

OOGACHAGA®

LET'S TALK  
ABOUT  
SEX!

**UNDERSTANDING SEXUAL HEALTH IN  
LGBTQ+ YOUTH IN SINGAPORE**

## **COPYRIGHT INFORMATION**

LET'S TALK ABOUT SEX!

Published in 2023 © Oogachaga  
www.oogachaga.LGBT  
Singapore

This project was funded with a grant from Gilead Sciences, Inc.



# CONTENTS

<b>INTRODUCTION</b>	<b>3</b>
<b>PART A: DESCRIPTIVES</b>	<b>4</b>
<b>PART B: SEXUAL HEALTH KNOWLEDGE</b>	<b>9</b>
<b>PART C: SEXUAL HEALTH BEHAVIOURS</b>	<b>12</b>
<b>PART D: SEXUAL HEALTH PRACTICES</b>	<b>14</b>
<b>PART E: RECOMMENDATIONS</b>	<b>16</b>



# INTRODUCTION

Sexual health in youth has been studied for many years. However, Singaporean research on sexual health in youth that are not cisgender and/or heterosexual is mostly focused on gay, bisexual, and queer (GBQ) cisgender boys and men.

To contribute to the pool of information about sexual health in LGBTQ+ youth, Oogachaga's youth volunteers designed Let's Talk About Sex!, a survey on sexual health in 413 LGBTQ+ youth aged between 16 and 29 years old in Singapore. The survey collected information on participants' 1) sexual health knowledge, 2) sexual behaviour, and 3) sexual health practices.

## KEY TERMS

- **LGBTQ+** – Lesbian, Gay, Bisexual, Transgender, Queer, Questioning, and others
- **SOGIESC** – Sexual Orientation, Gender Identity & Expression, and Sex Characteristics
- **Youth** – Oogachaga defines this population as those aged between 16 and 29 years old
- **STI** – Sexually-Transmitted Infections
- **Sexual health knowledge** – the knowledge that a person has about sexual health-related topics
- **Sexual behaviour** – the way a person experiences or expresses their sexuality
- **Sexual health practices** – the way a person takes care of their sexual health

\*Note: 'Local' in this project refers to the Singaporean context

# PART A

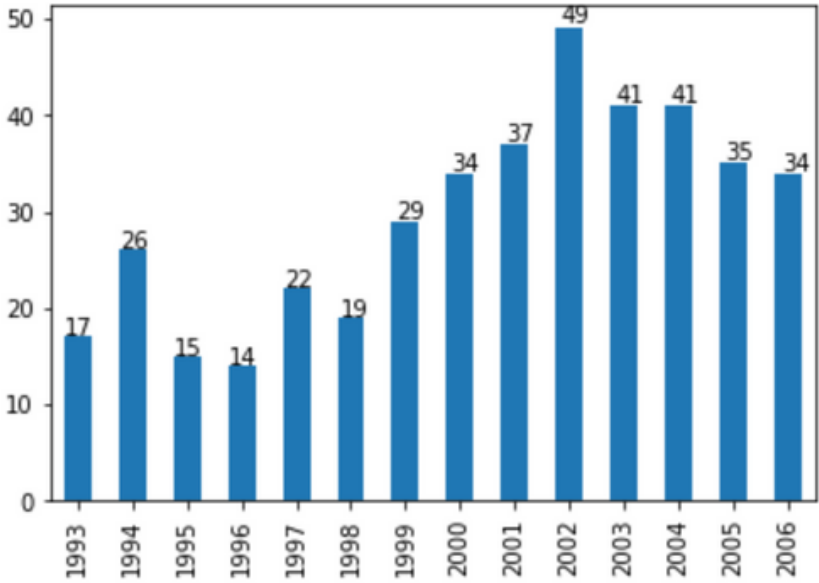


## DESCRIPTIVES



Data collection ended with 413 valid responses from youth of various ages, racial/ethnic identities, and SOGIESC.

Fig. 1: Distribution of birth years, information on age



The age of participants ranges between 16 and 29 years old, with the average age being 21.4 years. The average age of participants is 21.4 years, and the majority of participants (57.3%) are aged 21 and younger.

Fig. 2: Distribution of sexual orientations

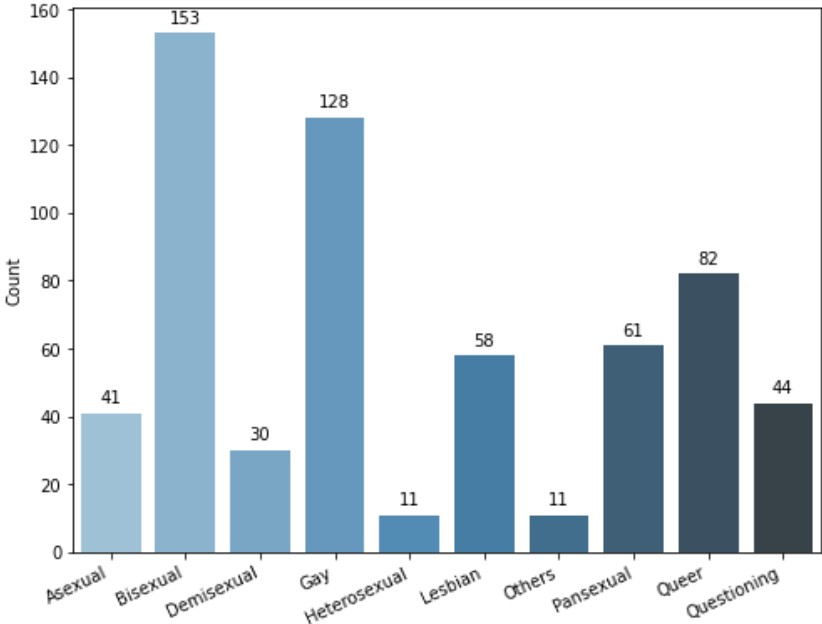


Figure 2 shows the number of times each option has been selected by participants<sup>1</sup>. *Others* refer to non-default answers, which include *Polyamorous*, *Sapphic*, *Gynosexual*, *Homoflexible*, *Skoliosexual*, *Abrosexual*, *Panromantic*, *Sapiosexual*, *Birromantic*, and *Demiromantic*.

