Lets map it out: the everyday health information seeking behaviours of LGBTQ youth in

Prince George, BC

by

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Abstract

Purpose:

There is a growing body of literature concerning the health information seeking behaviours of LGBTQ youth. However, these studies typically involve just gay, bisexual, and lesbian sexual health. The purpose of this project is to better understand the everyday health information seeking behaviours of LGBTQ youth and where they prefer to visit to access health information. As most of the previous research has been completed in urban settings, this project was completed in a smaller Northern British Columbia city – Prince George, BC.

Methods:

This project included 11 LGBTQ youth who participated in five participatory mapping and focus group activities. In groups of two or three, the youth would begin by labeling a map of Prince George places they prefer, somewhat prefer and dislike to visit for health information. Afterwards, focus groups were completed to ask follow up questions about the youths' health information seeking behaviours. Once the activities were completed the interviews were coded based on inductive themes, and analyzed with theories from everyday health information seeking behaviours and critical geographies of sexuality, emotion, and cyberspaces.

Results:

Six themes became apparent from the content analysis and review of the data: 1) Negative impressions; 2) Convenience; 3) Social costs; 4) Comfort; 5) Queer friendly spaces; 6) Quality of information.

Conclusions:

Based on the experiences shared by the participants, factors were identified that contribute to the everyday health information seeking behaviours or places LGBTQ youth prefer to visit for this information. These youth were well informed about their health, and wanted to find the best information for their health needs. Furthermore, the work demonstrated that there are connections made between different places or spaces and LGBTQ youth information behaviour.

Lay summary

There is a growing body of literature concerning the health information seeking behaviours of LGBTQ youth. However, these studies typically involve just gay, bisexual, and lesbian sexual health. The purpose of this project is to better understand the everyday health information seeking behaviours of LGBTQ youth and where they prefer to visit to access health information. As most of the previous research has been completed in urban settings, this project was completed in a smaller Northern British Columbia city – Prince George, BC. This project included 11 LGBTQ youth who shared their experiences finding health information in Prince George. Based on these discussion there are six key findings: 1) Negative impressions; 2) Convenience; 3) Social costs; 4) Comfort; 5) Queer friendly spaces; 6) Quality of information. Their opinions contribute to the everyday health information seeking behaviours or places LGBTQ youth prefer to visit for this information.

Preface

This thesis is an unpublished work by the author, Blake Hawkins. Drs. Luanne Freund and Elizabeth Saewyc provided recommendations for the design of the study, the analysis of the data, and editorial feedback.

This work was approved by the University of British Columbia Behavioral Research Ethics Board under the project title Harmonized Review Project: LGBTQ Young Adults Everyday Health Information Seeking Behaviours H15-02074

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AIDS   Acquired Immunodeficiency Syndrome

BCAHS   British Columbia Adolescent Health Survey

CTYHS   Canadian Trans* Youth Health Survey

ELIS   Everyday Life Information Seeking

HIV   Human immunodeficiency virus

LGBTQ   Lesbian, Gay, Bisexual, Transgender, Queer

MSM   Men Who Have Sex With Men

PGIS   Participatory Geographic Information System

STI   Sexually Transmitted Infection

UNBC   University of Northern British Columbia

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One of my first supervisors once said, it takes a community to complete a thesis. Now that I am in the final stages of my thesis I truly agree with this opinion.

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Chapter one: introduction

1.1 Introduction

Little is known of the everyday health information seeking behaviors of LGBTQ[1] youth and where they prefer to go for this type of information (Beiriger & Jackson, 2007; Fikar & Keith, 2004; Mehar & Braquet, 2006; Morris & Roberto, 2013). This is problematic as LGBTQ youth have unique health needs due to their sexuality and they face constraints and are challenged when seeking information in different spaces (Bryson & Macintosh, 2010; Saewyc et al, 2007). Current scholarship on LGBTQ youth health information seeking is targeted primarily at men who have sex with men (MSM) and focuses on sexually transmitted illness or HIV health literacy.

The issues concerning health information seeking behaviors amongst LGBTQ people has been a focus of public health scholarship since the late 1980s due to the HIV/AIDS crisis. Researchers have examined how information seeking occurs and where men with or trying to prevent this infection can go for the best and most relevant information (Siegel & Raveis, 1997). From research studies conducted during the initial outbreak of the epidemic, it became apparent that the quality and types of information available to seekers were affected by one's geography and the racial demographics of the area.

Since the late 1990s there has been a dramatic increase in research on LGBTQ youth that informs our understanding of health issues facing this population (Saewyc, 2011). One of the most commonly discussed topics has been the sexual health of LGBTQ youth. These studies

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[1] LGBTQ (Lesbian, Gay, Bisexual, Transsexual/gendered, Two-Spirited, Queer, and Questioning)

[2] Barebacking is unprotected anal intercourse; chemsex is intercourse under the influence of illicit substances (typically methamphetamine; MDMA; cocaine; or opiates); NSA is no strings

have been associated with the proliferation of so-called "hook-up apps" for gay, bisexual and

trans people and sexual health of the youth (Saewyc, 2011). These applications provide the

opportunity for types of interactions that were previously far less accessible. In 2017, for

example, a 18 year old GBTQ man can easily use a popular hook-up app to find a sexual partner

to enact any sexual fantasy, the associated risks of which they may not understand (i.e.,

barebacking, chemsex, NSA, etc)[2]. One of the troubling aspects of these apps and resulting

sexual encounters amongst LGBTQ youth is there are lower rates of using condoms during sex

(Coker & Austin, 2010).

The mental health of LGBTQ you has also been researched in a variety of contexts.

Researchers have studied rates of illicit substance use and alcohol dependency compared to

heterosexual peers. These studies have found that there are higher in rates of consumption

amongst LGBTQ compared to heterosexual youth (Coker & Austin, 2010). Other areas of mental

health that have been topics of concern with respect to the everyday health of LGBTQ youth are

stigma and body image issues (Saewyc, 2011). All of these everyday mental health challenges

may serve as motivations for youth to seek information from healthcare professionals.

In the health information profession, the topic of LGBTQ health garnered attention in the

late 1990s and early 2000s as the unique health concerns of this population, in comparison to

heterosexuals, became apparent. Some health information researchers began to publish lists of

materials that could be helpful for LGBTQ patrons in addressing their health needs (Flemming &

Sullivant, 2000; Perry, 2001). In Canada and the USA, there are active special interest groups

(i.e., within the British Columbia Library Association) for LGBTQ information professionals and

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[2] Barebacking is unprotected anal intercourse; chemsex is intercourse under the influence of illicit substances (typically methamphetamine; MDMA; cocaine; or opiates); NSA is no strings attached sex that typically involves not knowing your sexual partner before or after sex.

allies, which discuss specific issues facing this underserved community. Some health librarians have begun to conduct research demonstrating the lack of information about LGBTQ health information seeking; information that is needed to guide the profession (e.g. Morris & Hawkins, 2016).

1.1.1 Research questions

This research project was designed to create awareness and begin addressing this gap in the research and to provide insights on LGBTQ youth health information seeking behaviour in a specific geographic location, outside of large urban centres. The research questions guiding this project address the behavioral and spatial determinants of the everyday health information seeking behaviors of LGBTQ youth:

1) What is the role of place and, specifically, what are the preferred spaces in Prince George, BC for their everyday health information?

2) When in different places or spaces, how do these youth seek information?

The notions of place and space are related, however, there are distinctions between the two concepts. A variety of definitions of place, in both physical and human geography, have been advanced in recent decades under the influence of post-humanist theory. These are physical locations where humans interact in their everyday lives. Places have been described as the stages upon which fully formed subjects acted out their lives. Places are associated with the process of subject-formation and the regulation of behaviour (Berg, 2010). Furthermore, as human interactions diversify there is a constant need for a reevaluation of what is a place and its purpose in the everyday life (e.g., tagging walls with graffiti as a method of queering places) (Creswell, 1996).

As a researcher, I situate myself within the sub-fields of feminist and queer geographies, and therefore consider space as a messy and paradoxical idea that organically changes. Spaces are socially constructed, historically have been overtly masculinized, and underrepresent those from marginalized communities (like LGBTQ youth) (Massey, 1994). In contrast to place, space is theorized using critical approaches, including queer and feminist theory. Massey's concept of space and place build on previous scholarship by humanist geographers, such as Tuan, who argued that powerful connections could form between place, space and humans. These early arguments by Tuan (2001) and others provided the building blocks for future sub disciplines to grow, such as feminist, emotional, queer, and cyber geographies (Davidson, 2007). Previous to this human-oriented scholarship, geography was a primarily positivist discipline that was less focused on the role of people, gender, sexuality or other factors on understandings of geography.

1.2 Research significance

This research aims to connect the spatial and behavioural aspects of how LGBTQ youth seek everyday health information. Much of the previous research has been concerned solely with how LGBTQ youth perceive spaces or places, or their information seeking behaviours. Given a growing body of information literature concerning place and information seeking, it is important to include a LGBTQ perspective to this scholarship (Case, 2012; Gibson, 2014).

There is a substantial body of research from public health and geography concerning safe spaces for LGBTQ youth, and how these spaces can be characterized. Furthermore, there is a growing discourse in epidemiology regarding the everyday life and other types of health information seeking behaviors of LGBTQ youth as well as older demographics (Lovejoy et al, 1992; Veinot et al, 2013). However, there is little scholarship building connections between the spatial and behavioral aspects of everyday health information seeking behaviours, even though

much of this information seeking is either geographic community-based, and thus shaped by the resources within a given geographical area, or takes place online in virtual spaces.

These research questions are timely and relevant as current research studies show that upwards of 70% of young MSM partake in bareback sexual intercourse with people they meet through hook-up apps (i.e., Grindr, Scruff, Squirt, etc) (Landovitz et al, 2013). Other studies have reported increasing rates of STIs and HIV amongst this same young demographic. These high rates have become a topic of concern in the mainstream media, which has reported that similar rates of STIs have not been seen in the last 30 years (BCCDC, 2015). Further, unmoderated forums exist that allow youth to share inaccurate sexual and other health information. In these cyberspaces users fetishize riskier sexual activities, such as group sex and barebacking (Hawkins & Watson, 2016).

Unhealthy behaviors are not limited to young MSM who are engaging in bareback and other risky sexual activities. Previous research has also reported that lesbian and bisexual young women are affected by teen pregnancy at rates similar to heterosexual women. (Saewyc, 2014). These findings indicate that LGBTQ youth may lack access to accurate information about sexual and reproductive health information, perhaps because there is so little information available that is targeted to the specific needs of this population (Hawkins et al. 2016).

Youth have become more technologically connected and many have near ubiquitous access to online environments and systems through smartphones and tablets (StatsCan, 2014). This level of access creates a need for further scholarship about LGBTQ youth everyday health information seeking behaviors. Are there particular cyberspaces that youth prefer when seeking information? Do youth have networks online that influence how they seek everyday health

information? How critical are LGBTQ youth when they go online for everyday health information?

Concurrently, there needs to be further analysis of the physical spaces used by LGBTQ youth for information. How do the design or fellow users of a library effect the types of information LGBTQ youth are willing to find? Do LGBTQ youth prefer certain doctors or clinics to discuss their health information needs? How do LGBTQ youth decide if a place is safe to find more personal information about their health? What contributes to some information being rejected by the youth? Knowing the answers to these questions can help librarians and healthcare professional to provide better opportunities to engage with LGBTQ youth about everyday health information, given that youth can easily access inaccurate and high-risk online information spaces due to the social cost and lack of trust associated with physical, community-based spaces (boyd, 2014; Chatman, 1996; Mustanski et al, 2011; Veinot et al, 2013). In these online spaces, there are unmoderated sites that make any and all health behaviours appear to be appropriate and safe. This includes discussions about health supplements, unrealistic fitness plans, or bareback sex being less risky than smoking (Hawkins & Watson, 2017). Most youth just want the most convenient and relevant information found through a quick search, and typically they lack critical reflection in the process (Gray et al, 2005).

This research is placed in a specific geographic location, Prince George, BC, because it seeks to better understand the role of place in the process of finding everyday health information for LGBTQ youth outside of major urban centres (i.e., Vancouver or Toronto). Smaller and remote urban centres such as Prince George have been understudied. Prince George, BC is a working-class city, which has had an economy historically based on resource industries (Halseth, 2000; Coen et al, 2013). In the 1980s, the city advocated for a university (University of Northern

British Columbia) to be built; this school brought a new demographic to the community and a wider range of spaces and services available for accessing information. Despite having a growing educated and financially upper-middle class population, there remains a legacy of unhealthy gender binaries that may influence how these LGBTQ youth interact in different spaces and seek everyday health information.

1.3 Thesis organization

This thesis is organized in six chapters that present the design, execution and results of the study. Chapter two is a literature review about the everyday health challenges facing LGBTQ youth, the connections between social media and LGBTQ youth, theories of health information seeking and youth health information seeking. Chapter three describes the research design and methodologies that have informed and guided this project. Critical qualitative inquiry is the framework of this thesis. This methodological approach requires the incorporation of critical or social theories for the data analysis. Critical geography was incorporated due to the spatial nature of the project and its close association with sexuality, emotion, and gender and health information seeking behavior theories are also employed to analyze the 'how question' of the seeking process. Chapter five presents the results of the main data from the mapping activity and focus groups. In chapter six there is a discussion of the results drawing upon critical geography and theories of health information seeking behaviors. The thesis concludes with a reflection on the research process, my future research directions, the limitations of the project, and a final summary.

Chapter two: literature review

2.1 Introduction

This chapter will briefly examine the current scholarship in different disciplines (e.g., public health, social media, and information studies) that have a significant role in framing this project. It begins with an overview regarding health and everyday life information seeking behaviours that includes definitions of both terms for this paper. Current theories of health information behaviour highlight the multitude of factors, both external and individual, that contribute to the process I continue by describing the origins of the notion of social costs and its importance for this project. Social media is often described in the information studies and public health literature as an important venue for LGBTQ youth as it is easy to access sexual health information (e.g., boyd, 2014; DeHaan et al., 2013). I provide a definition of the term 'social costs' which frames some of the concerns shared by LGBTQ youth with seeking health information. These social costs, either enacted or anticipated, relate to the associated risks of some places and behaviours when trying to seek information as an LGBTQ youth. As this research pertains to LGBTQ youth health, I provide a summary of the types of health issues facing LGBTQ youth. Next, there is a summary of research on social media use by LGBTQ youth concerning everyday health information seeking. Finally, there is a brief summary of the geographical literature incorporated in this project, focused on participatory mapping and critical geography..

