Framing Sexual and Reproductive Health

MESSAGE GUIDE

COMMON CAUSE
AUSTRALIA

WOMEN'S HEALTH SERVICES NETWORK

www.whsn.org.au

Suggested citation

Victorian Women's Health Services Network and Common Cause Australia. (2025). Framing Sexual and Reproductive Health. Melbourne, Australia: Victorian Women's Health Services Network.

Acknowledgement of Country

The Victorian Women's Health Services Network acknowledges the Traditional Owners and Custodians of the lands and waters on which we work and live across Victoria. We pay our respects to Elders past and present. We recognise that sovereignty was never ceded and that we are beneficiaries of stolen land and dispossession, which began over 200 years ago and continues today. We are committed to collaboration that furthers self-determination and creates a better future for all.

Acknowledgements

Contents

Abbreviations and acronyms

LGBTQIA+   Lesbian, gay, bisexual, trans, queer, intersex, asexual and other people of diverse genders and sexualities

SRH   Sexual and reproductive health

STIs   Sexually transmissible infections

WHIN   Women's Health In the North

WHSN   Women's Health Services Network

Overview

About this guide

This message guide is designed to help create communications that encourage open, respectful conversations about sexual and reproductive health (SRH). This guide is for health promotion practitioners and communications staff in gender equity or women's health seeking to shift public understanding and comfort with SRH at the community level. It is also useful for broader health departments and services working at local, state and national levels. The guide was developed following extensive nationwide research including an analysis of public discourse, online message testing and focus groups.

Top tips

- Lean in to self-direction values.
- Point to outdated ideas that create stigma and discomfort as the problem.
- Encourage more open conversations about SRH and explain why they matter.

- Use a health frame for SRH topics.
- Create safe and respectful spaces.
- Keep it conversational and relatable.
- Avoid negation and myth-busting.

Language suggestions

From	To
Negative language	Positive language
Detached or impersonal phrasing	Inclusive language
Directive tone	Supportive tone
Clinical examples of SRH	Relatable examples of SRH issues
Medicalised or generic messaging	Inclusive of different demographics and communities

Narrative structure: Vision-Barrier-Action

This evidence-based narrative structure is particularly effective with persuadable audiences. It leads with a positive vision to connect with audiences at the level of shared values, acknowledges a challenge, then offers a hopeful, solution-oriented action.

Vision	Barrier	Action
Sets a positive tone. e.g. independence, choice, confidence, freedom	What stand between us and the vision. Use relatable examples.	Offer a clear, hopeful path forward. e.g. to build confidence, reduce stigma, support better access to care

Introduction

About this guide

This message guide is for anyone seeking to shift public understanding and comfort with sexual and reproductive health (SRH) at the community level. In particular, we designed this guide for health promotion practitioners and communications staff working in gender equity or women's health, and broader health departments and services working at local, state and national levels.

The insights and recommendations presented in this guide are based on extensive nationwide message research conducted by Common Cause Australia in 2024 and 2025, on behalf of Women's Health In the North (WHIN) and the Victorian Women's Health Services Network. The goal of this work is to help you create communications that encourage open, respectful conversations about SRH and promote greater comfort and confidence in seeking services and support when needed.

This guide takes a broad view of sexual and reproductive health, rather than focusing on any one topic such as abortion, consent, or sexually transmissible infections (STIs). A variety of SRH examples were included throughout the testing process, and we've listed additional resources on specific topics at the end of this guide.

Approach

The research and recommendations in this guide are based on the Common Cause approach to community engagement, which draws on decades of research from social psychology, cognitive linguistics, and behavioural economics.

A key insight from this research is that people often hold multiple, and sometimes conflicting, perspectives on social issues. These perspectives operate largely at a subconscious and emotive level, meaning attitudes and behaviours are often shaped by factors beyond conscious awareness.

For this project, we set out to identify the frames—or underlying perspectives—that make people more open to discussions around SRH, and feel more comfortable seeking help for an SRH issue when needed. We also examined the frames that can lead people to disengage or oppose these conversations, such as narratives that evoke discomfort, shame, or moral judgement. Identifying these oppositional frames is just as important as recognising supportive ones, as it helps us avoid reinforcing unhelpful narratives in our audiences.

Methods

We began with a **review of available evidence** on effective communication around SRH, including academic and grey literature. The review considered communications recommendations for different SRH topics, including abortion and consent, and evidence about SRH stigma and social taboos. We also ran a **workshop with project stakeholders** to explore their knowledge, assumptions, and priorities regarding SRH communications.

We then conducted a **discourse review** to map the dominant frames shaping how SRH is currently discussed in Australia. This involved analysing key public narratives in media, policy, and everyday language, with a focus on the values, metaphors, and assumptions embedded in current communications.