Fig. 3: Distribution of gender identities

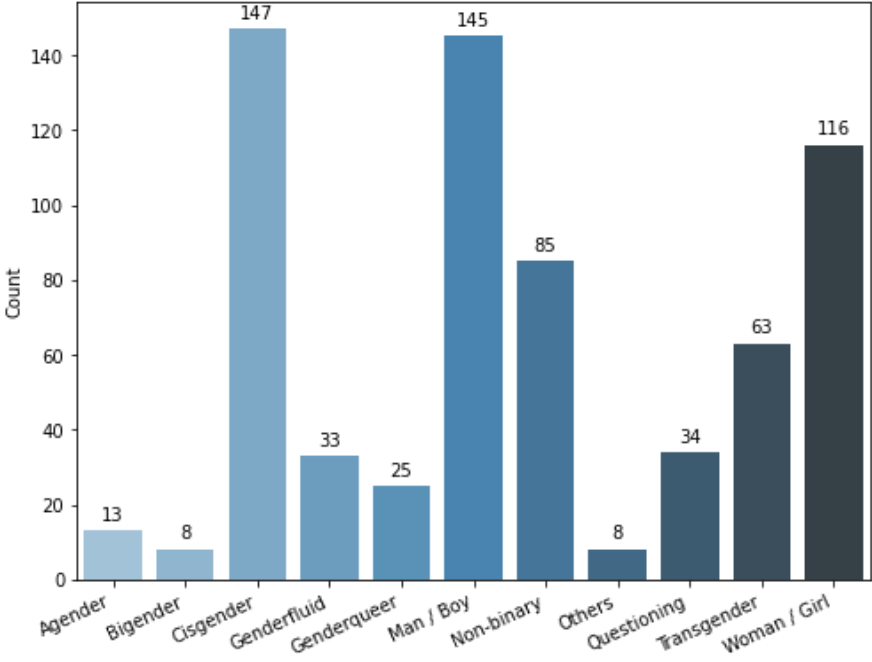


Figure 3 shows the number of times each option has been selected by participants<sup>2</sup>. *Others* refer to non-default answers, which include *Postgender*, *Xenogender*, *Aliengender*, *Transfeminine*, *Androgynous*, *He/him*, *Transmasculine*, and *doesnt matter*.

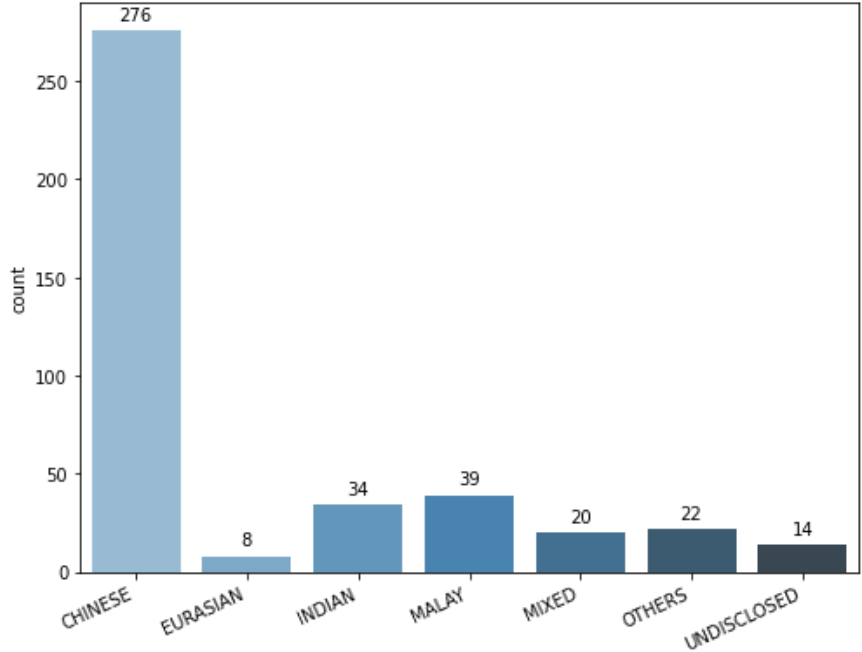
As illustrated in Figure 4, Chinese participants make up the majority (66.8%), followed by Malay (9.4%) and Indian (8.2%) participants.

---

1 Note that the total count across all sexual orientations is greater than the number of participants, as each respondent may give multiple answers.

2 Note that the total count across all gender identities is greater than the number of participants, since each respondent may give multiple answers.