2.1.1 Health and everyday life information seeking behaviours

This project has framed health information seeking behaviours as a process of actively or passively seeking information that is influenced by environmental and social factors, which

contribute to how and where one can seek information (Johnson & Case, 2012). A variety of factors need to be considered such as motivation and channels of information. Davision & Breckon (2012) found that age can have a significant affect on how men seek information. Prior to and after the middle age period of adulthood one is far more informed and proactive than at younger ages about asking their doctors questions about their health. Most youth, for example, will likely choose the first search result when trying to find information about their health need. This is because most youth are goal oriented and want to find relatable information quickly and easily (Gray et al, 2005). Similarly, Harris & Wathen (2007) demonstrated the role of place, education, age, and technology literacy on accessing information about different conditions. People from communities with less Wi-Fi access found it considerably more difficult to find information about a health condition.

Commonly, the health information seeking literature describes the information seeking as an active process of finding information (Case, 2002; Szwajcer et al., 2005). However, recent scholarship by Johnson & Case (2012) highlights that finding health information can also occur passively dependent on an individual's health needs. For instance, the information behaviours of a patient may differ based on the medical condition and severity (Rheumatoid arthritis compared to Leukemia), as Rheumatoid arthritis is a chronic disease unlike Leukemia where one is try to be rid of the cancer. LGBTQ health scholars who have completed studies on online health literacy have recently been highlight the behaviours within this community. There is a growing body of research that demonstrates LGBTQ youth may be more informed about different health needs than previously assumed (DeHaan et al, 2013). However, these findings on youth, health literacy, and health information seeking behaviours may not be considered typical amongst all youth. Previous research has discovered that some youth do not understand the vocabulary used

to describe certain health conditions. For example, participants in a study by Cecchino & Morgan (2009) demonstrated a lack of understanding of the term "yeast infection", a very common medical condition.

One of the common means of finding everyday health information is through the personal information channels that an individual's is able to construct. Channels are where one goes to find information; typically individuals rarely trust a single person or source, seeking out multiple perspectives to obtain a more in depth understanding and opinion on a topic related to their health and wellbeing (Johnson & Case, 2012; Tian & Robinson, 2008). It is necessary to consider the potential channels used by LGBTQ youth for health information; as they may differ from the broader societal patterns in which family and friends are the most commons sources of information (DeHaan et al, 2012; Hawkins & Waston, 2016). If youth seek information from their families, this may place constraints on their questions, especially if they do not have the privilege of being 'out' as LGBTQ (D'Augelli, Grossman, Starks, 2005).

Everyday Life Information Seeking (ELIS) manifests itself in two modes, namely seeking problem-specific information, such as finding a singular piece of information, and seeking information that is relevant to everyday events, through the use of various sources or channels (Savolainen, 2008). Savolainen (1995) states that socio-cultural factors that affect information seekers need to be considered equally significant as the cognitive processes. Savolainen's definition assumes that ELIS is influenced by the context of the seeker. In one case, the information seeker may simply have a health query (i.e., dieting information) and use their smartphone or computer to find the information. In the latter version of ELIS one may go to their social networks online or friends to get feedback on an information need (i.e., a good workout plan for long distance running). From a cognitive perspective, information is obtained in both

cases, but the habits, shared norms and expectations of people within particular groups and communities also play a role in information seeking. It also means that the way that information is sought and used is influenced both by the intellectual needs and cognitive processes, and by social and cultural patterns, norms, and needs (Savolainen, 1995).

Spink and Cole (2001) describe ELIS as the difference between formal (work-related) information seeking and ELIS (non-work) in the following way. For formal information seeking, the users environment is controlled with a definite end product that has particular qualities. In contrast, ELIS is typically flexible, depending on the motivation, education and other characteristics of the multitude of ordinary people seeking information for different aspects of one's everyday life (Spink and Cole, 2001). Essentially ELIS involves unplanned or unsystematic ways of acquiring information for daily activities. However, the definition provided by Spink and Cole (2001) does not consider the quality of information as a difference between these two types of information seeking.

Context is a central notion in theories of everyday health information seeking. People act in different ways while seeking information in different situations (Spink & Cole, 2001). Similarly, the nature of the health condition influences how one will seek information. A person searching for information on how to train for a half marathon, is likely to seek differently than a person seeking pain management information for rheumatoid arthritis (Savolainen, 2008). It is important to recognize that their age and minority sexual orientation may play a role in the ELIS of LGBTQ youth.

2.1.2 Social cost of information

The social cost of information expresses the idea that searching for information in certain places, typically public, will result in enacted stigma, breach of privacy, or other undesirable

outcomes that are problematic and incur social costs on the individual. The perceived social costs of information differ by the information topic and geographical location. In certain situations the social cost may entail in being embarrassed, while other situations may result in being identified as LGBTQ, which may have more serious implications. There are similarities between the concept of experiencing social costs and anticipated stigma, which refers to the individual's expectation that they will experience stigma when others learn about concealable aspects of their identities (e.g., sexuality) (Wahl, 1999; Quinn & Chaudoir, 2009). Experiencing social costs is being used rather than anticipated stigma because the latter is broader, and not necessarily related to information behaviour, while the former is (Veinot et al, 2013).

The social cost of health information seeking is an important factor influencing information behaviours; however it has been left out of much of the literature despite its significance for many LGBTQ youth (DeHaan et al, 2012). Research on health information seeking behaviour has demonstrated that there are connections between social cost and LGBTQ youth willingness to go to people in queer communities and groups for information on topics specific to this population. A key study by Veinot et al. (2013) demonstrated that the risk of experiencing social costs influenced preferences concerning where gay and men who have sex with men go for health information. Unfortunately, there is a limited amount of research available on LGBTQ youth and their health information seeking behaviours, so there is still much to be understood about how they seek this information and the potential impact of social cost (Hawkins et al, 2016).

2.1.3 Everyday health conditions of lgbtq youth

The notion of everyday health conditions refers to the general situations and circumstances contributing to the health and wellness of individuals throughout their daily lives. In reference to LGBTQ youth, it acknowledges that their health needs can differ from those of

heterosexual youth due to social, environmental, and cultural factors, such as stigma, the need for safe and non-judgmental spaces, and attitudes towards sexual health that influence the health outcomes of this population (Doull et al., 2016; Poon & Saewyc, 2009; Saewyc, 2011). Previous research completed on LGBTQ youth health in British Columbia and Canada has demonstrated a variety of disparities compared to heterosexual youth. These everyday health issues include high rates of suicidal ideation, eating disorders, lack of exercise, substance abuse, risky sexual behaviours, and other mental health conditions (Saewyc, 2011).

I have relied heavily upon research that uses data from two population-based surveys completed amongst heterosexual and LGBTQ youth in British Columbia and Canada to describe the everyday health of LGBTQ youth. The first survey is the BC Adolescent Health Survey (BCAHS) that is school-based population survey that includes approximately 30,000 respondents, youth aged 12 – 18 years old, from classrooms around British Columbia.. This survey lets youth identify as heterosexual, somewhat heterosexual, gay or lesbian, or bisexual. For the transgender youth there is the Canadian Youth Transgender Health Survey (CYTHS). This is a considerably smaller set of participants (900 youth) than the BCAHS, however, it provides a sense of the everyday health and challenges experienced by transgender youth in Canada.

Both surveys show that there is a variety of mental health challenges experienced by LGBTQ youth in their everyday lives. Mental health is a very broad term that encompasses health conditions like depression, suicide, substance abuse, and many other conditions (Ross et al., 2015) that can effect LGBTQ youth. A previous meta-analysis demonstrated that LGBTQ youth were nearly three times likelier than heterosexual youth to have suicidal ideations (Marshal et al., 2011). Factors contributing to these higher rates include discrimination, rejection,

stigma, and overt hostility may lead LGBTQ youth to use alcohol or illicit substances to manage their emotions. Amongst trans youth between the age of 14 -18 years old, they were found to rates of suicidal ideations as high as 65%. This is connected with the societal stigma and personal struggles with transitioning and lack of health services (Veale et al., 2017).

Previously reviewed studies on LGBTQ youth mental health have also found significantly higher risk for substance use (Coker et al., 2010; Saewyc, 2011). These studies demonstrate that the likelihood of alcohol or illicit substance amongst LGBTQ adolescents is twice as likely than among heterosexual adolescents (Marshal et al., 2008). Likelihood of excessive drinking is associated with the early age of initiation to drinking. Many factors, including stigma, can be contributed to the increase use of substances. These rates of substance use are even higher amongst ethnic minority LGBTQ youth. In previous research, it was found that Asian LGBTQ youth are nearly ten-fold as likely to report some type of substance abuse issue than heterosexual peers due to a combination of discrimination associated with race and their sexual orientation (Homma et al., 2012).

It is important for the LGBTQ youth to have support networks at home and in the classroom (e.g., gay-straight alliances) as these associations can contribute to reduced rates of suicidal ideations and substance abuse (Saewyc et al., 2014). In previously completed research on the effects of GSAs, at school, the study demonstrated that these clubs are contributing to significantly lower rates of some risky substance use and drinking by LGB youth. They have the effect of creating a safer environment at schools for both LGB and hetero youth (Saewyc et al., 2014).

Sexual and reproductive health care are other issues faced by LGBTQ youth in their everyday lives. Previously collected data demonstrates that these youth are sexually active

younger than their heterosexual peers. In some of these population-based surveys participants have reported, on average, becoming sexually active at 13 years old (Saewyc, 2011). These studies also found that the youth have higher rates of sexual partners and a greater likelihood of having sex while under the influence of drugs or alcohol. In previously collected Canadian data, LGBTQ youth have lower rates of condom use than heterosexual youth or LGBTQ youth from American studies on similar topics (Goodenow et al., 2008). This lower rate of condom use puts the youth at risk for STI or HIV infections. Despite being self-reported and not laboratory studies, the LGB youth do have higher rates of STIs and anywhere from 2 to 10 times higher rates of pregnancy (Saewyc, 2011; Saewyc, 2014).

2.1.4 Social media and health

The usage of social media by LGBTQ youth has differed in comparison to their heterosexual peers over the last 15 to 20 years, as these systems developed. boyd (2014) describes the early social networking websites for both LGBTQ and non-LGBTQ youth as spaces in which one interacts through an online avatar or other type of alternate personality. Examples of these spaces are Nexopia and MySpace. However, boyd (2014) argues that a shift occurred once Facebook became popular and non-LGBTQ youth used Facebook as a virtual extension of their physical lives. Most of these hetero-users continued interactions with their schoolmates and people from other aspects of their everyday lives. This continuation between cyber and physical spaces is typically not possible for LGBTQ youth. These youth use websites like Tumblr or Reddit as safe spaces to mitigate the social stigmatization of the cultural geography found in their home region (Bryson & Macintosh, 2010; boyd, 2014). Much scholarship has discussed the beneficial, and some problematic aspects of cyberspaces and their role in LGBTQ youths' lives (Holloway & Valentine, 2003; Macintosh & Bryson, 2008;

Valentine et al, 2000; Valentine & Skelton, 2003). Topics include the social networks that can be built online for support and other types of social connections that otherwise might be non-existent in some LGBTQ teens' lives. The earlier scholarship demonstrates the complexities that arise in the online environment such that social spaces on social media have many alternative meanings for different people. At the same time, it is apparent that cyberspaces have immense potential to benefit the lives of LGBTQ youth (Downing, 2013).

2.1.5 Participatory mapping

Dana (2010) describes Participatory Mapping as a broad term referring to a range of mapping activities in which "agendas, approaches, processes, techniques, and control rest in some part with the people whose territories and places are being mapped". Geographers and other spatially-inclined researchers have used participatory mapping as a research method since the 1990s. Originally, its purpose was to produce maps at the community-level or from the perspective of individuals on a variety of topics, such as traditional land use, resource extraction, and health services. This mapping method has been widely used in critical geography to provide a voice to marginalized communities, such as Indigenous peoples, and to document members' perspectives on different places or spaces (Elwood, 2004; Martin et al, 2012). By letting community members produce maps through a participatory approach, users of this method aim to democratize the research process (Cahill et al, 2007). Participatory mapping is flexible and can be incorporated into research projects in different ways, which represents both an opportunity and challenge in designing a research study (Breitbart, 2003). A related method, further developed and broader in scope, is Participatory Geographic Information Systems (PGIS). PGIS provides the opportunity to communicate and discuss local knowledge, and lets the community

describe what they know and how they use different spaces and places (Elwood, 2002; Jordan, 2002; Martin et al, 2010).

Within information behaviour research the importance of the physical locations in which information seeking and access occur is acknowledged, although much of the place-based research has been centred on the brick and mortar library (e.g., Waxman, Clemons, Banning & McKelfresh, 2007). In the context of everyday life IB research, theoretical frameworks such as information grounds (Fisher, Durrance & Hinton, 2004) and third places (Waxman et. al, 2007) have taken a broader perspective on the role of community spaces in IB. Despite the centrality of spatial context in everyday life IB research (Savolainen, 2009; Mervyn & Allen, 2012) and the frequent use of "borrowed" methods in the field, spatial mapping approaches developed in geography are rarely adopted. One notable exception is the work of Lingel (2011), who used participatory mapping in her study of the information practices of recent immigrants adjusting to life in a new city. Lingel conducted interviews with 12 individuals, in the course of which she asked them each to create a map of their neighbourhood on a blank sheet of paper and point out five places on the map they went to regularly. The goal of the mapping exercise was to have participants depict their own perspectives on their neighbourhoods as a means of revealing their personal information tactics.

2.1.6 Critical human geography

Critical human geography is a broad term representing geographers who are challenging disciplinary norms of conceptualizing and critiquing space and place. This work questions issues of power and the production of spatial knowledge (Berg 2010). Critical human geography intersects with a variety of fields that question power dynamics and how space can be imagined or produced (Besio & Moss 2006). Scholars in the area argue that place and space should not be

considered as static concepts, but rather should be addressed and refined through critical engagement. It is necessary for critical geography to critique issues with different theoretical lenses that make sense of spatial issues (Purcell, 2003). This work incorporates geographies of sexuality, emotion, and rurality for LGBTQ youth and their preferred locations for health information seeking.

The critical geographies of sexuality, emotion, and rurality have influenced me to incorporate participatory mapping as a method of data collection and analysis. As Berg (2010) stated, there are connections between a variety of factors (including sexuality and emotion) in different spaces or places. Through participatory mapping, there can be a better understanding of how LGBTQ youth perceive different geographical locations, both physical and conceptual (i.e., cyberspaces), and the characteristics associated with these venues of everyday health information seeking (Bryson & MacIntosh, 2012; Halberstam, 2005).