To test how different messages resonate with the broader public, we conducted a **15-minute online survey** with a sample of 1,201 Australian voters nationally representative by age, gender[1] and location. The survey included a mix of agree/disagree questions to gauge comfort with SRH and support for key issues. We also used split-sample testing to assess how different words and frames influenced responses.

We tested **five 30-second audio-recorded messages**, using real-time audience response tracking. Participants adjusted a dial up and down on their screens as they listened to each message, indicating their level of agreement with what they were hearing at each moment. This provided a detailed, word-by-word view of the persuasive effect of each message and allowed us to isolate the elements that resonated most with different audience segments.

Finally, we ran **four 90-minute focus groups** online with a total of 27 participants. The groups were designed to gain deeper qualitative insights into a specific cohort of women, including their knowledge and comfort with SRH, as well as more detailed feedback on five 30-second audio messages (adapted from the dial test). The groups were exclusively for women who were economically disadvantaged, with diversity quotas for other demographic variables (age, location and languages spoken). This cohort was selected because preliminary data showed women who were economically disadvantaged were slightly more resistant to SRH messages. We also sought to understand whether affordability and access to services were a significant barrier to seeking support for SRH.

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1   While the sample was representative of men and women, we did not have a representative sample of gender diverse participants. Respondents were asked: "What is your gender? (1. Man, 2. Woman, 3. Non-binary, 4. I use another term, 5. Prefer not to say)" and there were no responses for 3 to 5. This is a limitation of the study. Understanding the perspectives of trans and non-binary people is an important area for future research that will require a dedicated recruitment strategy to ensure a representative sample.

Attitudinal groups

To understand how people think about SRH, we analysed survey responses to several key questions focused on comfort discussing SRH and intention to seek support or services. Each answer was assigned a score (e.g. +2 for strongly agree, -2 for strongly disagree), allowing us to calculate an overall attitudinal score for each participant.

Based on these scores, we grouped respondents into three attitudinal segments:

Enthusiasts: These are people who strongly believe that everyone should be able to talk about and access SRH care and information without stigma, shame or barriers. They are very comfortable talking about SRH with others and seeking services when they need. Enthusiasts are firm in their support and are not swayed by negative narratives.

Persuadables: These are the people who generally agree with Enthusiasts but still hold some discomfort, uncertainty, or mixed feelings about SRH. They may support progressive ideas about SRH in theory, but feel unsure about personally engaging more with SRH discussions or services. This group is most responsive to well-framed messages, making them a key audience for communications.

Resisters: These are the people who view SRH as a private or even taboo issue. They are very uncomfortable talking about SRH or seeking services and are less likely to support public discussion and progressive policy. Resisters are generally unpersuaded by advocacy messaging.

Encouragingly, our survey found that just over one-fifth of respondents (21%) were Enthusiasts, while only 9% were Resisters. Most people (70%) were Persuadable and toggled between Enthusiast and Resister attitudes depending on the context and framing used.

Enthusiasts	Persuadables	Resisters
21%	70%	9%

There were some notable differences in demographic profiles of the attitudinal groups. Women were slightly more likely than men to be Enthusiasts (22% compared to 19%) and less likely to be Resisters (10% to 8%). People who were born overseas or spoke a language other than English as their first language were less likely to be Enthusiasts (12%) and more likely to be Resisters (12%).[2]

People who nominated the Greens and Labor as parties they would vote for in an election had higher rates of Enthusiasts (28% and 23% retrospectively) and lower rates of Resisters (1% and 7%) compared to those who said they would vote for the Coalition (18% Enthusiasts, 11% Resisters) or other minor parties. There was a small trend of increased Enthusiasts among those with higher household incomes and education levels.

There was a strong relationship between abortion stance and attitudinal grouping. People who were anti-abortion, or unsure about abortion, were significantly more likely to be Resisters (27% anti-abortion, 13% unsure), and half as likely to be Enthusiasts (11% anti-abortion, 10% unsure). Similarly, those who were pro-choice were more likely to be Enthusiasts (24%) and less likely to be Resisters (7%).

People who identified as living with a disability or a chronic health condition did not show any statistical difference in attitudinal groups compared to the general population. There were also no consistent differences among different age groups, and for people who lived regionally or rurally. Although there were not enough people who identified as LGBTQIA+ (79 total) to analyse their data with statistical significance, the sample showed a trend of more Enthusiasts (28%) and less Resisters (3%) than the general sample.

2   Caution should be exercised in interpreting this result, as the group identified as born overseas or with a first language other than English is highly diverse. This pattern may reflect cultural biases embedded in the survey design rather than genuine attitudinal differences. It is possible that the questions did not resonate equally across cultural contexts, influencing how participants from different backgrounds engaged with the survey.

