## Children's and adolescents' sexual health and sexuality education in relation to their pornography consumption

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#### ABSTRACT

Since the development of internet and digital technology more people than ever, including children and adolescents, can now easily access pornographic content. This thesis investigates whether young people's pornography consumption impacts their sexual health and sexuality education. Furthermore, it aims to identify opportunities for improvement in dealing with pornography. Problem-centred interviews with nine relevant Austrian experts were conducted and analysed. Both this and former studies describe pornography use as rather harmful to the physical and mental sexual health, emphasising that pornographic media is not an appropriate source of sexuality education. It leads to sexual objectification, sexism, and unrealistic sexual expectations and may cause sexual dysfunction, pornography addiction, relationship problems, poor body image, or less contraceptive use. Increased sexual desire can be one positive outcome. However, this paper highlights the importance of including other factors such as different types of pornography and individual educational and familial backgrounds when examining the potential consequences of consuming pornographic material. Finally, this study summarises interviewees' suggestions on how to reduce the probable negative effects of children's and adolescents' pornography consumption. Experts explain that promoting a holistic approach of sexuality education is crucial. Restricting access to pornographic material and decreasing the taboo through active communication about sexuality related topics may also prove effective. For higher validity, further research is recommended.

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#### KURZFASSUNG

Seit der Entwicklung des Internets und digitaler Technologien haben mehr Menschen als je zuvor, darunter auch Kinder und Jugendliche, leichten Zugang zu pornographischen Medien. In dieser Arbeit wird untersucht, ob der Pornographiekonsum junger Menschen Auswirkungen auf ihre sexuelle Gesundheit und Sexualerziehung hat. Darüber hinaus sollen Verbesserungsmöglichkeiten im Umgang mit Pornographie aufgezeigt werden. Hierfür wurden problemzentrierte Interviews mit neun einschlägigen österreichischen Expert:innen durchgeführt und ausgewertet. Laut dieser und früherer Studien ist Pornographiekonsum eher schädlich für die physische und psychische sexuelle Gesundheit und daher nicht zur sexuellen Aufklärung geeignet. Sie führt zu sexueller Objektifizierung, Sexismus und unrealistischen sexuellen Erwartungen und kann sexuelle Funktionsstörungen, Pornosucht, Beziehungsprobleme, ein beeinträchtigtes Körperbild oder eine geringere Verhütungsbereitschaft verursachen. Ein positiver Effekt kann die Steigerung der sexuellen Lust sein. In dieser Arbeit wird jedoch betont, dass bei der Untersuchung der potenziellen Folgen von Pornographiekonsum auch andere Faktoren wie verschiedene Arten von Pornographie und individuelle Bildungs- und Familienhintergründe zu berücksichtigen sind. Schließlich fasst die Studie die Vorschläge der Expert:innen zusammen, welche potenzielle negative Folgen des Pornographiekonsum junger Menschen verringern sollen. Experten erklären, dass die Förderung einer ganzheitlichen Sexualpädagogik wichtig ist. Ein begrenzter Zugang zu pornografischem Material und die Enttabuisierung durch aktive Kommunikation über sexualitätsbezogene Themen könnten ebenfalls eine Wirkung erzielen. Für eine höhere Validität wird weiterführende Forschung empfohlen.

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# List of Abbreviations

BZgA	Federal Centre for Health Education
EU	European Union
HIV	Human Immunodeficiency Virus
IP	Interview Partner
RTIs	
SDG	Sustainable Development Goals
STIs	Sexually Transmitted Diseases
UNESCO	United Nations Educational, Scientific and Cultural Organisation
VR	Virtual Reality
WHO	

## 1. Introduction

The use of internet and digital technologies surged in the last decades and made the production and consumption of pornography rise exponentially as well (Hakkim et al., 2022). Accessing pornographic material is now easier than ever, for adults but also for children and adolescents. A statistic from an American company Semrush (Kemp, 2023) presents the most-visited websites of September, October and November in 2022 combined, showing how popular internet pornography is today. Five out of the 20 most visited websites worldwide are pornography related (4<sup>th</sup> pornhub.com; 5<sup>th</sup> xvideos.com; 10<sup>th</sup> xnxx.com; 12<sup>th</sup> spankbang.com; 15<sup>th</sup> xhamster.com). Moreover, the overall duration of all in 2019 uploaded contents on only one pornographic website, namely Pornhub, amounted to 1.36 million hours. Pornhub (2022) furthermore released its website review of 2022, providing information on users' behaviour. Among the top 20 watched categories of pornographic videos were sexual acts such as threesome, anal, gangbang, bondage and orgy. Concurrently, research shows that some young people use pornography for sexuality education and inspiration, believing that the contents reflect realistic sexual behaviour (Martellozzo et al., 2016; Rothman et al., 2021). Additionally, various children and adolescents get in contact with this media unintentionally, for example through pop-up windows on the internet or other young people showing them. Yet, according to the World Health Organisation (WHO) and the Federal Centre for Health Education (BZgA) (2011), childhood and adolescence are periods of rapid development and transition. The environment that young individuals are exposed to has an impact on their sexual health, and so does pornography consumption.

