

# THE PROBLEM IS SEXUAL HEALTH STUFF...IT'S "HARD TO FIND A SPOT FOR EVERYONE": GENDER VARIANT AND SEXUALLY DIVERSE YOUNG PEOPLE'S EXPERIENCES OF (SEXUAL) HEALTH SERVICES

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## Disclosure of Interest Statement:

The SHYQQ study was funded by HIV Foundation Queensland. *No pharmaceutical grants were received in the development of this study.*



# Background/Aims/Methods

- Increasing number of young people identifying with multiple, non binary identities
- We need to examine sexual health practices of fluid young people to inform nuanced and effective sexual health and HIV prevention and services
- The *Sexual Health of Queer Young People in Queensland* study (SHYQQ) - participatory qualitative longitudinal study in partnership with Open Doors Youth Service.
- 40 first round in-depth interviews with Queer young people aged 16-24.



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## Heterogeneity of Identities

*“multigender attracted, panromantic, demisexual, grey-aromantic, grey-asexual” ; “Pansexual”; “Non-hierarchical polyamorous”; “Just Whatever, Man”; “Gender Fluid”; “agender, genderless”; “Genderqueer and Non-binary”; “Trans-questioning” ; “Trans/Non-binary”; “Unconventional”*

## Heterogeneity of Peer Support

*I draw a lot of strength and support from my community, from close friends and whatnot.  
I found my current GP was going through Facebook, and asking, and disability and trans groups,*

## Heterogeneity of Agency and Empowerment

*Yes, I’m trans. Yes, I’m on HRT. No, you don’t need to do anything about it. Yes, I have a regular GP. I’m just here because I have a cold. Can I please get the script, or the letter and just go.*

## Heterogeneity of Health Care

*“I like to always keep up my mental health checks, and all that, and my sexual health checks, and just general health checks. So I’ve learnt a bit from doctors, because I’m open, and I ask questions if I need to.”*

## Barriers to Health Care

*“don’t really go for regular check-ups at the GP, just generally, let alone STI check-ups, unless I have a reason to be. I wouldn’t go every six months unless something came up. I guess that’s the barrier, finance.”*

We need to:

- support the diversity and fluidity of young people in sexual health services
- understand how online and off line peer networks/communities can be used to enhance access to safe, high quality sexual healthcare and find channels to support more isolated young people to access sexual health services
- address barriers - including costs, develop gender and sexual cultural competency and sexual health literacy for health providers

Next steps:

- Our research is informing health services for young people in QLD and is being expanded to include round two interviews, along with expanding sampling to regional/rural QLD.