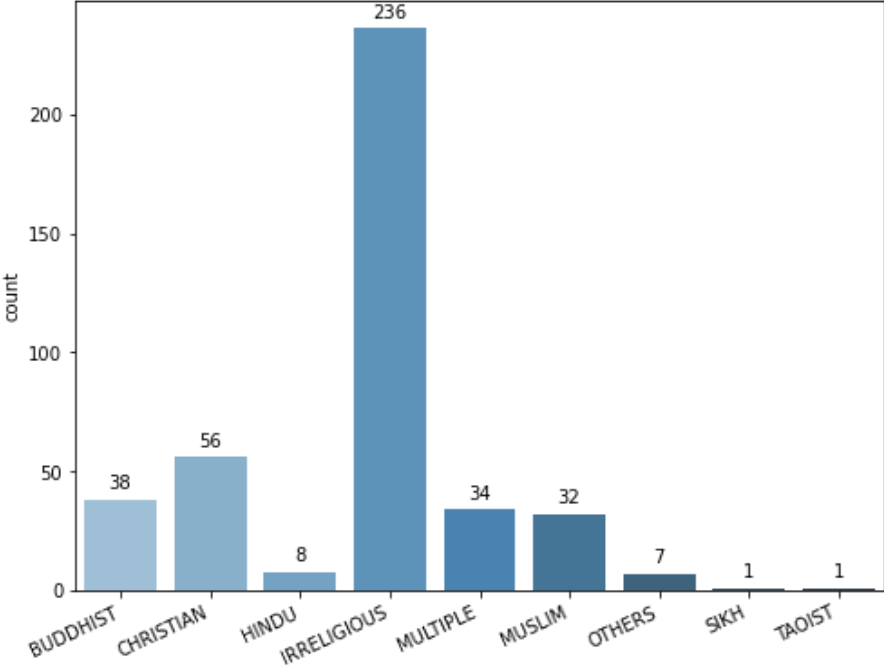
Fig. 4: Distribution of ethnicities



*Others* refers to participants with ethnicities not belonging to Chinese, Malay, Indian or Eurasian groups. This includes participants who are Filipino (n = 11), Burmese (n = 3), European, Indonesian, Thai, Vietnamese, Korean, Sri Lankan, Caucasian, and others [sic] (n = 8).

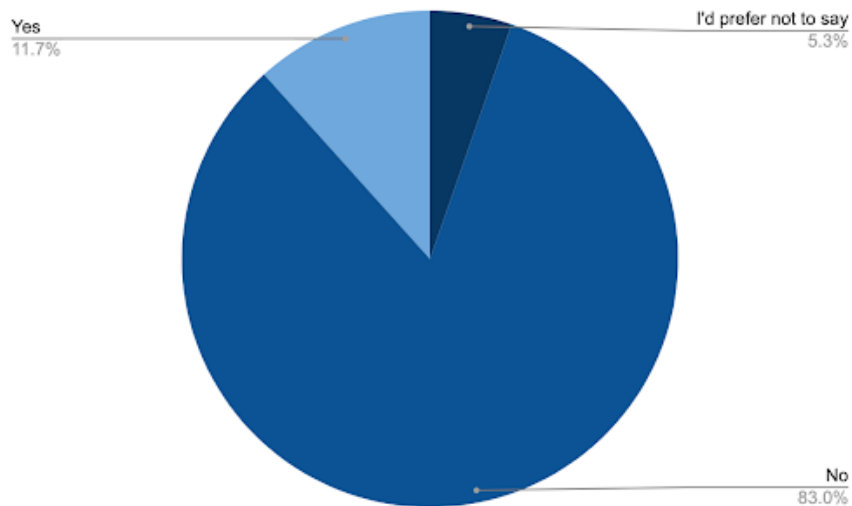
*Mixed* refers to participants who indicate that they are of multiple ethnicities. This includes Chinese-Malays (n = 7), Chinese-Indians (n = 5), Malay-Indians (n = 2). Undisclosed refers to participants who did not share their ethnicities.

Fig. 5: Distribution of religion/beliefs



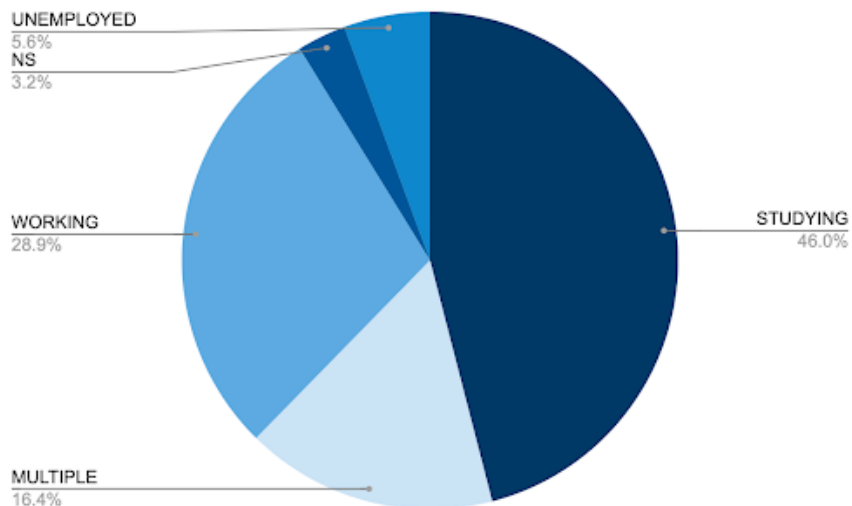
Most of the participants indicated that they are *irreligious* (57.1%), referring to those who identified themselves as atheist, agnostic, or free thinkers. *Others* include religious/spiritual identities like Jewish, Pagan, and followers of other non-organised spiritual belief systems.

Fig. 6: Distribution of participants with disabilities



The vast majority of participants (83%) do not identify themselves as persons living with disabilities.