The integration of critical human geography reflects the nature of the research topic and the fieldwork involving LGBTQ youth who are sexual minorities. The use of critical geography involving LGBTQ youth is not used here primarily to engage in a discussion of struggle and politically advocating for new queer spaces (Brown & Knopp, 2003; Browne, 2006). In contrast to other work in critical human geography, these spaces are not being considered as sites of reterritorialization by LGBTQ youth (Oswin, 2008), but rather, I am interested in looking critically at the spaces and places mapped by youth to understand the role of place in information seeking and access.

2.2 Conclusion

There have been few studies specifically concerning LGBTQ youth, their health information seeking behaviours, and characteristics of place and spaces they prefer to visit for

this information. This is partially due to the highly interdisciplinary nature of these questions and breadth of literature answering portions of these important questions. In information studies, there is an extensive body of literature concerning everyday health information seeking behaviours (e.g., Case, 2002; Johnson & Case, 2012). However, this literature lacks an in-depth discussion concerning LGBTQ youth, as most studies discuss youth in a general sense. The literature in public health and geography focused on LGBTQ youth demonstrates that this is problematic as this population has unique health needs and outcomes compared to their heterosexual peers (e.g., Saewyc, 2011). Critical geographies of sexuality, rurality, and cyberspaces has discussed some of the issues related to LGBTQ youth, however, this literature has become outdated and not relevant to the current situations facing youth in the 2010s (Hawkins & Watson, 2016). Based on these limitations in the literature, there is a need for LGBTQ youth health information seeking behaviour research to develop an understanding of the type of places and spaces they use to access information. These questions are addressed in this project.

Chapter three: research design

3.1 Introduction

3.1.1 Research approach

This chapter of the thesis describes the research design of the thesis project. The approach taken to this research project was influenced by the author's previous academic experiences and personal research ethics regarding the relationship building process with community. The research design begins with a positionality statement that identifies the rationale behind the project. Previous academic experiences in feminist research practices lead me to consider it necessary to acknowledge personal positionality in the research process. The integration and acknowledgment of personal experiences can add breadth to the project (Moss, 2001). Many scholars have shared similar opinions that each researcher has their own lived experiences that influence the conduct of the research (Smith, 1999). Next, there is a description of the methodology, critical qualitative inquiry, as it aligns with the positionality portion of the project. The critical qualitative process provides the opportunity for the researcher to engage with community and build trusting relationships while gathering research data. Another aspect of this methodology is the use of critical social theories in the analysis of the results (Carspecken, 1996). This work will draw upon theory from critical human geography in addition to theories of health information seeking behaviour. The integration of critical human geography provides a theoretical framework for making sense of the spatial aspects of the data and provides a foundation for gaining a richer understanding the role of sexuality, emotion, and rurality aspects of the project (Berg, 2010).

3.1.2 Positionality

To understand why this project was designed in this way (e.g., incorporating a critical qualitative inquiry research design, participatory mapping, and critical geography) I need to position myself as a researcher, in terms of my lived experiences as an academic and a person from the community I researched.

I began my undergraduate degree in Fall 2010 at a time when mainstream media in North America began reporting on multiple young gay men committing suicide due to different forms of harassment or homophobia (e.g., Asher Brown, Justin Aaberg, Jamie Huble). At the exact time I started my Bachelor of Arts degree, there was another student at Rutgers University who did not have a safe space in which to live and study. Tyler Clementi's parents and close friends described him as a kind, quiet, and musically talented young man. He had just finished high school and was excited about starting his post-secondary education at one of the top universities in the United States (Pilkington, 2010). Clementi did not have the opportunity to explore and develop over a four or five year educational journey like myself. Instead, he was the victim of harassment and homophobia by his roommate and other students in Clementi's dorm. One night, Clementi asked his roommate for privacy so he could invite a man to his room. The next time this happened, the roommate decided to leave a web camera in the dorm and broadcast what was happening over social media. Many students in the dorms watched as Clementi had his personal privacy violated along with being forced to come out as gay. Clementi's reaction to this violation of privacy, humiliation, and being forced to come out as gay, was suicide. After only a few short weeks at Rutgers University, Clementi's bright future dimmed, and a musically gifted student was lost.

The experience of Clementi, and many others, still troubles me six years later. What

would have happened if Clementi did not live with such a homophobic roommate? What if I had a roommate who chose to do something like this as a method of outing or humiliation? Fortunately I have not faced much homophobia and had a group of supportive friends as an undergraduate and graduate student. Knowing that not all LGBTQ youth have this support network has made me passionate about finding ways to improve their outcomes through research and education within academia.

In addition to this experience and emotion connected with Clementi's death, when I began graduate studies in library and information studies, I was shocked by how little research exists about LGBTQ information needs and, given my studies in geography, how little information science and health research considers issues of place and space. This scarcity of research at first frustrated me, and then motivated me to complete fieldwork that explored questions about sexuality, health, information, and place. Therefore I proposed a project about where and how LGBTQ youth seek everyday health information in Prince George, BC.

It would have been easier and less stressful to complete this fieldwork in Vancouver where there is a substantial LGBTQ youth population, and more opportunities to build connections that would have resulted in a project with a larger group of participants. However, I did not want to choose this option, as I felt it was important to have a thesis research project that may potentially have some benefit for LGBTQ youth in Prince George, BC who sometimes may feel forgotten. When I was a student at this university, there were occasions during which my sexuality affected my health and I required access to specialized health information. During these experiences I did not feel satisfied with the available information, and was forced to go online to seek useful literature. Beyond my personal experience, the Northern Health Authority, which

includes the Prince George region, has recognized that there is a scarcity of research on gay

men's health (Bowering, 2011).

Unlike much of the previous scholarship in information studies and public health

(Kubicek et al, 2011; Li et al, 2013; Rose & Friedman, 2013), I wanted to understand the spatial

aspects of health information seeking behaviors. Much of the previous research pertained to how

LGBTQ people seek information; however, there was no discussion about why they would go to

certain places for information. I considered this question to be of equivalent importance as my

background was heavily influenced by critical geographies of sexuality, emotion, and rurality.

Therefore, I chose to incorporate participatory mapping and questions about place and space into

this project.

This positionality statement demonstrates that there have been both life and academic

experiences that have influenced this project. I wanted to incorporate these past experiences to

complete a project that could potentially be used by the Northern Pride Centre (NPC) collective

and LGBTQ youth community in Prince George for any causes or advocacy work. Additionally,

I hope this work will benefit Northern BC LGBTQ youth, family members of sexual minority

youth, or practitioners in how they interact with these people.

3.2 Research questions

The guiding research questions, for this thesis, have been categorized into two themes.

These themes are:

- the role of place in everyday health information seeking;

- what types of materials are used in everyday health;

Answering these questions about everyday health information seeking behaviors is an

opportunity to add new insight to the scholarly discourse. Much of the information and health

research connects with one or more of the aspect associated with this project (sexuality, health, place, or information).

1) How/does place influence health information seeking behaviors and what characteristics make a space preferred or disliked by youth?
    - What are the characteristics of preferred places the youth go for health information?
    - Do they go online or do they use physical spaces with trained experts to consult with about information?

2) What are the features of the sources that LGBTQ youth use to make everyday health decisions?
    - What devices do the youth use to find information (e.g., smartphones, tablets, computers)?
    - How much of their information is from websites, newspaper articles, friends, etc?
    - What factors influence youths' consideration of whether someone or something is offering trustworthy information?

3.3 Methodology

3.3.1 Critical qualitative inquiry

Critical qualitative inquiry is an approach to research that grew in popularity during the 1990s. Carspecken (1996) stated that critical qualitative inquiry seeks to understand the relationship of culture to social structures. Furthermore, the "approach, guided by the principles of critical theory, aims to link social phenomena to wider sociohistorical events to expose prevailing systems of domination, hidden assumptions, ideologies, and discourses" (Hardcastle et al, 2006 p 151). One of the challenges with this methodological approach is the lack of consensus when providing a clear definition or finding resemblance between studies incorporating the approach. There are, however, some common traits concerning its use in answering questions about populations facing systemic inequality and social sites of structural inequalities like LGBTQ youth in Prince George, BC (Carspecken, 2002).

Use of this methodological approach requires the incorporation of critical theory and

qualitative data. Carspecken (1996) developed a five-stage model that I followed in the design

of this thesis project. The stages are:

- Building a primary etic record (i.e., What is going on?)

- Researcher interpretation, etic perspective;

- Dialogical (emic) data generation, collaborative stage;

- Describing systems relations to broader context;

- Explaining relational systems.

Carspecken (1996) has forewarned that it is not necessary or even possible to follow these steps

in a linear pattern. Commonly researchers using this process return to previous stages throughout

the research project. During this research project, there was some cycling through the initial

stages, as the organizational partner changed at the last minute. Furthermore, the data analysis

was an ongoing process over multiple months and reflecting on different arguments in critical

geographies of sexuality, emotion, and rurality.

The first stage of critical qualitative research involves the researcher becoming aware of

the social site where fieldwork is being conducted. This requires being in the space in an

unobstructed manner, which minimally impacts the normal interactions of the people in that

location (Carspecken, 1996). It is a way for the researcher to begin to understand the dynamics of

the group, while acknowledging that they do not understand all the nuances of the group. There

is no set timeline for how long one would spend on this step, as it can differ based on

connections with the community. For this stage of the research, I spent six months in Prince

George interacting with both LGBTQ youth and the broader community. This included hosting a

community panel where I had the opportunity to learn about different lived experiences of some

people.

Once enough time has been spent with the group it is possible to complete the second stage of critical qualitative inquiry. This stage involves the researcher analyzing the personal reflections from the group. Data is analyzed to identify interaction patterns, their meanings, any types of power relationships, embodied meaning, and other cultural themes (Carspecken, 1996). There are, however, limitations with this stage of analysis since one is reconstructing and creating cultural themes from activities that might not actually be occurring. The interactions are defined in the broader context of the people within the group. By using a reconstructive analysis, it needs to be accepted that some element of limited boundaries exist, and the researcher must demonstrate these issues (Carspecken, 1996).

For the third stage of the research process, the researcher is no longer the only voice incorporated into the research project. At this point, the participants share their lived experiences concerning the project topic and generate the research data (Carspecken, 1996). During the data collection stage, it is ideal that the research is a democratized process (Cahill et al, 2007). This involves the participant having some control over how the research is occurring and it is no longer a top-down research process (Coppedge, 2012). Throughout the third stage, it is ideal that the participants challenge the assumptions from stage one of the research process; thus producing more nuanced research data (Carspecken, 1996).

The fourth stage involves an examination of the relationship between the social site(s) of interest and the participants. It involves finding relationships between different social sites within a system. It also comprises an analysis of multiple sites where one would go, and then explore the different experiences (Carspecken, 1996). Another necessary aspect of the fourth step involves sharing the data with participants for feedback. It is important to let the participants know what you are saying so they feel included during as much of the research process as

logistically possible (Smith, 2012).

After the initial analysis of the data, it is necessary to complete a broader critique with the incorporation of pertinent theory. This is to make sense of what has been discovered from the raw data during the earlier stages of the five stage model (Carspecken, 1996). This project incorporated critical human geographies of sexuality, emotion, and cyberspaces in analyzing the data; since it connects critical theories to place and space. Furthermore, this project involves mapping and understanding preferred places and spaces in Prince George to find health information. As the project is also exploring everyday health information seeking behaviors, there will also be an analysis of the data with theories of everyday life information seeking, social media, health and information, and health information seeking behaviors. This stage concerning the incorporation of theory can suggest reasons for what occurred, and contribute to potential social change (Carspecken, 1996).

While this research model is presented in a straightforward manner, there have been critiques of the approach. Concerns have mainly been about a potential over complication and creating divisions between those who can and cannot understand the process of analysis (Willis, 2008). Kilgore, however argues that

> "Critical research assumes the necessity of critique of the current ideology, seeking to expose dominating or oppressive relationships in society. It illuminates power relationships between individuals and groups of individuals, enabling the researcher and participants to critique commonly-held values and assumptions. It requires the researcher and participants to be willing to become aware of how a false understanding contributes to oppression and resistance…Critical theory is also concerned with human action and interaction. When action takes place, the historical context changes and we must critique our assumptions again. Critical theory is a continuous process. Its goal is Utopia and its reality is that although Utopia may not be possible, our struggle to achieve it will at least create something better than our current existence." (Kilgore, 1998).

If scholars want to advance a discipline and recognize the complexities related to human existence, it is necessary to incorporate critical theory into the discussion. Otherwise, research might remain static and not completely represent current everyday realities of people (Rootman, Dupere, Pederson, & O'Neill, 2014).

3.4 Three stages of the research

3.4.1 Introduction

To follow, the five steps associated with a critical qualitative inquiry are separated into three stages. In the first stage, there is a discussion about how participants were recruited, the geographical nature of the work, and how trust was built with the LGBTQ youth participants. Next, there is a description of the choice in methods and how they were used for this project. The data analysis was the final stage of the project that includes transcribing, creating a codebook, and analyses.

3.5 Stage one: pre-interview

3.5.1 Recruitment

One of the challenges while completing research on LGBTQ youth outside of an urban centre was recruitment. As I was 23 at the start of the recruitment, this created a unique researcher-participant dynamic. France (2000) stated that there is a difference when youth (14-24 year old) recruit other youth for the research. Compared to an older researcher there is typically an easier connection for younger researchers, and they have a better understanding of the local context. I also used the fact that I had lived in Prince George, as a member of the sample population, to my advantage in getting organizational support and building connections to recruit participants. Some participants informed me that they liked the fact that I was not an outsider

from Vancouver that lived in the West End and did not share a similar lived experience as an LGBTQ youth in Northern BC.

As a 23-year-old researcher[3], I had a unique way of positioning myself in the research process; technically, this research project could be considered youth-led research since I am under the age of 25. Delgado (2006) stated that youth-led research provides the opportunity to build less problematic relationships with participants due to the similar age-range and a reduced power dynamic.

Creating a Facebook page and using the Northern Pride Centre page helped recruit and engage participants. Some previous studies in public health research have used social media (e.g., Facebook or Twitter) to find participants (Amon, 2014; Gilligan, 2014). These include placing ads on Facebook so thousands of people can potentially participate in the research study. The previous research considers Facebook as an easy and inexpensive method to find participants (Gilligan, 2014). Facebook was not intended to be the main form of recruitment, however, it did inform some participants about the project before and after recruitment. The Northern Pride Centre keeps two active Facebook page, one for volunteers and another for general members, which was used to inform members about my research and when fieldwork would be occurring.

