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1.0 Introduction

This literature review (the review) informs research to address young people, who are a priority population of the Second National Sexually Transmissible Infections Strategy 2010–2013 (SNSTIS, Commonwealth of Australia[COA], 2010). It extends the significant body of adolescent sexual health research to focus on older young people as a cohort of the priority population. The review defines young adults to be between the ages of 18 to 30.

In light of the diversity of young adults’ lives, the review aims to capture research related to young adults beyond secondary education, including those in transition to greater independence through further studies, employment or unemployment, or other tasks distancing them from parental and education institutions. It compiles research about the sexual and relational lives of young adults, which includes: sexual attitudes, practices, behaviours and risks; relationships and social contexts, attitudes and behaviours; and social, emotional, cultural and economic factors that impact on their sexual lives and encounters.

The complexity of understanding this cohort is evident in the multiple ways young adults are conceptualised and categorised across research and policy. Key organisations in Australia and internationally employ a variety of terms to capture this population. These include late adolescence, youth, young people, early adulthood, and emerging adulthood. This period is characterised by change as young adults move from educational institutions into other contexts, establishing their identities and connections with others. During this period of change most young adults in Australia maintain good health as they embark on a number of new challenges in life — managing new career or education opportunities, housing and accommodation, and social and sexual relationships.

Despite this, young adults account for the greatest number of new annual notifications of gonorrhoea and chlamydia compared with other age groups. Recent Australian chlamydia surveillance data suggest that incidence of chlamydia is growing, with the rates of positive tests increasing from 1% in 2007 to 15.1% in 2010 for young people aged 15 to 24 years (The Kirby Institute, 2011). Between 2007 and 2010, notifications data indicate increases in diagnoses of chlamydia and gonorrhoea across ages 15 to 19 years and 20 to 29 years, for both men and women (The Kirby Institute, 2012). Of note, young Aboriginal and Torres Strait Islander adults are more likely to test positive for sexually transmitted infections (The Kirby Institute, 2011). Evidence for the years 2004 and 2011 shows that diagnoses of genital warts have decreased for young adults under 26 years, possibly attributed to the impact of the HPV vaccination program that commenced in 2007 (The Kirby Institute, 2012).

These data reflect rising rates of STIs for young adults internationally. Surveillance data in the UK, US, Canada and New Zealand report that young people (including 15 to 24 year olds) are most at risk of being diagnosed with an STI (Centers for Disease Control and Prevention [CDC], 2012; Health Protection Agency [HPA], 2008;

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1 See 2.2.2 for further discussion.
Chlamydia is the most common diagnosis, with young females disproportionally infected (CDC, 2012; HPA, 2008; PHA, 2008; ESR, 2012). Increasing young people’s knowledge of STIs to inform safe sex practices is an objective of the SNSTIS. The Fourth National Survey of Secondary Students and Sexual Health found that year 12 students (61%) were less likely than year 10 students (70%) to report using a condom at their most recent sexual encounter (Smith, Agius, Mitchell, Barrett, & Pitts, 2009). Although the proportion of sexually active students who report having been diagnosed with an STI is small (3%), their knowledge of STIs including chlamydia and HPV was poor (Smith et al., 2009).

The review responds to the following priority action areas of the SNSTIS (COA, 2010):

- Health promotion and prevention (S6.1)
  - Young people (S6.1.1) – Develop and deliver health promotion interventions targeted to young people who are no longer in the school system (p. 21)
  - Testing and screening (S6.2.1) (p. 26)
  - Partner notification (S6.2.2) (p. 27)
  - Develop and implement targeted prevention and health promotion programs for high priority groups (p. 25)
  - Continue to build an evidence base, especially for priority populations (p. 25).
- Research (S.8)
  - To be undertaken in priority populations to inform priority action areas at all levels (p. 35).

This report provides a summary of the method used to conduct the review and an overview of review results. Reflecting the study’s aims, gaps in the field are outlined and potential opportunities for the study are highlighted.

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2.0 Review methodology

In the first stage of the review, a systematic search was conducted of six databases: ProQuest Central, Current Contents, Sociological Abstracts, CINAHL, PsychInfo and Scopus. Three domains were employed to capture young adults in transition and research related to their sexual practices and attitudes. In the first domain, the truncated search terms young adult*, early adult*, emerging adult* and transition to adult* were used to capture the broader literature on this population, extending the search to capture adults and adulthood. The second domain included a broad range of truncated and non-truncated search terms such as sexual*, STI, STD, condom and contracepti* to limit the literature to material that discussed sexual or related themes.³ The third domain listed several key countries (e.g. Australia, New Zealand, Canada, USA and England) to ensure the literature was culturally transferable to an Australian context. The three domains were crossed and applied to all six databases.⁴

All searches were limited to titles, abstracts and keywords, to studies published in English, in scholarly journals, to human beings, and to a year limit between 2005 and 2013. The articles found numbered 2143. Based on titles and abstracts, articles were included if they discussed:

- Research related to young adults between the ages of 18 and 30
- Sexual practices, behaviours, knowledge or attitudes
- Research investigating the contexts of young adults’ relationships, employment or education
- Sexual health or access to sexual health care or services
- Literature in contexts culturally transferrable to Australia.

Articles that were excluded contained:

- Research involving young people in secondary or high school education that did not predict or relate to sexual lives beyond secondary education
- Research involving children, or adults over 30 years old, including experiences such as retirement and menopause
- Studies in contexts dissimilar to Australia, including developing countries
- STIs and BBVs acquired through non-sexual practices
- Neurophysiological and biology related to sexual differentiation

³ Initial searches included the terms youth and young people in the first domain, and sex* in the second domain; however, this included research that primarily focused on adolescent studies, any study that categorised the sex of participants and extended the search beyond the scope of this review. One database alone provided over 36000 results from this initial search.

⁴ ([transition to adult*] OR young adult* OR early adult* OR emerging adult*) AND (sexual* OR STI OR STD OR condom OR contracepti*) AND (Australia OR New Zealand OR Canada OR US OR United States OR America OR Britain OR United Kingdom OR England OR UK)
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- Clinical studies of sexual dysfunction
- Studies exploring the role of illness and challenges to sexual behaviour (e.g. cancer, PCOS).

Early analysis of the material obtained demonstrated that the search protocol was unable to yield literature beyond medical, developmental or psychological approaches. This protocol was unable to adequately reflect the intended wide scope of the study due to the diversity of terms used across the literature to describe this group of young adults. The team determined from their experiences and through consultation with others across the Centre that the emerging nature of the subject does not lend itself to systematic literature review methods. The theoretical context of this limitation is discussed further in 3.1.

The second stage of the review adopted an iterative approach. The same databases were consulted. The search terms were expanded, with more focused protocols employed to reflect the team’s research interests. This stage also included manually searching major publications in the field, and searching reference lists and sourcing citations or keywords of key literature including reports. This provided more prompts for keywords particularly for studies that focused on nightlives and tourism, and young adults’ social contexts.

Keyword searches used combinations of the words: sexual*, sex*, STI, STD, relationship, sexual risk, condom, contraceptive*, youth, young adult*, early adult*, emerging adult*, transition to adult*, young people, transition to work, transition to employment, school to work, nightlife, substance use, alcohol, nightclub, tourism, holiday, identity, orientation, porn*, technolog*, consumer, consumption, employment, unemployment, income, work and education. This expanded the results to include material related to the social contexts and locations of young people’s sexual negotiation while still including developmental studies of young people.

Just over 1600 articles were found. Inclusion criteria covered the previous criteria and extended to:

- Reviews and meta-analyses of existing literature for the population of interest
- Social, cultural, economic and geographical contexts of young adults’ lives
- Studies that explored the lives of marginalised or key groups; for example, rural–urban differences, young people experiencing unemployment
- Concepts of young adults that explore a notion of vulnerability or risk, that either sustain or challenge young, early adults to be in crisis or at risk
- Studies that employ qualitative methodologies
- Evaluations of existing studies and gaps in the literature.

Due to the non-systematic approach to this stage of the review less rigour was used in applying these inclusion criteria. A number of the studies found did not relate to sexual practices, attitudes, or social practices. They were included as they focused on impacts of other behaviours on sexuality (such as reviews of “emerging adulthood” as a field or substance use behaviours) and as they were assessed as impacting considerably on understanding literature directly related to sexual practice. Further, much of the literature did not explicitly focus on young adults as a distinct group. Studies were included in the review if participants were all within the review’s age range, if the study focused on phenomena related to young adulthood, or differentiated between experiences of different ages across the continuum of adulthood. This required analysis beyond article title or abstract level. The third stage of the review involved communicating with key
groups and individuals to supplement literature for the review, prioritising current and Australian work in the field.

Literature obtained from each stage was exported into an Endnote library. Duplicates and non-published works were removed. The final 163 articles were read and categorised by themes. They were coded for the following information: citation; place; type of study/design; definition and age range of young adulthood; thematic focus; methods; sample characteristics; theoretical approach; key measures (including measures related to sexual orientation, attraction or behaviour, and risk); and outcomes. Literature was organised by key themes and concepts in the studies. The team highlighted gaps and identified opportunities for further research as discussed in the literature.
3.0 Results of the review

Combining all 163 relevant articles, the review captured more quantitative (90) than qualitative studies (52). Thirteen studies combined both using mixed methods approaches. These figures do not include seven theoretical discussions, reviews and meta-analyses that provided useful overviews of a number of themes, including factors that shape young people’s sexual behaviours and gender differences in sexual attitudes.

The review compiles studies predominantly from the US (106), with 25 Australian papers, and others contributed from the UK (12), Sweden (3), Canada (3), New Zealand (2), the Netherlands (2), Germany (2), Croatia (2), Poland (2), Ireland (1), Denmark (1) and Belgium (1). Most articles utilised US samples (often college students), with 15 quantitative studies utilising data from the US National Longitudinal Study of Adolescent Health (AddHealth) undertaken by the Carolina Population Centre at the University of North Carolina. While these large sample population studies often struggle to capture the complexity of young adults’ lived experiences they do offer useful insights into broad transitions and patterns of health behaviours.

Although the review aimed to elicit social research, a broad range of disciplines involved in the field feature: health, psychology, sociology, criminology, communication studies and nursing. This reflects the diversity of institutions and organisations contributing to sexual health research, and consequently, the contradictory approaches to understanding young adulthood.