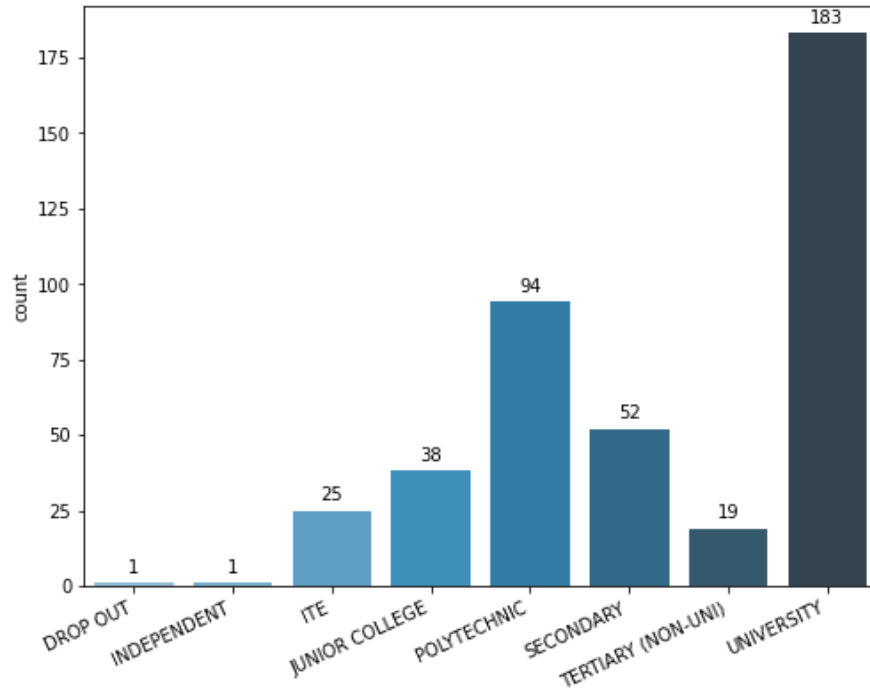
Fig. 7: Distribution of occupation status



Most participants indicated that they are currently only studying, whether part-time or full-time (46%). Multiple refer to participants who indicate that they are both working and studying.

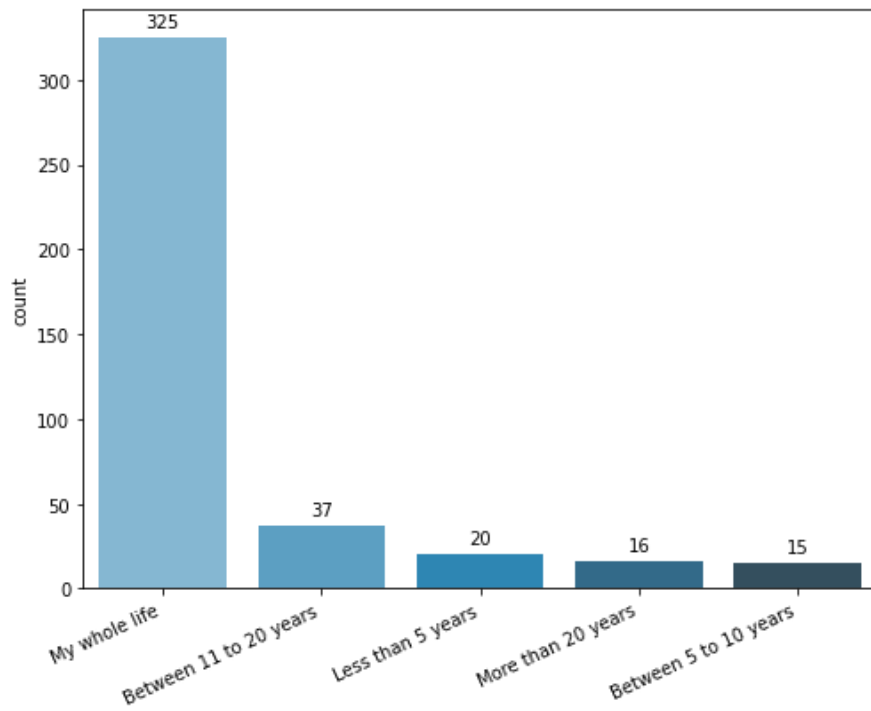


Fig. 8: Distribution of highest education attained



The majority of (44.3%) of participants have received university education. *Tertiary (non-uni)* refers to other vocational or professional development institutes that are not polytechnics or Institutes of Technical Education (ITE).

Fig. 9: Distribution of length of residence in Singapore



Most participants (78.7%) have lived in Singapore for the entirety of their lifetime.

