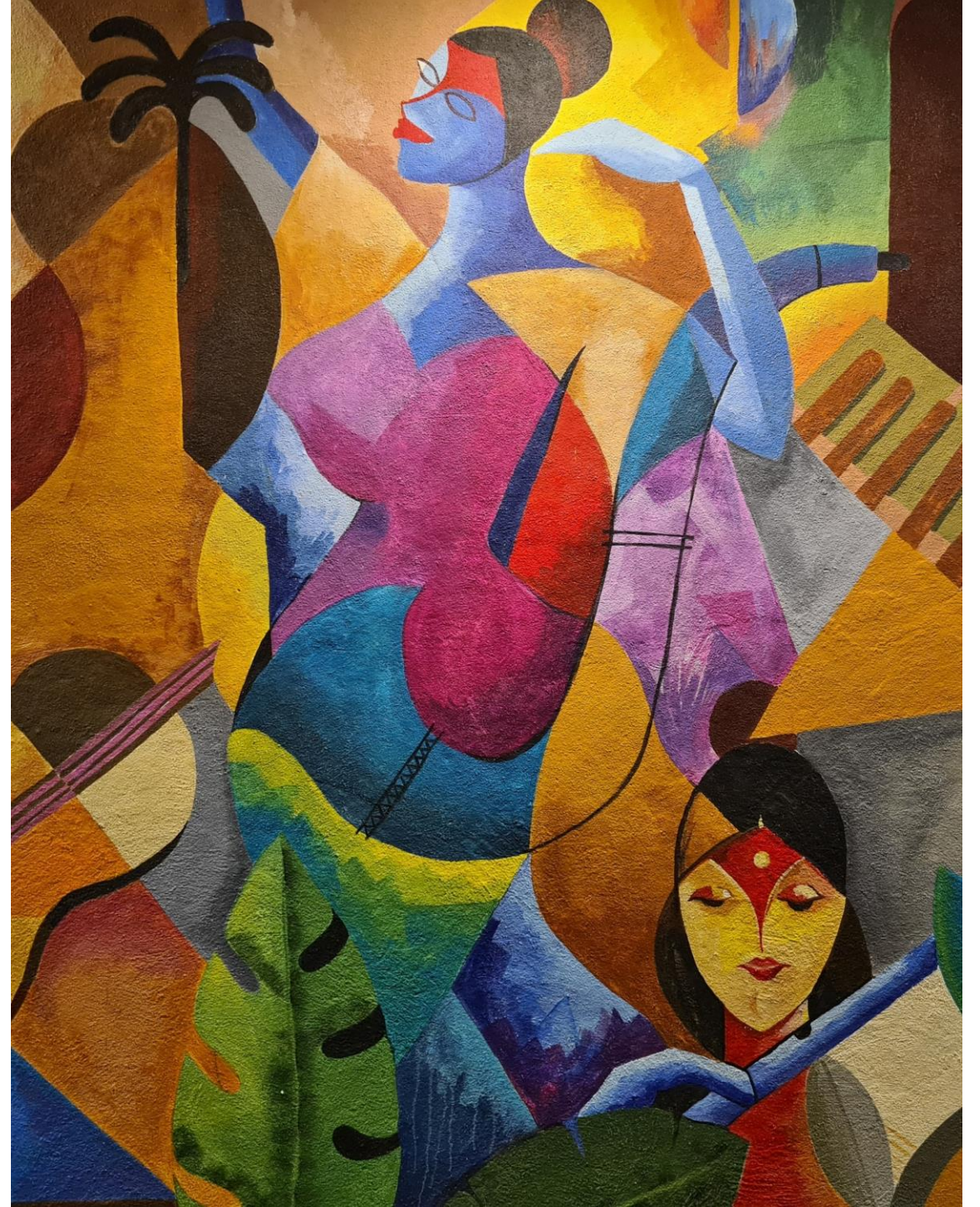
EMBRACING UNSEXY

TERRITORY FOR TESTING

Sex is supposed to be fun and spontaneous, I don't want to be seen as boring and responsible because I bring up protection or gross things like STIs.