Top tips

Lean into self-direction values

Tapping into human values is a powerful way to make communications more persuasive and effective. Consistently throughout our research, we found self-direction values to be the most helpful for communicating about SRH.[3]

For most people, SRH is deeply personal, and the way they engage with it is shaped by their own beliefs, experiences, and circumstances. So messages that affirm people's autonomy and support their ability to make informed decisions are more likely to resonate, build trust, and open space for honest conversations.

Self-direction values reflect people's desire to think and act independently.

Based on the work of social psychologist Sharon Schwartz, these values include choosing one's own goals, acting with curiosity and valuing independence, self-respect, freedom and creativity.[3]

When we asked survey respondents which principle should governments prioritise in sexual health, the top response was people's right to choose what happens to their bodies and health.[4]

We also found that messages grounded in self-direction values, like freedom, autonomy, and informed decision-making, helped increase comfort and support for SRH topics overall. For example, when participants were shown a message encouraging open conversations about sex and sexual pleasure, agreement rose by 19% when the message explained that talking about these topics helps people feel more informed and confident.

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3   Shalom H. Schwartz, *Universals in the content and structure of values: Theoretical advances and empirical tests in 20 countries*, in M. Zanna (Ed.), Advances in Experimental Social Psychology, Vol. 25, Academic Press, 1992, pp. 1–65.

4   Survey participants were asked: "When governments create policies and programs about sexual health, which of the following should they prioritise (select all that apply)?" The top response was people's rights to choose what happens to their bodies and health (73%), followed by access to free services for people on low incomes (72%), access in rural and regional areas (70%), inclusive to people of all genders, sexualities and abilities (66%), gender equity and women's rights (61%), culturally appropriate services for people of different cultures (55%), none of these are important (4%).

Self-direction framing also helped boost support for abortion access. Framing abortion in terms of individual freedom to make your own choices without interference increased support.[5] However, not all self-direction language performed equally well. The phrase "It's your body, your choice" led to a 20% drop in support among Resisters, with no statistically significant gain among Persuadables or Enthusiasts. This suggests that it's more effective and less polarising to affirm people's freedom to make decisions without judgement or interference, rather than relying on slogans that may trigger backlash.

From: Access to sexual and reproductive healthcare is a right.

To: Everyone should be free to choose the sexual and reproductive health services and supports that are right for them.

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5   74% of survey participants agreed that abortion should be legal and accessible for everyone in Australia, while 86% agreed that women have the right to make their own decision about contraception, pregnancy and abortion without interference from others.

Point to outdated ideas that create stigma and discomfort as the problem

One of the most effective message frames we tested was pointing to outdated ideas and social norms as the root of stigma and discomfort around SRH. When we explained that outdated ideas discourage important conversations about health, we saw an 8% boost in people's intention to talk more openly about sex and SRH. We also saw a 3% overall drop, and 11% drop among resisters, in their agreement that stigma and shame would stop them from seeing a healthcare professional.

This framing helps to externalise and break down the concept of stigma, showing it as a product of social norms rather than something intrinsic or inevitable. It also invites people into a sense of possibility that stigma and discomfort can shift over time and there are things we can do collectively to change it.

In focus groups, participants often described personal or perceived discomfort with topics like STIs, pain during sex, and abortion. The discussion suggested that the topics themselves weren't inherently taboo or shameful, but that social norms, cultural expectations or fear of judgement made them feel that way. Most responded positively to messaging that encouraged breaking down these barriers and moving on from stigma and discomfort.

However, it's important not to overplay the problem. While highlighting the issues of stigma and taboo was effective, overemphasising or lingering on words like "shame," "taboo," or "discomfort" can backfire by reinforcing the very associations we're trying to shift. Some participants felt that focusing on shame was outdated, preferring to see messaging that acknowledged progress and possibility, especially around gender equity and SRH rights.

"On a broad scale, we have to stop saying it's taboo, because when we say it's taboo, we make it taboo… We need to drop the negative framing and make it sound more normal. I don't actually think it is taboo anymore… But if you're speaking to a broad audience, we need to stop reinforcing the idea that it's a shameful topic." – Focus group participant, 71

In short, it is helpful to point to outdated ideas, shame and taboo and how they create discomfort and barriers to health, without implying that it is widespread and deeply entrenched.

From: There is a lot of shame and stigma around sexual and reproductive health in society.

To: Outdated beliefs about sex leave some people feeling uncomfortable to speak up about their health and access support when they need to.
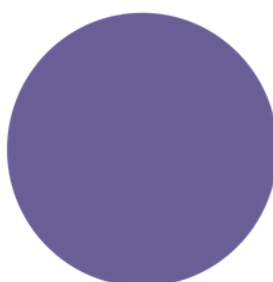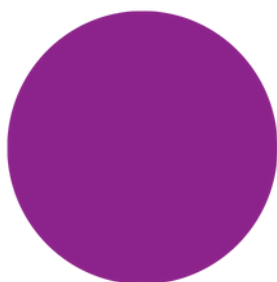
Encourage more open conversations about SRH and explain <u>why</u> they matter

A powerful solution to the shame and stigma narrative is to promote more open conversations around SRH. It made sense to participants that talking about SRH more openly in our communities helps to increase people's comfort with SRH and move away from shame and stigma.