## PART B

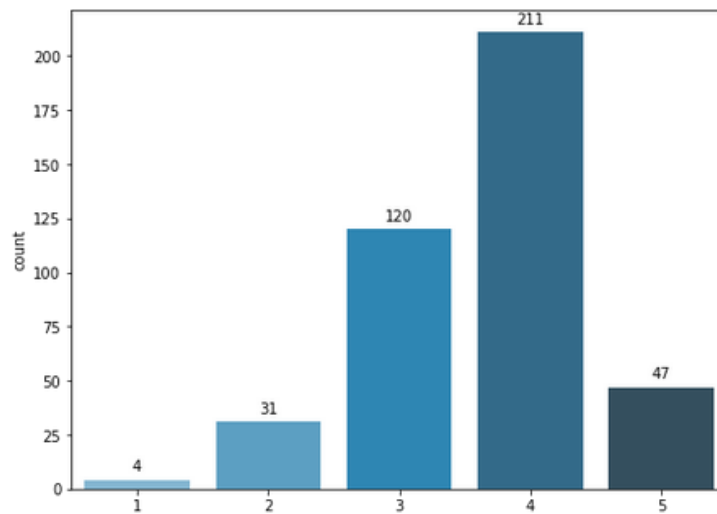


# SEXUAL HEALTH KNOWLEDGE



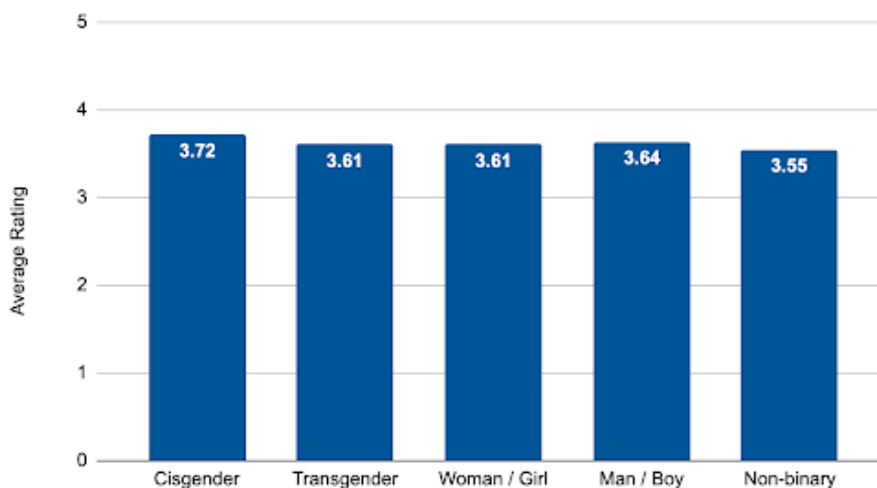
- 1** Participants consider themselves to be fairly well-informed on sexual health.

Fig. 10(a): Rating of self-estimated sexual health knowledge



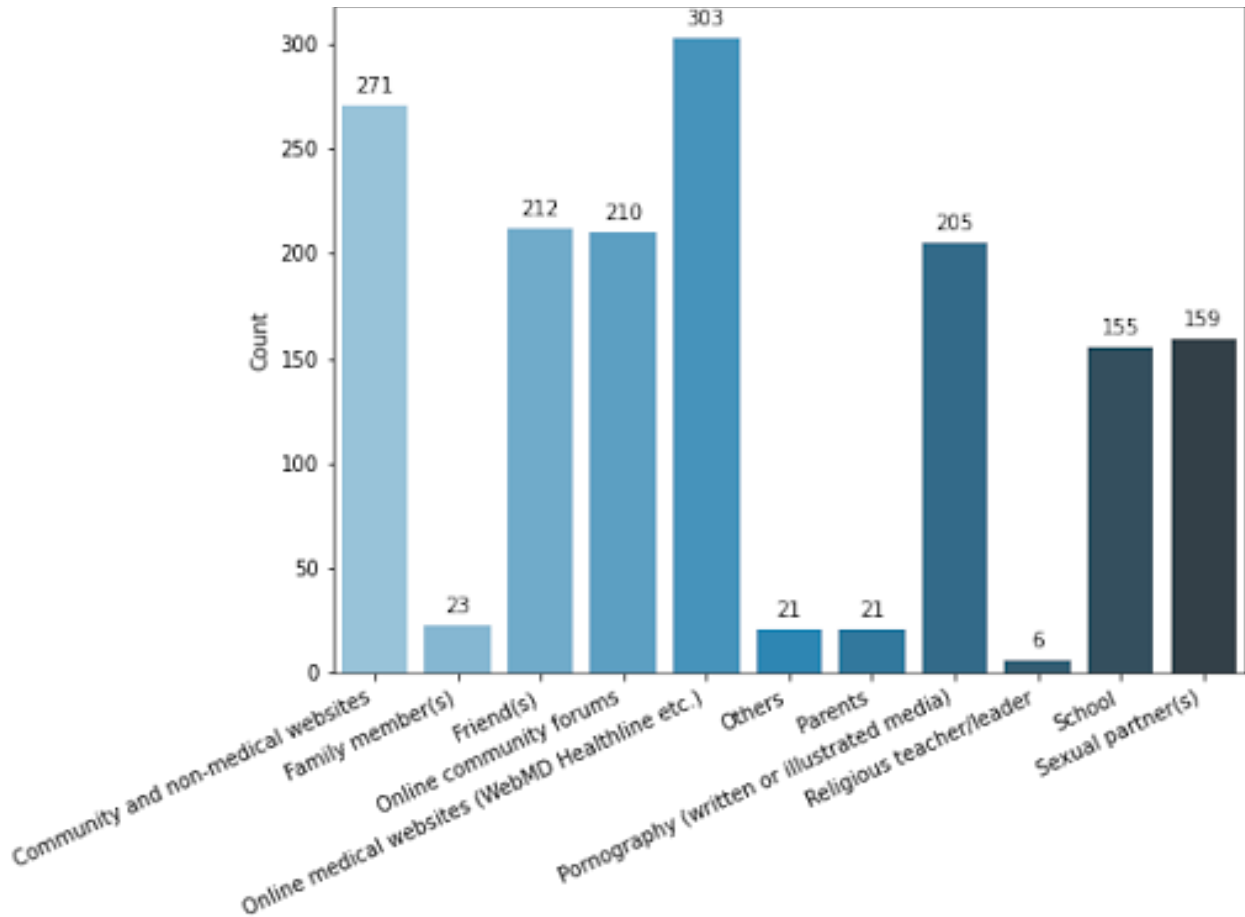
The average self-rating of sexual health knowledge is 3.64, based on a scale of 1 to 5. As seen in Figure 10(b), individuals who have *Cisgender* and *Man/Boy* as part of their gender identity have the highest self-rating of sexual health knowledge.