Snowball sampling was another method used to recruit participants for the project. This is the process of becoming aware about new individuals who are a rich source of information for one's research project. Typically, someone already associated with the project recommends the participants to the project. The method provides an opportunity to reach small and hard to

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[3] I began the consultation process at 23 years old, and turned 24 before the interview process.

identify populations and to include perspectives which otherwise might not be included in the project (Patton, 2002).

Convenience sampling was another recruitment method used to find participants. As the fieldwork occurred in the Northern Pride Centre there were times that people were already visiting the centre and were willing to join. By completing this research in a conveniently located and queer-friendly space, it was possible to recruit additional youth who were willing to discuss their health. This was especially the case for LGBTQ women as there were four or five who were in the centre when others were there to complete focus groups.

3.5.2 Placing the research

The research was carried out in Prince George, BC in the Northern Pride Centre space at the University of Northern British Columbia in January 2016. This club is meant to be a safe space for youth who sometimes do not feel safe at school or in the community due to gay-fear (Kimmel, 1994), and other heteronormative beliefs dominating the social landscape in schools and other spaces (Holmes, 2010; Holmes, 2009). Using this space for the data collection process was helpful as it is one of the few queer-friendly spaces in Prince George. Therefore it was hoped that people felt more comfortable and willing to share their everyday health information seeking experiences.

3.5.3 Building trust

During August 2015 to January 2016 I had the opportunity to build relationships with potential participants from the LGBTQ youth and larger community in Prince George. I approached the Northern Pride Centre executive members prior to arriving in August 2015 to find out if this project would interest them or their members. Once they supported the project, I

ran a community panel regarding the everyday lives of LGBTQ people in Northern BC to make myself more visible in the community. As a former youth group programmer and critic of the power dynamic sometimes found in research, it was important to me that the youth felt comfortable while participating in this research project, especially as they were unfamiliar with the researcher and would be asked to share their experiences as a group. Over the five month period prior to my fieldwork I engaged with members of the Northern Pride Centre I wanted to build authentic partnerships with multiple members of their collective. By meeting with the members I wanted to demonstrate that this project and their experiences were important to me as a researcher and a person (Castleden, 2012).

3.6 Stage two:

3.6.1 Stage two: data collection

Data collection was carried out through participatory mapping and focus groups. Before participating in the focus groups participants were given consent forms to sign (See Appendix 1). This combination of methods provided insight into where LGBTQ youth go to find information about everyday health topics and their everyday health information seeking behaviors (See Appendix 2 for interview guide). Overall, four study sessions were conducted over a two week period, with a total of 11 participants

- Session 1: 0 men, 2 women

- Session 2: 0 men, 2 women

- Session 3: 2 men, 2 women

- Session 4: 0 men, 3 women

Despite actively trying to recruit young men, I was only able to recruit two for this project. Each study session consisted of a participatory mapping exercise and a focus group.

3.6.2 Participatory mapping

A participatory mapping exercise was designed as a means for the youth to reflect on the physical and spatial aspects of their information seeking within their own community and to share and discuss patterns of behaviour. Rather than having participants create maps, as in the Lingel (2011) study, they were asked to collaboratively label and mark-up existing maps, indicating the places they associate with everyday health information. I chose to follow the mapping component of the study with a focus group, in recognition of the limitations of mapping on its own as a means of sharing knowledge and experience (Martin et al, 2010). In this way, mapping was combined with the broader set of methods used in PGIS.

The mapping activity was refined through two practice sessions, during which we learned that participants would benefit from a detailed reference map of the downtown area to help them identify locations on the map they were labeling. I also learned that participants were nervous about the mapping activity, and that receiving positive feedback on their progress gave them confidence to continue. The participatory mapping component of the study proceeded as follows:

1) Participants were recruited (See advertisement in Appendix 1) to a one hour group session in a large, private meeting space at the Northern Pride Centre. After a brief introduction and orientation, participants were placed in groups of two to four people for the mapping exercise, which took about 30 minutes. The sessions were audio recorded and transcribed for analysis.

2) Each participant was given a $20.00 gift card, food, and beverages for sharing their knowledge and experiences.

3) The instructions included a project description, a working definition of "everyday health" and examples of the range of kinds of places that might be considered for inclusion on the map, such as a gym, drug store or naturopath. Participants were informed that there are no right or wrong answers and that there were not expected to reach consensus within their group.

4) They were asked to collaboratively locate spaces they considered to be sources of health information in the community and mark them up using a three color coding system: green for places that were preferred, yellow for somewhat preferred, and red for non-preferred places. A preferred place was described as somewhere the participant would enjoy visiting repeatedly to access everyday health information.

5) Participant carried out the activity using a large paper map of the community (Appendix 3) and a second reference map. We considered creating a base map pre-populated with common sources of health information, but opted to provide them with a generic map in order to avoid introducing bias. In accordance with recommendations we used a large map to ensure that there would be room on the map to include a wide range of locations and experiences (Breitbart, 2003).

6) The participants had complete autonomy regarding what would be mapped and labelled as spaces for seeking everyday health information. In some groups, places were coded with multiple colours as participants had varying lived experiences associated with them.

3.6.3 Focus group

Once the mapping activity ended, the participants completed a focus group that involved answering questions related to where and how they seek everyday health information. The focus group occurred right after the mapping activity because the participants were already thinking

about health information. These recorded discussions were semi-structured, based on a list of questions focused on the thesis research questions. Focus groups were chosen as a follow up to the participatory mapping activity instead of a written activity – the script used for the interview is available in Appendix 2.

A focus group is a group interview, in which a group of people relevant to the study population to answer open-ended questions focused on particular issues (Patton, 2002). The scholarly literature questions if researchers have oversimplified the use of focus group in research. The major concern with the method is a breakdown of the discussion and getting too far off topic. Delgado (2006) emphasized that it is a tremendous undertaking to complete a focus group with youth, and it is important to have a structure to the activity. Notwithstanding this concern, focus groups provide an excellent opportunity to gather a wealth of rich qualitative data.

The focus group method was refined through practice sessions. In order to prevent breakdowns, I created thematic headings for the questions and actively listened to participants to determine if they diverged from the topic. The thematic headings were a way to gauge the relevance of conversations. If nothing being discussed related to the thematic heading, it meant the conversation had to change. I learned from the practice session that having these headings let the participants speak openly and incorporate unexpected issues concerning everyday health information seeking.

3.7 Stage three: data analysis

3.7.1 Introduction
This project produced two sets of qualitative data from the participatory mapping activities and focus group discussion. Data were analyzed using content analysis, as described by Graneheim and Lundman (2004) and Patton (2002), which provided an opportunity for sense-

making of what occurred during the mapping and focus group activities. This approach to analysis relates specifically to the manifest content of the transcripts, or the "visible, obvious components" (Graneheim & Lundman, 2004, p.106). This analysis involved multiple steps:

1) transcribing the recorded materials

2) doing an initial read of the transcript

3) identification of themes through pattern recognition.

4) the creation of a codebook based on theories of theories of everyday health information seeking behaviours and critical geographies of sexuality, emotion, and cyberspaces (See table 3.1).

In conducting the analysis, I focused on answering the research questions that framed the project, rather than conducting a fully inductive analysis.

Once the data was analyzed and themes became apparent, I drew upon theories from critical geography and everyday health information seeking research to interpret the data produced from the fieldwork process, following Carspecken's (1996) critical qualitative inquiry model. These theories of critical geography related to the geographies of sexuality, rurality, and cyberspaces. All of these theoretical areas of critical geography encapsulate the necessary spatial analysis for the project. Aspects of everyday health information seeking were also incorporated to make sense of the behavioral responses and experiences shared by participants. Incorporating these theoretical frameworks helped to situate the research in a broader context and to make sense of the data in relationship to larger social phenomena facing LGBTQ youth.

Theme	Definition
Negative impressions	Participants had past experiences in places or spaces that were not ideal for the participant(s). These experiences typically involved homophobia, a lack of helpful information, or a lack of agreement with the organization's ideology. Thus, the youth did not feel comfortable and expressed alack of trust with the association and/or people found at this space.
Experience of social costs	When one believes they are putting themselves into a potentially risky situation while trying to seek information (e.g., everyday health information) (Veinot et al, 2013). The assumed outcomes from seeking information differ on an individual level, however, they are typically negative and make the individual less willing to search for information.
Queer friendly space	Places that promote behaviors that trouble mainstream sexual and gender normativity. These are places where the youth feel safest and do not feel any type of anticipated or enacted stigma could occur. Additionally, they feel comfortable with the other people who are in the same place (e.g., the Northern Pride Centre).
Convenience	Refers to the ease or access that make a place or source of information preferred. Typically these types of spaces were not chosen because of being the best quality, but were easy to access for busy youth with other activities occurring.
Comfort	Involves the overall experience and not solely one factor, hence the merger of multiple elements concurrently. The theme of comfort encompasses experiences that are relaxing, easy, or non-stressful.
Quality of information	There is an emphasis placed on issues of relevance, authority, accuracy, etc. and how these related to LGBTQ youth everyday health information.

Table 3.1: Coding book used for the transcripts from the participatory mapping and focus groups

Chapter four: results

4.1 Introduction

The content analysis of the five sets of participatory maps and focus groups produced a large amount of nuanced qualitative data. Six themes emerged that were most apparent in the data and pertinent to the initial research questions guiding this project (Table 3.1). These six themes are negative impressions, experiences of social costs, queer friendly spaces, convenience, comfort, and quality of information. Many of these themes have overlapping characteristics and are interconnected due to their relationship to issues of place and space or health information seeking behaviors. This chapter provides a definition of each theme and a summary of associated results.

4.2 Negative impressions

The theme of places that left negative impressions on participants arose in discussions of participants' histories or past experiences in places or spaces that were not preferred by the participant(s). These experiences typically involved homophobia, a lack of helpful information, or a lack of agreement with the organization's ideology. Thus, the youth did not feel comfortable with returning and expressed a lack of trust with the association and/or people found at these spaces. In most cases, the bad experience theme arose when youth were referring to spaces that were given the red or yellow label during the mapping activity. Several examples of how bad experiences with places influenced information behaviour are described below.

4.2.1 Hospital:

The past experiences of one participant at the local hospital created a legacy of distrust. In

Prince George, there is one centrally located hospital that provides emergency room and other

specialized services for the community. In one specific case, a participant discussed their [4] own

and a friend's experience at the hospital.

> "Well I went to the hospital once and they wouldn't let me see my girlfriend. Ugh.
> Well they did eventually, but the nurse was like I have to ask permission. I'm like fuck
> you. Also they always tell me I'm heterosexual. They've told [her] she's heterosexual.
> My least favorite is the hospital because I'm still very bitter about that nurse who
> refused to let me see my girlfriend. While at the hospital, they just assume that
> heterosexual is the default like very, you have to be on birth control, you have to do
> this, you have to do this. Mmm. And again, like I said, I'm still very mad that they had
> to ask permission for me to see my girlfriend, which was bull shit. I mean I am very
> fem too though so people won't suspect it, but umm if I'm going into a red space for a
> like a sexual health or LGBTQ health thing, my anxiety would be through the roof.
> And that's why I won't go into those spaces. Because like I said before they're
> transphobic, homophobic, no."

This participant was frustrated by the fact that they had to plead with the nurse to receive

permission to visit their partner who was staying in the hospital. There were other similar

discussions in the focus groups regarding the hospital as a place that left negative impressions on

participants. They wanted to be treated as they assumed heterosexual youth were treated at the

hospital, and felt that if they wanted to visit their partner, it should not be such an arduous and

emotionally laborious process.

4.2.2 Religious institutions

Prince George has a variety of churches, however, the participants did not have strong

relationships with these institutions and indicated distrust for them. The same was true for stores

associated with spiritual or religious belief systems. Participants were skeptical that religious

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[4] Plural pronouns will be used to refer to individuals to avoid assuming gender-identity.

institutions would be suitable spaces to discuss their LGBTQ health needs. They acknowledged that there are people in these places of religion that can provide help, but the participants felt uneasy to have this type of discussion. These experiences occurred for both participants who came from a faith-based family/community or from a secular background. Places of worship were not considered ideal by any of the participants in the study as many participants considered these places as judgmental in nature due to their stances on sexuality.

> "A place that I would not go for like anything? Any health advice or anything like. In Prince George? I can't think of anywhere that I would say no to. I can't think of anywhere that would be like a hard no, but. Mhmm. Or something that I wouldn't go to. Oh. I wouldn't go to church. Ahh hey actually. But, which church? My family is a very churchy family. Oh okay. But it's like you, you bring up anything like that at church and it's just like it's it's like waving a red flag in front of the proverbial bull. Yeah. That's that sucks cause I feel like pastors are like a very, influential like youth group thing. Exactly."

In the case of one particular store, participants discussed the fact that there is religious literature in the store that is critical of being LGBTQ. One described the store in the following manner – "that hateful place? Yeah. I would not go there just because it's like. It's too bad I used to like that place. It just pisses me off." Furthermore, it was shared that the store has a long history of opposing the LGBTQ community; as a result, there have been protests targeting this store and the faith-based anti queer propaganda.

4.2.3 Websites

Everyday participants used the Internet; however, there were varying opinions about it as a source of information. Nearly half of the participants described Internet websites (Tumblr, Reddit, or WebMD) as a somewhat distrustful source due to the variety of information that could be found, and the lack of quality assurance. In one of the focus groups, the two participants had differing perspectives regarding the use of cyberspaces for everyday health information. One

participant stated, "that place [WebMD] scares me"; however, this was not shared by the other participants. Other participants were trusting about online sources, with one participant noting, "Wikipedia…yeah Wikipedia…I will just Google everything".

Social media sources, such as Tumblr, were described as unhelpful in particular situations based on the provider and source of information. One participant who occasionally used Tumblr stated that they were selective when reading different threads: "[Researcher] Are there like certain people on Tumblr that you go to more for information than others or is it just by chance when a blog post comes and it looks like it makes sense? [Participant] I don't always trust gymaholic…because they uhh I've seen some of their posts are extreme and umm I'm like yeah just some of their posts in the past I haven't agreed with so I'm more skeptical of what they post."