The literature is organised into ten themes: definitions and theories of young adulthood; relationships; sexual subjectivity; sexual behaviours; STIs and sexual health; risk behaviour; social and geographical influences; parent, family and community factors; employment; and media and consumption. The following discussion is organised by these themes. It uses different terminology for concepts, choosing to use the terms applied by each study. Of note, this includes terms related to sexual orientation and identity, and ethnicity. ‘White’ participants are denoted to be Americans of European descent as classified in the papers.

3.1 POSITIONING YOUNG ADULTS IN THE RESEARCH

Reflecting the review’s diversity, the literature contained substantial inconsistencies in defining the population. Young people aged 18 to 30 years were defined using a number of terms and concepts including young adults, youth, emerging adults and early adults. This section of the review discusses these theoretical perspectives, highlighting developmental psychology and sociology research. A number of studies did not explicitly state a theoretical approach or perspective of young adulthood, or utilised age-neutral themes. These studies were included in the review as they often used age-appropriate samples.

Predominantly, the concept of emerging adulthood was used in 50 studies; however, this may also be a consequence of the search criteria applied (see 2.0). This theory established by psychologist Arnett (2000) posits emerging adulthood as a development stage for young people aged 18 to 25 years that is unique from
adolescence and later adulthood. The goal of this stage is psychosocial maturity, with emerging adults engaging with individuated, developmental tasks that include:

- Role transition from student or child to worker, colleague
- Increased independence from parents, change in relationship with parents
- Education and career decisions-making
- Increased economic and financial independence
- Identity development and maintenance
- Sexual and romantic relationship development including the maintenance of intimate bonds, and romantic partners often surpassing parents and close friends as support providers
- Shifts in affiliations and relationships with peers (Buhl, 2007; Moilanen, Crockett, Raffaelli, & Jones, 2010; Morgan, Thorne, & Zurbriggen, 2010; Needham & Austin, 2010; Seiffge-Krenke, Overbeek, & Vermulst, 2010; Young et al., 2011).

Research describes emerging adults as perceiving themselves to be “in between” adults who engage in behaviour in anticipation of losing the opportunity to do so when they become “real” adults (Arnett, 2000; Ravert, 2009). This belief in the future as a time when opportunities to explore identity and risk-taking behaviour is limited, shapes their current behaviour, with emerging adults seeking to “figure out” their identity before attempting to meet marriage and parenthood goals. Seaman and Ikekwoonu (2011) depict this as a time of normalised excess; that is, as a liminal period. The increased attention on emerging adulthood as a distinct life stage resulted in the publication of the journal *Emerging Adulthood* in 2013. There is significant tension between support for and application of the term in the journal, with a number of authors arguing that the stage is characterised by narcissistic, self-centred goals that depict emerging adults as being disconnected from their communities (Twenge, 2013).

Although Arnett (2007) emphasises heterogeneity among young people’s experiences of emerging adulthood, other studies argue that young adults’ lives are subject to social, economic and societal processes that exclude them from being easily categorised as emerging adults. Research by Young et al. (2011) asserts that:

- Age periods are defined culturally and respond to other cultural, economic, social and political factors that impact at local, community and societal levels
- Young people make many decisions in response to complex potential trajectories rather than experience a linear trajectory based on developmental milestones
- An individual developmental approach ignores other social actors that play important roles in the outcome of events and decisions (e.g. family pays fees for school); interactions with other people are important to how an individual develops
- A number of articles questioned the developmental nature of this work considering it to set up a deficiency model.

Torkelson (2012) provides a critical discussion of emerging adulthood, highlighting that a ‘queer vision’ of emerging adulthood may provide a sound theoretical framework for identity instability beyond questions of gender and sexuality. Torkelson (2012) argues that one of the central factors of emerging adulthood
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studies— the transition to marriage and family—omits young people, including and beyond those who are same sex attracted or transgender. The instability of gender and sexuality identifications that ‘queer’ captures provides researchers with theoretical possibilities in understanding the multiplicitous ways young adults transition to adulthood.

Young adulthood as an extension of adolescence frequently appears in papers that employ a risk framework. These papers frequently measure sexual practices as risk opportunities and are discussed in Section 3.6. Critics of this approach such as Vannier and O’Sullivan (2012) suggest that a risk framework approach to young adulthood does not recognise that sexual activity is normal for this age group, as young adults refine and assume patterns of adult sexuality during this time. Moilanen et al. (2010) also assert that risk behaviour generally decreases as young adults focus on marriage and parenthood goals. This sits in tension with increased STI statistics for this cohort and suggestions that risk may not be an appropriate or sufficiently complex lens for understanding young adults’ sexual practices.

Rituals associated with being an adult—such as nightclubbing—support exploration of adult identity as an important activity in early adulthood (Young et al., 2011). Formal rites of passage are deemed to be lost by increasingly individuated communities in developed countries. Informal rites of passages, including engagement with nightclubs or consuming alcohol while socialising, are seen as alternative ways young adults may mark their transition (Northcote, 2006). In the Australian context, a number of opportunities and responsibilities shift for young adults legally on their eighteenth birthdays, including access to licensed venues, participation in the electoral system, and independent driving. They are no longer subject to legislation that protects them as minors or as a vulnerable population (such as criminal statutes, employment conditions, and sexual violence laws). For young Australians, precarious and low paid positions place them as individuals in an increasingly insecure job market. Willis (2009) discusses the economic conditions that impact on young adults’ participation in employment including the growth of casual and temporary employment, and increased numbers of student workers. Further, age categorisations for young adults differ across Australian services and organisations. Youth Allowance is allocated by Centrelink for young people 16 to 24 years. The Australian Bureau of Statistics defines youth as 15 to 24 years of age. Specific to sexual health research, The Kirby Institute has employed categorisations of 15 to 24 years and 25 to 34 years, and 15 to 19 years and 20 to 29 years, in its surveillance studies (The Kirby Institute, 2011, 2012). Priority action area progress, as listed by the SNSTIS, groups young people using a variety of age categorisations (COA, 2010).

Young adults in Australia are subject to a number of diverse and complex transitions that have potential to impact on their sexual lives and experiences including disengagement with formal secondary education and increased workforce participation. Young people are impacted by these conditions in multiple ways that are influenced by intersections of class, gender, ethnicity, race, geographical location and community. As such, adopting a homogeneous concept of an Australian young adult ignores this diversity and, for example, may exclude the experiences of young adults who are disengaged from formal education or employment; the multiplicity of young adults’ Indigenous heritage and cultures across urban, rural and remote locations as well as intergenerational and intra-generational differences for immigrant, migrant and asylum-seeking young adults.
3.2 CONCURRENT RELATIONSHIPS AND TRUSTED CONNECTIONS

The largest body of research in the review relates to relationship types and connections that shape young adults’ experiences of intimacy, connection and communication. The types and contexts of relationships young adults engaged with influenced their sexual behaviour, expectations of trust and intimacy from partners, and were related to their future goals. This research predominantly focuses on heterosexual couples, with future marriage and parenting goals shaping responses of young adults in a number of studies. Theories of sexual and social scripts suggest that scripts are often unconscious understandings of how, what and when behaviour should occur (Garcia, Reiber, Massey, & Merriwether, 2012). This work applies theory by Simon and Gagnon (1986), which describes sexual scripts acting to support and normalise dominant heterosexual encounters and heteronormative gender roles for men and women.

Relationship definitions varied both between and within studies, highlighting the fluidity of young adult relationships and the potential for concurrent relationships to occur. This includes diverse definitions of commitment, friendships, and casual non-romantic sexual relationships. Relationships were posited along a continuum, from one night stands and hook-ups to committed, cohabitated romantic relationships. This section outlines research across this continuum, starting with uncommitted (non-exclusive) relationships (e.g. friends with benefits or hook-ups) outlining the norms and expectations of these relationships. It then discusses more committed relationships, including cohabitation and marriage, concluding by briefly describing research related to relationship instability, negotiation and communication.

Uncommitted sexual encounters in the review included hook-ups, casual sex, booty call relationships, friends with benefits relationships (FWBR), and non-romantic relationships. Hook-ups and casual sex were defined across the literature to:

- Be outside a formal relationship such as a marriage or dating relationship
- Include sexual practices that may or may not incorporate kissing, intimate touching, oral sex, vaginal intercourse, and anal sex
- Relate to avoiding commitment and emotional connection with partners
- Involve a sexual encounter (e.g. a hook-up) or a sexual relationship (e.g. friend with benefits)
- Be perceived as potentially more than sex or as a precursor to a romantic relationship
- Be in opposition to young adults’ preferences for romantic relationships (Garcia et al., 2012; Katz & Schneider, 2013).

A review of hook-up practices found these encounters were devoid of traditional romantic expectations and were focused on a wide range of sexual behaviours including kissing and oral sex (Garcia et al., 2012). Literature in this review suggested that hook-up relationships were increasingly normative for young adults both personally and in popular culture. This review identifies young men who have casual sex with men within the definition of hook-ups, but acknowledges that the context and normative sexual script for these young men may be different to heterosexual partnerships. Garcia et al. (2012) suggest that hook-up culture
may draw from the sexual subcultures of other minority sexual groups that remove reproductive motives from sexual encounters and instead have positive sexual pleasure as a focus.

Kalish and Kimmel (2011) advocate that hook-ups are part of normative courtship culture, with non-committed relationships benefiting young women who wish to continue their education, as they can modify their sexual practice in response to the demands of study. This study defined four key aspects of hooking up: deliberate vagueness that protected partners’ emotions; planned spontaneity in that hook-ups allowed young adults to pretend it “just happens” and avoid the stigma associated with pursuing sex; absence of expectations that are common in committed relationships; and the homosocial conversations young adults have with their peers that provide opportunities to bond. Sexual pleasure was not found to be a primary goal of hooking up in this study.

Booty calls were similar to hook-ups, involving behaviours that maintain the non-romantic nature of the relationship including infrequent hand-holding and promptly leaving a space at the end of a sexual encounter, but also including romantic behaviours like kissing (Janson, Li, & Richardson, 2011). Young adults who engaged in non-romantic relationships were more likely to perceive love as a game as opposed to deep friendship (Katz & Schneider, 2013). One paper discussed dating practices of college students and adults not attending college in the US, which found single adults who were not studying were more likely to be motivated to date with the goal of a lifelong relationship (Mongeau, Jacobsen, & Donnerstein, 2007).