Fig. 10(b): Self-rating of sexual health knowledge across gender identity groups



**2 Online resources are highly used by LGBTQ+ youth for information on sexual health.**

*Fig. 11: Sources of sexual health knowledge*



Online medical websites like WebMD and Healthline are the most popular source of information on sexual health, with 7 out of 10 youths having accessed similar resources. Community and non-medical websites are the next most commonly-used resource, with 65.6% of participants sharing their usage of these platforms. Interestingly, but not surprisingly, the third most common source of sexual health information for LGBTQ+ youths is their friends.

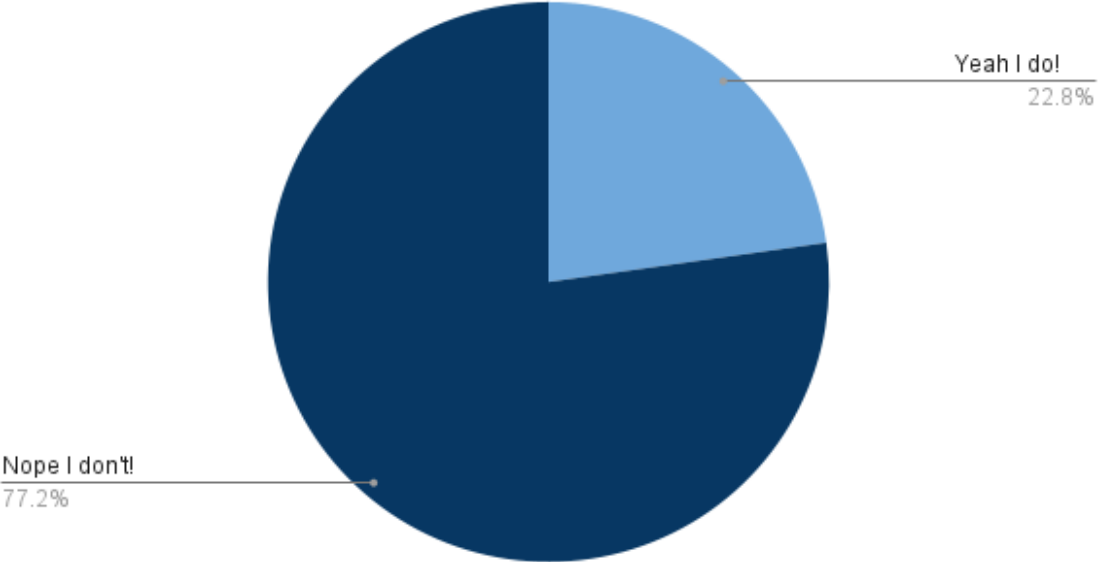
In stark contrast, as shown in Figure 11, parents, other family members, and religious teachers and leaders are approached the least by LGBTQ+ youths for information on sexual health.

**3 The vast majority of LGBTQ+ youths in Singapore are still unsure of where to seek local LGBTQ-affirming or LGBTQ-friendly sexual health services.**

As illustrated in Figure 12, over 70% of participants indicated that they do not know where to access LGBTQ-friendly/affirming sexual health services in Singapore.

*Fig. 12: Accessing LGBTQ-friendly/affirming sexual health services in Singapore*

Do you know where to access LGBTQ-friendly/affirming sexual health services in Singapore?



This is particularly concerning, and indicates the need for outreach and campaigning to increase public awareness of LGBTQ-affirming services, and to train more sexual healthcare providers in providing affirming services to LGBTQ+ youth.

## PART C

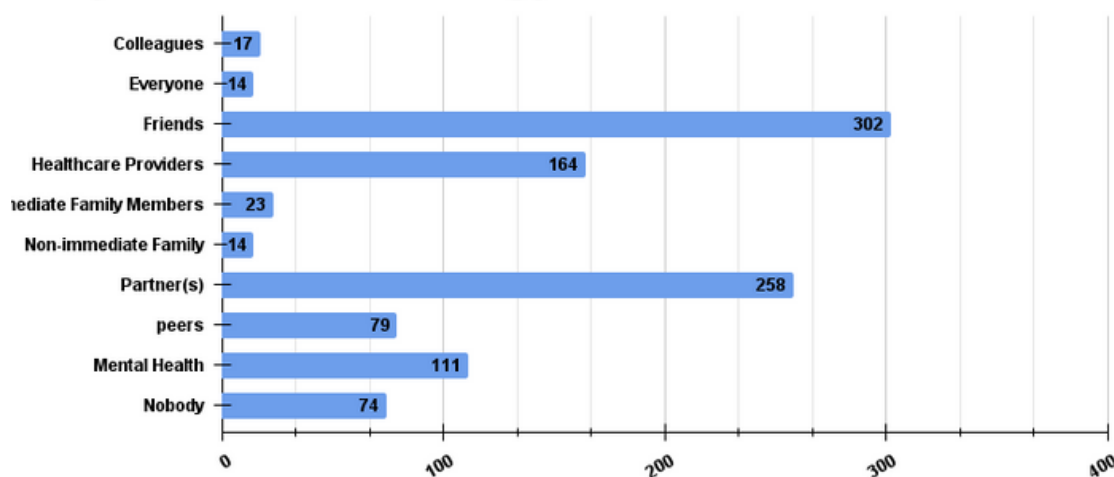


# SEXUAL HEALTH BEHAVIOUR



- 4** LGBTQ+ youths are still the most comfortable discussing their sexual health with their friends.