It's refreshing to embrace all sides to sex including my sexual health. Having upfront conversations about safe sex and protecting myself reduces the stress and anxiety about dealing with awkward moments later on.

Safe sex practices might seem unsexy today, but there's nothing less sexy than not protecting yourself from possible STIs. Embrace all sides to sex, and avoid the awkwardness later.



LIBERATING SEX

UNPACKING THE TERRITORY

WHAT’S THE INSIGHT?

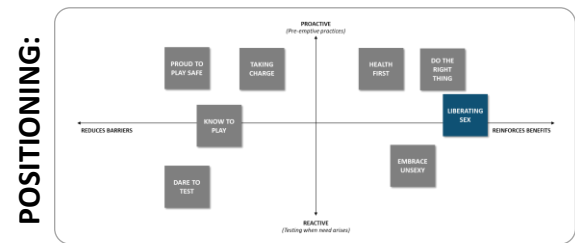
Sex without protection can be rebellious and risky, **people who use protection are sensible and cautious**. But having the confidence to use protection could be positioned as liberating, **revealing a truly free spirit who experiences all that sex has to offer in a sexually healthy way**.

HOW DO WE WANT THEM TO FEEL?

Confident, informed, free and able to truly embrace the fun and carefree side of sex. Rationally understand what protection options are available, and the role of testing in this process. Emotionally connect with the benefits of protection – from regular STI testing to using protection during sex.

WHAT IMPACT DOES THAT HAVE?

Greater knowledge leads to **deeper understanding of the role of STI testing**, and what types of protection are available. For casual encounters, this might mean using protection, but this could also mean testing prior to sex with a more regular partner.



LIBERATING SEX

TERRITORY FOR TESTING

Safe sex can feel too cautious, it lacks spontaneity or might I say, is boring? – I want to feel carefree, have a liberating experience and truly immerse in the moment.

Being proactive about my sexual health by using protection and testing frequently means I can walk away from casual encounters with no regrets or deepen my connection with an ongoing partner. I feel free, confident and total liberation because I know I'm protected.

There's nothing more intimate and freeing than understanding what your protection and testing options are, and having the freedom to make the safe choices.



HEALTH FIRST

UNPACKING THE TERRITORY

WHAT’S THE INSIGHT?

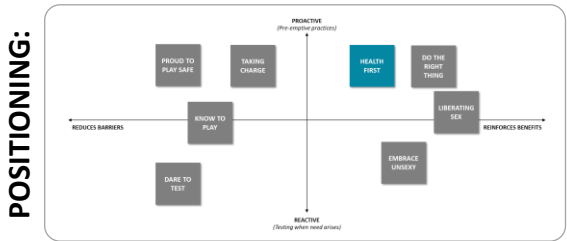
Relationships and sex go beyond the physical, affecting our **emotional and mental wellbeing**. Those who most often engage in positive sex behaviours have normalised it to be part of their routine self-care and wellbeing management. But, **addressing safe sex and STI testing** in this holistic nature can be tricky in today’s world, and **requires knowledge, acceptance and compassion**.

HOW DO WE WANT THEM TO FEEL?

We want 15-34yr olds to feel as though **taking charge of their sexual health is an important aspect of taking care of themselves**. Acknowledging that safe sex is one of the steps that they need to consider when maintaining wellbeing, is both **reassuring and reaffirming** that they are looking after our health.

WHAT IMPACT DOES THAT HAVE?

By positioning STI testing as **part of a health and wellness routine that is a core to self-care and compassion** 15-34yr olds can feel more motivated to prioritise their sexual health needs and themselves.



HEALTH FIRST

TERRITORY FOR TESTING

Sex is great, but it also comes with complex emotions, especially if it has to do with an STI. I feel like I don't know enough to take care of myself as I should, and I'm ashamed to ask.

Having compassion and a greater understanding of safe sex and STIs, allows me to put my health and wellness first. Taking care of my sexual health means I'm taking care of all aspects of my health and wellbeing

It's time sexual health is prioritised as part of your overall health and afforded the opportunity to talk freely and openly about sex and safe sex needs.