FWBR were discussed in four studies that sampled US college students. Lehmiller, VanderDrift, and Kelly (2011) found both men and women were committed to the friendship elements of friends with benefits relationships rather than sexual elements. Men were more likely to be motivated by sex in initiating these relationships, whereas women were motivated by emotional connection. Men who believed sex to be connected to commitment were less likely to engage in FWBR (Olmstead, Billen, Conrad, Pasley, & Fincham, 2013). Relationships which developed from FWBR connections were found to be less satisfying for emerging adults than those that started from other relationship contexts (Owen & Fincham, 2012). Mongeau, Knight, Williams, Eden, and Shaw (2013) outlined seven types of FWBR, suggesting a wide diversity of configurations of repeated sexual contact and configurations of friendships.

Research investigating non-romantic or non-exclusive sexual relationships in general extends FWBR research and provides a wider scope of evidence for a large range of diverse connections and relationships. An Australian study interviewing young women found four overlapping categories of non-romantic sex that were emotionally positive for women, including one night stands (a safety risk but seen as opportunities for fun), ongoing non-romantic arrangements (similar to friends with benefits where sex is available but precludes traditional relationship expectations), alternative types of non-romantic sex (such as seeking fetish sexual encounters), and those encounters with blurred lines (Moran & Lee, 2012). Encounters with less established contexts and boundaries were seen as less positive encounters, with these young women more frequently experiencing unwanted sex than their peers.

Moving along a continuum of relationship formations, committed relationships for opposite-sex attracted partners were more likely to involve a variety of sexual practices than FWBR or non-committed partnerships (Kaestle & Halpern, 2007). These include sexual encounters that more frequently involve cunnilingus and
fellatio as well as vaginal intercourse for young men and women. Greater measures of love and self-disclosure and lower conflict were associated with consistent condom use, enquiring about previous sexual behaviour and STI history, and sexual exclusivity in long-term relationships (Manning, Giordano, Longmore, & Flanigan, 2012). Many young adults were trusting of their partners, with the same study finding half were in relationships with sexual exclusivity and inconsistent condom use. This study highlighted that although participants described sexual exclusivity they also suggested that relationships were fluid and often concurrent (Manning et al., 2012).

Other studies suggested that non-exclusive heterosexual relationships with friends were found to consistently disadvantage heterosexual young women. Sexual scripts aligned women’s sexual pleasure and experiences of orgasm to romantic, committed relationships rather than casual sex, where cunnilingus and intimate touching were not expected practices (Armstrong, England, & Fogarty, 2012; Backstrom, Armstrong, & Puentes, 2012). Increased commitment predicted increased sexual pleasure for young women in the survey research. Australian research supported these findings with young women in both opposite- and same-sex attracted relationships reporting higher sexual body esteem and self-efficacy for those in long-term romantic relationships than shorter relationships (Boislard & Zimmer-Gembeck, 2011). Same-sex relationships were found to be associated with a greater perception of entitlement to self-pleasure. An Australian study of 199 young heterosexual women reported that their autonomy and sexual self-efficacy was greater for those in relationships that were more supportive, warmer, less rejecting and less coercive (Zimmer-Gembeck, 2013).

Canadian research reported that young women engaged in sex without desire in 17% of sexual encounters (Vannier & O'Sullivan, 2010). The 63 opposite-sex attracted participants did not avoid sex with their partners and described that occasions of sexual compliance in committed relationships were motivated by implicit contracts between partners and past experiences of pressure. US college students reported that they avoided talking about past sexual experiences because of four motivations: keeping the past in the past; identity issues related to sexuality; the perception that it would disrupt the relationship; and that the content was emotionally upsetting (Anderson, Kunkel & Dennis, 2011). These findings were replicated in both male and female samples.

More committed relationships were often described as including cohabitation or marriage. Cohabitation in the literature was a significant social experience that symbolised increased commitment in young adult relationships. Cohabitation timing in relationships was found to differ according to ethnicity in the US, with cohabitation more likely to rapidly occur in relationships between White men and minority women than other race configurations (in AddHealth data [Sassler & Joyner, 2011]). Young adults moved towards cohabitation by increasing the frequency of “stay-overs” at partners’ houses, perceiving cohabitation or marriage to be more formal commitments (Jamison & Ganong, 2011). Cohabitation was associated with increased reports of relationship violence than non-cohabiting relationships for young adult women, with both married and cohabiting couples experiencing more violence, victimisation and perpetration than those in dating relationships (Brown & Bulanda, 2008).

Attitudes to marriage mediated sexual attitudes, with quantitative studies establishing a relationship between rates of sexual experience and personal beliefs that marriage is an important goal (Willoughby,
2012). Criteria for marriage readiness included increased sexual experience and cohabitation prior to marriage. Future marriage goals were predictive of decreased risk behaviours including binge drinking and unprotected sex for heterosexual young adults (Carroll et al., 2007; Willoughby & Dworkin, 2009). Adolescents involved in romantic relationships at the end of high school were more likely to marry and cohabit in early adulthood (Raley, Crissey, & Muller, 2007).

A US longitudinal survey study reported that emerging adult relationships were frequently unstable, with partners who had terminated a relationship continuing to engage in sex behaviour (Halpern-Meekin, Manning, Giordano, & Longmore, 2013). This uncertainty and transition within relationships was termed ‘relationship churning’ and was more likely to occur in relationships with higher conflict and decreased commitment. This research emphasised the transient characteristics of romantic and sexual relationships for this cohort. Young adults were reported to engage in concurrent or sequential relationships with both new and old partners.

Negotiation and communication using technology were discussed in two papers that focused on mobile phone and text messaging practices to establish, maintain and terminate romantic and sexual relationships. Discussing African–American and Puerto Rican young adults, Bergdall et al. (2012) reported that mobile phone use shaped partnering processes and was used to communicate both mundane and intimate themes. Similarly, Harrison and Gilmore (2012) depicted phone usage as important for college students to form relationships but also to break up with and cheat on their partners. Young adults described socially inappropriate texting during events such as dates and during sex.

Most significantly, this research is limited in its scope and sampling. The literature in this section focuses on heterosexual partners, with most participants in college or at the start of early adulthood. This overrepresentation of US college students limits the interpretation of dating and relationship studies to other populations (Mongeau et al., 2007).

### 3.3 Creating Sexual Subjectivities and Identities

Young adults are subject to a number of competing discourses that influence how they create and understand their sexual identities and subjectivities. Papers in this section were primarily US studies of young women’s sexual subjectivity, exploring how gender impacted on heterosexual young women’s capacity to negotiate mediated and public norms that privilege men’s sexual pleasure. This section collates research related to sexual subjectivity beginning with gendered concepts of subjectivity and then moves to consider sexual orientation. It briefly discusses three papers that demonstrate the limitations of heteronormative social scripts, and concludes by considering the limitations of this work.

Boislard and Zimmer-Gembeck (2011) defined sexual subjectivity as a collective term to describe an individual’s sexual self-perception relating to sexual body esteem, perceptions of entitlement to desire and pleasure, sexual efficacy and sexual self-reflection. In this survey study, sexual subjectivity was found to be higher for young women who report more sexual experience, with sexual subjectivity increasing with increasing participant age (Boislard & Zimmer-Gembeck, 2011). These dimensions were applied by Horne and
Zimmer-Gembeck (2006) to establish a multidimensional inventory to evaluate emerging young adult women’s sexual subjectivity.

Also from a developmental psychology perspective, Galinsky and Sonenstein (2011) employed longitudinal data from the US AddHealth survey and demonstrated associations between the developmental and cognitive qualities of autonomy, self-esteem and empathy for young women, and their sexual enjoyment. No significant associations were demonstrated for young women, or across age, ethnicity or socioeconomic status. A mixed methods study by Patrick, Maggs, and Abar (2007) found US college students’ motivations to have sex varied according to gender. Young women were more likely to describe wanting to have sex for partner-focused or ethical-focused reasons including expressing intimacy or being in love. Young men had higher odds wanting to engage in sex for self-focused reasons of wanting to feel loved or to enjoy themselves.

In contrast, Hamilton and Armstrong (2009) question young college women’s sexual subjectivity in relation to socioeconomic status through ethnographic and interview methods. This study theorises the university experience as a privileged position where committed relationships are perceived as being at odds with social and cultural processes to maintain or establish class status including career investment or delaying marriage and having children. Young women from less economically privileged backgrounds find this delay of romantic relationships to be confusing and in conflict with their own familial expectations to marry and have children in early adulthood. More privileged young women report that while “hook-up” relationships are appealing in that they allow freedom to pursue career goals—thus maintaining privilege—they face social pressure to not pursue sexual pleasure.

Sexual orientation was also discussed in relation to sexual identity. Themes of identity instability resonated in two large US population surveys that measured the stability of sexual orientation from adolescence to young adulthood over six and seven years respectively (Ott, Corliss, Wypij, Rosario, & Austin, 2011; Savin-Williams & Ream, 2007). These studies demonstrated that between 1% and 20% of young people described themselves as a sexual minority, with more females than males reporting non-heterosexuality, and the majority of young adults not reporting orientation change over time. Concepts of migration and mobility were used to describe those who did experience orientation instability, with both studies finding no directional bias for their samples as young adults migrated from opposite-sex to same-sex attraction and vice versa.

Morgan and Thompson (2010) critiqued the dearth of studies exploring heterosexual identity development of young women, suggesting that most studies focus on the development of gender roles, sexual scripts and socialisation processes for heterosexual women at the expense of questions of sexual orientation. Responding to this, they used survey methods to sample female US college students, reporting that young women who identify as exclusively straight or heterosexual deliberately do so after questioning their identity and considering other orientations and identity possibilities.

Sexual identity was found to influence how young adults use social and sexual scripts; in turn this was important as it influenced how young adults engage with sexual health promotion (Power, McNair, & Carr, 2009). Focusing on young lesbian and bisexual women’s knowledge and attitudes towards HPV risk,
participants in a US study reported there is no “lesbian sexual script” that includes safe sex negotiation. They reported that health information written for lesbian audiences does not offer substantial information about alternative safe sex practices, and only further sustains heterosexual penetrative sex as “real sex”. The study suggests that this leads to decreased perceptions of risk and the need for HPV vaccination and Pap testing.

Homophobic attitudes and changes in how people responded to others’ sexual orientation was discussed in one paper (Hooghe & Meeusen, 2012). The study followed Belgian adolescents into young adulthood, measuring levels of homophobia across gender and religion of participants. Adolescent men recorded higher levels of homophobia in adolescence than young women, with this difference increasing over the study. Findings demonstrated that friendship with someone of a different sexual orientation decreased levels of homophobic prejudice.