There are a variety of factors that influenced distrust with different places or spaces for everyday health information for these LGBTQ youth. For some youth, it only took one bad experience to produce a legacy of mistrust. In other cases, the youth distrusted a space based on the philosophical differences between themselves and the organization. Finally, some youth expressed distrust for spaces because they suspected that the inaccuracy and lack helpfulness of the information will not meet for their health needs.

4.3 Convenience

The focus groups frequently mentioned the role of convenience as a factor in deciding where they would go for everyday health information. Convenience refers to the ease of access that makes a place or source of information preferred. Location played a significant role in the youths' health information seeking, especially in regards to their opinions about services at UNBC. Each of the participants stated something about the connections between UNBC health

or information services and the fact that they were frequently on campus for either classes or due to living in the residence. Online health or other websites were the other places visited for information due to convenience of instant access to everyday health information in the moment. Finally, there was a connection made between convenience and how information was presented or its relevance, as participants wanted the information to be accessible and targeted towards them rather than general homogenous information about youth health (i.e., only heterosexual health issues). This relates to convenience because targeted information requires less effort to use and make sense of.

During the focus groups, participants stated that they liked that everyday health information was available at UNBC. The participants positively described the ease of using information channels at their university. One focus group discussed that they would not consider going downtown to the College of New Caledonia or other places of education to gather LGBTQ health information, as that would require either a car or a substantial amount of time to take the bus.

Some participants stated that the university also provided convenient spaces to learn about health informally through anecdotal or lived experiences. One participant described that just by being on campus, it was possible to learn a lot about LGBTQ health in an informal setting. They would only need to sit around with friends in the Pride Centre or elsewhere, and listen to informal discussions. Through their friends stories, or other experiences, it was possible to become more aware about different aspects of queer health which otherwise, they believed, would have taken more time and, potentially, with unhelpful or irrelevant information intertwined.

4.3.1 Websites

Some participants described the Internet, including websites such as WebMD or networks on Tumblr, as convenient spaces to find information. There were a variety of different options viewable online, and participants had their own preferences. They said a benefit of these websites was that the user could pose health questions anonymously and, if they are not open about their sexuality, that would reduce the chances of being outted.

One participant preferred using Tumblr as a source of different health facts. Tumblr, which is a space in social media, lets this participant see which types of information their friends reposted. They liked that it was possible to incorporate the information that they liked from certain sources. Furthermore, they could see information being promoted by those they did not trust – thus becoming more aware about those different types of perspectives. However, two participants who like Tumblr would still do some secondary fact checking; "P1: [h]onestly, this is going to sound awful, I use Tumblr a lot. P2: Tumblr is a good one. Laughter. P1: I still fact check Tumblr though."

Some participants, from one focus group, provided further insight into why one would prefer going online, due to convenience, for everyday LGBTQ health information.

> "P1: I would prefer using a website, not only because it's more accessible, but often the information is more recent. P2: Yeah, more recent on the internet. P3: I'd prefer to use a website too, and sometimes like even Wikipedia is like a good starting point like not so much for information, but to like kind of like to get more informed like guide your search. P4: Occasionally I'll post like if someone I know posts good stuff and I have an opportunity to ask them a question. Like they are a big poster on that forum I know and umm I know they're willing to take my question at that time, like I'm going to take that opportunity."

Participants found it easy to go online for their information. Different forums, wikis, and other spaces were described as a good first step in the everyday health information seeking process. There is a lot of information available both on/offline, and using something like Wikipedia

provided a less overwhelming first step when trying to find the best information for the participant. One participant found it most convenient to post questions to online forums as it provided the opportunity to get information from users who were willing to take the time to consider their issues. Additionally, the participants thought that online spaces provide convenient up to date information that might not be available in other spaces due to the time lag with traditional publishing.

4.3.2 Types of information

Types of information were another subtheme associated with the discussion of convenience that resulted from the focus groups. Participants valued different spaces based on how relatable the information was to their health needs. As one group discussed, "[t]hey might have like a pamphlet or a thing directing you to like the Pride Centre or somewhere like that. Be like for more information about the LGBTQ education blablabla come to the Pride Centre. I'd say about the same. Yellow - I'd go to probably more for, maybe not specific information though. I could probably rely on them for more just like regular health information". In spaces that were labeled yellow, the youth stated that they would have some helpful general health information, however, there was not much information about LGBTQ youth everyday health and wellness. Places such as the city's independent bookstore were described by youth as a preferred, green, space as they assumed there would be or had found helpful queer literature about their health and wellness. This was also one reason the Pride Centre at the university was described as a preferred space for information, as it has a substantial collection of queer health materials in one space.

4.4 Social costs

The notion of social costs for information originated from Chatman (1996) & Veinot et al (2012) referring to the social risk associated with seeking particular types of information. The original study (Veinot et al, 2012) pertained to the risk and/or anxiety that young MSM experienced while seeking information in queer spaces regarding HIV health. This theme refers to social cost as risky or stress inducing events (Veinot et al, 2012). For each participant, there were a variety of spaces in Prince George or online that they associated with social cost. In many spaces, for the youth, these social costs were in the form of anticipated stigma however, they still produced anxiety for the participants. One participant described being on a queer-friendly website on a library computer as an information seeking behaviour that evoked a social cost: "Public library that's a good one. Umm. And then school here at the computers? Right, okay. Yeah, I would probably not in the library downstairs, it's a pretty big screen. Yeah. It's like, you're reading about what…We just have to know for our library because there's not really any like private spacing computers? Yeah. Well I guess on the second floor there's like a computer lab. There's a second floor computer lab? And don't some of them like face the wall or something. I don't know I would just feel uncomfortable using a public computer to do work." This scenario highlights that even when searching online for information the youth have to deal with their personal privacy offline.

Subthemes of *space* and *privacy* often overlapped with the theme of social cost. Being considered as non-heterosexual was not the concern, but rather what might result from being outted in a public or unsafe private location (e.g., receptionist room). "Least favorite [places in Prince George] are just public places where you can sort of get outed by accident I think. You

know where you have to tell a receptionist you're having like a queer issue or something more."
These subthemes are described in more detail below.

4.4.1 Space
    The space theme relates to social cost associated with physical or virtual locations. This includes physical spaces, such as coffee shops and the library, which provide venues for accessing online information. Certain physical spaces in Prince George were associated with social cost by the participants in the focus groups. Two non-independent coffee shops were not preferred as the customer bases are people the youth did not want around while looking for health or other information on their own devices. Many individuals who went to a particular non-independent coffee shop were business people staying at the adjacent Ramada hotel. Thus the participants considered it a space where they would not spend a lot of time. One said "but I don't know, that's not really a sitting down one." In contrast, the youth stated that another independent coffee shop located elsewhere in the city as somewhere they would consider visiting and spend a longer period of time on their computer to find health information. There are also virtual spaces that were preferred by some youth compared to others based on social costs.

    Other coffee shops produced less anxiety for the focus group participants. Some participants also stated that a certain non-independent coffee shop has an older client base compared to other businesses in Prince George, and that they would not feel comfortable with the potential of an elderly person looking over at them, and seeing something related to LGBTQ health. They might have felt comfortable going on a date at these non-independent coffee shops, but it was not practical for finding LGBTQ health information.

4.4.2 Privacy
    Privacy concerns related both to physical space and to the imaginative/speculative spaces.

Privacy was an issue for most participants, and it was discussed in reference to spaces labeled green for their content and positive experiences to date. Most participants were apprehensive with some spaces potentially causing embarrassment due to others finding out about their health information needs.

> "Umm, I might be hesitant to go to the nurses office here because I know like I've been in the waiting room there and you have to, it's kind of a small area and you're pretty like publically have to say your stuff to like the secretary and like I know someone came in there once and they had like, I think we would consider like an embarrassing sort of problem or something like you wouldn't want to share with random strangers in a waiting room and they just kind of had to tell everyone. And so if I, I don't know if that's the way it normally is, but I would go there but like, it would be a little weird if I had to tell the secretary if I was having some sort of issue or something."

These participants were concerned about their privacy being compromised and potentially one may be outted while at the doctor office for intimate health issues. Furthermore, the participants provided multiple hypothetical situations where a receptionist might accidentally share the health concern inadvertently. As there is a health center on campus, participants were concerned that they might see someone else that they know in this type of space. By being at a clinic on campus, the question was asked, will my privacy be affected?

There were connections between comfort and choices of technology amongst the LGBTQ youth when seeking everyday health information. Participants' opinions about technology and comfort were influenced by the level of intensity in seeking everyday health information. As one participant stated, "It's like if I'm trying to hard-core research something, umm I use my computer because you can have the multiple different tabs and it's really easy. If I'm looking something up really quick I just use my phone." Furthermore, with one's personal technology there is reduced fear about people discovering what one is seeking. There are methods of erasing web histories or creating encrypted files to hide that information from other users. Another

participant described how they hid information, "[y]eah. I wouldn't have much of an issue doing it at home. Umm even if I was like worried about getting outed or something, I'm pretty tech savvy and you can just sort of [go] incognito or whatever." The youth reiterated that they can do whatever necessary searches without anxiety or doubt regarding discovery by others.

The youth reiterated, in some cases, that privacy was significant while dealing with their health as an LGBTQ youth. They were always vigilant in spaces where they had to be around other people and did not want a potential fact to be shared that could affect the state of privacy associated with their orientation. This continued off campus for participants if they had a history with health clinics in Prince George. At this health service provider the participant expected a certain degree of privacy and that they would be treated with respect.

4.5 Comfort

Comfort involves the overall experience and not solely one factor, hence the merger of multiple elements concurrently. The theme of comfort encompasses experiences that are relaxing, easy, or non-stressful. Comfort was an important contributor to how the youth seek information about their everyday health and wellness. I refer to comfort as an emotion connected to multiple social and technological factors that facilitate the everyday health information seeking experience. As one participant stated, "[f]or me it's all to do with comfort. It's not too so much to do with information seeking. Cause you can usually find that online. Or I know in like in the worst case scenario I can talk to friends who do know the information. But it's all personal comfort levels for me."

There were two significant subthemes associated with comfort for the focus group participants. One of the subthemes concerns people with whom participants interact with in physical spaces (i.e., healthcare professionals, friends, and family). The second subtheme

concerns cyberspaces, and how these spaces contribute to comfort.

Some participants have healthy relationships with different people in their lives who can provide helpful everyday health information. There were cases of participants saying that they visited their doctor for information because they have non-judgmental conversations about their health and wellness. One participant stated, "[o]kay so, okay I actually have a doctor in the Victoria medical building and she's really good. But she's from Vancouver and she knows my doctors in Vancouver. I'd go to her too." Other participants stated that they felt comfortable with a nurse at the University of Northern British Columbia as she is a lesbian. For the participants who went to this nurse, they thought that she would understand their health needs and contextual background better than a heterosexual nurse.

"Yeah, I come, I go to the wellness centre sometimes because they tend to be pretty uh, [the nurse who is] LGBTQ friendly. I don't think I've ever been to the wellness centre. Uh, well, the nurse there is a lesbian herself, so she tends to be pretty umm, LGBTQ friendly … And if I have a health problem I usually go to the nurse's office here. Yeah. Yeah both of those places are pretty good.

Having this level of understanding made the nurse more popular than any Prince George doctor. Parents were a contentious issue for some participants. In some cases, participants had good relationships with their parents and felt comfortable talking with them about their everyday health issues and did not face judgment. One participant, specifically, stated that they had good relationships with their parents when visiting their hometown and discussing issues associated with their sexuality. " My parents are really supportive… My parents don't know I'm out, but they are still very supportive. (Laughter). Every time they mention it, one day you'll get married to a nice man or woman, I'm not saying it has to be a man."

In contrast, some participants felt more comfortable when discussing their health and sexuality

with friends compared to other adults or older people. There was an assumed lack of judgment and assumed safe space that would materialize with friends in contrast to older people. Three participants described the differences between older and young people, with one stating: "And as a whole, most young people I find are way less assholes about this kind of stuff than old people. Oh definitely, definitely. … And you know I hate to stereotype, but uhh. It was a different time back then for lots of these older people you know. Yeah I guess yeah that's true." The older population was assumed to be more closed minded about queer people.

4.5.1 Doctors

There was some overlap in opinions regarding doctors that was related to experiences with the hospital space in Prince George. Some, not all, doctors in Prince George were described as inadequate in terms of how they deal with one's sexual orientation while receiving healthcare. In one case, the issue for a participant was comfort and being able to be out sexually with their family physician.

"Oh yeah, I don't know like umm when I went to my doctor for like like female health things and stuff I didn't really want to tell her, like but umm. She could share and we kind of do, but like if she has a question she just kind of asks like something I can answer like a yes or no question cause I'm just not super comfortable talking to her for some reason. I don't even know why. I know her pretty well."

This participant knew that she had different needs than a young women who has sex with men, however, the limited relationship made her feel uncomfortable to have this type of discussion. Despite knowing the doctor, for an undisclosed amount of time, the participant still was apprehensive to have this very personal discussion about her sexual orientation.

4.6 Queer friendly space

Queer friendly space arose as an important issue for all the participants in the focus groups. A queer friendly space refers to places that promote behaviors that trouble mainstream sexual and gender normativity (Browne, 2006). However, due to the lack of such spaces in Prince George this theme refers primarily to the Northern Pride Centre at UNBC. The Northern Pride Centre is a volunteer-run space where students and community members can go for counseling, events, and a safe space within the community that does not involve drinking or drugs. Notwithstanding the lack of overlap with health information seeking behavior literature that framed the coding themes, this space was basically the only one discussed by every participant, who are members of the Pride Centre, as a necessary space in their everyday information seeking process as queer youth in Prince George.

Participants stated that they liked having a space like the Pride Centre, as it provides a safe atmosphere for themselves and other queer or straight allies to congregate. In this space, it was possible to learn different anecdotal facts about queer health that otherwise might not have been known by the youth. The participants discussed that there are limitations on where queer youths can go to get information about their everyday health needs or for general information; "[w]hat about like, what if you wanted to spend time with like other queer people, where would you go for that. I mean like here obviously, but like where else in Prince George? And would there be like any place that you just wouldn't go?"

Participants expressed appreciation for the selection of materials found at the Northern Pride Centre, and that it was a safer space to go for any other needs. "Umm I like UNBC just cause, I just trust it more. It's where I spend most of my time and there's lots of people my age around here. I know we have resources like the Pride Centre, umm and I just feel like it's a little

more open-minded up here because it's a University, you know." The information at the centre was considered relevant, authentic, and the sources of the information had authority for the youth. Furthermore, the participants liked the casual atmosphere and openness at the Pride Centre. Participants described that on many occasions they just sat in the space and became involved in conversations and learned something new about being LGBTQ. "So. UNBC is right here right?

