



“Nothing that I was specifically looking for”: LGBTQ+ youth and intentional sexual health information seeking

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ABSTRACT

Lesbian, gay, bisexual, transgender, queer, questioning, and non-cisgender or non-heterosexual (LGBTQ+) youth (ages 15 to 25) in the United States often struggle to access relevant and comprehensive sexual health information. LGBTQ+ youth rely on the internet, particularly social media, as an information resource. We interviewed 17 LGBTQ+ youth about their online sexual health information seeking experiences to understand the specific role of social media in meeting their sexual health information needs. We present two main findings: 1. LGBTQ+ youth occupy existing online spaces unrelated to sexual health in explicit ways but they are *exposed to relevant sexual health topics* and inspired to undertake more *intentional online sexual health information seeking*; 2. Social media facilitates the sharing of *lived experiences* in the context of sexual health information seeking which makes it a desirable resource for LGBTQ+ youth. We discuss implications for these findings in the development of sexual health information resources inclusive of LGBTQ+ youth and their experiences.

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Introduction

In the United States, accessing sexual health information is particularly difficult for lesbian, gay, bisexual, transgender, queer, questioning, and non-cisgender or non-heterosexual (LGBTQ+) youth (ages 15 to 25). LGBTQ+ youth often cannot rely on family, friends, and medical professionals as information sources due to stigma surrounding gender and sexuality and potential safety concerns (Charest et al., 2016; Mustanski et al., 2011). The World Health Organization (WHO) (2006) defines sexual health as “a state of physical, emotional, mental and social well-being in relation to sexuality” that “requires a positive and respectful approach to sexuality and sexual relationships.” This holistic goal of sexual health frequently goes unrealized for U.S. LGBTQ+ youth because they struggle

to access relevant sexual health information. Thus, LGBTQ+youth often attempt to meet their sexual health information needs online (Buhi et al., 2009; Mitchell et al., 2014; Steinke et al., 2017). In this paper, we define *sexual health information seeking* as the conscious effort to meet information needs or gaps in knowledge related to sexuality and sexual health. We find that social media is uniquely important to LGBTQ+youths' sexual health information seeking. Social media platforms are a particularly opportune online space for enhancing LGBTQ+youths' well-being (Craig et al., 2021). With an aim to enhance LGBTQ+youths' well-being through greater access to sexual health information on social media, we ask the following research questions:

RQ1. How might existing social media activity inadvertently influence LGBTQ+youth and their sexual health information seeking?

RQ2. How can healthcare providers and educators use some of these desirable aspects of social media to more effectively present sexual health information?

In this paper, we explore the role of social media as a starting point in LGBTQ+youth's sexual health information seeking.

In this paper, we present our findings on the role of social media in LGBTQ+young people's sexual health information seeking experiences. Participants reported social media platforms including Tumblr, Reddit, and YouTube as necessary for finding relevant information related to sexual health and their LGBTQ+identities. We present two main findings: 1. LGBTQ+youth already occupy online spaces for reasons unrelated to sexual health in which they are *exposed to relevant sexual health topics* and inspired to undertake more *intentional online sexual health information seeking*; 2. The ability to share and learn from the *lived experiences* of others with similar identities makes social media a desirable sexual health information resources for LGBTQ+youth. Our findings contribute to understanding how LGBTQ+youth use social media as part of their sexual health information seeking and how we might leverage social media to connect this population with relevant and credible sexual health information resources.

Related work

Information encounters

Information encounters (Erdelez, 2004) are one type of information interaction in which users accidentally encounter information about one topic while searching for different information (Erdelez, 2004; Erdelez & Makri, 2020). The socio-cultural factors that limit LGBTQ+youths' access to sexual health information create a specific context in which encountering

sexual health information in online spaces is especially important. Information marginalization, proposed by Gibson and Martin (2019) as a critical alternative to information poverty, broadens the focus to the contextual factors that create a system of information poverty. Information marginalization (Gibson & Martin, 2019) is particularly useful for understanding LGBTQ+ youth searching for sex education information, because they are both members of marginalized groups based on their gender and/or sexuality, and seek information that is traditionally stigmatized.