Understanding sexual subjectivity and identity is important as it often underlies the social and sexual scripts young adults use to navigate their sexual behaviour. The shift in young adults’ social groups and spaces potentially exposes them to different sexual subjectivities and consequently different sexual scripts. For these studies, there was limited exploration of social changes and how these impact on subjectivity. The impact of change in employment or education status on sexual subjectivity across early adulthood did not appear in the literature. One study explored socioeconomic status and class in relation to subjectivity, suggesting that a number of factors beyond gender, such as class and ethnicity, are important when studying this population (Hamilton & Armstrong, 2009). Further, the predominance of college student samples limits findings. No studies were identified that utilised non-college education groups or young people in other forms of training, apprenticeships, internships or education programs.

The literature contains significant gaps across a number of young adult populations including young men, men who have sex with men, transgender young adults, young adults who identify as bisexual, and gender and sexuality diverse adults. This is particularly noted in studies comparing heterosexual with lesbian young women, where participants who identified as bisexual, queer or not exclusively heterosexual were removed from analyses (Armstrong et al., 2012; Austin & Bozick, 2012; Backstrom et al., 2012). Removing these samples ignores the complex and multifaceted ways young adults identify, behave and explain their sexual subjectivity, and how others perceive their subjectivity. Multiple measures of sexual orientation and identity may offer more complex ways to measure and record sexual subjectivity beyond discrete sexual identity labels.

3.4 SEXUAL ENCOUNTERS, PRACTICES AND BEHAVIOURS

This section continues the previous section, discussing how relationships inform sexual scripts, focusing on the factors that shape young adults’ sexual behaviours. Again, the literature here focuses on heterosexual or opposite-sex encounters. Twenty-three articles in the review relate to young adults’ sexual practices and behaviours. Opening with literature that reviews the field, this section then outlines research examining definitions and characteristics of sexual encounters for young adults. The section moves through different aspects of sexual behaviour including emotionally rewarding encounters, and partnered and non-partnered sexual behaviours including fantasies, condom use and expectations of sexual encounters.
Two reviews found demonstrate the diversity of gendered experiences of sexual behaviour but also reinforce the cross-cultural stability of a number of young adult practices. The first systematic review by Marston and King (2006) collated qualitative research of young people’s (aged 10 to 25 years) sexual behaviour across a number of countries between 1990 and 2004. Although their focus age group includes early adolescents, their review of 268 studies provides a useful overview and discussion of many themes in this review. They discussed seven themes and indicated these are not exclusive to any country or cultural background. In the research reviewed, young people assessed risk by subjectively determining if their potential partner was “clean” or “unclean”. This included understanding how well they know the potential partner or was based on their partner’s appearance. They were more likely to use condoms in encounters with “unclean” partners they considered more risky. The second theme showed that sexual partners influence young people’s behaviour, in that sex might be seen to strengthen a relationship or emotionally support a partner. This may also be a negative outcome as acceptance of violence or coercive behaviour may be influenced by sexual partners’ behaviours and attitudes.

Third, gender stereotypes determined social expectations and behaviour. Both young men and women were expected to identify as heterosexual and this determined norms of sexual practice. This meant that men were to be highly sexually active and to seek physical, rather than emotional, pleasure. Young women in contrast were expected to identify as heterosexual and desire romantic love and be “seduced” into sexual intercourse. Fourth, there were social penalties and rewards for young people for having sex that included stigma associated with adolescent pregnancy or a way of obtaining money and gifts from a partner. Further, literature indicated that condoms were considered stigmatising by young people and demonstrated a lack of trust between people. The second last theme in the review found that reputations play an important role in young people’s social contexts. They act to socially control and curtail young people’s sexual behaviour. Finally, these social expectations obstruct young people’s capacity to negotiate and communicate about sex and relationships. For example, young people were found to be reluctant to discuss condom use or types of sexual activities for fear of it being perceived as a request or consent to sex that may have negative social consequences. The concept of sexual behaviour in this review was socially and culturally determined by young people and their social worlds.

Petersen and Hyde (2011) reviewed meta-analyses and large dataset studies of gender differences in sexual attitudes and behaviours. The review did not discuss studies by age group, and overall they found very small or insignificant differences in some measures of sexual attitudes and behaviour. The study suggests that within-gender variation is more substantial than between-gender variation for measures of heterosexual intercourse prevalence and frequency, and oral and anal sex. Given this finding, the article considers that focusing on gender differences may over-emphasise the differences between genders, and decrease perceptions of actual or possible variability within gendered social scripts.

Continuing themes in Marston and King’s (2006) work, what it means to “have sex” was found to vary across individuals and groups of young adults. Horowitz and Spicer (2013) conducted a survey study in the UK with 18 to 30 year old emerging adults. Participants rated 13 sexual acts on a graded scale to determine what was considered to be “sex”. The results established a hierarchy of sexual behaviours, with vaginal and anal intercourse definitely considered sex, but kissing not. Young male and female heterosexual participants...
substantially agreed on what acts constituted sex, with female lesbian participants extending their definitions, including a wider range of genital stimulation to constitute sex. Sexual behaviour involved graded and hierarchical dimensions for all participants and was constituted by the relationships between individuals. Gute, Eshbaugh, and Wiersma (2008) used an experimental design to assess what behaviours are considered sex using two groups. The first group assessed behaviours as sexual if they were the subject, whereas the second group assessed the behaviours as sexual if their partner was the subject. Participants were less likely to consider a sexual act to be “sex” if it was their behaviour rather than their partner’s, except for responses to anal-penile and vagina-penile intercourse, which all participants agreed to be “sex”.

Smith et al. (2012), examining one aspect of large, population-based Australian study—the Australian Longitudinal Study of Health and Relationships (ALSHR)—reported duration of last heterosexual sexual encounter across participants aged 16 to 64 years. Analysis according to age demonstrated that participants aged 25 to 35 engaged in sexual practices of longer duration than participants aged 16 to 24 or those older than 35 years. Longer encounters generally included vaginal intercourse, and other less common practices such as oral sex or self-stimulation.

Four articles presented results of research into other heterosexual practices such as anal and oral sex. Leichliter, Chandra, Liddon, Fenton, and Aral (2007) reported that most participants of a US survey study (n=12571, ages 15–44 years) first engaged in anal sex with an opposite-sex partner between ages 20 and 24. Unlike adolescents, young adults are less likely to use a condom for anal or oral sex (less than 6% for 15–19 and 20–24 years), and most young adults have engaged in oral sex (80.3% for 20–24 years and 86.5% for 25–34 years). Lescano et al. (2009) sampled young heterosexual adults considered to be at risk in US urban communities, including those from Hispanic and African–American backgrounds. The study found that of 1348 participants, 16% had recent anal heterosexual intercourse. Young women in the study who had engaged in recent anal sex were more likely to live with their partner or had been coerced to have intercourse in the past. Štulhofer and Baćak (2011) interviewed Croatian young adults and found young men were more likely than young women to have had heterosexual anal intercourse (42.7% vs 29.8%). Anal intercourse experience was associated with negative attitudes and beliefs about condom use and increased numbers of lifetime sexual partners. Reporting in three-month intervals for one year after visiting a US STD clinic, a study by Tian et al. (2008) found that less than a quarter of young adults (including 19–21, 22–24, 25–29 years) had engaged in anal sex in one of the intervals (between 16.2%–18.9%) with almost a third using condoms consistently during these sexual encounters (between 24.1%–31.3%).

While research into the sexual lives of adolescents and young adults is often framed by notions of risk and danger, a number of studies emphasised positive emotional and sexual motivations of young adults. In a US study of the motivations for and practices of oral sex in opposite-sex couples Vannier and O’Sullivan (2012) found that young adults were motivated by sexual desire and attraction to their partner, or to enhance emotional connections with their partner, rather than more conceptually adolescent motivations such as social status or approval. Most oral sex was reported to include vaginal intercourse and occur within committed relationships. Of note, cunnilingus was rarely reported to occur unless it was reciprocated by fellatio. Vasilenko, Lefkowitz, and Maggs (2012) measured consequences of sex, finding that college students reported more positive than negative outcomes of sex in daily diaries. Participants were more likely to report
negative consequences if the sexual encounter involved a non-dating partner or did not involve contraception.

Social script theory, as discussed in the previous section, was utilised by a number of researchers to interpret findings. Both Edwards and Barber (2010) and French and Holland (2013) in Australian and US online surveys, respectively, found that young adults’ self-efficacy around condom use was negated by the heterosexual social scripts which presumed that neither partner would negotiate condom use. In the Australian study, while young adults wanted to use condoms often, they incorrectly perceived that their partner did not and therefore did not negotiate use. In the US study, higher use of condom negotiation strategies (condom influence) was found to mediate between increased condom self-efficacy and reported condom use. In both studies, social scripts that limited communication curbed participants’ capacities and willingness to negotiate condom use with their partners.

Muehlenhard and Shippee (2010) surveyed 281 US college students (aged 18–29 years, m= 19 years) investigating motivations for young adults (mostly heterosexual) to pretend to orgasm with their partners. Both young men (25%) and women (50%) reported to previously “faking” or pretending to orgasm with their partners. They described social reasons for their behaviour including that orgasm was unlikely and that they felt expected to orgasm, wanting sex to end but did not know how to do this, wanting to avoid making their partner feel upset or inadequate, and to enhance positive consequences for their partner. The likelihood of pretending to orgasm was associated with more sexual experience, more likelihood of having achieved an orgasm with a partner, and more involvement in other sexual practices including using vibrators or engaging in anal sex. Expectations to orgasm were shaped by heterosexual social scripts that normalised women’s orgasms before men’s and that sex finishes after men orgasm.