P1: Uh should be yeah. University of Northern British Columbia is right there.

P2: I definitely think that UNBC is a good source. P1: I mean yeah, it's like I've learned a lot just by hanging out here [referring to the Pride Centre]". The president of the centre, who is a social work student, has a background in health services, which contributed to participants preferring this space for health information.

4.7 Content and quality of information

An important topic for many of the participants was the content and quality of information pertaining to their everyday health. There were a variety of perspectives regarding the standards and role of content and quality. By content and quality of information, I refer to issues of relevance, authority, accuracy, etc. and how these related to LGBTQ youth everyday health information. Some youth had different perspectives regarding what is 'good' or 'bad' information.

Multiple participants stated that sexuality was a pertinent factor in deciding if a source or place for information was liked or disliked. The youth did not want dated or information perceived as irrelevant for their personal situations. Being given general health information made them dislike visiting that location as they felt that their needs were not being tended.

"I'd say about the same. Yellow I'd go to probably more for, maybe not specific information though. I could probably rely on them for more just like regular health information. Yeah… It's also personal comfort levels too when talking about it or trying to ask about it. Okay. Yeah, specifically for LGBTQ stuff and like you said if you're going for like just a basic check-up, that doesn't have to do anything with like sexual health or whatever… I mean I am very fem to though so people won't suspect it, but umm if I'm going into a red space for a like a sexual health or LGBTQ health thing, my anxiety would be through the roof. And that's why I won't go into those spaces. Because like I said before they're transphobic, homophobic, no. Okay. Umm a yellow space. Indifference? Indifferent because they have some information, they're usually not transphobic, homophobic, but I know their information is bad, or too general. Mhmm. I wouldn't say bad, but it's too general. Green spaces I have no anxiety because I'm fine."

These youth needed more information than something targeted at heterosexual youth and their health.

Participants expressed that when they went online they were also concerned about the quality of the content. Only two or three participants of the eleven did not express being critical about the content from online sources. These few claimed that they did not cross-reference the information or question the quality or relevance. Essentially, they assumed the information was good based on the source, such as WebMD ; however, the majority of the youth were more cognizant and critical about online sources. When on different websites they want to double check the information before they implemented it as part of their everyday health practices. Solely including information because it was found online was not good enough for the youth.

"I personally, depending on what the subject is, I like using the websites that I am normally on because I you can normally tell if somebody's being like factual or not… And that's a forum. Also I'll fine read websites that have medical advice that has been reviewed by doctors. Mhmm. I find that to be good, but of course if anything is ever bad that's the only uhh prelude to actually going to the doctors. Umm, and you? I'd probably get I give highest credit to something like uhh BC health guide or something like that. I might go to forums for something I can't find or something that I want to. Discuss? Corroborate. Yeah like a discussion. Yeah."

Commonly, the participants were concerned with quality of information when they went online. They were concerned with people spouting inaccurate information as a way to trigger or frustrate other people online.

"Where do I like to go online to find health information? Umm that really depends on what I'm looking for. Umm there's umm, there's a girl who comes here. Yeah. You remember BLANK. She runs a umm like her specific focus is on sexuality, but her website that, well I'm not sure website is the right word, umm forum I guess. They do have a lot of good information about, err things and definitions and stuff, which is helpful. Umm if I'm looking for like medical stuff, you know, I'm not going to use Yahoo answers or something, webMD not really like I'm going to be looking for like a government. Mhmm. Sort of resource or something like that that I know is credible. Yes. Not something where people are just like spouting out their opinions and stuff like that. Yeah, that's the worst thing right? … I do look for sort of forums and stuff like that and like Reddit has a big umm LGBT community and stuff like that. And you can see peoples dialogue and stuff like that which is really great. Right. Yeah umm I guess sometimes I use Tumblr for things like that. Like I don't always, it's just that and I don't know it's like the thing about a lot of those public things it's like, you see a lot of assholes on there and then sometimes you see you know it's like I could be friends with you. Yeah if I'm going to look something up I usually just go on Google and I search like certain terms and then I look at the top probably like 10 or maybe like seven things and then I look for something that looks credible. Yeah I do that too. But then every once in a while you'll click on something and start reading something that crushes your soul a bit you know, but not as much when you look for something more government, yeah. Actual research related."

These youth discussed issues such as quality of sources and authorship, the qualifications and connections to the LGBTQ community of the healthcare professional providing them with everyday health information, age of materials, and the risks associated with finding different types of information.

4.8 Conclusion

The five participatory mapping and focus group activities elucidated a variety of factors associated with place and how participants seek everyday health information. These six themes demonstrate that there is a lot to be considered regarding how LGBTQ youth seek everyday health information. Specifically, in the discussion, I will relate these themes to theories of critical geography (eg. sexuality, emotional, and cyber). However, in many ways these results need to be considered as interconnected rather than separate. There are many examples in which aspects

such as bad experiences, social cost, and comfort were interconnected in their effect on everyday

health information seeking behaviors. Similarly, the positive elements of everyday health

information seeking (convenience, quality of information, and queer spaces) could all contribute

to preferring one place compared to another that may be lacking one of these elements. These

responses by participants demonstrate that there are multiple, interconnected considerations at

play when they are choosing places to visit for health information. Furthermore, participants

described a variety of places they disliked that further contribute and problematize where to visit

for health information.

Chapter five: discussion

5.1 Introduction

The discussion has been organized around the two major areas that encompass the six themes of the discussion: spatiality and information behaviour. These two headings represent the research questions for this project and the major areas of literature associated with the data analysis. Both of these themes include a variety of subthemes which emerged from the data analysis and are related to the research literature in critical geography and information behavior. The first major area of focus for the thesis is the spatial connections with everyday health information seeking behaviour. This section draws upon critical geographies of rural sexuality, emotions, and cyberspaces literature, which provide insights on why LGBTQ youth go to certain spaces or places for everyday health information. These sub-theories of critical geography reveal issues that are not frequently discussed in the health information seeking scholarship (Lambert & Loiselle, 2007; Welstead, 2014), including sexuality, technology, and emotional aspects of place. Information behaviour is the second major theme, which relates to the everyday health information seeking behaviourof these LGBTQ youth. This section discusses how the youth seek everyday health information, and the process of deciding what information youth would incorporate into their everyday health behaviors. Theories referenced in this analysis relate to health information seeking behaviors, everyday life information seeking behaviors, and social media use.

Despite separating the discussion into the spatial and information section headings, there is, at times, overlap between the two sections. The ways in which participants behaved while seeking information were typically connected to the locations of the information. Furthermore, places were visited because the LGBTQ youth preferred the types of information that could be

found in the location (i.e., the UNBC Pride Centre compared to an unfamiliar coffee shop downtown surrounded by strangers).

5.2 Spatiality

As noted in the introduction, Prince George, BC is a paradoxical place of contemporary progressiveness mixed with a legacy of idealized heteronormativity due to the extensive connections with employment in resource industries (Coen et al, 2013). The city is progressive as it has a liberally-minded and environmentally conscious university community which is one of the city's major employers. Many of the students come from diverse backgrounds and stay in the community to create a vibrant and younger culture (NDIT, 2016).[5] This project conceptualizes Prince George as a medium-sized city with a predominant small town mentality; notwithstanding the progressive and open minded students, staff, and faculty. The small town cultural landscape includes a legacy of mainly White, heteronormativity, and limited cultural diversity or experiences (Halseth, 2000). This framing of Prince George is based on my five years of lived experiences in Prince George between 2010 and 2016. However, lived experiences differ from person-to-person, and my background provides me with a unique perspective on how I perceive Prince George (Foucault, 1984). Therefore, this perspective of Prince George is limited to my past experiences in the community and may not relate to other LGBTQ youth.

Therefore, it is pertinent to frame part of the analysis on geographies of sexuality in a more rural context. I recognize that there some differences between Prince George and Northern BC towns such as Kitimat or Smithers, however I believe that framing this analysis with critical urban geographies of sexuality would not properly fit the context of Prince George.

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[5] Since completing the fieldwork, the City of Prince George allotted funds for a rainbow sidewalk in the downtown core. This gesture will hopefully have a positive lasting impact and make this current description on Prince George dated in the next 10-20 years.

Sexuality played a significant role in influencing where and how many of the youth would go and behave while seeking everyday health information in Prince George. This section has been split into three subthemes that emerged in the data analysis: 1) role of the Northern Pride Centre; 2) self-policing sexuality; 3) limited LGBTQ space in Prince George.

One of the predominant responses from participants in this project was the significance of the Northern Pride Centre as an important space on campus and for the Prince George LGBTQ community more generally, when seeking information. Participants described the space as open to both students and people from the community to visit and use the counseling and information services, along with socializing and being in a queer-friendly environment.

The Northern Pride Centre provides a safe space for the LGBTQ youth living in a region that lacks visible queer-friendly spaces (Northern Pride Centre, 2016). This LGBTQ space and its role for the youth overlaps with many common findings from the literature on Queer Straight Alliances (QSAs) and how they produce safety, resiliency, and comfort for LGBTQ youth. The literature on QSAs has described these spaces as beneficial for both LGBTQ and heterosexual youth in improving emotional and physical health outcomes (John et al, 2014; Saewyc, 2014). Pride Centre members that participated in this project used the space to vent or discuss issues that are occurring in their lives, which may have been misunderstood in heteronormative spaces (Bell & Valentine, 1995; Catungal, 2014; Halberstam, 2005; Holmes, 2009). It created a safe space for youth to learn health information based on others lived experiences.

While I was building connections with LGBTQ youth in Prince George and completing fieldwork at the Northern Pride Centre space, it did feel like a 'queer oasis' from the rest of Prince George. The city has a scarcity of LGBTQ culture and safe spaces to visit as an LGBTQ youth or adult. When inside the centre, with participants, we could have discussions that would

be troubling to sexual normativity in this non-urban space (Bell & Valentine, 1995). We were able to discuss past experiences in Vancouver, Toronto, or the LGBTQ culture of other cities, stories about underground or prohibited queer raves, and other activities which would be too risky to discuss elsewhere in Prince George. While in this space with the participants, I, personally, did not feel like I was in Prince George. In this particular space, and having these gayer discussions, it felt like a space that could have been found in Vancouver or Toronto (Lewis, 2012).

Interestingly, one of the two male participants had never been to the Northern Pride Centre before this fieldwork. He had not realized how friendly and supportive this space would be to anyone notwithstanding his or her sexuality. Despite not knowing anyone else in the focus group or at the Centre, he wanted to return. After the activity, he was really excited about returning in the very near future.

Prince George, in Northern British Columbia, Canada, is a rather complex community. Recently changing demographics (in the last 20 years or so), a dynamic economy that is primarily based on a mix of extractive economies, and a college and a university town, shape its geography. Prince George has a population of nearly 80,000 residents[i]; however, the city has many cultural attributes of non-urban places Canada (Gumpretch, 2003). I noticed and was told by my research participants that many residents in Prince George conform to norms of gender and sexuality more typical of rural areas, such as disapproval of same-sex hand holding and public displays of affection. Many of these individuals are associated with gender normative roles for the family and male body. Despite the predominant diversity in Prince George, I still noticed that the legacy hegemonic form of masculinity was shaped by the legacy of extractive economies in the region (Coen et al, 2013; Connel, 2005). These expressions of masculinity

included owning larger trucks, dressing conservatively, and using certain body language (Campbell and Bell, 2000; Campbell et al., 2006; Coen et al, 2013). Given the hypermasculinity in these places many rural men enact gender policing which involves the enforcement of normative gendered behaviours (Kimmel, 1994). There is, at times, a perception in more rural geographies that non-heterosexual lifestyles can be equated with social deviancy and is an attack on moral values (Bell & Valentine, 1995). This has become less pervasive; however this sentiment was emblematic of some participants' discussions about spaces they disliked to visit for everyday health information. The youth described some disliked spaces as riskier due to the types of people who may also be in the same location at the time of seeking information. Participants discussed the temporality of different places they would go to find LGBTQ everyday health information. Some of the participants knew which spaces and areas of Prince George had lower risk thresholds at different times of the day or week. There were some locations downtown that were not preferred such as a hotel coffee shop as the demographic can fluctuate due to the differing clientele staying at the hotel, and stereotyped as ranging from open minded tourists to judgmental small town businessmen. Halberstam (2005) has asserted that there is a temporality with queer public space that can result in it becoming less preferred over time due to future experiences.

Independent coffee shops were preferred as places to access print and online content, as the risk was assumed lower given the typical patrons. The participants discussed one coffee shop and bookstore that they assumed would have a good selection of LGBTQ literature and where they would be comfortable viewing information, and another coffee shop downtown that they described as somewhere one could go to view any type of online LGBTQ health information. Thus, it was important for the youth to have spaces where people either did not care or judge,

offered privacy for use of laptops and phones, or knew that a particular type of clientele would be present. In Prince George, the assumption was that in many places, people in public spaces would conservative, unfamiliar, and judgmental of their health information seeking needs (Veinot et al, 2013).

The aspects of anticipated risk discussed by the participants demonstrate the problematic nature of sexual geographies in Prince George for these youth. There are some spaces that are open-minded about the everyday health information seeking that these youth may need to carry out. In those spaces, the youth feel safe to view whatever materials necessary to promote good health. However, other spaces were connected with experiences that evoked fear or anxiety for the participants. They might have heard stories or had bad experiences themselves in those spaces. Typically these experiences dealt with lacking acceptance or being ignorant of their needs rather than physical forms of violence. In the context of this study, no one specifically shared any experiences of physical violence based on their sexuality with respect to accessing information indifferent places in Prince George.

One of the most discussed topics during the fieldwork was the lack of LGBTQ-aligned spaces in Prince George. The participants appreciated that some spaces are friendly and do not have much associated risk; however, the only space designated specifically for LGBTQ people is the Northern Pride Centre. To get to the Northern Pride Centre one typically needs to take two buses, both ways, totaling $5.50 and taking upwards of 45 minutes with transfers. There is also a 'queer-friendly' bar in Prince George, but it is not a free public space, as it has a $5.00 cover charge and is limited to youth of legal drinking age, and it serves a wide clientele, including a large heterosexual population.