Sexual health is a crucial aspect of peoples' sexuality (WHO, n.d.). The general state of health for individuals and communities is depending on it. The WHO (2006) defines sexual health as "...a state of physical, emotional, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity" (p.5). One major influencing factor for sexual health is high quality information concerning sexuality (WHO, n.d.). Sexuality education is therefore of importance. It provides children and adolescents with knowledge, skills, and healthy attitudes, enabling them to enjoy their sexuality, have healthy relationships and make responsible decisions involving their and other peoples' sexual health (WHO & BZgA, 2011). Generally, pornography's original purpose is sexual arousing (George et al., 2019). However, when children and adolescents are using pornography as an

educational source, they may get fuelled with inaccurate and unrealistic expectations about sex life (Sun et al., 2016; Tsitsika et al., 2009). Therefore, the discussion about pornography and its consumption is very controversial (Grubbs, Kraus, & Perry, 2019). While some studies underline the negative impacts of pornography consumption, there are different ones arguing it has rather positive effects or mixed consequences (Hald & Malamuth, 2008).

This thesis will put its regional focus on Austria. The share of Austrian households having internet access was in 2022 according to Eurostat (2022) 93 % and almost 86 % of Austrian residents were online at least once a week. Both amounts are close to the European Union (EU) average. Additional data from Statistik Austria (2022a) show that approximately 95 % of 16- to 24-year-olds are surfing in the World Wide Web several times a day. Furthermore, another study found information about kids in the age of 0 to 6 years. Results indicate that 72 % of those minors use internet-capable devices at least occasionally, the average child starting one year old (SaferInternet, 2020). These figures determine that majority of Austrian children and adolescents have an opportunity to access internet pornography. Furthermore sexual violence (Statistik Austria, 2022b) and sexting in particular among young people (Amon & Kroisleitner, 2023) have high volume and therefore special significance in Austria. In accordance with the Austrian regional laws for protection of minors, children and adolescents are defined to be younger than 18 years (Österreichs digitales Amt, 2023). This paper tends to concentrate on this age group. However, information concerning adults are not excluded, since sexual health and sexuality education concern people of any age (WHO & BZgA, 2011).

The following pages will provide a literature review on the topics of sexual health, sexuality education and pornography. The empirical work of this paper will contain problem-centred interviews with Austrian experts in the sector of sexual health and sexuality education. Both methodological procedure and results will be described and discussed. The goal of this work is to define a field of action by summarising the experts' suggestions.

## 2. Literature review

This literature review aims to give an overview on former investigations and general knowledge regarding the research topic of this paper. It describes what sexual health means and what risks it faces. Further, sexuality education and its outcomes are explained. The last subchapter is dedicated to the subject of pornography, providing information about its consumption and possible impacts.

#### 2.1. Sexual Health

Sexuality is crucial to one's health and wellbeing. Positive attitudes toward human sexual health and a knowledge of the complex elements that influence sexual behaviour are therefore important (Ivankovich et al., 2013; Wellings & Johnson, 2013). These variables have an impact on whether sexual expression results in sexual well-being and fulfilling, enjoyable sexual lives or in risky, vulnerable sexual and reproductive behaviours (WHO, 2006).

#### 2.1.1. Defining sexual health

WHO's explanation of overall health from 1948 has had a significant influence on efforts to describe sexual health (WHO, 2010). The current working definition is:

Sexual health is a state of physical, emotional, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled. (WHO, 2006, p. 5)

Connected to sexual health is the term reproductive health, although it is rather concentrated on aspects of reproduction, its functions and processes (United Nations Population Fund, 1994). Both health aspects, however, are not separated from the welfare of individuals, couples and families (Starrs et al., 2018). In fact, they are interdependent to the overall health and the social development of communities. Starrs et al. (2018) furthermore state that access to sexual and reproductive health care promotes also conditions of sustainable development such as gender equality and the wellbeing of children. This is why some of the 17 Sustainable Development Goals (SDG) directly refer to sexual and reproductive health (United Nations, 2015).

Especially SDG number three (health), four (education) and five (gender equality) are closely associated.

Humanities sexual health faces various challenges (Morris & Rushwan, 2015). Once their extent and impact are neglected, the risks for wide-ranging negative effects can be immense. Some of those key issues in sexual health are discussed in the upcoming subchapters. Particularly adolescents in their time of development and emerging sexuality are prone to sexual illness because they typically lack understanding about sexual health (Avery & Lazdane, 2008; Berglas et al., 2014). That may also be due to the taboo of sexual topics. Aiming to prevent sexual health difficulties, an access to sexual health care to all people is essential (Dupont et al., 2022; Starrs et al., 2018). This includes various types of health provisions such as maternal and baby care, contraceptive services and the treatment of sexual diseases. Another important measure to reduce the risks in sexual health is sexuality education (Dupont et al., 2022; WHO, 2010), even though some studies doubt its effectiveness (Grunseit et al., 1997; Sun et al., 2018).

Without taking into account sexuality, it is impossible to understand sexual health (WHO, 2010). "Sexuality is a central aspect of being human throughout life and encompasses sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy and reproduction" (WHO, 2006, p. 5). Although sexuality may comprise sex, those two terms, nonetheless, need to be distinguished in their meanings. The latter refers solely to the biological traits that differentiate between males and females in humans, even though they are not mutually exclusive, and both can exist in the same person (Torgrimson & Minson, 2005; WHO, 2006).

Within the last decades human rights have increasingly taken a more crucial role in achieving and preserving sexual health (Giami, 2015; Parker, 2007). As claimed by Gruskin (2005) all human need and ambition with regard to its sexual and reproductive health can be taken into account under the international legal framework provided by sexual rights. However, those sexual rights do not have an official human rights status yet and lack in an uniform concept (Giami, 2015; Lottes, 2013).