Throughout the survey and focus groups, people responded well to questions and messages that presented more discussions about SRH as a solution. For example, 75% of survey respondents agreed that talking openly about periods and menstruation helps reduce taboos in our community. Encouragingly, most people believed we should talk more about SRH, rather than keep it private (a notable Resister way of thinking). Similarly, when asked what role public organisations including councils should play in promoting discussions around SRH to reduce stigma, 67% of people preferred them to encourage more conversation rather than stay silent.[6]

> *"We should discuss it with our near and dear, and in a way we are creating awareness by talking about it and breaking the stigma. The more we talk about it, the more the taboo or the shame is being broken, because it's just a normal topic." – Focus group participant, 31, speaks additional language*

It is not enough to ask for more open conversations, we also need to explain *why these conversations matter*. That is, how having more open conversations breaks down barriers, overcomes outdated stigma, increases comfort, and encourages help-seeking when people need it.

From: Sexual and reproductive health should be more open and freely discussed without shame and stigma.

To: By talking openly about sexual and reproductive health, we break down stigma and build strong channels for communication and support.

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6   Survey participants were forced to select between two statements, statement 1: "Public organisations such as councils and community services should promote discussions about sexual health to reduce stigma and improve access to care" (67%), and statement 2: "Public organisations such as councils and community services should focus on core services and stay out of private matters about sexual health" (33%).

Use a health frame for SRH topics

We explored whether people see sexual and reproductive health as part of their broader health and wellbeing, and whether this framing made SRH issues feel more legitimate or approachable.

The results were clear: 88% of respondents agreed that safe and enjoyable sex is an important part of overall wellbeing, and 79% agreed that SRH is just as important as other areas of health, such as heart health and mental health. It was also useful to frame abortion as healthcare, and other issues like irregular periods or infertility, with accessible health advice.

Both survey and focus group findings showed that most people are open to seeking support for SRH concerns through healthcare. Three in four survey respondents (75%) said they would feel comfortable asking a doctor for an STI test, and in the focus groups, GPs were the most commonly mentioned source of initial support for SRH issues.

There are strong associations between SRH, sex, health, wellbeing, and healthcare. However, when we explored this further in the focus groups, participants drew a distinction between health-focused and medicalised language, often rejecting messages that felt overly clinical or technical. In addition, many participants shared negative experiences in health settings, particularly around feeling dismissed, judged, or traumatised.

Overall, there is good evidence for framing SRH as a core part of health and wellbeing, but this needs to be communicated in a way that feels grounded in real experience and avoids overly technical or medical language.

From: Access to timely sexual and reproductive healthcare, including reproductive support, and diagnosis and management of sexual health concerns, are important for supporting individual and population health.

To: Sexual and reproductive health is a core part of our overall health and wellbeing, and fundamental to strong healthcare services and systems.
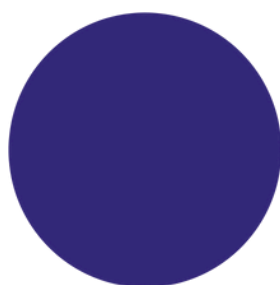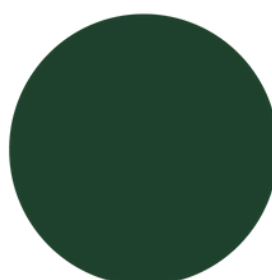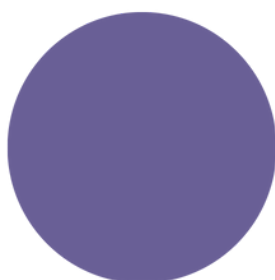
Create safe and respectful spaces

A key challenge in encouraging open conversations about SRH is the gap between public support and personal comfort. While most people agreed that our community should talk more openly about topics like abortion, sexual pleasure, and consent, that didn't always translate to their own lives. People supported the idea in theory, but applying it in practice, such as discussing these topics with friends or family, felt much harder.

For example, while 45–60% of survey respondents agreed that we should talk more about sex and sexual pleasure in general, only 35% said they would feel comfortable doing so personally with friends or family. Comfort levels also varied by topic, with sexual pleasure emerging as one of the hardest areas to talk about, compared to other aspects of SRH like periods or consent.