Information seeking in marginalized, stigmatized, and health-related contexts

Marginalized people, such as LGBTQ+ youth, experience difficulties finding relevant health information. Marginalized people often rely on peers or communities sharing similar marginalized identities for their information seeking (Mutchler et al., 2005; Veinot, 2010). For example, Jones et al. (2018) discussed how African American women with hypertension were motivated to share blood pressure information with other African American women for altruistic purposes. Leveraging community involvement may be especially important in developing and implementing health interventions (Veinot, 2010; Veinot et al., 2013). Social media platforms might appeal to LGBTQ+ youth seeking sexual health information for facilitating these community-based social interactions.

Sexual health information seeking and LGBTQ+ people

Inclusive sex education is absent from most school curricula in the United States (SIECUS, 2021) and LGBTQ+ youth report a lack of coverage of desired topics (Sondag et al., 2020). In the United States, 33 of 50 states mandate required sex education in school curricula, 34 states require schools to stress abstinence whenever sex education or HIV/STI instruction is provided, and only 10 states require affirming discussion of sexual health for LGBTQ youth (SIECUS, 2021). LGBTQ+ youth additionally often lack family, friends, and medical professionals as possible sources for this information due to perceptions of stigma and potential safety concerns. When compared to heterosexual participants, Charest et al. (2016) found that LGBTQ+ participants obtained significantly less sexual health information from school/university courses and more from educational websites and news outlets. Accessing sexual and reproductive health information online might allow users to avoid the stigma they might face in their offline lives for seeking this information (Byron et al., 2013). LGBTQ+ youth rely on the internet as an information resource especially

for health information they are unable to receive elsewhere, including from healthcare professionals and in school settings (Estes, 2017; Haley et al., 2019; Mitchell et al., 2014; von Rosen et al., 2017). In a systematic review of research on health information seeking and sexual minority youth, Rose and Friedman (2019) found that limited availability of health information and distrust between patients and providers were the most commonly cited barriers to accessing relevant health information. Isolation, stigmatization, and lack of information are three main reasons sexual and gender minority youth go online for their information needs (Steinke et al., 2017, Veinot et al., 2011). Additionally, LGBTQ+ young people may prefer online resources like peers, romantic partners, and online media due to irrelevant school curriculum, lack of relevant offline resources, healthcare providers' expectations of heteronormativity, and uncertainty around healthcare providers' knowledgeability and lack of relevant resources offline (Flanders et al., 2017; Haley et al., 2019). Reliable sources relevant to users' specific experiences are important to youth seeking sex education information (von Rosen et al., 2017). Privacy is another major concern for young people who might use social media for sexual health information (Byron et al., 2013).

Social media and LGBTQ+ people

Social media platforms present an opportunity for LGBTQ+ young people to find community and access information related to gender and sexuality, including relevant sexual health information. Manduley et al. (2018) described social media's possibilities for democratizing and amplifying queer, trans, and racialized experiences related to sexuality, and potential psychological and social benefits for these communities. Similarly, Craig et al. (2021) proposed social media as spaces to enhance LGBTQ+ youths' well-being through identity and relationship exploration and access to resources. Fox and Ralston (2016) described how social media can be important pedagogical spaces for LGBTQ+ individuals to experience traditional, social, and experiential learning. Each of these social media capabilities highlight how social media may enable LGBTQ+ youths' sexual health information seeking. For example, fandom and online fanfiction are particularly important to queer young people in their identity development (Floegel, 2020; McInroy & Craig, 2018) and trans social media users often build community around sharing health and identity-related information on social media sites like Tumblr and Reddit (Augustaitis et al., 2021; Haimson et al., 2021). While social media platforms can be important spaces for LGBTQ+ information seeking, they are not always

idyllic given issues like potential for misinformation (Augustaitis et al., 2021) and imposed normativity (Harris & Farrington, 2014). In our exploration of sexual health information seeking, we recognize social media's potential for meeting LGBTQ+ young people's information needs while also recognizing its limitations, particularly issues with information credibility.