#### 2.1.2. Sexual health challenges

One of the most common problems in sexual health are reproductive tract infections (RTIs). They are brought on by organisms that are either naturally found in the reproductive system or are introduced through sex or medical interventions. The

terms endogenous, iatrogenic and sexually transmitted diseases (STIs) refer to various kinds of RTIs, indicating how they are contracted and propagated (WHO, 2005). This section focuses on STIs, since those are primarily transferred through sexual contact between individuals and therefore more relevant for the research topic (Hanson Claudia & Delvaux, 2012; Workowski et al., 2021). The WHO (2022) estimates yearly 374 million infections with the four most typical STIs, gonorrhoea, chlamydia, syphilis and trichomoniasis. As a consequence, STIs are seen as a major public health problem (Assi et al., 2014). Many of them cause only light or no symptoms, making the diagnosis of infections difficult (Detels et al., 2011; Farley et al., 2003). If noticeable, urethral or vaginal discharge, ulcers and warts primarily in the genital, anal or oral area are according to Wagenlehner et al. (2016) some of the marks. They also state that STIs are transmitted typically through vaginal, oral, or anal sexual intercourse and are brought on by bacteria, viruses, and parasites. Any of those infections increases the risk of developing and transmitting other STIs, including the Human Immunodeficiency Virus (HIV) (Galvin & Cohen, 2004). An immediate treatment of affected people, including the sexual partner, and the prohibition of reinfections are crucial. As a matter of fact, only some of the resulting diseases can be healed (Wagenlehner et al., 2016). Furthermore, especially when untreated, those diseases can have negative consequences for pregnancies and can cause for instance infertility or cancer (Aral, 2001; WHO, 2022). Besides counselling and informing activities, the most important preventive provisions are vaccines and the use of condoms (Barrow et al., 2020). Especially young people are susceptible to STIs. They engage in higher-risk sexual activities with more frequent partner changes, rather little condom use and some are not willing to seek out sexual health services (Slater & Robinson, 2014). Pornography in this context contributes in a way of misinforming its consumers on sexual healthy behaviour (Miller & Stubbings-Laverty, 2022). For instance, due to the fact that pornography rarely presents condoms, consumers use of this contraception is decreasing (Tokunaga et al., 2020; Wright et al., 2020).

Another issue influencing the sexual and reproductive health, particularly of women, are unintended pregnancies and abortions (Zeleke et al., 2021). Unwanted pregnancies are linked to a number of poor consequences for the health of mothers and their children. (Gipson et al., 2008; Khan et al., 2019; Khan & Islam, 2022). Especially young females who become pregnant unintentionally are more vulnerable to risk factors such as unsafe abortion, maternal death and vertical transmission of

HIV to children (Ayalew et al., 2022; Baschieri et al., 2017; Chatroux et al., 2021; Claridge & Chaviano, 2013). Furthermore, the practice of abortion can likewise result in negative physical health outcomes and can induce infertility (Shakya et al., 2020). According to estimations by Bearak et al. (2020), the number of unwanted pregnancies worldwide in the timespan of 2015 to 2019 has decreased, but the percentage of unplanned pregnancies leading to abortion has grown. In the same period the unintended pregnancies amounted to 121 million globally. 61 % of those led to an abortion. Another study claims that about 45 % of all abortions from 2010 to 2014 were unsafe (Ganatra et al., 2017). 97 % of those were indicated in developing countries. Generally, the most frequent causes for unwanted pregnancies are deficient or failed contraception use (Habib et al., 2017; Liu et al., 2022). Research moreover shows numerous social factors being connected to unintended pregnancies (Ayalew et al., 2022; Liu et al., 2022; Nicolas & Welling, 2022). Some examples are lack of sexuality education, knowledge of contraceptive methods, and sexual violence. In addition, the misinforming effect of pornography and the influenced sexual behaviour of consumers may also lead to an increasing risk for unintended pregnancies (Bulot et al., 2015).

Another matter concerning both male and female sexual health is sexual dysfunction (WHO, 2010). It is the general term for a number of issues that might arise during sexual activity and hinder people from feeling sexually satisfied (Chen et al., 2013; Umunnah et al., 2021). They can be caused by both physical and psychological circumstances (Salari et al., 2023). The four main subtypes of this dysfunction are expressed through a lack of sex-related interest or desire, an inability to get sexually stimulated or aroused, a delay in or absence of orgasm, or pain during sexual intercourse (Association, 2013; Salari et al., 2023). According to former studies, 20 to 40 % of females and 17 to 20 % of males have ever suffered sexual dysfunction (Andresen et al., 2022; Nazareth et al., 2003; Nicolosi et al., 2005). Men are most frequently affected by erectile dysfunction, an arousal disorder that is characterised by a man's persistent or recurring incapacity to achieve and/or sustain an erected penis (Lewis et al., 2004; Umunnah et al., 2021). Further exemplary male sexual dysfunctions are early, delayed or absent ejaculation. Women may also have orgasmic problems. Moreover, they can suffer from vaginal dryness and tightness that hurts during intercourse. Both men and women can furthermore experience extreme fear or revulsion of sexual acts. In addition Starc et al. (2019) state, that sexual dysfunctions can be connected to infertility. With reference to sexual dysfunction being connected to pornography consumption, a couple of studies are rather indecisive about the causal relationship (Berger et al., 2019; Bőthe, Tóth-Király, Griffiths et al., 2021; Dwulit & Rzymski, 2019).