DO THE RIGHT THING

UNPACKING THE TERRITORY

WHAT’S THE INSIGHT?

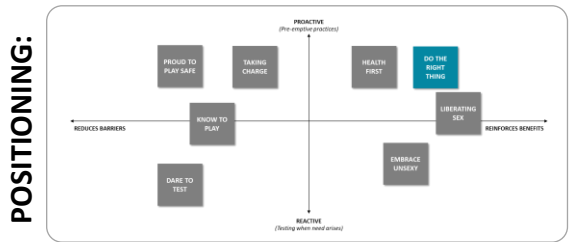
For some 15-34 year olds getting regular STI testing and practising safer sex is **what you do as a part of your normal personal wellbeing routine**. To these young adults, it’s just what you do. Unfortunately, not all share this view. We want to push for the **normalisation of protection and testing** as something you just do as part of your self-care routine.

HOW DO WE WANT THEM TO FEEL?

We want 15-34 year olds to feel as though **they are a better person for taking control of their health**, as they would when they eat well or exercise. By taking charge of their sexual health they can **build their self-respect and feel they are a good member of society** for doing the responsible thing.

WHAT IMPACT DOES THAT HAVE?

The knowledge that they are taking active steps to manage their sexual health will help to **empower 15-34 year olds and make them feel confident and in control** of their health.