Methods

Data collection and recruitment

We conducted 17 semi-structured interviews with self-identified LGBTQ+ young people (15 to 25 years old) to understand how they search for sexual health information. This research was reviewed and approved by the [removed for anonymous review] IRB. We received a waiver of parental consent for young people under the age of 18; this was important because many participants were not fully out as LGBTQ+ to their families, and asking for parental consent might have risked participant safety. We asked participants about their online sexual health information seeking experiences. We recruited eight participants via social media, and six via email recruitment distributed by our community partners. Finally, we recruited three participants using User Interviews, a participant recruitment service. These mixed recruitment methods enabled us to interview young people in demographic categories not represented in the sample we recruited with our community partners' assistance. We confirmed recruitment criteria - participants must identify as a member of the LGBTQ+ community, be 15 to 25 years old, and be comfortable reading, writing, and speaking English - using an online screening survey. All participants lived in the United States. The 15-25 age range was determined by our community partner as this is the age range they serve. We selected a diverse group of participants on four dimensions: age, gender, sexuality, and race/ethnicity. Each participant received a \$25 gift card for their participation. All interviews were conducted via videoconference, and averaged 56 minutes (range: 43-74 minutes).

Demographics

Participants' ($n=17$) demographics are identified in Tables 1-3.

Participant ages ranged from 15 to 25 (mean: 19.2, $SD=3.2$). 35.3% of participants were in high school, 35.3% were in college, and the remaining participants were college graduates. We do not report demographics on an individual level to reduce participants' identifiability.

Table 1. Participant sexuality information.

Participant Sexuality	%
Bisexual	35.3%
Queer	29.4%
Gay	11.8%
Pansexual	11.8%
Polysexual	5.9%
Heteroromantic Gray Ace	5.9%

Table 2. Participant gender information.

Participant Gender	%
Female and/or transfeminine	47.1%
Male and/or transmasculine	29.5%
Nonbinary of genderqueer	29.4%
Questioning	5.9%

Table 3. Participant racial and ethnic demographics information.

Participant Sexuality	%
White	47.0%
Asian or Asian American	28.9%
Black or African American	23.0%
Multiracial/mixed	17.7%
Latina	5.9%
Native American	5.9%
Middle Eastern	5.9%

Data analysis

All interviews were audio recorded and transcribed. After each interview, we completed detailed memoing and noted themes across interviews throughout the data collection process. We qualitatively analyzed data using initial open coding followed by axial coding (Corbin & Strauss, 2008). Both research questions guided coding. In initial open coding we established a codebook and allowed themes to emerge as we reviewed the data. We then used axial coding to group these emergent themes and find connections between them. The authors discussed emerging themes and connections throughout the data analysis process. Themes included how existing activity on social media impacts sexual health information seeking and the importance of lived experiences as an LGBTQ+ person on social media.

Results

Sexual health information seeking informed by existing social media activity

Social media played a role for all participants in their sexual health information seeking. Viewing online content not explicitly related to sexual health was a *starting point* for some participants to then take more intentional information seeking approaches once introduced to these topics. In

this section we present themes related to existing social media activity by participants, sometimes in explicitly LGBTQ+ spaces, and how this activity directly informed explicit and intentional online sexual health information seeking.