All those primarily physical harms are however also connected to mental health. People with STIs may suffer intense psychological burden and anxiety (Osborn et al., 2002; Qi et al., 2014). Unintended pregnancies can cause forms of depression and psychological suffering (Abajobir et al., 2016; Sasaki et al., 2022). Sexual dysfunction is also connected to mental distress (Atlantis & Sullivan, 2012; McCabe & Connaughton, 2017; Witting et al., 2008). Simultaneously, negative mental health conditions are affecting sexual life, including higher risk for sexual functioning problems and sexual dissatisfaction (Laurent & Simons, 2009; Montejo, 2019; Omar et al., 2021).

#### 2.1.3. Violence related to sexuality

Sexual violence is a threat for public health and infringes human rights. It occurs in both peaceful and conflict environments (Dartnall & Jewkes, 2013; WHO, 2010). The WHO considers sexual violence to be any coercive act against anyone's sexuality (Krug et al., 2002). It affects people of any age, commonly more women than men (Dartnall & Jewkes, 2013; Lundgren & Amin, 2015), and occurs in any place including home, work or school (Esayas et al., 2023; Krug et al., 2002). The perpetrators are according to Dartnall et al. (2013) predominantly men who are familiar to the victims. The literature depicts that sexual aggression can occur in various ways. Rape, unwanted sexual contacts, genital mutilation, and forced abortion are only few examples for physical sexual violence (Dartnall & Jewkes, 2013; Muehlenhard et al., 2017; Oliveira et al., 2018). It can also be expressed verbally for instance through sexual comments or sexual rumour spreading (Espelage et al., 2013). Furthermore, sexual aggression can likewise be performed digitally through communication technologies, also referred to as technology-facilitated sexual violence (Gámez-Guadix et al., 2022; Henry & Powell, 2018). This includes receiving undesired sexual requests, comments, or sexually provocative media such as pornography. Especially young people are prone to this form of abuse (Gámez-Guadix et al., 2015). Statistics illustrate the extent of sexual violence globally. According to the WHO (2021), approximately one out of three women worldwide has experienced physical and/or sexual violence. In Austria the share amounts to one fourth of all women (Statistik Austria, 2022b). Sexual violence can cause a range of negative health consequences

(Jina & Thomas, 2013). Immediate outcomes could be physical injuries. In a mediumand long-term perspective the impacts on sexual health are even more crucial. Especially in cases of severe aggression such as rape, it may also result in STIs, unintended pregnancy, sexual dysfunction, infertility, disability, and death. Besides, negative mental health outcomes are detected by various studies, in particular when the affected person is at young age (Campbell et al., 2009; Dworkin, 2020; Rinehart et al., 2020; Scott et al., 2018; Strauss Swanson & Szymanski, 2022; Ye et al., 2023). The literature mentions symptoms such as anxiety, depression and posttraumatic stress disorder. Additionally, experiences with sexual violence may influence the behaviour of victims (Jina & Thomas, 2013). Examples are drug use, sexual risky actions or even suicidal tendencies. Research also shows that pornography can be connected to sexual violent intercourse (Bonino et al., 2006; Stanley et al., 2018; Waterman et al., 2022; Wright et al., 2016). Subchapter 2.3.3. will provide more detailed information on pornography consumption and its consequences on sexual health.

#### 2.2. Sexuality education

Children and adolescents have challenges related to their changing bodies, developing personalities, and frequently strong sexual interest during puberty (Bauer et al., 2020; Steinberg, 2005). To foster positive attitudes towards themself and to boost their sexual self-confidence, assistance is essential during this time. Sexuality education therefore intends to convey knowledge and competences regarding sexuality and enable a sexual healthy life (BZgA et al., 2016).

#### 2.2.1. Defining sexuality education

In an action framework for sexual health programmes the WHO (2010) designates sexuality education as a crucial method to sustainably enhance sexual health. Aspects of what we now refer to as sexuality education have been taught globally throughout the past century (Pop & Rusu, 2015; Zimmerman, 2015). These lessons typically reflected on sexuality and education through rather cultural and ideological perspectives instead of objective and scientific ones. Today the task of educating children and adolescents about sexuality is shared between school and family members, in particular parents (Colarossi et al., 2014; Pop & Rusu, 2015). The latter are a source of informal sexuality education, being especially important in the beginning of sexuality development (WHO & BZgA, 2011). Further informal educators can be peers, youth practitioners and various forms of media (Lavie-Ajayi, 2020).

Sexuality courses as part of school curriculums are a type of formal sexuality education. In Europe it was first implemented in the mid-1950s and underwent further development since then (BZgA et al., 2016). Other formal educators can be providers of medical and educational services and informative media (WHO & BZgA, 2011).