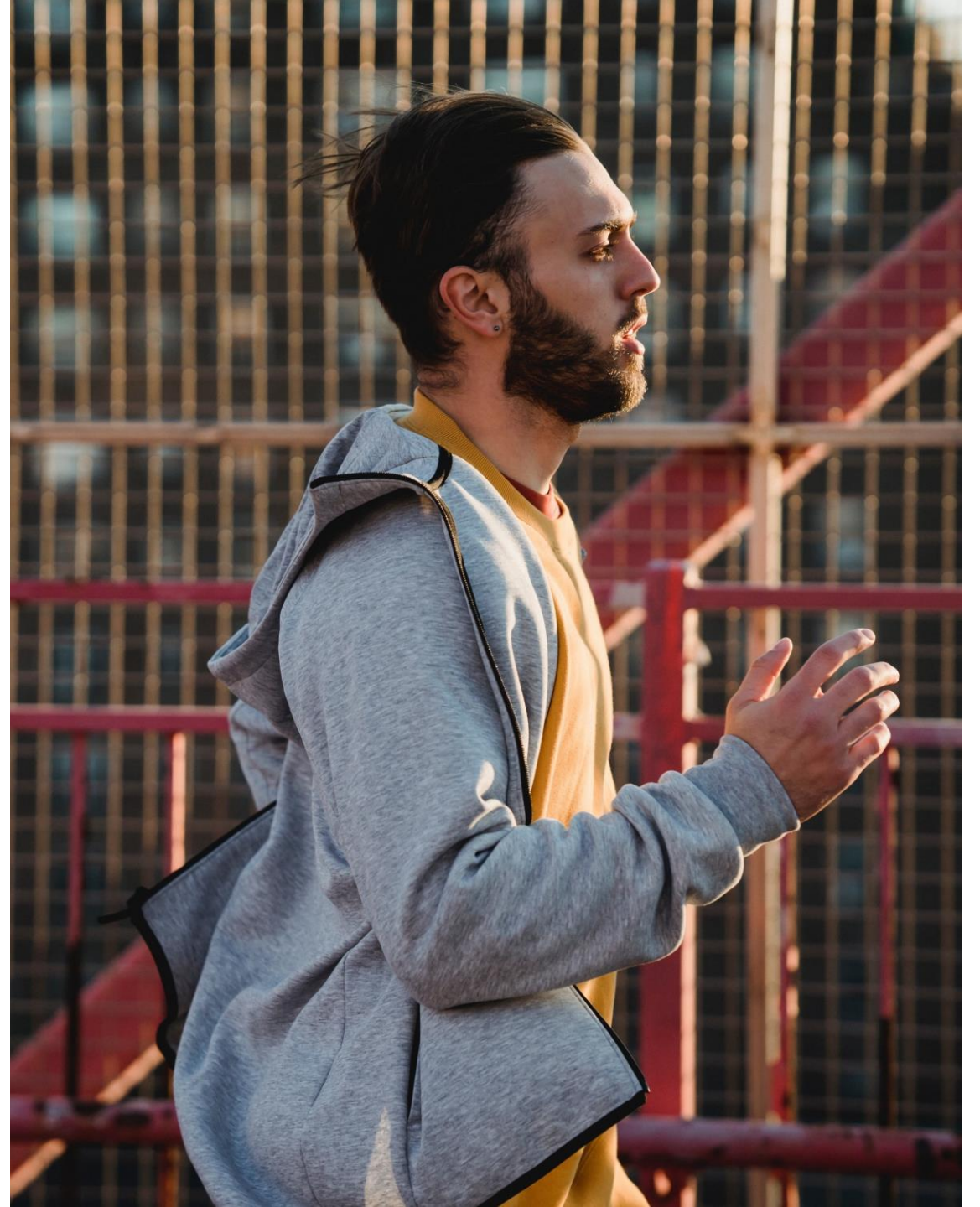
DO THE RIGHT THING

TERRITORY FOR TESTING

Taking charge of my own sexual health is part of my self-care routine, it is part of my normal routine and something you just do. More young people should put their own health first like me and take action, rather than just reacting in response to a change in their life.

By taking charge of your sexual health you will build a greater level of self-respect and know that you are a good member of society for doing the responsible thing.

As you might try and stay healthy and fit through eating, exercise and other self-care activities, you should also use protection and get tested to take charge of your sexual health.



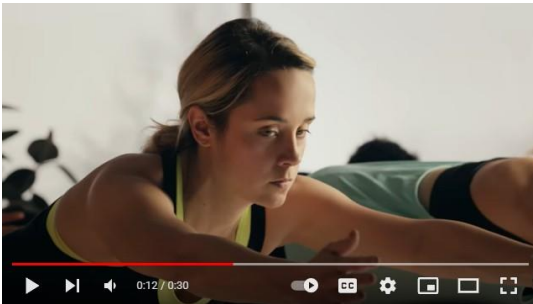
SUMMARISING THESE TERRITORIES AND THEIR DISTINCT TENSIONS AND BENEFITS

	01	02	03	04	05 EMBRACE ALL SIDES TO SEX		06 SELF-CARE AND COMMUNITY	
	DARE TO TEST	PROUD TO PLAY SAFE	KNOW TO PLAY	TAKING CHARGE	i. EMBRACING UNSEXY	ii. LIBERATING SEX	i. HEALTH FIRST	ii. DO THE RIGHT THING
Need / Tension	The stigma around STI testing means young adults deal with a lot of uncertainty and embarrassment. Feeling self-conscious gets in the way of testing mentality and behaviour	Fear of judgment leads to huge amounts of secrecy and shame when it comes to sex (including safe sex!) Worry about how they'll be perceived can prevent some young adults from following through on safe sex practices	Lack of awareness and clear knowledge around STIs means that many young adults operate from a place of ignorance and assumptions that lead them to think they're invincible and don't have to worry about STIs	Young adults can often feel disempowered to speak out to their partners about their protection needs and preferences. This can come from pressure to conform, "go with the flow", to not break the moment, or face potential rejection	Society only embraces one side to sex, the fun and spontaneous side, and doesn't leave room for young adults to express the multifaceted emotions they feel i.e., anxiety, nervousness	Sex without protection may be considered wild, rebellious and carefree. But the act of pausing to ensure that participants are "safe" detracts from this	Sex is vulnerable and it's more than physical, it's emotional and needs to be approached holistically, but it's rarely considered as part of our overall health and mental wellness	Not all young adults view sex and sexual health as being part of their overall health wellness and as a sign of respect and virtue due to lack of awareness and understanding on the greater impact of STIs
Key Benefit	Having the courage to test so that you feel assurance and certainty about your sexual health status	Eliminate the shame around safe sex, so you can feel proud and dignified for protecting yourself	Knowing the truth about STIs empowers you to make the right choices and plan for actions that matter to you	Taking charge of your needs first and foremost gives you greater control and agency over your sexual encounters	Proactively having awkward conversations upfront gives you peace of mind and comfort	Ensuring safe sex liberates you from the fear and worry of STIs and frees you to immerse in the moment	Encompassing sex and sexual health as part of self-care can provide compassion for everyone's sexual health needs	Praise for protecting yourself and the community is a sign of self-respect for doing right by you and society
Audience	Speaks specifically to those facing STI testing barriers	Those aware of safe sex practices, but not confident to action due to the "Moment"	Younger demographic and heterosexual men/very low awareness	All target audiences; those with none/fewer sexual experiences	Younger demographic and heterosexual partners	Experienced as well as risk-takers who feel highly confident about sex	All target audiences; encourages those already engaging in this mindset (LGBTIQ+)	All target audiences; encourages those already engaging in this mindset (LGBTIQ+)
Reasons to believe	STI testing results provide certainty of your sexual health status and provide clear actions forward e.g., treatment	Having upfront convos about sexual health status, using protection keeps you and your partner(s) safe	Equipped with greater STI knowledge allows you to make smarter and more informed choices	Knowing your own sexual health status gives you the confidence and ability to control how you protect yourself	Embracing the awkward sides to sex normalises sexual health convos and STI testing to give you peace of mind	Proactive STI testing and using protection allows safe sex which is carefree sex	Using protection and routine STI testing keeps you physically safe but also mentally and emotionally healthy	Using protection and routine STI testing keeps you safe as well as your community safe from greater health risks