In focus groups, we explored this tension between broader messaging and personal application. What stood out was that comfort talking about SRH topics was not primarily based on demographic variables like age or cultural background. It had more to do with context, including the social norms within different friendship circles, family dynamics, safety in intimate relationships, and past experiences with the healthcare system. Whether or not someone felt safe, respected, or emotionally supported made a dramatic difference in their willingness to talk.

"I think the conversations people find most uncomfortable are about things like recurrent miscarriages, abortions, painful sex, menopause, discharge, painful periods. Even in safe spaces, those topics take time to come up. There needs to be a strong relationship first before people feel comfortable discussing them." – Focus group participant, 27, regional

The most consistent insight was that safe, respectful spaces and relationships are essential. People are more open to discussing SRH when they feel they won't be judged, dismissed, or shamed. We saw this in action during the focus groups themselves—simply by creating a space where people felt comfortable and respected, we saw an increase in openness, confidence, and engagement with SRH topics.

When it comes to messaging, SRH advocates can encourage conversations in environments where people feel comfortable or with someone they trust. Just as importantly, we can help create these supportive spaces ourselves. Whether it's in services, conversations with individuals, or communities, building trust and respect makes it easier for people to engage with SRH and have the conversations that matter.

From: It's important to talk about sexual and reproductive health within our communities and families.

To: It's important to have a safe space and someone you feel comfortable with to talk about sexual and reproductive health when you need to.

Keep it conversational and relatable

SRH is something that everyone can relate to in some way—whether it's navigating puberty, relationships, reproductive decisions, gender or sexual identity, or life stages like menopause. It's a deeply personal topic, but also a shared one, particularly among women and gender diverse people.

Messages that tapped into shared, everyday experiences helped people feel more at ease and open to engaging with the topic. In our focus groups, participants responded most positively to messages that felt relatable, warm, and conversational. When people saw themselves in the message, or recognised it as something their friends, family or community might relate to, they were more willing to engage. By contrast, messages that felt overly formal, medical, or detached from everyday life fell flat.

Language that felt inclusive and welcoming made a big impact. Participants appreciated messages that reflected different communities, ages, and life experiences. It helped reinforce that SRH is for everyone—something we all navigate in different ways, and something we can talk about openly, together.

> **From:** SRH refers to a state of physical, emotional, mental, and social wellbeing in relation to all aspects of the reproductive system, encompassing contraception, fertility, pregnancy, and the prevention and treatment of STIs.

> **To:** Sexual and reproductive health is about how we take care of our bodies, make choices about sex, relationships, and having kids—and feeling comfortable, safe, and supported doing it.

Avoid negation and myth-busting

It can be tempting to tackle misinformation head-on by repeating a myth and then correcting it, or to try and pre-empt resistance by offering a counterargument. While the intention may be good and the information technically accurate, it often does more harm than good.

Research shows that repeating false claims, even to debunk them, can make people more likely to remember the myth than the correction. Similarly, negative phrasing like "STIs aren't dirty" or "abortion isn't unsafe" can inadvertently reinforce unhelpful associations (in this case between "STIs" and "dirty" and "abortion" and "unsafe"), even when the goal is to challenge them.

Our discourse analysis found that SRH advocates often used negation and myth-busting in well-meaning attempts to address stigma or misinformation. But in our testing, messages were more effective when they led with what's true, using clear, confident, and values-based language.

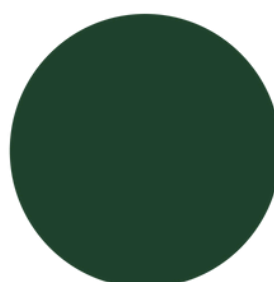**Negation** refers to repeating a claim or idea in the process of denying or contradicting it (often by adding the word 'not'). For example: *"Wanting pleasurable sex is not something to feel embarrased about."*

Myth-busting is a form of negation that involves highlighting common misconceptions and then attempting to correct them with evidence. For example: *"One of the biggest myths about STIs is that if you don't have symptoms, you don't have an infection. The reality is [insert line of facts]."*

From: You shouldn't feel embarrassed about talking to your doctor about a sexual and reproductive health concern like testing for an STI or finding the right contraception.

To: Talking to your doctor about finding the right contraception or STI tests gives you the information you need to make confident choices about what's right for you.