Bars do play an important role in LGBTQ culture for mainly gay men, women, and non-cis people. Traditionally, these were spaces where one could go to engage in behaviors that, at the time, were considered inappropriate and socially deviant by mainstream Western society (Halberstam, 2005; Lewis, 2012). However, it is problematic to have a bar as the only non-University LGBTQ space for an entire city. Many of the participants do not mind the bar but they would like somewhere else to go in town. Additionally, LGBTQ people have high rates of substance abuse that make this space unwelcoming for some members (Konishi et al, 2013). This particular bar has become less popular over time for many people in the Prince George LGBTQ community as more heterosexual university students have taken it over. When I went to this bar, it did not remind me of a Vancouver gay bar. Nearly all the people in the space were heterosexual, and went to either avoid regulars at the only other club or for the cheaper drinks. I noticed that many heterosexual men in this space were judgmental and used micro-aggressions towards the gay men. This could involve comments or laughing at two men kissing each other, and then taking videos or snapchats to likely be posted online.

The unavailability of LGBTQ spaces is problematic for young and older people in Prince George. It is important for smaller cities to have easy access to spaces fostering LGBTQ support networks. It can be rather challenging to live 'out' as LGBTQ in more rural geographies due to the social isolation and stigmatization associated with ones sexuality (Veinot et al, 2013; Mydrahl, 2014). Furthermore, it does not help that there is limited access and a monetary cost associated with one of the few spaces for the LGBTQ community. Thus, it makes sense that the youth would want more LGBTQ-specific spaces to find information or to engage with fellow community members where potential knowledge transfer may also occur.

Participants recounted stories that connected emotions to particular spaces for seeking everyday health information. These involved stigmatization or mistreatment in different places within the Prince George region that had health information. Emotional geography is a type of critical geography dealing with the connection created between emotions and geographic places and their contextual environments. Furthermore, it focuses on how emotions are exposed in different spaces or environments (Bondi, 2005; Mick et al, 2005). Many youth in this study displayed strong emotional responses to different places based on past positive and negative experiences in seeking information to deal with their health and wellness.

The spaces that evoked the most emotional responses for the participants were places of worship (i.e., churches). A participant who lived in a religious household prior to university initiated the discussion of these institutions. All of the participants associated these places of worship with judgment and homophobic sentiment that made them feel uncomfortable and uneasy. This makes sense as many emotional connections with place can be longstanding, and can be challenging to change (Davidson et al, 2007). Why would one want to visit or consider a space as preferred for everyday health information if there is typically a contentious relationship with people of their sexuality? Interestingly, none of the youth had actually been to places of worship in Prince George, however there was still a strong emotional climate about the potential of being in this type of space.

Emotional geographies seemed to be created through experiences of ignorance, in cases where the youth dealt with people who lacked, or they assumed lacked, an understanding of LGBTQ culture. This was the experience of the youth who was not permitted to see their partner while at the hospital. Due to this experience, the participant would not go to the hospital and was frustrated by the assumed homophobia and lack of tolerance for LGBTQ people.

When this participant described the experience, they were very emotional in their vocal tone and facial expressions. This participant felt that this was evidence that a two-tier system exists at this hospital, in which heterosexual people are treated better than non-heterosexual people (Herek, 2009). It may not even have been an issue of sexuality, as many hospitals have policies that only family members can be with patients. However, this participant felt that they were not treated fairly and it produced a strong emotion response to this place, and a legacy of distrust.

Many LGBTQ youth use cyberspaces as a way to build networks and to learn about and become aware of different aspects of their sexuality (DeHaan et al, 2013; Hawkins & Watson, 2016; Kubicek et al, 2011; Magee, 2012). Unlike their heterosexual peers, many rural LGBTQ youth might not have had the opportunity to grow up around LGBTQ culture, and it may seem foreign.

Initially, I was surprised by what seemed to be differences between male and female participants in their preferences for cyberspaces. A number of participants expressed uneasiness regarding some spaces, which may have been a result of experiences or expectations of harassment (Bryson & MacIntosh, 2010). Using platforms such as Reddit results in exposure to trolling and harassment (boyd & Marwick, 2009). This can involve homophobic terms, demasculating, and harassing women for personal amusement due to the anonymity afforded by such platforms. Some of the participants in this study preferred Tumblr, as a place that better met their needs as a cyberspace to gather everyday health information. They felt that this space was easier to avoid or remove people who are sharing inaccurate information or trolling others. Many of the participants discussed their use of different social media platforms as a way to build networks to discuss being LGBTQ and other related aspects of their lives. These experiences are

fairly common for LGBTQ youth as it provides a safe environment to become aware about

various aspects of the diverse LGBTQ community from different people in their online

communities. These social networks were used for a variety of reasons; however, in general, they

seemed to be helpful in reducing the social stigmatization that these youth may experience when

becoming more aware about their everyday health as LGBTQ youth (boyd, 2014; Magee, 2012).

5.3 Information behaviors

The focus group discussions demonstrated that there are a variety of influences on the

health information seeking process (Case & Johnson, 2012; Greyson & Johnson, 2015). For

instance, social media was a common method used by participants to gather everyday health

information. This included use of longstanding online networks for relevant information or

sharing lived experiences with others about different aspects of LGBTQ health. The realities of

everyday life also made convenience and comfort important factors for the participants. They did

not want to work too hard to find information if there could be something found simply through

an easier source for information (i.e., the Pride Centre). Similar to previous research (Johnson &

Case, 2012) the everyday health information seeking process typically involved more than one or

two online searches, and then selecting an article.

" Give me some science or something you know. Yeah, that's the worst thing is because it's like
the internet is incredibly helpful, but also you get a bunch of people on there where it's just like
they're spouting their opinion and it's not backed up. Yeah. So you want to look for sources on
everything. Mhmm. Relationship-wise like or situationally or something, umm I do look for sort
of forums and stuff like that and like Reddit has a big umm LGBT community and stuff like that.
And you can see peoples dialogue and stuff like that which is really great. Right. Yeah umm I
guess sometimes I use Tumblr for things like that. Like I don't always, it's just that and I don't
know it's like the thing about a lot of those public things it's like, you see a lot of assholes on
there and then sometimes you see you know it's like I could be friends with you. Yeah if I'm
going to look something up I usually just go on Google and I search like certain terms and then I
look at the top probably like 10 or maybe like seven things and then I look for something that
looks credible. Yeah I do that too. But then every once in a while you'll click on something and

start reading something that crushes your soul a bit you know, but not as much when you look for something more government, yeah. Actual research related."

 These youth discussed issues such as quality of sources and authorship, the qualifications and connections to the LGBTQ community of the healthcare professional providing them with everyday health information, age of materials, and the risks associated with finding different types of information.

Social media was important for the youth as they sought everyday health information. One participant used Tumblr as a method to collect and share relatable articles mainly about sexual health for a network of non-heterosexual women. This participant described her group as a way to share relatable materials about their sexual and other health needs that are important as younger women may not have easy access to proper information. Interestingly, this form of social media use was not very common among participants, who did not appear to be heavy users of this platform. In this way their use of social media differed from the scholarly literature on LGBTQ youth, which notes the importance of establishing online networks. Most of the participants used social media as a method to find individual articles or remain current about newer health trends (i.e., young non-heterosexual men using pre-exposure prophylaxis) (DeHaan, 2013; Magee et al, 2012; Mustanski et al, 2011).

The responses of the participants were surprising as the research literature on these populations describes them as having a strong social media presence. It would be reasonable to assume that more of these youth would use this platform as a method to stay informed and build networks (Gray, 2009). The health literature describes many LGBTQ youth using social media as a way to build longstanding networks with fellow peers to become aware of their lives (boyd, 2014; DeHaan et al, 2013). Furthermore, there are informal online spaces such as gay teen

forums where one could go to get information about different aspects of LGBTQ culture from a youth perspective. These youth did not fit within the mainstream narrative of social media usage, perhaps because it has become less necessary to have solely LGBTQ networks or these youth were either unaware of or less technically sophisticated to find these spaces online. Since these youth mainly went to the Northern Pride Centre, maybe that space acted as a physical equivalent to an online space to ask questions informally and to build longstanding networks with other LGBTQ youth.

Much of the everyday health information seeking described by participants manifests itself in two modes, namely seeking of problem-specific information, such as finding a singular piece of information, and seeking for information that is relevant to everyday events, through the use of various sources or channels (Savolainen, 2004). Some participants who were experienced with information seeking engaged in problem-specific information seeking. This form of ELIS occurs when one is systematic and engages in planning with respect to carrying out a search during their everyday lives (Savolainen, 1995). These participants have a network of people whom they consult for advice (i.e., friends on social media, known health professionals) when they have different health needs. In addition, in some situations, they knew which people they would least prefer to go to while actively seeking information. The rationales for this unwillingness stemmed from personal or known connections with a particular space (i.e., a healthcare professional, mainstream coffee shops, or unfamiliar locations).

Having a space like the Northern Pride Centre that includes social work students and trained volunteers created an effective channel in which everyday heath information seeking could take place. This type of information seeking transpires more casually than active seeking, as it may occur sporadically when either searching for or unintentionally becoming aware of

information (Savolainen, 2004). Participants described their experiences informally learning

from older members or people in the group who have different life experiences, while in the

Pride Centre. One participant described the centre as a place where one could sit and casually

learn different facts about being LGBTQ that otherwise may not be possible elsewhere in Prince

George. Another attribute of the pride centre is the large selection of LGBTQ literature on health

and other everyday topics. It was possible in this space to find helpful, relevant, and high quality

information that otherwise would be impossible to find in Prince George.

Typical ELIS channels that involve being referred to information by a gatekeeper were

the least discussed by the participants in this project. Prince George has a limited amount of

identifiable experts on LGBTQ health, and the primary healthcare provider was a nurse at the

university. Neither of the two men who participated in the project described any particular

healthcare professional or gatekeeper that could be seen as a source of information. Especially

for these two young men, they were troubled by the potential social costs that may be incurred.

"Umm, I might be hesitant to go to the nurses office here because I know like I've been in the waiting room there and you have to, it's kind of a small area and you're pretty like publically have to say you're stuff to like the secretary and like I know someone came in there once and they had like, I think we would consider like an embarrassing sort of problem or something like you wouldn't want to share with random strangers in a waiting room and they just kind of had to tell everyone. Oh. And so if I, I don't know if that's the way it normally is, but I would go there but like, it would be a little weird if I had to tell the secretary if I was having some sort of issue or something."
They wanted to make sure that when they are getting health information in public spaces that

there was the lowest chance of possible privacy intrusion or people finding out about a health

condition.

The health information seeking process described by these youth suggests a need for

reflection on the current methods used by youth during the everyday health information seeking

process. These youth were more concerned and careful than what has previously been described

in the youth health information seeking behaviour scholarship. The quality of information was a topic of concern, except for two participants, who were less critical when selecting sources of health information. This differs from previous research on youth health information seeking, which typically describes youth as uncritical information consumers (Gray et al, 2005; Ye et al, 2014). The people who are sharing the information with the youth influenced the information seeking process. These youth treatinformation differently depending on who provides it (i.e., a lesbian nurse or gay librarian compared to a heterosexual older male doctor). Factors contributing to their opinions of healthcare providers include the cultural competency and relevancy of the everyday health information shared with the youth. Depending on the issue, they would prefer information specifically targeted to the LGBTQ community over non-LGBTQ information. These examples contribute to Lambert & Loiselle (2007) position regarding the complexity of health information seeking behaviors, especially when it is LGBTQ youth and their everyday health.

An unexpected outcome of the fieldwork was the significance of information quality for the participants. Prior literature describes youth as rather uninformed about everyday health topics. These studies alluded to youth being indifferent to and unable to find the best information for their everyday health needs. Gray et al (2005) described youth as primarily task-oriented and wanting to find information about their exact health need. This was presented as a largely uncritical process, not concerned about the quality of the clinical recommendations or the qualifications of the information providers. This indifference and lack of critical reflection was less apparent in the focus groups associated with this project and literature concerning LGBTQ youth (Macgee et al, 2012). There were only two participants who uncritically trusted WebMD or, contrarily, were scared of that website notwithstanding the authorship. Otherwise,

participants typically described a more critical and thorough everyday health information seeking

process. This critical information behaviour might be the result of the participants being

university educated and being mature youth.

The process of selecting sources may not be viewed best as primarily critical or

uncritical. Instead, the process may vary based on the needs of the individual and the context of

the health condition. Being so rigid may produce a problematic stigmatization of individuals who

might not always critically seek information. Instead, there should be a greater recognition of the

situational context for the critical or uncritical everyday health information seeking behaviors.

Case & Johnson (2012) allude to this type of model when discussing active or passive health

information seeking. In some cases it might be justified to be highly critical and selective when

seeking health information, even if it impedes the care process (Savolainen, 2005). However,

many of these information issues are more situational and should not be placed into such strict

binaries that are typically associated with health information seeking behaviors. Given that youth

have varying backgrounds, whether LGBTQ or not, they have different methods of health

information seeking (DeHaan et al, 2013).

The variability in how the participants decided on quality information also demonstrates

that there is still much to be explored about how youth, whether LGBTQ or not, choose

information. Likely the fact that these participants were LGBTQ youth also influenced how

engaged they were with different sources of information. Most LGBTQ youth have to teach

themselves or go online to learn about health issues associated with their sexuality due to the

non-existence at most North American high schools (Hawkins & Watson, 2016). Therefore, it is

probable that this also had some influence in their higher level of engagement compared to

results of studies such as Gray et al (2005) or St. Jean (2014) that describe youth in a different manner.

These youth cared about who was giving them their everyday health information. The participants wanted to have access to someone who was either LGBTQ or an ally to the community, who could provide relevant information. This perspective makes sense as channels of information influence how one engages and uses information; along with the age and relevancy of information being shared (Case & Johnson, 2012). If a healthcare provider is not informed about the everyday challenges and stigma many LGBTQ face and has outdated perspectives/information, why would the youth trust them as sources of information? The participants emphasized the importance of feeling safe while they were seeking information in different places. During the focus groups the participants described a multitude of situations where they anticipated stigmatization based on their information needs as LGBTQ youth. These narratives evidenced emotional connections with various Prince George places. Stories shared involved experiences of or awareness about perceived homophobic hospital staff or social costs resulting from seeking information on their own with computers or wifi access. These youth were more aware and critical at seeking everyday health information than what is typically described in either the information studies or public health literature.