In 1994 the International Conference on Population and Development adopted a programme of action, strongly advising countries to provide suitable, age adequate sexuality education (Haberland & Rogow, 2015; United Nations Population Fund, 2004). Fifteen years later the United Nations Educational, Scientific and Cultural Organisation (UNESCO) (2018) published an international guideline for sexuality education. As a response the WHO in cooperation with the BZgA (2011) likewise released a framework containing standards specifically for the European region. The meaning of sexuality education is therein described as:

... learning about the cognitive, emotional, social, interactive and physical aspects of sexuality. Sexuality education starts early in childhood and progresses through adolescence and adulthood. For children and young people, it aims at supporting and protecting sexual development. It gradually equips and empowers children and young people with information, skills and positive values to understand and enjoy their sexuality, have safe and fulfilling relationships and take responsibility for their own and other people's sexual health and well-being. (WHO & BZgA, 2011, p. 20)

However, there is not only one approach to sexuality education. According to Kirby (2008), there are two perspectives. Abstinence sexuality education typically discusses only the negative effects of sexual behaviour (Kirby, 2008; Kohler et al., 2008; Lehmiller, 2018; Pop & Rusu, 2015). The abstention of sexual activities is advocated as the single safe method of avoiding them. Believing that information leads to undesired sexualization, children are not given any on using contraception. Comprehensive sexuality education on the other hand resembles the WHO's previously cited definition, aiming in teaching about various characteristics of sexuality throughout life. It continuously provides people with information, competences, and positive belief they need to lead a responsible and fulfilling sexual life (Kirby, 2008; Kohler et al., 2008; Lehmiller, 2018; Pop & Rusu, 2015). Nevertheless, various sexuality education programs worldwide do not teach the full spectrum of sexual health and sexuality (Bauer et al., 2020; Forrest et al., 2004; Goldman, 2011; Kennedy et al., 2014; Macintyre et al., 2015). A global status report of UNESCO et al. (2021)

also demonstrates significant need for improvement in worldwide sexuality education. According to the WHO (2011), the European standards of its framework provide this broader view on sexual- and self-development. This approach is referred to as holistic sexuality education.

#### 2.2.2. Implementation

Both previously mentioned publications from UNESCO and the WHO serve as guidance implementing sexuality education (Picken, 2020). The International technical guidance on sexuality education from UNESCO (2018) provides eight key concepts. They include knowledge-, attitude-, and skill-based learning objectives. This paragraph, however, takes a closer look on the Standards for Sexuality Education in Europe (WHO & BZgA, 2011) since this paper is referring to the European state Austria. According to those standards, there are important principles and characteristics for implementing holistic sexuality education. First, it needs to be adapted to the children's and adolescents' age and backgrounds. Depending on students' development and their needs, different contents shall be taught. The guideline suggests starting with education from birth on and continuously progress throughout life. The published paper even provides a matrix separating the curriculum into six age-groups. Additionally, sexuality education is supposed to incorporate gender differences in students' needs and let them participate in an active manner. Furthermore, it is crucial that the teaching content is based on both scientific data and human rights, and refers to the holistic idea of well-being, with sexual health as only one component of it. The lessons shall be characterised by gender equality, respect for diversity, students' self-determination and interactivity. Holistic sexuality education ought to be seen as an investment in a just and caring society. Finally, it is intended to be part of various curriculum subjects and involve parents and other stakeholders.

Even though the WHO standards are only recommendations, member states of the EU are expected to approach them (Picken, 2020). Nevertheless, since education is a matter of national competence, the implementation of academic sexuality education varies from one country to another. Research from Ketting et al. (2018) shows differences in comprehensiveness of sexuality education within 25 countries in the European region. According to this study, Austria and nine other states provide highly comprehensive sexuality education. Moreover, in 19 member states, including Austria, academic sexuality education is mandatory, in eight other countries it is optional (Picken, 2020). Furthermore, the starting age in countries with compulsory

sexuality education in schools ranges from four to 14 years. In Austria it is 10 years. Nonetheless, according to Kapella & Mazal (2022), some aspects of sexuality education are already covered in primary school with students being 6 to 10 years old. However, one barrier for the conduction of sexuality education is the lack of compulsory and extensive training for teachers (Ketting et al., 2018). Only a few of the 25 studied European countries prepare them specifically for sexuality education. Austria offers a couple of training options (Kostenwein & Weidinger, 2020). Despite that, only around half of Austrian teachers feel prepared for conducting sexuality lessons (Kapella & Mazal, 2022). Research shows, that Austria belongs to the countries that follow a holistic sexuality education approach (Ketting et al., 2018; Picken, 2020). This is because the Austrian basic decree on sexuality education from 1970 was reformed in 2015 and is now based on the standards from the WHO (Bundesministerium für Bildung, Wissenschaft und Forschung, n.d.; Kapella & Mazal, 2022). It describes sexuality education as a process where parents, schools and kindergartens are included. Sexuality education is part of every curriculum and is explicitly discussed in subjects such as biology and environmental science, religion, and psychology (Rundschreiben Nr. 11/2015, 2015). Some schools make use of external offers from sexuality educators as didactic support (Bundesministerium für Bildung, Wissenschaft und Forschung, n.d.; Kapella & Mazal, 2022; Kostenwein & Weidinger, 2020). Recently there are developments in controlling such external sexuality educators. In 2023 a new regulation entered into force, aiming to ensure quality management (Externe Qualitätssicherungsverordnung, 2023). This was caused by controversial discussions about the teaching of church values and homophobic contents by an association for sexuality education in 2019 (Kapella & Mazal, 2022; Kostenwein & Weidinger, 2020). Overall, Kapella & Mazal (2022) and Kostenwein & Weidinger (2020) still recognize potential for improvement and need for reformation in the Austrian sexuality education.