Language suggestions

From	To
Negative language e.g. embarrassing, worry, ashamed, overwhelming, pressure, judgement, concerned	**Positive language** e.g. open, honest, confident, comfortable, support, encourage
Detached or impersonal phrasing e.g. you should seek help if you have a concern, individuals should be educated about SRH	**Inclusive language** e.g. us, we, SRH is something we all navigate, SRH is part of our wellbeing
Directive tone e.g. People need to talk about SRH, you should get tested regularly	**Supportive tone** e.g. It helps to have open conversations about SRH when you feel ready and supported
Clinical examples of SRH e.g. Sexually Transmissible Infections, menstruation, adenomyosis	**Relatable examples of SRH issues** e.g. pain during sex, navigating safe and respectful relationships, advice on contraception
Medicalised or generic messaging e.g. SRH programs aim to reduce disease burden in the population, sexual health clinics offer testing and treatment for at-risk groups,	**Inclusive of different demographics and communities** e.g. SRH should be accessible for everyone, regardless of age, income, postcode or cultural background, sexual health clinics are here to support everyone's SRH

Narrative structure

Vision-Barrier-Action is an evidence-based narrative structure that is particularly effective with persuadable audiences. It leads with a positive vision to connect with our audiences at the level of shared values, acknowledging a challenge, and then offering a hopeful, solution-oriented action.

Below we outline the core ingredients of this structure and how the top tips above can be incorporated into a logical and compelling narrative. More examples of this structure in action are included in the focus group guide.

Vision

To set a positive tone for our communications, it is important to start with a values-based vision. This helps us frame the message in terms of shared values that appeal powerfully to both our enthusiast and persuadable audiences.

Core ingredients:

- Reflect self-direction values, such as independence, choice, confidence, and the freedom to make decisions about your body and health.
- Emphasise shared benefit—that SRH is something everyone deserves to navigate with comfort and support.

> **Example:**
>
> *"We should all be able to feel comfortable and supported to make the decisions that are right for us and our health."*
>
> *"Everyone deserves the freedom to make informed choices about their bodies, their relationships, and their future."*

Barrier

The barrier part of our narrative tells our audience what stands between us and the vision we want to achieve. It helps the audience understand the problem not as a personal failing, but as a result of broader social influences that can change.

Core ingredients:

- Highlight how outdated ideas and social norms can feed shame, stigma, and silence around SRH.
  - Use broad, relatable examples, such as messages passed down through generations, how SRH is portrayed in media, or the persistence of stigma in some communities, workplaces, or social circles.
- Explain how this stigma gets in the way of people seeking support or talking openly about SRH.
  - Be careful not to overstate the problem. Many people are navigating their SRH with confidence. We want to acknowledge the challenge of stigma while reinforcing that change is already happening.

Example:

"But outdated ideas feeding shame and stigma around sex and sexual health still show up in our communities, workplaces, and media. These messages can make it harder for people to talk about SRH or seek support—whether it's asking about contraception, getting tested for STIs, or getting help for pain during sex."

Action

The action step shows what can be done to overcome the barrier and move us closer to the vision. This is where we offer a clear, hopeful path forward, whether it's an action individuals can take or something we're asking organisations or other stakeholders to support.

Core ingredients:

- Emphasise that talking about SRH helps to normalise it, build confidence, reduce stigma, and support better access to care.
- If speaking to the community, focus on promoting conversations in supportive environments with people they feel comfortable with.
- If speaking to organisations or decision-makers, highlight how they can play a role in normalising SRH and contributing to a culture of support, understanding and openness for all.

Example:

"The good news is that we can all help break down these barriers by talking about sex and sexual health in ways that are open, honest, and respectful. Whether it's with friends, family, colleagues, or health professionals, each conversation we have with care builds our confidence and helps create a culture where everyone feels more comfortable navigating their sexual and reproductive health."
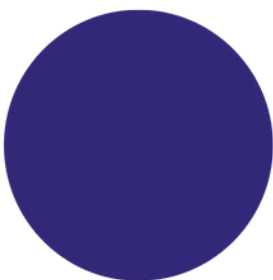
Focus group template

We developed and tested this focus group guide as part of our message testing process. The focus groups were a valuable opportunity to explore how people engage with SRH messaging, including what resonates, what creates discomfort, and what helps to shift conversations in a more open and supportive direction.

This guide was originally used with participants from lower socio-economic backgrounds. The format can be readily adapted for other priority populations.

Other populations where this approach may be useful include:

- People of different age groups, including young people and older adults
- People from specific religious or cultural communities
- People from rural or remote areas who may have limited access to SRH services
- People from LGBTQIA+ communities
- People who are gender diverse

This template provides a foundation for gaining deeper insights into a particular population, testing different SRH messages, and tailoring them to be more appropriate for the audience. We tested some messages specifically related to talking about SRH and seeking services, as well as some broader policy and advocacy messages, and issue-specific ideas.

Focus group design

- Number of groups: 4 per sub-population (e.g. older adults)
- Group size: 6–8 participants
- Duration: 90 minutes
- Format: online via Zoom (can be adapted in-person)
- Tools: Record and transcribe each session. Include live polls (1–10 scale) after each message to gauge persuasiveness.