Frequency of condom use in heterosexual encounters was found to be negatively associated with young women’s increasing length of time in college, and, in a study of young adult ecstasy users, was positively associated with having asked about a casual partner’s HIV status and level of self-esteem (Elifson, Klein, & Sterk, 2010; Walsh, Fielder, Carey, & Carey, 2013). Condom use was viewed as a means of preventing pregnancy rather than a strategy to prevent STIs (O’Sullivan, Udell, & Patel, 2006). Condom use was viewed as a means of preventing pregnancy rather than a strategy to prevent STIs (O’Sullivan, Udell, & Patel, 2006). In daily diaries, young American adults described more pleasurable experiences of sex using condoms than were associated with older age, manual stimulation of genitals, receiving and performing oral sex, intercourse duration and intensity and condom comfort. The study suggests that sexual pleasure in encounters involving condoms increases in relation to positive physiological, relational and condom perceptions (Hensel, Stupiansky, Herbenick, Dodge, & Reece, 2012). In another diary study, young adults failed to integrate their knowledge of HIV risks into their sexual practice, reporting both high safety and low risk, when describing sexual intercourse with inconsistent condom use (O’Sullivan, Udell, & Patel, 2006).

Four studies related to different experiences of partnered and non-partnered sexual behaviour, including masturbation, fantasy, menstruation and recreational use of erectile dysfunction medications. Kaestle and Allen (2011) found that feelings towards masturbation shifted through a development process from learning how to masturbate, learning the taboo surrounding it, and finally feeling comfortable with the tension between masturbation being both a pleasure and social taboo. Young women were more likely to state they were still struggling to accept masturbation as normal and healthy than did young men. An online survey in
the US found that 62% of the mostly heterosexual, female college student participants fantasised about rape, with few of these fantasies being rated completely aversive (unpleasant for the fantasiser, 9%), and most either entirely erotic (45%) or both erotic and aversive (46%; Bivona & Critelli, 2009). Allen and Goldberg (2009) found that for 120 US college students (aged 18–24 years), more than half of the study’s female participants (n=92) had engaged in sexual intercourse during menstruation, and were not disgusted by this. Young US college men who used erectile dysfunction medication recreationally (such as Viagra; n= 72) were found to have similar erectile function levels compared with their non-user counterparts (Harte & Meston, 2012). They were more likely to feel less confident about their ability to gain and maintain an erection.

This section of the review may exclude studies of non-heterosexual interactions because of the search criteria applied. Given the criteria focused on sexual behaviour in general and youth STI research, the literature obtained may demonstrate the presumption that ‘sex’ pertains to heterosexual sex and dominance of condom practice research involving youth. Consequently, groups defined as high risk, such as homeless young adults or men who have sex with men involving substances, are unlikely to appear in literature of general young adult practices. This leaves a significant gap in understanding the spectrum of behaviours in which young adults engage. For example, young gay men and other young men who have sex with men are often included in general GMSM research where age criteria are broader and there is no differentiation across age groups.

3.5 MANAGING STIs AND SEXUAL HEALTH

Although surveillance data in a number of countries demonstrate high incidence rates for sexually transmitted infections for this age group (ESR, 2012; CDC, 2012; PHA, 2008; HPA, 2008), few articles in the review discuss sexual health services for this cohort. The initial search strategies found irrelevant papers (not fitting criteria for age or location) related to adolescent sexual health promotion and services, with many papers discussing school-based strategies and issues of ethics and parental consent for minors in health care. This section discusses 14 papers related to STI testing, including motivations for testing, health promotion efforts, and perceptions of risk.

Motivations for STI testing varied across a number of studies. Balfe and Brugha (2009) conducted interviews with 18 to 29 year old young adults who had attended public health clinics in Ireland. The study reported four main motivators for young adults who sought out STI testing, including unprotected sex with a casual partner, symptoms of infection, employment requirements and transitions in sexual and relational contexts such as changing contraception forms or changing risky sex behaviour. While young adults were able to report knowing they were at risk of an STI and wanting to be tested, many had delayed attending a clinic for testing due to fears about stigma or having a sense of invulnerability to STI risk.

In clinic database analyses Woodhall et al. (2013) found UK young adults under the age of 25 years had low rates of repeat testing for chlamydia over one year, with most reporting they were motivated to be tested because of changing sexual partners. Repeat testing rates did not increase for those patients who had high frequencies of partner change, indicating that while they did test for chlamydia over the year it may not be often enough to ensure they were not transmitting the infection to future partners. In a US study of
influences of partner dynamics in heterosexual relationships, young females were found to have HIV tests in relationships more frequently than their male counterparts (47% vs 29%; Longmore, Johnson, Manning & Giordano, 2012). Analysis of male results indicates that young men were less likely to consider relationship contexts and risks (e.g. history of, and number of sex partners their current partner has) than personal risks. Men who had higher numbers of sexual partners were more likely to seek HIV testing. Young females in the study were motivated to be tested because of their own sexual history, previous pregnancy, or a relationship with a partner they perceived to be risky.

In a Swedish study Christensson, Lalos, and Johansson (2007) recruited young people who were tested for HIV at a youth clinic and were found to test negative. Most of these young adults were motivated to be tested because they had multiple partners, with young women being perceived as more likely to be responsible for being tested. Young men were more likely to resist testing. The cohort conceptualised HIV as a distant threat and felt that the “green card” they were given confirmed their health and their perception of cleanliness. A longitudinal study utilising data from AddHealth reported an association between STI attitudes and STI acquisition (Crosby & Danner, 2008). Higher adolescent responses on a five-point scale to a single-item measuring attitudes about STI protection was related to higher odds of later positive testing of chlamydia, gonorrhoea and trichomonas in early adulthood.

Researching health service environments, Lorimer, Reid, and Hart (2009) reported differences in young men and women’s willingness to be tested for chlamydia in non-clinical settings in the UK. Their interview study also included participant observation and urine chlamydia screening, finding young women were less likely than young men to agree to test in public, non-medical spaces. Young men were more likely to participate in testing in one of the three non-clinical settings (further education, health and fitness, or workplace) because they offered convenience without the stigma or discomfort they attributed to attending a medical clinic. Young women in a Swedish study concurred with their British peers, describing feeling comfortable going to health clinics and talking to gynaecologists or doctors about sexual problems (Wendt et al., 2007). The study reported that most participants believed it was inappropriate for their doctor to ask questions about sexual abuse (72%).

Four papers evaluated intervention efforts to increase sexual health promotion participation. Two US studies assessed the impact of information about HPV on young adults’ likelihood of HPV vaccination. Both studies found moderate increases in the likelihood of future HPV vaccination when young adults read material about HPV in men and benefits of vaccination for female partners, and material on HPV, oral sex and cancer (Gerend & Barley, 2009; Stock, Peterson, Houlihan, & Walsh, 2013). Two papers explored the potential of using social technologies for health promotion. Gold, Lim, Hellard, Hocking, and Keogh (2010) sent 12 SMS texts to young people aged 16 to 24 years in Australia over five months. The text messages contained informal, positive messages that participants said were useful and decreased anxiety related to STI testing. The study highlighted the potential for this technology to provide new information to young adults and remind them of the importance of STI testing.

An Australian study of technology and its impact on sexual health promotion for young people reported that participants aged 16 to 22 years who used social networking sites (SNS) indicated they were concerned about privacy, stigma and gossip in online spaces (Byron, Albury, & Evers, 2013). While social media was a useful
way to engage young people in a participatory space, they argued that sexual health promotion was incompatible with SNS. Sexual health information was unlikely to be shared via SNS due to stigma, as young people asserted that social media required them to carefully manage their identity and relationships to avoid drama and social conflict. Humour (particularly in multimedia) was highlighted as a potential tool to disseminate sex-related health messages while mediating against embarrassment or stigma.

A study of nursing practices found that young women with a history of heterosexual vaginal or anal sex, who contracted an STI, had not believed themselves to be at risk (East, Jackson, Peters, & O’Brien, 2010). In online interviews, participants described experiences of denial, wishful thinking and a disrupted sense of self post-diagnosis. The study highlights the need for clinical staff to assist young women in developing positive coping strategies, which may decrease their non-disclosure to recent or current partners and reduce experiences of denial. Fifty-three heterosexual young adults aged 18 to 25 years in 11 single-sex group discussions reported they were less concerned about STIs than pregnancy and cited a number of reasons for their lack of concern, including that STIs happen to other people and that men felt it was an issue for women (de Visser, 2005). Women said they felt unable to ask men to use condoms more frequently. Participants supported multi-faceted condom promotion campaigns that included a variety of styles of communications and media.

Supplementing this research, a literature review by Brown, Croy, Johnston, Pitts and Lewis (2013) synthesised 36 reviews and meta-analyses of cost-effective public health interventions of young people (defined as under 30 years), including adolescents. While the age range for the Brown et al. (2013) review includes younger people not included in this review, a number of findings are relevant, including the importance of skills-based programs (rather than knowledge-based programs) and that effective interventions target the multiple contexts and domains that constitute young people’s lives. Best practice in their review pointed to contextually relevant programs across individual, group, community and structural levels; no intervention was found to have a sustained long-term impact on the sexual health of young people.

The review found limited research explicitly related to STIs and the sexual health of young adults. Although some studies expanded on adolescent populations, discussing sexual health into early adulthood, there is a need to better understand the similarities and differences between adolescent and young adult sexual health interventions and services. This is pertinent as young adults move away from adolescent institutions such as education and formal health services attached to schooling or youth services. These studies demonstrate that gender, sexuality and context are important variables in the reception of sexual health interventions and that a multifaceted approach to intervention is required. Further, while studies identified young adults’ sense of invulnerability they did not explore reasons for these perceptions.

3.6 RISKY PRACTICES AND SEXUAL RISKS

Extending the research conceptualising young adulthood as a period of risk, 23 papers discussed risk and safety in relation to risky sexual practices, wellbeing and substance use, early childhood or adolescent experiences and their impacts on later sexual behaviour, and the health status of young adults who identify as sexual minorities or are same-sex attracted. Most studies cited describe US samples of people between 18
and 25 years of age. Measures of risky sex in the literature, for example, included inconsistent condom use, sex outside a committed relationship, increasing numbers of lifetime sexual partners, and substance use during sex (King, Nguyen, Kosterman, Bailey, & Hawkins, 2012; Miller & Quick, 2010).

Three studies suggested that young adults who had experienced childhood delinquency, or were survivors of childhood maltreatment or childhood sexual abuse were more likely to engage in higher risk sex behaviours including self-reported positive STI diagnoses, and pregnancy and abortion in early adulthood (Boden, Fergusson, & Horwood, 2009; Haydon, Hussey, & Halpern, 2011; Mason et al., 2010). Exposure to childhood sexual abuse was found to increase the odds of mental health problems in early adulthood (Fergusson, Boden, & Horwood, 2008). Experiences in adolescence were also associated with risk in early adulthood. Adolescents who had witnessed violent crime were more likely to report dating violence victimisation (Spriggs, Halpern, & Martin, 2009).