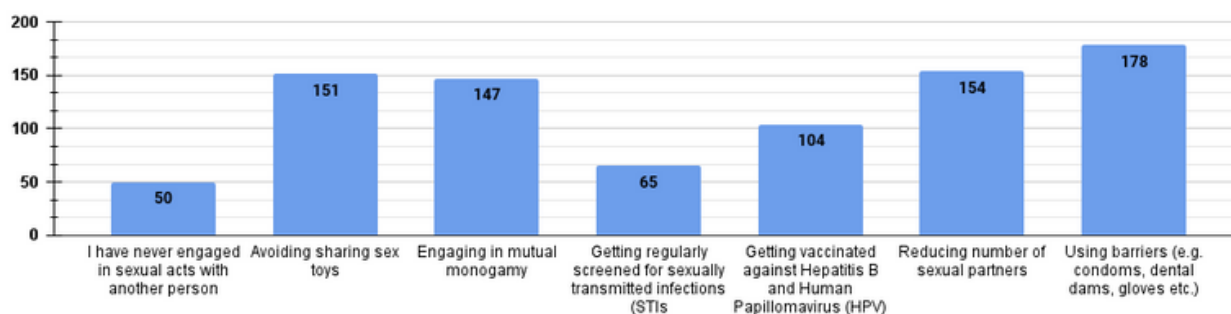
Fig. 13: Distribution of preferred people to discuss sexual health with



73.1% of participants indicated friends to be their preferred group of people to discuss their sexual health with. Partner(s) came in at a close second (62.4%), followed by healthcare providers (39.7%).

- 5** LGBTQ+ youths are using a variety of safer sex practices, with the usage of barriers (condoms, dental dams, gloves etc.) being the most common.

Fig. 14: Distribution of safer sex practices used

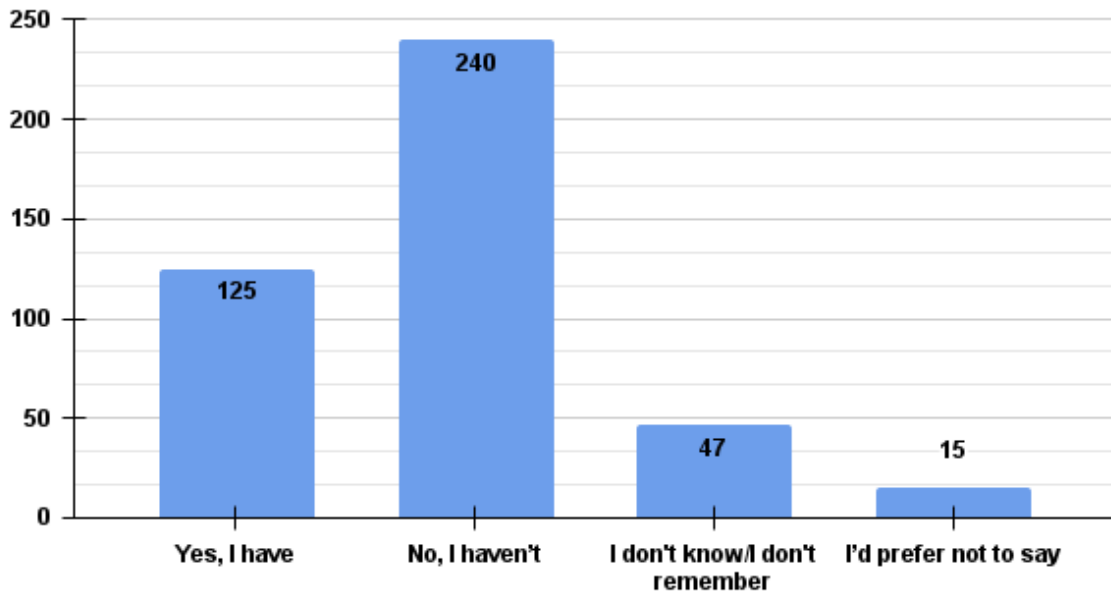


Aside from the use of barriers, reducing the number of sexual partners and avoiding sharing sex toys are the next most frequently used safer sex practices by LGBTQ+ youth. Interestingly, the least popular safer sex practice is regular STI screening.

6

## LGBTQ+ youth are experiencing pressure to engage in sexual acts.

Fig. 15: Distribution of experiences of pressure to engage in sexual acts



While the majority of participants have not experienced this pressure, it is significant to note that 30.2% of participants have. This is concerning, and highlights the need for more education on consent in sex.