A challenge that particularly concerns parental sexuality education is the taboo of sexuality. There are undoubtedly limitations to parents and their children discussing sexuality issues (Nambambi & Mufune, 2011; Ogle et al., 2008; Stone et al., 2013; Wang, 2016). Reasons for those barriers, according to Stone et al. (2013), can be individual discomfort, struggles with delivering contents in the proper manner and at the right time, and safeguarding young children's infanthood. Another factor can be parents' lack of sexuality knowledge (Malacane & Beckmeyer, 2016). As a matter of fact, parent-child communication, however, is a relevant factor in sexuality education

(Apaydin Cirik et al., 2022; Flores & Barroso, 2017; Krauss & Miller, 2012, 2012; Mustanski & Hunter, 2012; Padilla-Walker, 2018; Shin et al., 2019).

#### 2.2.3. Outcomes

There is a dispute whether sexuality education increases the sexualisation of young people (Kirby, 1999; Kostenwein & Weidinger, 2020; Vivancos et al., 2013) and if it is effective (Denford et al., 2017; Grunseit et al., 1997; Magnussen et al., 2004; Sun et al., 2018). However, most of the literature proves productiveness. One outcome of academic sexuality education is the reduction of risky sexual activity without the use of condoms and other contraception (Baldwin et al., 1990; Johnson et al., 2011; Kirby, 2001; Kirby et al., 2007; Kirby & Laris, 2009; Larsson et al., 2006; Vivancos et al., 2013). As a result, the transmission of STIs is decreasing. Additionally, young people cut the quantity of sexual partners (Baldwin et al., 1990; Breuner & Mattson, 2016; Kirby & Laris, 2009; Rasberry et al., 2022). Sexuality education also has a lowering effect on adolescent pregnancy and abortion (Breuner & Mattson, 2016; Chin et al., 2012; Kirby, 2001; Kohler et al., 2008). Not only academic sexuality education, but also children-parents communication on sexuality shows tendencies to sexual healthy behaviour. Studies mention outcomes such as higher frequency of contraception use and therefore decreased risky sexual intercourse (Hutchinson et al., 2003; Krauss & Miller, 2012; Whitaker et al., 1999; Widman et al., 2014). Generally, abstinence sexuality education is less effective than the comprehensive one (Carter, 2012; Fonner et al., 2014; Kohler et al., 2008; Pittman & Gahungu, 2006; Underhill et al., 2007). The literature review of Goldfarb & Fiebermann (2021) furthermore found out that comprehensive sexuality education also supports elements of sexual behaviour such as healthy relationships, limiting sexual violence, and recognition of sexual diversity.

Innovations such as the internet make it easy for people to access various forms of pornography without paying or revealing their identity (Paasonen, 2011). Numerous children and adolescents are using pornography for sexuality education, particularly when access to alternative resources is scarce (Albury, 2014; Dawson et al., 2019; Litsou et al., 2021; Mattebo et al., 2012; Rosengard et al., 2012; Ševčíková & Daneback, 2014). According to studies, this can have both positive and negative consequences (Litsou et al., 2021; McKee, 2007a). Litsou et al. (2021) discovered positive educational aspects such as the acquisition of knowledge regarding mechanics within sexual intercourse. Furthermore, pornography consumption may

also increase the understanding of sexual identities and individual sexual preferences. It may likewise result in strengthened openness, tolerance and awareness of one's own and other peoples' sexuality (McKee, 2007a). Nevertheless, several studies show the negative influence of consuming pornography concerning the sexual behaviour, sexual expectations, contraception usage, relationships, and more (Harrison & Ollis, 2015; McKee, 2007a; Sun et al., 2016; Wright et al., 2018). More detailed information on the range of impacts with regards to pornography consumption will be provided in chapter 2.3.3.

#### 2.3. Pornography

Internet, social media and smartphones have become widespread and made the production and consumption of pornography rise exponentially. Accessing pornographic material is now easier than ever, for adults but also for children and adolescents (Ballester-Arnal et al., 2022; Bulot et al., 2015; Hakkim et al., 2022; Ogas & Gaddam, 2011; Ybarra & Mitchell, 2005). For several years there have been controversial discussions about pornography, its consumption and its influence on the audience (Grubbs, Kraus, & Perry, 2019).

#### 2.3.1. Background and definition of pornography

Pornography is not a novelty, but has in fact a long history (Allhutter, 2016). Due to the historical development of various new media and technologies, pornography has already taken on a wide variety of forms. Starting with the invention of letterpress, continuing by creations such as photography and film. Finally, the Internet has emerged as the primary channel for the spread of pornography, lengthening the time spent watching it and making it easier available, cheaper, and more anonymous (Boies et al., 2004; Chen et al., 2018; Cooper et al., 1999; Marino et al., 2023). All the technological steps have enabled pornography also to seem increasingly real for consumers. One of the latest steps in the porn industry was taken in 2016 by introducing 3D Virtual Reality (VR) Porn (Allhutter, 2016; Evans, 2023). According to research, VR pornography appears to be an effective method for creating the impression of private sexual encounters, strengthening the intensity of the experience and emotions (Dekker et al., 2021; Evans, 2023). Pornography was globally first legalized in Denmark (Hald et al., 2014). From 1969 on, both written and visual contents of pornography got legitimized. Since then, the variety and distribution of pornography has increased significantly (Allhutter, 2016). The pornography industry today is making billions of dollars profit (Tarrant, 2016). Paasonen (2016) moreover

sees soaring influence of sex industries on societies and even speaks of a "pornification of culture" (p.19).