Risk patterns, including risky sexual behaviour, decreased or remained stable as adolescents developed into young adults (Brodbeck, Bachmann, Croudace, & Brown, 2012; Dariotis et al., 2008; Mahalik et al., 2013). Alcohol use resulted in increased numbers of sexual partners to having no significant effect in young adulthood (Dogan, Stockdale, Widaman, & Conger, 2010). In studies of emerging adulthood, risky sexual behaviour was found to be associated with psychosocial predictors such as impulsivity, peer pressure and perceived risk, psychological reactance (e.g. a reaction or behaviour in ways that contradict rules), and both personality trait and state factors (King et al., 2012; Miller & Quick, 2010; Teese & Bradley, 2008). In a Swiss study, low sexual risk behaviour was associated with higher condom self-efficacy and low psychosocial distress for women, whereas for men it was associated with HIV prevention intentions and low levels of reported hedonist behaviours (Brodbeck, Vilen, Bachmann, Znoj, & Alsaker, 2010).

In three American survey studies, the quality and characteristics of young adults’ romantic relationships were also related to their experiences of depressive symptoms and substance use. Relationship quality, including satisfaction and commitment, was negatively associated with depressive symptoms (Whitton & Kuryluk, 2012). This correlation was stronger for women than men and for shorter rather than longer relationships. Increased substance use was related to dissolution of romantic relationships and switching partners within a six-month period (Fleming, White, Oesterle, Haggerty, & Catalano, 2010). Young people who had experienced depressive symptoms in adolescence were found to be more likely to experience relationship conflict in emerging adulthood (Vujeva & Furman, 2011).

Following emerging research in adolescent populations, growing evidence supports the strong link between sexual minority identity and health outcomes and wellbeing. HIV-positive young men (16–24 years) from a variety of cultural and ethnic backgrounds described experiences of health disparities because of cultural marginalisation (feelings of isolation and exclusion from heterosexist communities they had grown up in) and migration (connecting with gay communities virtually or geographically; Bruce & Harper, 2011). Risk of HIV for young men who have sex with men was found to increase according to ethnicity (Halkitis et al., 2011). Young African–American and Latino men were more likely to be at risk of seroconversion than White and Asian men because the age of first sex was earlier. Men in this study were more likely to have sex with men from similar ethnic backgrounds, which increased their risk rather than their overall number of lifetime partners.
Analyses of AddHealth data support these findings, suggesting there are negative health outcomes, including depressive symptoms, for sexual minority young adults, but that these effects do not decrease over time (Needham, 2012). Young adults in the AddHealth study who reported same-sex attraction only in adolescence did not report greater health problems later in life (Ueno, 2010). Participants who developed first same-sex experiences in young adulthood were more likely to report mental health disparities. However, the differences between groups were small and there was substantial diversity in the sample’s experiences of mental health. Examining this association between sexual identity or sexual attraction and health outcomes, Johns, Zimmerman, and Bauermeister (2013) surveyed young women aged 18 to 24 years, categorising them into four groups based on dimensions of low or high female or male attraction. The groups were related to reported sexual identity, with the study finding that sexual attraction was more predictive of young women’s psychosocial wellbeing than sexual identity measures. They suggest that young women may experience the same psychological strain as peers who identify with a sexual minority label as a result of their same-sex attraction, regardless of their heterosexual identity. Overall, the complexity of sexual subjectivity was not captured by studies of sexual orientation and risk.

An Australian study comparing young and older adults found men and women aged 16 to 24 years reported more health risks than older participants (de Visser, Rissel, Smith & Richters, 2006). There was no significant difference in health risks for young men and women, although the study demonstrated that different socio-demographic factors correlated with different health risks along gendered patterns. One measure of sexual risk, unprotected casual intercourse, was included in the measures and found to correlate with non-heterosexual identified men and women, and women in regional or rural areas. This measure was negatively associated with students, regardless of their employment status.

One study examined the theorisation of young adulthood as a period of risk. Ravert (2009) asked 248 US college students to list activities they engage in as young adults that they believe they won’t be able to do later in life. Eight themes emerged in this study, including travel and adventure, social events such as partying, substance use particularly in excess, multiple relationships or sexual partners, carefree lifestyle with no responsibility, action and sports, academic or career development, and personal expression including style and doing things alone. Young adults conceptualised the future as dull and lacking in choices and lacking freedom, and expressed a need to do things before it was too late. The study sample of US college students may be more likely to depict young adulthood as a period of independence and freedom than other peers not attending college due to their financial resources, the similar ages and backgrounds of others in their social circles, and lack of full-time employment or parenting and familial responsibilities.

Most of the research in this section employs quantitative measures of risk that ignore the multifaceted meanings attached to sexual risk, including motivations for unprotected sex or the social contexts that influence substance use. Sexual violence was not discussed in the literature. Unlike other studies in this section, only Ravert’s (2009) research offered young adults the opportunity to frame risk-taking behaviours as positive or enriching experiences.
3.7 SOCIAL FACTORS AND GEOGRAPHIES OF SEX, FRIENDSHIP AND CONSUMPTION

Unlike other sections of this review, a large number of studies related to social contexts and the influence of space and place on young adults’ sexual lives reported on studies outside the US (with 9 papers), including nine papers from Europe (7 UK papers), and two Canadian and six Australian papers. This section discusses research related to friendships and social groups, “going out” and nightlife experiences, alcohol and substance use, tourism, and sexual spaces.

Eight studies discussed the influence of friendship and social groups in relation to gender. Knight et al. (2012) and Flood (2008) suggested that conversations about sex acted to create and maintain homosocial bonds between young men who identified as heterosexual. In the first study, Canadian young men were interviewed and were found to establish their masculinity through talking about sexual encounters. These conversations with their peers utilised a discourse of “manning up”, which required peers to establish a masculine hierarchy that offers social power. Similarly, Flood (2008), in an Australian interview study, found that male-to-male social bonds expected peers to discuss heterosexual sexual activity as a form of bonding. These men were influenced by their peers in their sexual activity with women, and posited same sex friendships over male and female friendships.

The prominence and social importance of male homosocial bonding was also discussed in a study of premarital bucks night events (stag tours) in the UK (Thurnell-Read, 2012). For these men in their early 20s into their 30s, homosocial groups established accepted masculine behaviours and values. Although the study did not discuss the sexual identity of participants, observations of these events demonstrated heteronormative scripts where men were to be engaged in a “girl hunt”. These activities acted to increase bonds with peers rather than function out of heterosexual desire for the women involved. In contrast to research suggesting young men’s relationships lack intimacy and emotion, the study found that expressions of intimacy and emotion were common among the men who engaged in non-competitive social behaviour. At times the consumption of alcohol resulted in increased intimacy and emotion among the men. These findings were replicated by Grazian (2007) in a US study of heterosexual young men at college. These men engaged in a “girl hunt” as a collective ritual to maintain male homosociality. The performance of masculinity was supported by searching for women as a collective. It reinforced mythical but dominant expectations of sexual power and confidence.

Heteronormative patterns of social division between sexes were reported by Bleske-Rechek et al. (2012) in a quantitative survey study of sexual attraction in cross-sex friendship. Heterosexual male participants were more likely than female participants to describe attraction to their female friends, regardless of their friends’ relationship statuses. Young women in the study were more likely to report attraction to male friends if they also reported less satisfaction in their current relationships.

A mixed methods study of 10 young Australian women living in Wollongong conducted focus groups and asked participants to sketch their ideas of going out in the town and provide photo-diaries of their nightlife experiences (Waitt, Jessop, & Gorman-Murray, 2011). The study interrogated notions of sexuality, alcohol and femininity, and through narrative analysis, discussed why, how and where young women choose to drink. Young women were found to negotiate, transgress and accommodate their own desires and those of
their peers’ and male patrons in venues. Unwanted male attention was expected in these spaces; this was avoided with a number of direct and indirect strategies. For these women, being drunk was a social activity and provided a sense of belonging and created a space of privacy within nightlife venues. This study was particularly noteworthy in relation to other literature in the review given its methodology and Australian context.

Similarly, young women in a US study often referenced their own behaviour or the social environment as factors in men’s predatory behaviour (Kavanaugh, 2013). This study reported that participants were subject to three types of victimisation in nightlife spaces, including situations where definitions of victimisation were in conflict (e.g. perpetrator misinterpreting sexual interest, and proceeding to coerce the victim), opportunist predation (e.g. unwanted intimate touching or contact), and involuntary incapacitation (e.g. inebriation of the victim from substance use followed by attempted or completed victimisation or sexual assault). Extending these notions of venues as gendered spaces, a Canadian study suggested that expressions of heteronormative gender became exaggerated in nightlife spaces such as nightclubs (Boyd, 2010). Young adults in nightclubs engaged in “hypermasculinity” and “hyperfemininity” in these spaces, acting to align with social expectations of gender that are reinforced and regulated by the clubs themselves and policed by government surveillance outside the clubs.

Nightlife spaces were frequently described not only as gendered spaces but as spaces that acted as rites of passage (Northcote, 2006). Attending clubs was an informal marker of the transition from childhood to adulthood, and this social and cultural framework provided an alternative to developmental perspectives of early adulthood. Seaman and Ikegwuonu (2011) reported that excessive alcohol consumption in the UK was perceived as normative behaviour and an expression of the liminal space offered by early adulthood. However, not all young adults in the study were provided the opportunity to engage in this ‘taken for granted’ alcohol transition due to their work, study and family commitments or socioeconomic status. The authors argued this limits collective understandings of early adulthood that ignore the impact of class and status on young adults’ lives.