A lack of relevant sexual health information elsewhere motivated some social media use. Through Tumblr and Reddit, P10 (white, bisexual, nonbinary transmasculine) encountered a resource about trans health, *FTMGuide.org*, which they returned to in order to answer specific sexual health questions. P10 recalled, “*FTMGuide.org*. I remember that was very widely circulated, about transitioning, what happens to your body. I think maybe it must’ve been circulated on Tumblr and Reddit or something like that.” Through social media platforms, the connections made with other trans people, and the circulation of this specifically trans resource, P10 answered questions about medical transition and later sexual health. We consider P10’s experience through the theoretical framework of information encounters (Erdelez, 2004; Buchanan & Erdelez, 2019). P10 began on Tumblr for reasons unrelated to sexual health but activity on this platform led to an accidental encounter with this specific guide. The information encounter then led to more *intentional* information seeking.

Not all participants actively sought specific information on sexual health questions or topics; sometimes online spaces first introduced relevant concepts or topics that participants did not previously come across in school sex education curricula or via healthcare providers. Participants often encountered new and relevant sexual health information through online spaces, such as on Tumblr, that they already occupied. When asked about early sex education experiences and early information seeking, P12 (white, bisexual, female) said,

“Usually it was triggered by something I saw on my feed, or from stuff that had been reblogged onto my feed from other people I followed. I would maybe learn more about something, or it would make me suddenly [think], ‘I have a question about that, so I’m going to look through the tags and maybe seek something else out about that;’ whether that be things that didn’t even apply to me, like transgender health or looking at just women involved with women or just things related to sex or masturbation.”

At the moment P12 encountered information about different sexualities, they found it irrelevant. Later on when they realized they needed the information, they returned to the platform and some of the blogs they remembered.

Once an idea or term was introduced, this could then lead to more active and intentional seeking out information. P1 (white, queer, transmasc)

discussed moving from Tumblr to more intentional information seeking on Reddit:

“I reblogged this post and was like, ‘Man, I wish I was a boy.’ And someone was like, ‘Well, what if you are a boy?’ And that’s, yeah, that’s where the cookie crumbled. And then after that, Tumblr is where I pretty much learned everything about sex until now there’s the NSFW ban, and now Reddit has everything. If you ever have a question, I recommend Reddit honestly.”

P1 entered LGBTQ+ online spaces through Tumblr and then moved to Reddit as Tumblr’s new content moderation policy removing “adult content” from the platform (Haimson, 2018) severely limited LGBTQ+ and sexual health-related content. The difficulty separating gender, sexuality, and sexual health information is also apparent in this insight from P1. For example, seeking out information about gender eventually led P1 to specific questions regarding sex and sexual health with this newfound understanding of their gender.

Some existing LGBTQ+ spaces participants mentioned are related to fan fiction and fandoms or other interests not explicitly about sexual health. Certain media properties’ fans may form communities around these shared interests (fandoms) and then produce and consume creative materials related to these properties (McInroy & Craig, 2018), such as creative writing in the form of fanfiction. These participants did not actively seek information about sexual health, but their presence in certain online spaces or connections to other LGBTQIA+ people through fandoms introduced new sexual health topics and raised new questions that inspired more intentional online searches. P16 (Black, queer, nonbinary) provided one such example:

“I would follow people for fandoms, and then they would talk about important things about sexual health or their own sexual health. Again, nothing that I was specifically looking for, but it was definitely there.”

P16 followed specific fandoms, which directly led to their exposure to sexual health questions they had not previously considered. This is consistent with McInroy and Craig (2018) argument that online fandom can facilitate the identity development of sexual and gender minority youth. P12 found information about sex and sexual health specifically related to LGBTQ+ fanfiction:

“Sometimes I was just in a fandom or something that had female ships [specific pairings of female characters as romantic/sexual partners], and I would just be like, oh, this is interesting, and click it. And I don’t know, especially at the end of high school, I feel like all teenage girls go through the stage where they just

read smut fanfiction over and over again instead of porn. So that's just what I was looking for."

For P12, reading fanfiction introduced new possibilities for sex and sexuality. Fanfiction was an entry point for thinking about one's own gender and sexuality. Fanfiction, similarly to young adult literature (Bittner, 2012), might present an alternative for LGBTQ+ youth to institutionalized sex education curricula. Although not necessarily answering specific sexual health questions, activity in these online spaces led to more specific information seeking once online connections introduced a new topic or question regarding sexuality.