## PART D



# SEXUAL HEALTH PRACTICES

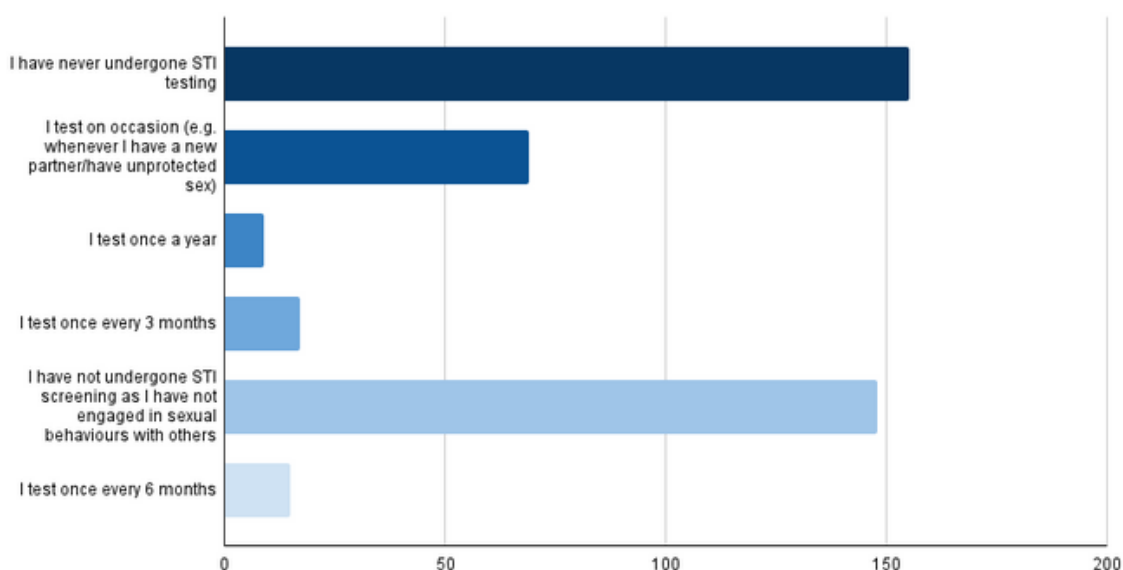


### 7 LGBTQ+ youth have moderate engagement with safer sex practices.

When asked to self-rate their engagement of safer sex practices on a scale of 1 to 5 (1 = not at all; 5 = used in every encounter), it was found that the average rating was 3.4 out of 5, which is just over the midpoint.

### 8 Out of the 265 participants who have engaged in sexual activity, 58.4% have never undergone STI screening.

Fig. 16: Distribution of STI screening habits



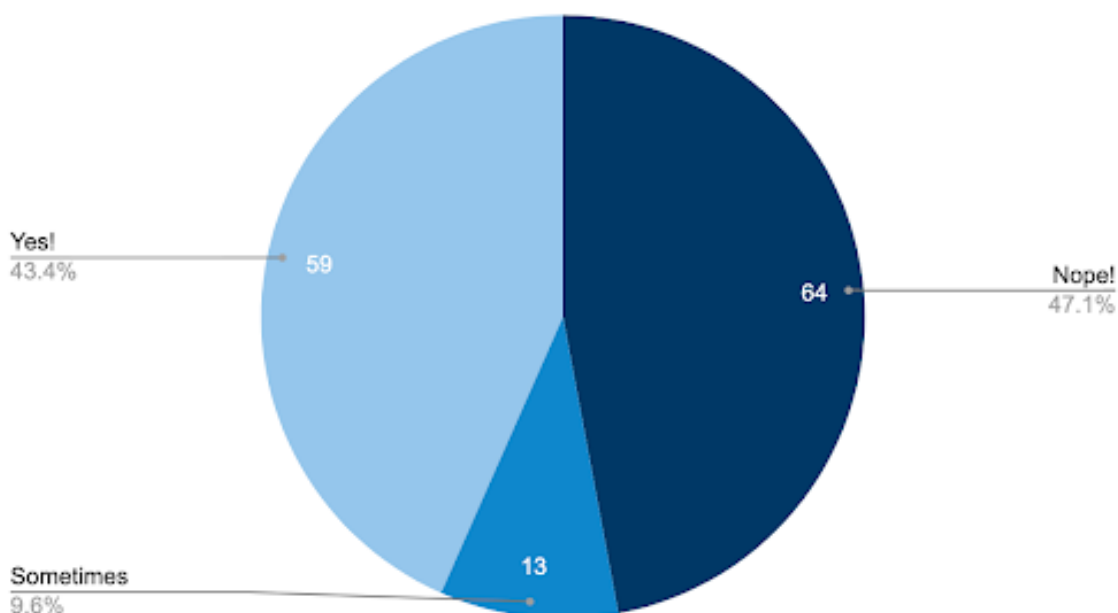
The next most common STI screening habit in LGBTQ+ youths is screening on occasion, such as when there is a new partner, or if they engage in unprotected sex. However, it's concerning to note that this is only practised by 26% of LGBTQ+ youth.

<sup>3</sup> It should be noted that not all participants responded to this question, as a response was only required from participants who have engaged in sexual activity with another person.

**9 Nearly half of LGBTQ+ youths who have experienced STI symptoms have not had a follow-up with a doctor.**

*Fig. 17: Distribution of follow-up rates at STI clinics*

**If you have experienced any STI symptoms, did you follow-up in a clinic?**



However, as illustrated in Figure 17, it is worth noting that more than half of participants who experienced STI symptoms followed up in a clinic at least some of the time. Nevertheless, this might indicate the need for more information on early prevention and diagnosis to be spread.

**10 LGBTQ+ youths as a whole find that sexual healthcare services in Singapore are reasonably affirming.**

Participants were asked to rate how affirming they found their experiences with sexual healthcare providers in Singapore on a scale of 1 to 5 (1 = not affirming at all; 5 = super affirming). It was found that the average rating amongst those who had been to a sexual healthcare provider (n = 160) was 3.2 out of 5, with nearly 8 in 10 youths selecting a rating of 3 and higher.



**PART E****RECOMMENDATIONS**

The Ministry of Education (MOE) should include LGBTQ+ youth sexual health in their sexuality education programmes, and educate students on where they can go for sexual health screenings if needed.



Healthcare providers should strongly encourage all LGBTQ+ youth to go for STI screening, through free and anonymous services.



More local youth agencies should develop peer support programmes for LGBTQ+ youth to talk about their sexual health in a safe and affirming environment with people their own age.



Emphasise the importance of consent in sex and include steps to avoid pressure into sexual act engagement in sexuality education programmes.



Healthcare institutions should conduct research, consultation and training for healthcare providers on working with LGBTQ+ youths on sexual health issues.