Three articles explicitly discussed consumption of alcohol and its impact on risk behaviour in the context of social events and spaces. Griffin, Bengry-Howell, Hackley, Mistral, and Szmigin (2009) analysed the narratives around drinking and drunkenness from focus groups of young adults in the UK. Young women in particular struggled to manage their self-image and femininity through their stories of excess and drunkenness. The study found that while participants described negative consequences of binge drinking, such as loss of memory and consciousness and resultant feelings of shame or displeasure, these events were recounted as fun nights out. A UK survey found that young adults who reported drinking alcohol before going out were more likely to consume more alcohol than those who didn’t (Hughes, Anderson, Morleo, & Bellis, 2008). They were also twice as likely to be sexually assaulted and more than two times more likely to be involved in a fight in the 12 months prior to the survey. A survey of US young adults aged 18 to 29 years suggested that sexual risk-taking behaviour increased in relation to increased levels of binge drinking in night clubs (Wells, Kelly, Golub, Grov, & Parsons, 2010). In contrast, Leigh et al. (2008) reported that drinking before sex was not associated with condom use in sex diary methods of US college students.
Substance use and nightlife engagement was investigated in four papers. For young adults who attended clubs in the US, substance use was mediated by the club-goer’s involvement and motivations for attending club nights (Anderson, Kavanaugh, Rapp & Daly, 2009). Of the three subcultures discussed (drug, commercial clubbers, music connoisseurs), commercial clubbers were motivated to attend events to consume excess alcohol, and to attract sexual attention and potential partners. Substance use was differentiated by the timing of assessment and sexual orientation, with young adults who identified with a sexual minority at the end of adolescence more likely to report alcohol inebriation and cannabis use in a US longitudinal study (Talley, Sher, & Littlefield, 2010). In Australia, using “party drugs” including ecstasy was perceived as normal by young adults and linked to their time out and leisure, including pleasure experienced due to the contexts and spaces they were used (Duff, 2005, 2008). Of note, no other studies focused solely on the associations between sexual behaviour or practices and substance use for this population.

Substance use and alcohol consumption were implicit in five papers exploring the sexual and social contexts of young tourists. Travelling to party destinations such as Ibiza or the Greek Islands was perceived as being in a liminal space to enjoy a break from mundane every-day practices. In these holiday encounters, the normal limits of predominantly heterosexual socialising behaviours and attitudes were on hold, as there was a social expectation of excess of sex and substance use (Briggs, Turner, David, & De Courcey, 2011; Briggs, Tutenges, Armitage, & Panchev, 2011; Patrick, Morgan, Maggs, & Lefkowitz, 2011; Tutenges, 2012). Young men were more likely to engage with sex workers on these party holidays (Hesse & Tutenges, 2011). Perceptions of time on holidays became ‘compressed’ and young women were more likely to build trusting relationships more rapidly while traveling than at home (Thomas, 2005). This has consequences for sexual health as they were more likely to initiate sexual encounters with a new partner more rapidly. Considering young backpackers traveling to Australia, a database analysis of patients attending a Sydney sexual health clinic found that in the three months prior to the study, in comparison to non-backpacker clinic clients, backpackers had increased rates of chlamydia infection (7% vs 5%), higher numbers of sexual partners (18% vs 12%), and higher levels of alcohol intoxication (22% vs 9%; McNulty, Egan, Wand & Donovan, 2010). Rates of condom use were low but not significantly different between backpackers and non-backpackers (19% to 22%).

The final paper in this section used photo-elicitation methods to query ideas of sexual spaces, sexuality and sexual behaviour for early adult women (n= 10, 21-24 years) attending a small liberal arts college in the US (Hensel, Newcamp, Miles, & Fortenberry, 2011). Prompted by photos they had taken, young women discussed how every-day spaces and objects, such as cars, bathrooms, kitchens and bedroom art, contained sexual meaning in their lives. These meanings extended from places were sex occurred to places of body modification rituals (e.g. working out, applying make-up), to spaces of privacy and comfort. The paper highlighted an absence of photos related to contraception or condom use.

Two papers in this section provided interesting and creative qualitative methodologies in contrast to the significant number of survey or interview studies in the review. These papers by Waitt et al. (2011) and Hensel et al. (2011) provided more complex understandings of young adults’ lives and may provide useful recommendations for future research. Experiences of violence including sexual assault were limited and did not involve discussions of relationship violence or victimisation outside nightlife spaces. Further, research
into the diversity of sexualised spaces for young adults of different ethnic, social, economic and sexual identities was limited.

3.8 NAVIGATING PARENTAL, FAMILIAL, ETHNIC AND COMMUNITY VALUES

Although young adulthood is typically characterised by distancing from parents and family, 16 papers discussed themes of parenting, family, race, ethnicity and religion. Of note, most articles were from US studies; four articles employed quantitative methods using AddHealth data. This section moves through three key themes: parental and family influence; impact of religious beliefs; and ethnicity and cultural impacts.

Research in this section demonstrates that parental support remains an important influence for young adults and that many become emotionally closer and more open as they age. A US study of college students reports parent–child communication for young adults in college shifts from restricted, less forthcoming conversations to becoming more reciprocal over time (Morgan et al., 2010). This increase in openness and comfort when talking about sexual themes was reported for both mothers and fathers. A small sample (n= 51) German study suggests similar findings. It measured the wellbeing and parent relationships of participants finishing university and then four years later, with relationships between young adults and their parents found to become more intimate and open, with less conflict between family members over time (Buhl, 2007).

While parental support may increase as young adults develop, Seiffge-Krenke et al. (2010) suggest that for German young adults, romantic partners become more important supports than parents or other family members. Reproducing this theme of parental support, Friedman and Morgan (2009) compared written responses from young women, studying at a US college, who were asked to reflect on a time they went to family or friends for support for a sexual problem. Support was more likely to be sought from mothers and female friends than fathers or male friends, with only half the sample reporting ever seeking help for a sexual issue from their parents. The nature of the issues discussed was different depending on the participant’s sexual orientation and if they were seeking support from a family member or friend. Sexual minority young adults were less likely to perceive others’ responses as helpful. Further investigating the relationship between parental support and sexual orientation, analyses of data from 11,153 participants in the AddHealth survey reported that lesbian and bisexual young women were more likely to experience suicidal thoughts and lower parental support than heterosexual women (Needham & Austin, 2010). Gay men in this study were more likely than heterosexual or bisexual men to experience the same negative health outcomes and low parental support.

It is suggested that the impact of parenting through adolescence continues as young adults develop. Analysing longitudinal data from the US AddHealth survey, Ford et al. (2005) found that young adults who perceived their parents as disapproving of sexual behaviour during adolescence were less likely to acquire an STI as they developed through young adulthood. This relationship was strongest for female participants. Similarly, Lohman, Neppl, Senia, and Schofield (2013) described a relationship between adolescent experiences and young adulthood, reporting that for their moderately sized US sample (n= 392), adolescent
exposure to parent–child violence predicted emerging adults’ experiences of violence in their own romantic relationships. Seifge-Krenke et al. (2010) suggest that for German young adults, parent–child relationships during adolescence are associated with later relationship factors in young adulthood. Using quantitative measures, distant father–child relationships were more likely to be associated with later anxious romantic relationships. In multi-ethnic US samples of AddHealth data, family support was positively associated with condom use for White participants but not other groups. African–American participants and young males were more likely to use condoms than other groups; this is dissimilar to findings from other studies (Gillmore, Chen, Haas, Kopak, & Robillard, 2011).

Two articles discussed the impact of religion on sexual orientation and identity. Walker and Longmire-Avital (2012) found that young African–American adults who identified as lesbian, gay or bisexual were less resilient if they also reported religious faith and high internalised homonegativity. Utilising AddHealth data, Rostosky, Danner, and Riggle (2010) reported a protective relationship between religiosity for young men and young heterosexual women, but this relationship was a risk factor for bisexual women where it increased the odds of those young women reporting heavy episodic drinking. Together, these studies highlight that religion may operate as both a protective factor and a risk factor. This may be influenced by the interpretation an individual holds of their religion in relation to their sexual orientation and how religion is experienced individually. Measures that only require participants to identify with a religious faith may be ineffective in describing the relationship between religion and sexuality.

Ethnicity and race was found to be most commonly studied in relation to sexual risk or social factors that promoted risk in heterosexual encounters. Comparing sexual risk behaviours over time, US studies report that young African–American or Latino men are more likely to acquire STIs and maintain high sexual risk over their young adulthood (Dariotis, Sifakis, Pleck, Astone, & Sonenstein, 2011). Likelihood of STI testing for African–American young adults living in urban areas decreased for those with a lower socioeconomic status if they lived in areas of disadvantage and high HIV prevalence (Johns, Bauermeister, & Zimmerman, 2010). Using survey measures of cultural values, ethnic and US identity and risk factor including sexual risk behaviours, Schwartz et al. (2011) found that heritage practices (their family's culture and values before coming to the US) and collectivist values (values that prioritise others’ or one’s family's needs over their own individual needs) were mostly protective for their 3251 participants. Young people who identified with Hispanic heritage practices were more likely to report sexual risk-taking.

Three articles discussed cultural impacts of ethnicity and sexual behaviours and attitudes. In a US study of multi-ethnic young women, Kennedy and Roberts (2009) found two themes evolved in participants’ narratives about condom use. The first theme described that participants were not in control of their sexual decision-making while they were “in the moment”, and second, that they were unable to recall events due to alcohol consumption. While these young women reported these themes were culturally acceptable in their social groups, they were able to also indicate these ideas were myths and untrue.

The importance of shared social values and beliefs was also demonstrated in the only Australian article in this section. A paper by McMichael and Gifford (2009) describes a qualitative study undertaken in Melbourne that used focus groups and interviews to elicit attitudes and understandings of sexual health risk and protection from young adults from refugee backgrounds. The study included 142 participants aged 16 to 25
years from Iraq, Afghanistan, Burma, Sudan, Liberia and Horn of Africa. These young adults were able to demonstrate their knowledge of HIV and AIDS but had limited knowledge of STIs. Participants framed their narratives around themes of social wellbeing within their social group. Avoiding shame and developing trusting relationships were important and influenced the strategies they described for preventing STIs, including abstinence, and assuming they could identify risky types of people and avoid them.

Eyre, Flythe, Hoffman, and Fraser (2012) interviewed 144 African–American young adults investigating their concepts of infidelity. The study found that a number of cultural models were employed by young adults to manage their infidelity, including models of prohibition (expectations of no infidelity), exciting sex (that sex outside the main relationship is more “freaky” or energetic and involves more diverse sexual behaviours), and techniques for managing “side” partners and investigating suspected infidelity. Using condoms was more likely to occur with side partners, and pregnancy or acquisition of STIs is perceived to be an indication of infidelity for this sample.

Literature in this section provided insufficient evidence for an Australian context. The diversity of family, cultural and ethnic configurations, practices and values is not demonstrated in this research. There are gaps in understanding how culture impacts on sexual practice across the spectrum of young adult encounters from meeting, dating, flirting, establishing and maintaining a relationship, and engaging in sexual activity. Work exploring how young people manage their sexual lives while living at home, while also being employed or financially independent, was absent from this research.