EXAMPLE CAMPAIGNS THAT ARE POSITIONED IN SIMILAR EMOTIONAL SPACES...

DARE TO TEST

Nike - Best intentions



Taps into inner thoughts of doubt and embarrassment but turns vulnerabilities into strength

PROUD TO PLAY SAFE

Always - #LikeaGirl



Flips the narrative of "like a girl" from a negative connotation to something to be proud of

KNOW TO PLAY

Freestyle Libre - Now you Know



People living with diabetes have to say "no" to life, but with knowledge they are empowered to better manage without saying "no"

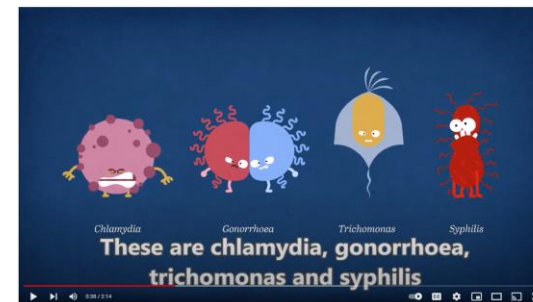
TAKING CHARGE

Nike – What will they say?



It's about not letting other people's fear and judgment get in the way of what you want to do

Young Deadly Free campaign



Setting out the facts of STIs to educate and empower Aboriginal and Torres Strait Islander people

...MORE GLOBAL EXAMPLES

EMBRACE UNSEXY

Friendship & Mental Health –
Seize the Awkward



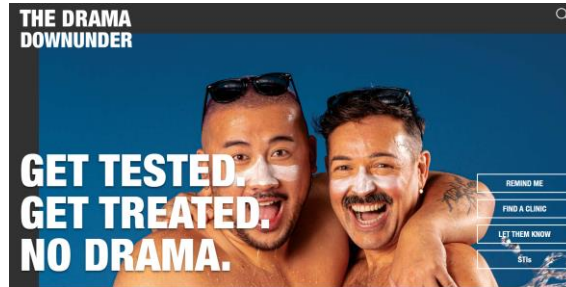
Showing the value of embracing the awkward in order to have important and valuable conversations about mental health with those we love

fiftyfive5

Part of **Accenture** Song

LIBERATING SEX

The Drama Down Under –
Thorne Harbour Health



Helping to keep sex safe and fun around the clock by providing a services to send confidential reminders when it's time for a sexual health check-up and emails/SMS texts to sexual partners that need to get tested