Introduction to sexual health topics via social media platforms not explicitly used for sexual health-related needs also occurred on video-based platforms like YouTube. P17 (Black, bisexual, female) named "James Charles and NikkieTutorials" as YouTubers who do not explicitly cover sexual health in their videos but spurred further investigation into sexual health. P13 (Middle Eastern, pansexual, nonbinary) found YouTube content relevant to their sexual health information needs by regularly following the "vlogbrothers."

"I found it through like, I don't know if you know who the vlogbrothers are, but they had this network of resources... I would actually subscribe to quite a few sex and gender related channels... I would not have gotten interested in those topics had they not published them... I started watching the person first and then became interested in the topic and then did more research from there."

In this example, following one YouTube account unrelated to sexual health directly led to following a different account explicitly providing LGBTQ+ inclusive sexual health content. Similarly to Tumblr, on YouTube participants' everyday browsing inadvertently led to encountering potentially relevant sexual health information.

Social media as sexual health information resource

Others' lived experiences are important sexual health information resources for LGBTQ+ participants. This extends previous research on sharing information related to one's health experiences between marginalized communities (Jones et al., 2018; Veinot, 2010; Veinot et al., 2013) and on patients' expertise in educating others with similar needs (Civan-Hartzler et al., 2010; Civan-Hartzler & Pratt, 2007). Some participants preferred, or were more likely to trust, sexual health information via social media platforms because they could rely on this important component: others' lived experiences. For example, P15 (Black, bisexual, male) discussed the importance of learning from others' experiences online:

“I definitely think that someone can be very knowledgeable about a topic without necessarily having experienced it. But, it definitely feels safer if it’s someone saying, ‘Hey, this happened to me, and then I did this, and now I know this.’ It’s definitely what I’ll probably look for first for advice.”

Someone (e.g., healthcare providers) might be an information resource about LGBTQ+ sexual health without necessarily having relevant lived experience, but P15 felt safer and more likely to rely on resources from people who shared their identities.

Social media platforms can also provide a shared sense of an LGBTQ+ community when participants found others with shared identities and experiences. P6 (Asian, gay, female) found this support through Tumblr:

“Tumblr was the space where I wasn’t very active on Tumblr as some others, but for me, it was still a space where so many identities and so many people were able to form communities and feel like part of a group of people, which I know that a lot of people, including me, felt like they didn’t have growing up. Also, I feel like Tumblr was a good space for people to share their own experiences in a way that could be educational to others.”

Tumblr provided both community and a place to learn from others’ lived experiences for P6. P8 (Biracial, queer, nonbinary) also leveraged social media platforms to foster a sense of LGBTQ+ community:

“So, I have this Snapchat group full of my femme friends right now, and we actually discuss this a lot. Originally, this Snapchat group was like we send nudes to each other, and we hype each other up about our bodies. But, then, it transformed into a ‘what birth control options are the best for me,’ kind of like a resource group... And so, I have that wonderful resource of friends that I can shoot a question into that Snapchat group.”

P8 found the Snapchat group particularly beneficial because of the experiences shared by others regarding birth control and other sexual health information. P8 appreciated this group not only to hear from others but also to share their own experiences related to sexual health.

Some participants described desiring to share their own lived experiences and the information they gained via social media to help other LGBTQ+ young people. P6 discussed the community support online forums can provide:

“I do enjoy a good Reddit thread... I’ve mostly used it for other LGBT teens or just helping them and treating them nice, that sort of thing. I think it is helpful because you get to kind of ask for help to everyone, so it’s not just four or five friends. It’s everyone on that.”

The altruistic desire to share information is consistent with previous work on peer-based information sharing and marginalized populations (Jones et al., 2018). Sharing one's own sexual health experiences and learning from others' experiences demonstrates peer-based information sharing (Civan-Hartzler et al., 2010; Civan-Hartzler & Pratt, 2007). Peer-based information sharing through lived experiences is one main consideration for engaging LGBTQ+ youth via social media.