3.9 WORK, EMPLOYMENT AND INCOME

The review found five articles related to employment and income. A US longitudinal study with a predominantly White sample found no relationship between the employment status of young adults two years post-high school and measured sexual risk behaviours including casual sex and inconsistent condom use (Bailey, Haggerty, White, & Catalano, 2011).

Two papers further investigated this association, both using samples of young adults from African–American backgrounds. Bauermeister, Zimmerman, Xue, Gee, and Caldwell (2009) reported findings from a cross-sectional study of 562 participants’ measures of sexual behaviour, including the difference between age of sex partners, number of partners, condom use and frequency of sexual intercourse, and work measures such as number of hours. Using mixed methods that included both survey and interview methodology, they found that after accounting for age differences, working longer hours was associated with higher frequency of sexual intercourse but not with older sex partners. For young women in particular, the difference in age between sex partners was associated with higher numbers of sexual partners and inconsistent condom use. The study suggests that other measures of employment such as income, work types or work satisfaction may be useful for future studies of work and sexual behaviour.

Evaluating the impact of work hours on sexual risk behaviour, Kogan et al. (2008) surveyed 186 African–American young adults. Measuring employment alongside three other measures of role status (living arrangements, student status and parenthood) and substance use, the study found that a relationship between full-time work and sexual risk behaviour existed but was mediated by substance use. They propose
that full-time employment for this cohort (aged 18 to 21 years) may exclude them from further education that would act as a protective factor against substance use and sexual risks. Alternatively, they suggest that full-time employment may offer these young adults an income to obtain substances, especially if they do not have other expenses such as parental or educational costs.

Australian young adults who identified as same sex attracted or queer were the focus of two studies, both reporting the experiences of work environments for this cohort. In comparing economic outcomes according to sexual orientation, Carpenter (2008) found that young lesbian women were more likely to have lower personal income, more frequent reports of harassment at work, more frequent difficulties obtaining and maintaining a job and increased stressors related to their financial status than their heterosexual peers. This instability and lack of workplace support was reflected in an article by Willis (2009) describing young adults being subject to abuse, discrimination and harassment. These direct and indirect experiences of exclusion impacted on participation in formal and informal work cultures. While exclusion was a dominant theme in this study, a number of participants experienced workplaces that were inclusive and supportive, and this increased their feelings of being valued and trusting their colleagues.

Although the second stage employed search criteria that combined terms related to sexuality and employment, the review found limited research for studies exploring the relationship between employment and education contexts and young adults’ sexual lives (see Section 2.0). Of note, no study in the review discussed young adults changing educational or employment contexts beyond undergraduate degrees or first college experiences. The impacts of work hours and work lifestyles were discussed in one article, providing limited insight for an Australian context. Changes in income were not explored as potential opportunities or providing disadvantages for young adults’ sexual consumption.

3.10 MEDIA CONSUMPTION AND BODY PRACTICES

Eleven papers explored themes related to the influence of media and consumption practices, including using sexually explicit material, sexualised culture and young women’s agency, magazines and sexual health and body modification practices.

Survey research in the US, Netherlands and Croatia reported that young people frequently held positive attitudes to sexually explicit material, including pornography, and using sex toys. Carroll et al. (2008), Hald, Kuyper, Adam, and de Wit (2013) and Morgan (2011) found young men utilise pornography more than young women do, suggesting stereotypical gender differences that appear in other studies in this review. They also propose studies incorporate measures of sexual sensation seeking, and that a number of factors (including viewing sexually explicit material) may interact to better predict sexual behaviour.

A Swedish online questionnaire of 1614 participants found that individuals over the age of 25 are more likely to purchase sex toys and merchandise online than young adults between 18 and 24 years (Daneback, Mansson, & Ross, 2011). They suggest that older individuals may be more willing to broaden their solo and partnered sexual practices, or may have increased financial ability to purchase products and have them home-delivered.
Young women were the focus of two studies of ‘raunch’ culture. Evans, Riley, and Shankar (2010) and Bishop (2012) described contradictory discourses that are material were associated with more sexual experience and increased sexual risk behaviour and holding more non-marital cohabitation values (Carroll, et al., 2008; Morgan, 2011). Samples were predominantly drawn from heterosexual college populations. Focusing on men’s early experiences viewing sexually explicit material in Croatia, Štulhofer, Buško, and Landripet (2010) indicate that early exposure (before the age of 14 years) to such material is associated with decreased sexual satisfaction in young adulthood. In contrast, research by Hald et al. (2013) reports a moderate association between the consumption of sexually explicit material and sexual behaviour within a large sample of Dutch young adults. Young women’s use of pornography was often associated with empowerment through consumerism and performance. Further, a content analysis study of gender roles in fictional novels found themes that either reinforced or challenged traditional gender stereotypes for young women (Cook, Rostosky, & Riggle, 2013).

Although young adult body practices may be understood in the context of fashion and media influences, Herbenick et al. (2013) and Nowosielski, Sipiński, Kuczerawy, Kozłowska-Rup, and Skrzypulec-Plinta (2012) considered the associations between sexual behaviour and pubic hair removal in the US, and tattooing and piercing in Poland respectively. Pubic hair removal was found to be significantly associated with young adult populations, and increased interest in sex and casual sex partners. Similarly, adults who modified their body through tattooing and piercing practices were more likely to be more frequently sexually active and less likely to identify as religious. No associations with risky sex were reported by both studies.

Few papers in the review discussed themes of consumption and mediated influences. Young adults may have more autonomous opportunities to participate in the workforce or independently manage their finances without parental or carer surveillance. This may include increased disposable income, spending money on “expected potential sex” on nights out (e.g. bodily practices, clothing, grooming, pre-drinks), or the impacts of porn and sexualised consumption. New work and education environments may expose young adults to different consumption and media practices and consequently attitudes and behaviours related to sexual health.
4.0 Research opportunities and recommendations

This review demonstrates the social and cultural conditions that not only shape the opportunities available to young adults sexually, but the social expectations they maintain that impact on their sexual health and sexual subjectivities. Adequately understanding these practices and attitudes provides the context for more effective STI intervention that may respond to the diversity and complexity of young adults’ lives.

Although the search criteria for this review were broad, the studies discussed are limited to a number of areas. These include:

- Repeated focus on heterosexual relationships and heteronormative gender sexual scripts and frameworks
- Limited depth in conceptualising sexual subjectivity including measuring sexual orientation and identity, and practices of young adults across a sexual spectrum
- Dominance of US college students as sample groups across the studies, including convenience samples of young adults at education institutes or college health programs
- Limited ability to replicate findings to Australian contexts due to limited Australian research and unique Australian social, cultural and economic contexts
- Focus on lower limits of age criteria, with most studies utilising sample populations between 18 to 25 years, and frequently studying college student cohorts with a mean age of 18–19 years
- Invisibility of marginalised populations including, for example, Indigenous, transgender and sexuality and gender diverse, rural and remote located young adults, and those with disabilities
- Lack of literature that used positive concepts to frame research such as pleasure, agency or empowerment.

Limited research was discussed for the following themes and practices or these themes were excluded from the review and are listed as potential opportunities for research:

- Sexual health
  - Unplanned pregnancy, termination and parenting decision-making and practices
  - Provision of STI and sexual health services and STI and BBV knowledge for older young adult populations

- Education and employment
  - Impact of further study including TAFE programs, apprenticeships, and post-graduate education
  - Contexts related to employment including professional and social transitions, and unemployment
  - Transitions between and within employment, education and unemployment
  - Increased financial independence from traditional carers, increased access to disposable income or increased financial responsibilities related to living away from home, caring for self, partner or children, or costs of career development and education

- Technology and consumption
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- Practices mediated by technology including sexting, online dating, apps with sex-related goals (e.g. Grindr, Blendr), relationship development using social media or texting (including perceptions of strangers as acquaintances because of mutual online friends), online pornography, and blogging related to sexual attitudes and behaviours
- Consumer practices related to sexual behaviours including sexual products, alcohol consumption, fashion, responses to advertising, and involvement as clients in the sex industry both within and outside Australia
- Travel and holiday practices within and outside of Australia

- Sexual subjectivity
  - Polyamory and asexuality
  - Practices of bodily and sexual self-care including self-esteem and positive self-concept and how these relate to sexual behaviour
  - Experiences with sexual health decision-making, information seeking and service provision, especially for young adults outside formal education settings
  - How young people attribute others to be trustworthy or “clean” or “unclean”, and how this mediates their safe sex practices in an Australian context
  - Unpacking STI knowledge from lived knowledge, experience and attitudes

- Sexual spaces and contexts
  - Experiences of sexual violence within relationships and close friendships, in public spaces, and in sexualised environments such as pubs or clubs
  - Changes in sexual behaviour and practices related to changes in social environments and peer groups
  - Exploration of sexual decision-making in relation to different venues and spaces (e.g. friend from work, acquaintance at pub)
  - Pre- and post-engagement with nightlife spaces or sexualised spaces or events (e.g. before and after music festivals, clubbing)
  - Depiction of Australian nightlife venues that may be differentiated by class, ethnicity, gender, sexuality in urban, suburban, rural and remote areas

- Influences of other aspects of lifestyle, including hobbies, sports involvement, volunteering, family commitments other than parenting or marriage, political affiliations, or health-related pursuits.

The following recommendations extend concepts or findings developed in the literature, or response to significant gaps in the field:

- Theoretical frameworks:
  - Keeping the concept of “young adulthood” in tension, and linking to Australian demographics research
  - Broad terminology or opportunities for participants to self-define their sexual subjectivity
  - Frameworks that challenge heteronormative assumptions of young adults’ behaviour
  - Young adults as socially vulnerable because of identity and behavioural experimentation, but not positioning this as risk
- Methodology
  - Ethnographic methods related to understanding young adults’ gender, sexuality, class, ethnicity and daily practices in relation to sexual behaviour and health
  - Mixed methods models that incorporate survey data and focus groups or interviews to provide more complex insights from participants

- Sampling
  - Young people from diverse or marginalised communities
  - Age at older end of 18–30 year spectrum (e.g. 25 to 30 years)
  - Inclusion of young adults who do not identify within discrete identity categories of heterosexual, or gay or lesbian
  - Approaches that employ sampling methods which locate where young adults may be socialising including education and employment venues, nightlife venues, or other social or sporting clubs.
5.0 References


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