HEALTH FIRST

DOH WA - Healthy Sexual



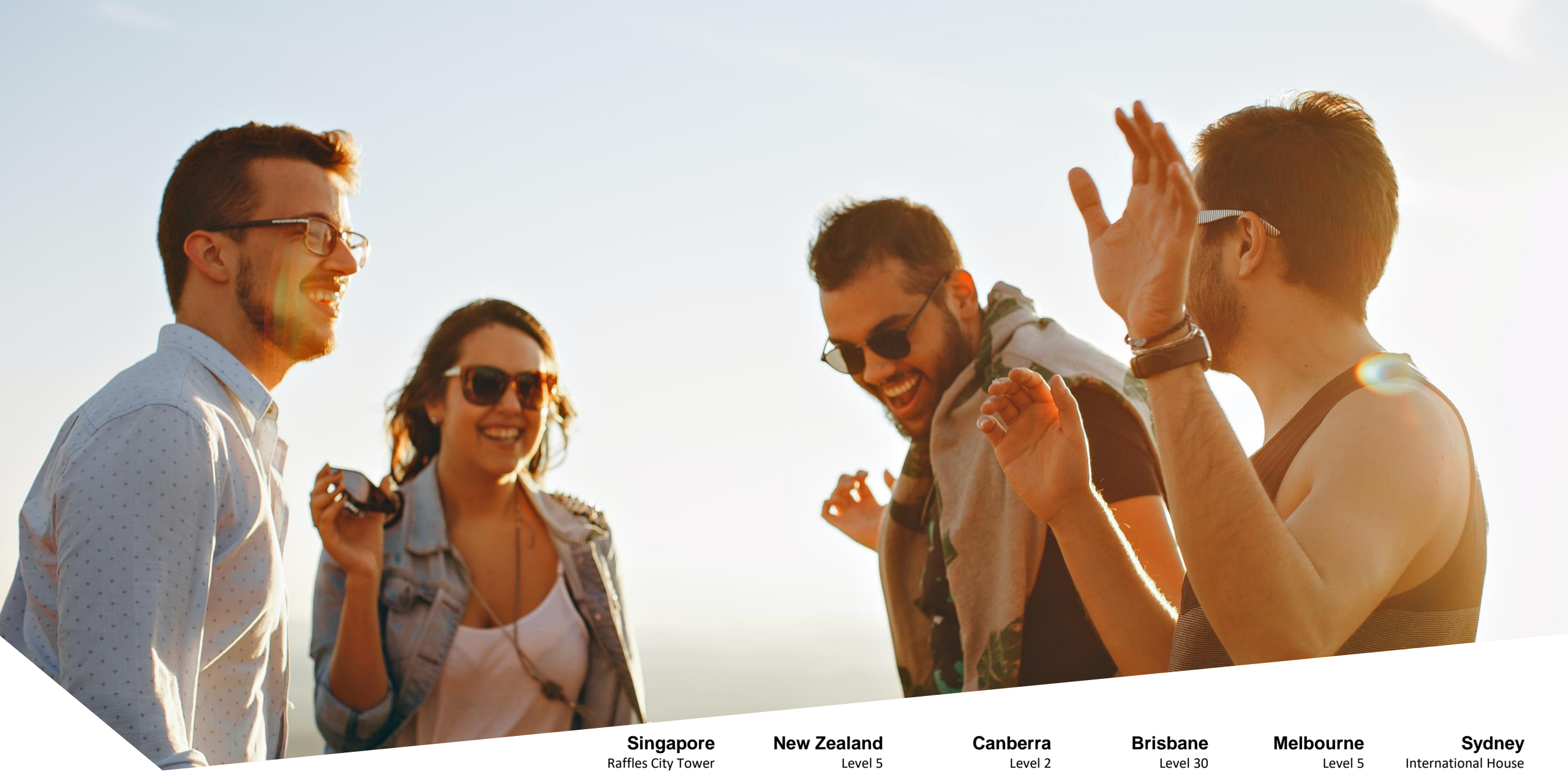
Raising awareness and encouraging people to think of sexual health as part of their overall health

DO THE RIGHT THING

Starts with me (UK) – Together Summer



Drawing on community and togetherness to motivate HIV testing because ending HIV starts with each individual action



fiftyfive5

Part of **Accenture** Song

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