Participant screening

- Use a short screening survey to collect relevant demographic data, such as: gender, age, postcode, cultural background, religion, income, education, and employment status.
- Set quotas to ensure diversity within the group. E.g. at least two participants per group who speak a language other than English at home.
- In addition to collecting demographic data, screen participants to ensure a mix of comfort levels with SRH topics and alignment with the project's purpose. Aim for a range of comfort levels across the group. We also chose to exclude anyone who was anti-abortion to avoid a polarised debate on abortion.

Screening Questions:

Ask participants to rate their agreement with the following statements on a 5-point scale:
Strongly agree / Agree / Neither agree nor disagree / Disagree / Strongly disagree

1. "Talking openly about periods and menstruation helps reduce taboos in our community."
2. "I would feel comfortable asking a doctor to test for sexually transmissible infections."
3. "Sexual and reproductive health is a personal topic that should be kept private."
4. "Abortion should be legal and accessible for everyone in Australia."

Focus group discussion guide

We're running these focus groups to understand more about how we can communicate messages about sexual and reproductive health.

I'll shortly be asking some general questions designed to prompt your thoughts about sexual and reproductive health. I'll then be sharing five short messages and asking for your feedback.

Every perspective is valid, and it's OK to challenge or disagree with anything you hear – we just want to know what you think! We will be recording today's session and transcribing the conversation. All information is deidentified and confidential. Because people will be sharing thoughts and opinions, and we want everyone to feel comfortable doing that, I would like us to make sure that what is said in the group stays in the group.

If you find any of the discussion raises concerns for you, you do not need to participate. I'll add some support services in the chat now if you want some support at any point during or after the session.

ADD TO CHAT *(tailored for specific locations)*

Sexual and Reproductive Health Organisations:

- WA: Sexual Health Quarters https://shq.org.au
- ACT: Sexual Health and Family Planning http://www.shfpact.org.au
- VIC: Sexual Health Victoria https://shvic.org.au
- NT: Family Planning Welfare Association of https://www.fpwnt.com.au
- QLD: True Relationships and Reproductive Health https://www.true.org.au
- TAS: Family Planning Tasmania https://fpt.org.au
- SA: SHINE https://shinesa.org.au
- NSW: Family Planning Australia https://www.fpnsw.org.au

Phone line and interactive service map:

- VIC: 1800 My Options https://www.1800myoptions.org.au
- WA: 1800 4 Choice https://www.4choice.org.au
- QLD: Children by Choice https://findaservice.childrenbychoice.org.au/#5,-17.581194026506008,146.20605468750003

Crisis support:

- National: Lifeline https://www.lifeline.org.au/

We have a short time to get through our conversation today, and I want to make sure everyone has a chance to participate, so there may be times when I nudge along the conversation to keep us on track. Does this all sound OK with everyone?

Before we get started, I'd like to hear a bit about you. **[prompt participants to introduce themselves, where they come from, and a bit about themselves]**

[RECORDING ON]

QUESTIONS

1. What comes to mind when I say sexual and reproductive health?
2. Are these things you would talk to others about? With who?
3. *Some examples of sexual and reproductive healthcare include testing for sexually transmissible infections, cervical cancer screening, contraception advice, menopause support, diagnosing endometriosis, abortion care, and sexual health education.*
   If you wanted some help or support with one of these types of services, what would you do? Where would you go for support?
4. What would stop you from going to a healthcare service for these types of things?
5. Do you think these types of topics or healthcare services are seen as shameful or embarrassing? If yes, why? Where does it come from?

Thank you. We're interested in finding the best way to communicate messages about sexual and reproductive health with people from different backgrounds. In particular, we're looking to find out what makes people feel comfortable or uncomfortable, both in talking about sexual health, and seeking sexual or reproductive healthcare services when they need to.

I'm shortly going to show you some messages about this and get you to tell me what you think. We're after gut reactions here—both to the wording used and to the general ideas, even if you don't like the way it's worded. Most importantly, do any of these messages change the way you think about sexual and reproductive health? To seek these types of services or to talk openly about these things with others?

MESSAGES

Addressing stigma (societally)

It's important that we all have open and honest conversations about issues that impact our health and wellbeing.

But too often, sexual and reproductive health, including issues like periods, menopause, abortion and safe sex, continue to be shamed, silenced or politicised by many leaders and public organisations. When these issues aren't spoken about safely and openly, it becomes harder for us to feel comfortable, speak up, or access support when we need it.

These types of topics shouldn't stay locked behind closed doors. That's why leaders, including governments, public organisations and healthcare services have a responsibility to help normalise conversations about sexual and reproductive health as an important part of community wellbeing.

[Open poll 1-10 on how convincing you think the message is. 1 not at all – 10 highly convincing]

[DISCUSSION]

Addressing stigma (personally)

We should all be able to feel comfortable and confident when it comes to our health. But when there is stigma, shame or taboo around sex and sexual health, it creates barriers to seeking help about important concerns—like pain during sex, STI testing, or navigating safe and respectful relationships. These barriers are often rooted in outdated beliefs and social norms. As a result, many people feel uncomfortable reaching out for care, which can ultimately harm their health.