Credibility and social media

Participants did not universally prefer social media as a sexual health information source. Some participants expressed concerns with information credibility despite the lived experiences component. For example, P8 found community and their desired information in their Snapchat group but found early Tumblr experiences alarming:

“I'm more likely to trust my friends in the Snapchat group because there's a very diverse opinion in there. We're all different types of femme people, and it's really nice to just hear everyone's own individual experience, and then put my experience in there and build off of that. But with Tumblr, especially when I was young, I would try things, like I would take their advice from Tumblr and I would try them in my own life, and it would not work. So, it would be more like Tumblr trial and error.”

P8 spoke with some disappointment that Tumblr was their only sources of sexual health information. Part of this disappointment was an uncertainty about credibility. Rieh (2014) defines credibility assessment as “perceptions of credibility relying on individuals' expertise and knowledge.” Past experiences and existing knowledge informed participant perceptions of credibility, but participants' necessity for information might complicate Rieh's definition. Participants might assume credibility because the information they find is the only information available. For example, P6 wanted information from sources they deemed more reputable, but the information was unavailable:

“[On] Tumblr... there's just a lot of stuff that is not real, but also there is a lot of informative things... I haven't really found any websites that are a good, well rounded, everything you need to know, all this, because I feel like a lot of those kinds of websites about sexuality is more of just coming to terms with your own sexuality, but not really about sexual health and how to practice safe sex outside of wearing a condom”

P6 appreciated the community Tumblr provided but considered some information “not real” and not appropriate for meeting their sexual health needs. Costello (2017) proposed social relevance assessments as a concept for understanding the individually situated and socially constructed nature of determining relevance and other judgments of health information in

online support groups. We situate this finding in Costello's (2017) argument that social characteristics and experience determine online information's relevance. Credibility and information assessments in the context of sexual health information seeking should be addressed more thoroughly in future research.

Discussion

Intentional sexual health information seeking

Social media platforms play a vital role in the sexual health information seeking processes of many LGBTQ+ young people. Many participants already occupied online spaces that would eventually lead to encountering new sexual health information related to their LGBTQ+ identities. They did not know they had specific needs for sexual health information in online spaces, but encountered information via social media that led to *intentional sexual health information seeking* when they realized certain topics might be relevant to their own identities. Specific interests, such as fanfiction or interest in a particular YouTube personality, often connected young people with sexual health information not previously available to them or not even part of their preexisting knowledge base.

Participants' sexual health information seeking often moved from passive to intentional information seeking about specific and relevant sexual health topics. These unique types of information encounters often begin with passive interaction on social media, rather than active information search that diverges when new information is encountered as in Erdelez (2004). Our Tumblr and YouTube examples of sexual health information seeking extend theories of information encounters (Erdelez, 2004; Buchanan & Erdelez, 2019). In our findings, sometimes the initial interaction with social media involved actively searching for some type of information such as specific fanfiction. Overwhelmingly, however, participants' initial social media interactions were not this intentional. Participants passively engaged in social media with specific information seeking goals. It was in these moments of social media passivity that the information encounter occurred. The young people in our study identified Tumblr and YouTube as specific social media platforms where they passively discovered sexual health information that then led them to intentionally seek specific sexual health information.

Our findings indicate that often social media is a "starting point" for LGBTQ+ youth and their sexual health information seeking. With an increased interest in delivering inclusive and relevant sex education resources to LGBTQ+ young people, healthcare providers must understand

that their digital resources and online intervention strategies might be difficult for LGBTQ+ youth to access. Considering how LGBTQ+ young people transition to *intentional sexual health information seeking* can inform specific interventions and online materials' presentation strategies. Providers and educators might especially benefit from social media as a sexual health starting point. For example, the platform TikTok might be especially intriguing as a starting point for sexual health information because the platform's For You Page presents information algorithmically in a manner that emphasizes new content discovery. Social media resources might also leverage participants' desires to share sexual health information with and receive information from other LGBTQ+ people.