Pornography definitions vary widely (George et al., 2019; Kohut et al., 2019; Lawless et al., 2023; Marshall et al., 2021; Marshall & Miller, 2019; Short et al., 2012). Lawless et al. (2023) investigated various explanations and proposed their own definition, combining all the strengths of existing ones. According to these authors, pornography use means "... to intentionally look at, watch, read, or listen to sexually arousing material (pictures, videos, films, written text or audio) which depicts nudity and/or explicit sexual behavior" (p.3). Furthermore, this definition explicitly excludes experiences containing interactions with a sexual performer as for example in live sex chats. Generally, pornography can be distinguished between two types, soft-core and hard-core (George et al., 2019; Westheimer & Lopater, 2005). Soft-core pornography does not focus on genitals or penetration. It rather shows naked people in sexually intimate poses. Hard-core pornography, on the other side, involves, amongst other things, sexual stimulation, penis-in-vagina and anal penetration, oral sex, and ejaculations. It can also include elements such as sex in groups, zoophilia, or child pornography. Besides, mainstream pornography is mostly designed for male sexual desires (Dubinskaya et al., 2022; Séguin et al., 2018), and often shows domination of males over females (Carrotte et al., 2020). This can for instance be shown through physical and verbal violence (Bridges et al., 2010; Fritz et al., 2020; Klaassen & Peter, 2015; Vera-Gray et al., 2021). Examples are spanking, slapping, gagging, choking, hair pulling and various dismissive comments. Every eighth video on popular porn websites that are displayed to new visitors indicates sexual aggression (Vera-Gray et al., 2021). Bridges et al. (2010) examined over 300 popular pornographic videos and results showed that 88 % included physical and 49 % verbal forms of violence. Aggressive acts were typically committed by men, but majority of targets were women, often reacting with pleasure or neutral response. Nevertheless, extreme forms of violence or rape are rather seldom (Carrotte et al., 2020). Other studies depicted gender inequality (Klaassen & Peter, 2015) or sexual objectification (Fritz & Paul, 2017) in pornographic scenes. Biota et al. (2022) mentions further pornography contents such as sexism, incest, and paedophilia. Moreover, they rarely present the use of condoms (Miller & McBain, 2022; Vannier et al., 2014; Wright et al., 2020). At the same time those pornographic videos are lacking information about the consequences of unsafe sexual behaviour (Pardun et al., 2005; Sun et al., 2016).

Dubinskaya et al. (2022) state that most popular pornographic websites' videos do not accurately portray the reality of human sex life.

#### 2.3.2. Pornography consumption

Studies from all over the world researched the populations' pornography consumption and found rather high rates (Donevan & Mattebo, 2017; Häggström-Nordin et al., 2005; Li & Zheng, 2017; Miller et al., 2019; Solano et al., 2020). An Italian survey of 1492 students resulted in approximately 78 % viewing pornographic material (Pizzol et al., 2016). Another study with 644 Austrian medical students presented that almost 96 % of male and more than 56 % of female participants consumed pornography within the last year (Komlenac & Hochleitner, 2022). From 352 German adolescents in the age from 16 to 19 years, 93 % of boys and 61 % of girls have already watched pornographic films (Weber et al., 2012). In general, research detected consumer to be rather male than female (Biota et al., 2022; Komlenac & Hochleitner, 2022; Sabina et al., 2008; Ybarra & Mitchell, 2005). Pornography use in romantic partnerships is also widespread, again more for men than women (Lawless et al., 2023; Willoughby & Busby, 2016). In times of the COVID-19 pandemic an increasing interest in pornography was perceived (Lau et al., 2021; Zattoni et al., 2020). However, the change in pornography use behaviour was rather small and therefore negligible (Bőthe et al., 2022; Grubbs et al., 2022). Some studies reveal that majority of people watching pornography for the first time are younger than 18 years (Ballester-Arnal et al., 2022; Biota et al., 2022; Sabina et al., 2008). According to Biota et al. (2022), the mean starting age for pornographic viewing is around 10 years. These children and adolescents are getting sometimes unintentionally in contact with pornographic media on the internet (Peter & Valkenburg, 2016; Svedin et al., 2022). This can happen for instance through spam-emails or pop-up windows. Nonetheless, there are also people who are willingly watching pornography. The literature names various reasons and motivations for the consumption, besides sexual arousal. Some studies found a connection between pornography use and negative mood (Esplin et al., 2021; Laier & Brand, 2017). Consuming pornography thereby serves as a way to avoid those emotions (Bőthe, Tóth-Király, Bella et al., 2021; Laier & Brand, 2017). Furthermore, loneliness is a condition that can lead to searching for pornographic media (Butler et al., 2018; Yoder et al., 2005). On the other hand, adolescents that feel less independent, in particular with regard to their parents, are likewise more vulnerable in this context (Weber et al., 2012; Weber & Daschmann, 2010). Some people also use pornography as a form of stress reduction (Bőthe, Tóth-Király, Bella et al., 2021). At

the same time it can also be a way to deal with boredom (Moynihan et al., 2022). Further investigation concluded that young people are purposely using online pornography for sexuality education out of curiosity (Bőthe, Tóth-Király, Bella et al., 2021; Sun et al., 2016).