The good news is that we can all break down these barriers. Talking about sexual and reproductive health with people we trust, where we feel safe and respected, can build confidence, reduce shame, and make a meaningful difference for everyone.

[Open poll 1-10 on how convincing you think the message is. 1 not at all – 10 highly convincing]

[DISCUSSION]

Seeking services

When something's going on with your health, it's important to feel supported and know where to turn.

But when it comes to sexual and reproductive healthcare, like getting tested for STIs, finding the right contraception, or accessing abortion care, it's not always easy to know what's available or where to go.

Know that there are always options for care and organisations and services that are here to help. Local GPs, sexual health clinics, and community health services are great places to start. For more tailored information, you can also reach out to your state-based sexual health service to explore your options.

[Open poll 1-10 on how convincing you think the message is. 1 not at all – 10 highly convincing]

[DISCUSSION]

Opening up access

Accessible and fair access to healthcare is essential to support the health and wellbeing of our communities.

But there are still systematic barriers, like rising costs, limited services, and shortages of culturally appropriate care that prevent people from accessing the sexual and reproductive healthcare they need—like contraceptive advice or support for endometriosis, other pelvic pain, or menopause and peri-menopause.

Your access to healthcare shouldn't be determined by your income, postcode or cultural background. That's why governments need to invest more in sexual and reproductive healthcare and open up affordable and accessible access for everyone.

[Open poll 1-10 on how convincing you think the message is. 1 not at all – 10 highly convincing]

[DISCUSSION]

Pleasure

Feeling good, exploring what matters to us, and living with a sense of curiosity are all part of what helps us lead healthy, fulfilling lives. For many people, this includes exploring personal sexual pleasure, which involves safe, consensual, and enjoyable sexual experiences.

But for some, topics like sex and pleasure can still feel uncomfortable or off-limits. This discomfort can make it harder to talk openly or learn about what makes for positive and respectful experiences.

That's why it can be so valuable to talk about safe and enjoyable sex with the people you feel most comfortable with—whether that's a partner, a friend, family, or a sexual health service. By embracing and normalising these conversations, we can reduce stigma, foster understanding, and find what works for us.

[Open poll 1-10 on how convincing you think the message is. 1 not at all – 10 highly convincing]

[DISCUSSION]

Last question (if time), what's one thing that's sticking with you from what we talked about today?

That's everything for today's session! Your responses and feedback will help support how we deliver messages about sexual and reproductive health.

If today's discussion has raised any concerns for you or you would like some specific support, please refer to the list of support services in the chat.

Additional resources

While this message guide looked at SRH more broadly, we recognise that many people working in the space may be interested in guidance on specific SRH issues, like abortion and consent, or working with specific audiences.

Although there has been limited published research using in-depth methodologies like those used in this project, there are several useful resources that explore specific SRH issues in more detail or with diverse audiences. These may offer further insights for those working across different areas of SRH.

Abortion (values-based messaging, strategic framing toolkit)
Women on Web, 2023. Abortion framing toolkit.

Multicultural and Faith-based Communities, Gender-based violence, Engaging Men (values-based messaging)
Connecting Communities Project, 2023.

Gender equality (values-based messaging)
Common Cause and VicHealth, 2021. Framing Gender Equality Message Guide.

Abortion (rights-based messaging guide)
International Planned Parenthood Federation, 2015. How to talk about abortion: A guide to stigma-free messaging.

Abortion (language guide)
Children by Choice, 2022. Language guide: A resource for more inclusive and destigmatised abortion care for providers and supporters.

Youth messaging including abortion, diversity, gender, HIV and AIDS, pleasure, relationships, sexual rights, violence (communications checklist)
International Planned Parenthood Federation, 2011. Youth messaging checklist: Dos and don'ts in information, education and communication materials.

Consent (legal principles messaging)

Safe and Equal, 2022. Key Messages Guidance – Supporting Young People to Understand Affirmative Consent Program.

Violence against women (language suggestions)

Our Watch, 2021. Change the story: A shared framework for the primary prevention of violence against women in Australia.

Violence against women with disabilities (language suggestions)

Our Watch & Women with Disabilities Victoria, 2022. Changing the landscape: A national resource to prevent violence against women and girls with disabilities.

Sexuality (public health communications for healthcare counselling)

World Health Organisation, 2015. Brief Sexuality-related Communications.

HIV (media guide)

Positive Women, 2020. Women and HIV Media Guide.

Engaging multicultural communities

Centre for Culture, Ethnicity & Health, 2024. Some tips on how best to engage and develop education sessions on sensitive health subjects with multicultural communities.

WWW.WHSN.ORG.AU