Unfortunately, a knowledgeable source of information was not always an option for the youth when seeking information about their everyday health. Some youth had poor experiences with different spaces, such as the hospital, or with different healthcare professionals in the Prince George region. Having these types of experiences caused doubt about the type of information they would be able to provide. This lack of cultural/sexuality competency makes these channels

less friendly or visited by the youth. They would rather complete their own searching or go to other healthcare professionals for information

5.4 Conclusion

The discussion presented some of the spatial aspects that influenced why the LGBTQ youth went to particular places for everyday health information in Prince George, BC. The rationales for preferring one location to another were sophisticated, considering interconnected personal, societal, and technological factors. In some Prince George spaces, as LGBTQ youth, there are potential personal risks that the youth were unwilling to take. These were primarily emotional risks – of being outed, of feeling marginalized or denied recognition. Furthermore, the youth wanted to have more access to the queer-friendly spaces that are limited to the university and nightclub due to the acceptance and informal learning opportunities in these spaces. The youth expressed strong emotional responses to some of the less LGBTQ-friendly spaces. These involved frustration, anxiety, and distrust about what will happen to them if they went to these places for information.

This thesis demonstrates that there remain a number of aspects of LGBTQ youth health information seeking behaviors that need to be better understood. Previous to this thesis, boyd (2014) in *Its Complicated: The Social Lives of Networked Youth*, provided a somewhat one-dimensional discussion about LGBTQ youth and their online interactions. boyd problematically asserted that LGBTQ youth were unable to keep their same identity as in the real world and used online domains to express their queerness. This sample of 11 LGBTQ youth demonstrated that they are more critical and effectively used multiple methods for finding information than previously reported. I think that this demonstrates that information studies needs further studies

concerning this population and their information needs, and especially comparative work with broader populations of youth, to better understand needs and behaviours specific to LGBTQ youth. Previous information studies scholarship has not considered these possibilities prior to the project; I was not able to ask questions to find potential answers for this specific group. However, this thesis used a small group of non-urban LGBTQ youth university students, therefore they may have experiences that differ from typical study participants, which tend to be urban LGBTQ youth, and may include a wider age range.

Chapter six: conclusion

6.1 Study strengths and contributions

Responses from the project participants demonstrate that a variety of factors contribute to the everyday health information seeking behaviour of LGBTQ youth in Prince George. Previous to this study, the limited scholarship on LGBTQ health information seeking primarily concerned sexual health information seeking and emphasized young bisexual, gay, and MSM populations. Much of the previous research on LGBTQ youth from information studies and other disciplines has been completed in larger urban centres (e.g., New York, Detroit, Los Angeles, Toronto). However, this project described the everyday health information seeking behaviours of non-urban LGBTQ youth and characteristics of places preferred for this information.

Theoretically, scholarship prior to this study has not typically concerned topics of emotional and sexual geographies to LGBTQ youth health information seeking behaviours. Geographers have documented that health and place are intimately connected; therefore it makes sense for information studies to also consider these connections when researching health (Williams, 2013). As information studies looks to other disciplines, such as geography, this study will assist likeminded researchers trying to build similar connections about health and other information behaviour topics.

This project concerning LGBTQ youth everyday health information seeking has benefitted from slowly and ethically engaging with a marginalized community. Before the research and fieldwork even began, I consulted for four months with members of the University of Northern British Columbia Northern Pride Centre executive. After my contact in the executive committee graciously provided their support, I moved to Prince George and proposed the project

to the entire executive. After explaining the project, I received the support of the entire executive, who wanted this project to succeed. They reminded me of my outsider status and privilege as a White and middle class Vancouverite with a research affiliation at the University of British Columbia. For the next four months I had a visible presence in Prince George queer-spaces, and ran a community event that invited members to become familiar with my work. Despite living in Prince George for the previous four years, I lived at the university and never considered the extent of challenges for the larger LGBTQ youth community. After over four months in Prince George, I had the opportunity to broaden my horizon to understand different perspectives on being LGBTQ. Most of the participants and Northern Pride Centre executives appreciated the attempt to embed myself within the community, compared to other researchers whom they perceived to be inauthentic by staying for a week and never returning. Furthermore, I did not feel comfortable beginning a research project about LGBTQ youth, who may be marginalized in their community, without building support networks. Spending this time to build connections provided the opportunity to interact with more LGBTQ youth who felt comfortable sharing their health information seeking behaviours. These included stories about healthcare professionals who are uninformed about different sexual preferences, the experiences of social cost when finding information, or the strong opinions participants had about religious institutions.

This study contributes to the literature in both information studies and geography based on the narratives shared by participants while completing participatory maps and focus groups. Given their responses in the focus groups, these youth information behaviours have strong connections with emotions. Each youth described different situations that they feared or experienced social costs by seeking health information. Currently, there is not much literature

that considers the emotional aspects of health information seeking, although work is emerging on relevant topics such as information avoidance. This study demonstrates that there is more to be understood and analyzed about health information seeking behaviours and the role of emotions. Previous scholarship on health information seeking has mainly concerned sexual health and gay and/or bisexual, and MSM populations. Contrasting these predominant themes in most studies, my thesis has described the behaviours of LGBTQ youth while seeking everyday health information. It demonstrates that these youth can potentially be both critical and effective in their search methods and channels for health information seeking.

6.1.1 Limitations

This research project cannot make general claims about LGBTQ youth health information seeking behaviors, due to the choice of the method and approach, the geographical specificity, and the small number of participants. The participatory mapping and focus groups had a total of 11 members, too low a number to make transferable statements about the topic area. However it does provide insight into the topic area due to the scarcity of scholarship, and findings may be transferable to other, similar situations, such as other remote urban centres in Canada. It is to be expected that a wider range of behaviours could be observed if a larger group of participants was involved.

Location played a significant role in this research project, as it concerned where in the city the participants preferred to go for information. Prince George has a unique cultural history and contemporary opinions of LGBTQ people, as compared to Vancouver or other cities (Kelowna, Kamloops, Victoria) in British Columbia or Canada. In other cities, more services may be available besides a volunteer-run university pride centre.

Even using a base map, these participants found participatory mapping to be difficult. This may have arisen because this study population does not have the type of close relationship with the land or the urban environment that is often the case with studies employing participatory mapping. The fact that this was a study of "digital natives," youth up to 25 years of age who have grown up with digital technologies and GPS enabled mobile devices, may also have contributed to their difficulties working with paper maps. In future, a technology-based approach to participatory mapping, incorporating Open Street Maps or Google Maps for example, may prove to be valuable, although there is the potential there to be distracted even further by the desire to map exact locations.

Over the fieldwork period in Prince George, I realized that there is a legacy of masculinity that may have undermined the participation of male LGBTQ youth. A common concern for young men asked to participate in the research study was the risk associated with discussing their sexual orientations and behaviors. This limited the number of young non-heterosexual men willing to engage in this research project. In an attempt to build relationships with the local LGBTQ community prior to starting the fieldwork, I hosted a panel for LGBTQ people to share their lived experiences in Northern BC. The panel targeted younger non-heterosexual men to come, however no one from this demographic came to the event; I did get an email from one young man saying it was too risky to come to the event. Young non-heterosexual men in Northern BC believed they faced a risk when discussing their lived experiences. Despite spending a substantial amount of time engaging potential participants, building connections with the local Pride Centre at the University of Northern British Columbia, and being a gay interviewer I recruited only two non-heterosexual men as participants.

6.2 Future research

I intend to build on this project by continuing to research using participatory and mapping methods that, I believe, provided a greater opportunity for participants to describe where they prefer to visit for health information. The current literature on recruitment would benefit from the incorporation of geographies of sexuality and gender. In non-urban communities, there may be a legacy of masculinity that stigmatizes those who are sexual minorities (Hawkins, 2016). Thus it may be difficult, no matter how the recruitment occurs, to find willing non-heterosexual young men to participate in a research project. I also intend to further examine the participatory mapping method as it is still loosely defined and lacks guidance for novice users.

This project demonstrates that more research needs to be completed on underserved populations and their information behaviours. Future projects I intend to complete will incorporate the health, online, and other information behaviours of LGBTQ and other marginalized communities (e.g., sex workers), where little scholarship is available.

6.3 Conclusion

This research project collected and analyzed data from participatory mapping and focus group activities to investigate where and, when in these places, how LGBTQ youth in Prince George, BC seek everyday health information. The results demonstrated that there are a variety of factors that influence both where and how they seek information. Dependent on the type of information they are seeking, LGBTQ youth expect a certain level of comfort and aim to minimize associated social costs. They seek places with people who are sensitive to and familiar with LGBTQ health issues and can provide relevant information. In some situations, the youth preferred learning informally from the fellow members of the Northern Pride Centre about aspects of everyday health. However, the youth emphasized that Prince George is in need of more queer-friendly spaces; as these are imperative for sharing and becoming informed about

LGBTQ issues. In order to avoid a situation in which the youth of this community draw upon inaccurate information to inform their health choices, there needs to be more competently trained healthcare staff and queer-friendly spaces in the community. Painting a sidewalk with the rainbow flag is a nice gesture, however more needs to be done to keep this demographic informed with the best everyday health information.

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Appendixes

Appendix One: Recruitment advertisement

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THE UNIVERSITY OF BRITISH COLUMBIA

Consent Form
Let's Map It Out: The Everyday Health Information Seeking Behaviors of LGBTQ Youth in Prince George, BC

You are invited to be in a research study that focuses on everyday health information seeking behaviors of LGBTQ youth in Prince George, BC. Please read this form and feel free to ask any questions you may have about the study.

This study is being conducted by:
Blake Hawkins (Co-Investigator), MLIS student at the School of Library, Archival and
    Information Studies, University of British Columbia.
Dr. Luanne Freund (Principal Investigator), Associate Professor at the School of Library,
    Archival and Information Studies, University of British Columbia.
Dr. Elizabeth Saewyc (Co-Investigator), Professor at the School of Nursing, University of
    British Columbia.

Why are we doing this study?
We want to learn about the everyday health information seeking behaviors of LGBTQ youth in Prince George, BC. Your input is important, and will be used to complete a thesis and subsequent articles regarding LGBTQ everyday health information seeking behaviors.

What would I need to do?
A participatory mapping activity and focus group of four to six people will take place, which will be audio-taped. You will be asked to work on a map as a group (participatory mapping), marking places you prefer and don't prefer to find health information. Afterwards you will participate in a group discussion and focus group about the mapping exercise and your health information seeking in Prince George, BC.

Is there any way being in this study could be bad for you?
There are only minor risks involved in this study. These may include exposure of some personal information, including sexual orientation. However, the activity will occur in the Pride Centre on a weekend, which is a rather secluded space, and all participants will be LGBTQ young adults. You can choose not to answer any question or to end your participation at any time if you feel uncomfortable. You will not be asked to share specific stories related to your health, but rather to speak more generally about everyday health information seeking.

The opinions expressed during the participatory mapping activity and focus group will be kept confidential by the researchers. In any sort of report we might publish, your personal information will be removed so it will not be possible to identify you or anyone else participating in this study and only the research team will have access to the original recordings. Participants will be encouraged not to discuss the content of the focus group to people outside the group; however, we can't control what participants do with the information discussed.

What are the benefits?
 Participation may result in your learning more about accessing health information in your community. You will receive snacks during the workshop, and a $20 gift card for your participation.

Who can you contact if you have complaints or concerns about the study?

If you have any concerns or complaints about your rights as a research participant and/or your experiences while participating in this study, contact the Research Participant Complaint Line in the UBC Office of Research Ethics at 604-822-8598 or if long distance e-mail RSIL@ors.ubc.ca or call toll free 1-877-822-8598.

You will be given a copy of this information to keep for your records.

Statement of Consent:

I have read the above information. I have asked questions and have received answers. I consent to participate in the study.

_____
Signature   Date

_____
Signature of Investigator   Date

Appendix two: Interview guides

Mapping Instrument:
Participatory Mapping Instrument

Introduction

Hello, and thank you for participating in this mapping exercise. This is meant to be an opportunity to work in small groups (3-4 people) to share where you prefer to go for information about everyday health issues as an LGBTQ youth in Prince George, BC.

What is Participatory Mapping?

It may sound like a bizarre idea, mapping as a group. This activity, however, is meant to get you to work in groups of 2-3 people to reflect about where you prefer, somewhat prefer and would not go for information. You will then use the provided stickers (Green=good; Yellow=somewhat good; Red=bad) to place on different places found in your everyday life. While you are completing this activity, there will be a digital recorder for me to keep a record of what was discussed.

What is Everyday Health?

Everyday health is a very broad term that I have chosen to use with this project. Since it may be a bit confusing, here are some ideas of what I would consider as everyday health issues:

Where you would go for information about dieting
What types of information you find when you're stressed or need self-help
Where would you go for information about working out and fitness activities
Dealing with bullying
I have a cold, and need to find out what it is
How to deal with injuries
Information about sex or sexual health

Suggestions for the types of places could you map

Online – where would you look for information online (school, home, wherever there is wifi?)
Hospitals, clinics, doctor office
School
Library
Friends place
Friendship center
Pride club
Home
Any physical location or virtual location you can visit in Prince George, BC

Mapping Activity:

For the next 45 minutes to an hour, you will have the opportunity to work in groups to map out where you would and would not go for information. Remember, there are no wrong answers and please let everyone have a turn. I will be roaming throughout the room to answer any questions you might have about the assignment. Once completed, we will have a food break. Try not to talk about the group results! Then have a discussion about your findings. Remember, there are no wrong answers and everything will be helpful!

Group Discussion Questions:

This portion of the workshop will be recorded for me to have for my research.

Focus Group Discussion
Introduction:

How did you like the participatory mapping assignment?
Were there any disagreements in your group about a green, yellow, or red location? Was it defined differently in the group?
Have you done anything like this before?

Physical Places:

What are your favorite and least preferred places to look for information?
Why are these your favorite and least preferred locations?
What made a place green, yellow, or red? Is it easy to define each for you?
Were you surprised by how many places were green, yellow, and/or red?

Virtual Spaces:

Where do you like to go online for information?
What device do you use to find information online?
Would you look for this information anywhere or specific places in Prince George?
Does this behavior differ in other cities?
Features of Sources and Information:

What types of information would you look for in green, yellow, and red locations?
How do you decide which information you like and dislike in these different spaces?
Are you more cautious or feel anxiety when searching for LGBTQ information in any locations?
Do you prefer websites (forums), newspapers, online reference books (encyclopedias), or books to get your everyday health information?
Social Dimension:

What makes you trust some information over other sources?
Does your family and friends influence how you find information about your health?
Do you have an online community which you go to for everyday health questions (sex, drugs, alcohol)
Do you have any fears about finding information about your everyday health?
Do you think that you would be any different in how you look for information if you didn't live in Prince George?

Conclusion:

Is there anything else you would like to add at this point in time?

Appendix three: Map Images