Lived experience through social media in sexual health information seeking

In both intentional sexual health information seeking and passive information introduction through existing social media activity, hearing about other LGBTQ+ people's lived experiences impacted participants' information seeking experiences. Even if not providing an expected or desired outcome, interaction with others who share similar identities or experiences may provide social benefits to information seekers and information sharers (Costello & Murillo, 2014; Jones et al., 2018). Participants' desire to share sexual health information with others is consistent with this interest in teaching based on one's own lived experiences as an LGBTQ+ person. Hearing about others' lived experiences was often important for meeting sexual health information needs because LGBTQ+ experiences were not reflected elsewhere. Seeing other LGBTQ+ people discussing gender, identity, and sexual health on social media informed a shift from passively encountering information to more intentional sexual health information seeking.

Participants' preference for information via others sharing lived experiences on social media indicates the importance of online community and seeing one's experience and identity reflected. This is consistent with Fox and Ralston (2016) findings that LGBTQ individuals use social media for social learning to observe other LGBTQ+ individuals' experiences and behaviors. Fox and Ralston (2016) also argue that teaching others is an important educational function of social media in the context of LGBTQ social media usage. Veinot et al. (2013) identified pro-social online communities' importance for HIV/AIDS information sharing in a sample of young men who have sex with men. Similarly, for participants in our study, especially those in high school and/or restrictive home environments due to Covid-19, social media created and facilitated online pro-social conditions absent from participants' offline lives during

the pandemic. When considering interventions for LGBTQ+ sexual health, providers and designers can leverage the pro-social nature of certain LGBTQ+ social media spaces and encourage peer-to-peer information sharing.

Future work

Social media and its potential as a sexual health information resource present opportunities for ensuring LGBTQ+ youth receive relevant and credible information. Understanding that LGBTQ+ youth receive sexual health information via social media platforms, often unintentionally at first, suggests that LGBTQ+ healthcare providers, nonprofit organizations, and others interested in providing sexual health resources could leverage these platforms to present this information. LGBTQ+ youth rely on social media and other LGBTQ+ people's lived experiences for sexual health information out of necessity. When participants expressed preferences for accessing sexual health information via social media, this often resulted from barriers accessing this information elsewhere. Anti-LGBTQ+ sentiments in sex education curricula, healthcare, and many families are some barriers that prevent LGBTQ+ young people from accessing relevant information in offline contexts. Conceptualizing social media as a "starting point" surfaces opportunities to introduce relevant LGBTQ+ sexual health information topics to young people in the online spaces they already occupy. For example, sexual health educators and providers might use YouTube or specific LGBTQ+ subreddit communities to connect young people with resources on their organizational websites or with verified information they recommend based on their sexual health expertise. Future work could more directly recruit and investigate specific gender and/or sexual minorities within the LGBTQ+ community to understand unique sexual health information needs.

Limitations

While our sample includes diverse genders and sexualities, this research does not represent the sexual health information seeking practices and needs of every young person within the LGBTQ+ community. Future research should more thoroughly address specific sexual and gender minorities within the LGBTQ+ community. Future research in this area should also more explicitly prompt participants to consider intersections of their sexual health information seeking with race, ethnicity, disability and other important considerations.

Conclusion

As previous research suggests (Flanders et al., 2017, Haley et al., 2019) and our research reinforces, LGBTQ+ youth often must rely on online resources to access sexual health information. Social media platforms are an important means for LGBTQ+ youth to connect with sexual health information they might not be able to receive elsewhere, although it presents its own challenges including information credibility and accuracy. Viewing social media as a starting point for sexual health information seeking and other topics related to health and marginalized identities might better connect LGBTQ+ young people with relevant and credible information.

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Notes on contributors

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