#### 2.3.3. Impacts of pornography consumption

Plenty of research has been done on potential impacts of pornography consumption. The results are inhomogeneous. While some studies underline the negative impacts of pornography consumption, there are different ones arguing it has rather positive effects or mixed consequences on sexuality and sexual health (Hald & Malamuth, 2008; Lewczuk et al., 2022; Malki et al., 2021; Newstrom & Harris, 2016; Short et al., 2012). However, the literature sees limitations such as the absence of an uniform definition of pornography (Newstrom & Harris, 2016), insufficient distinction between different types of pornography (Donevan et al., 2022; Skorska et al., 2018), and too little consideration of individual personal backgrounds (Svedin et al., 2022). Moreover, there is still demand for more research on this issue (Lewczuk et al., 2022). Nevertheless, the next few paragraphs will give a summarized overview on both positive and negative potential effects of pornography consumption on children, adolescents and adults.

Some studies indicated an increased danger for sexual risky intercourse, resultant spread of STIs, and more cases of unintended pregnancy (Bulot et al., 2015; Harkness et al., 2015; Lin et al., 2020; Tydén & Rogala, 2004), in particular when consumers are young people (Sinković et al., 2013). This is primarily because of neglected contraception use in pornography. Especially the usually visible use of condoms is seldomly presented (Davis et al., 2018; Vannier et al., 2014; Wu & Zheng, 2022). This can lead to more frequent condomless sex among consumers (Luder et al., 2011; Tokunaga et al., 2020; Wright, Sun, Bridges et al., 2019). Affected are especially those people who have no access to other sources providing sexuality information (Luder et al., 2011; Wright et al., 2020; Wright, Miezan et al., 2019). However, when consumers have sexuality education, this effect is neglectable. In some cases, watching pornography may even increase communication about sexuality between partners and further contribute to more condom use (Wu & Zheng, 2022). Furthermore, literature is discussing the relationship between pornography consumption and sexual functioning. Various studies revealed negative effects such as erectile dysfunction (Grubbs & Gola, 2019; Malki et al., 2021) and issues regarding reaching an orgasm (McNabney et al., 2020; Park et al., 2016; Wright et al., 2023). This seems to depend on the intensity of pornography consumption and cannot be generalized (Bőthe, Tóth-Király, Griffiths et al., 2021; Malki et al., 2021). In contrast, other studies do not depict a causal connection between watching pornographic media and sexual dysfunctions (Dwulit & Rzymski, 2019; Grubbs & Gola, 2019; Komlenac & Hochleitner, 2022). Complications are rather common when an addiction to pornography is present (Whelan & Brown, 2021).

Pornography addiction is not officially accepted as a mental disorder yet (Marino et al., 2023; Rasul et al., 2022). Nevertheless, literature observes similarities to other behavioural and substance addictions (George et al., 2019; Gola et al., 2017; Love et al., 2015). According to Alarcón et al. (2019), pornography has a potential for dependency particularly due to its accessibility, affordability, and anonymity. Four to eleven percent of males and one to three percent of women say they have struggled with a pornographic addiction (Grubbs, Kraus, & Perry, 2019; Grubbs, Perry et al., 2019; Hatch et al., 2023). Duffy et al. (2016) found negative consequences such as increased loneliness and relationship problems. Regardless of dependency, other studies resulted in other mental health consequences when consuming pornography. One exemplary outcome is decreased sexual satisfaction in relationships (Borgogna et al., 2018; Perry, 2020; Wright, Herbenick, Paul, & Tokunaga, 2021; Wright, Sun, Steffen, & Tokunaga, 2019). Studies observe those problems rather for men, while women sometimes experience higher sexual satisfaction (Bridges, 2007; Willoughby et al., 2021). In some cases, consumer start preferring pornography over sexual intercourse within their relationship (Sun et al., 2015). Problematic pornographic consumption can furthermore lead to less commitment to the partner (Lambert et al., 2012) and divorce in married couples (Doran & Price, 2014; Gaber et al., 2019). As a contrast, a study by Kohut et al. (2017) show less negative impacts on the relationship but rather positive outcomes such as promoted communication about sexuality topics. Another mental health aspect is the body image (Borgogna et al., 2018; Tylka, 2015). Pornography consumption can cause dissatisfaction for men with regard to penis-size (Cranney, 2015) and discomfort for women's appearance of their vulva (Maki et al., 2023). Additionally, Maheux et al. (2021) reported a linkage to increased body comparison and self-objectification. However, they did not depict any caused body shame. Kvalem et al. (2014) on the other hand mentioned a positive sexual selfesteem effect on male consumer through higher satisfaction in their genital appearance. Hakkim et al. (2022) describes pornography likewise as possibly healthy,

when consumed occasionally. It can lead to more sexual comfort. Finally, when examining the relationship between viewing pornography and mental health, Svedin et al. (2022) emphasizes the significance of accounting for numerous background characteristics such as family environment and experiences with sexual abuse.

Sexual objectification is likewise a concern that is connected to pornography consumption. Research shows that pornographic impressions can lead to higher sexual objectified mindsets, particularly towards women (Mikorski & Szymanski, 2017; Willis et al., 2022; Wright & Tokunaga, 2016). McKee (2007b) on the other hand claims that pornography does not enhance negative attitudes toward women. However, in accordance with Zhou et al. (2021) this objectifying pornography use may link to incidents of sexual violent attitudes and behaviours. Various studies support this relation, showing that watching pornographic media can lead to increased verbal and physical sexual aggression (Bonino et al., 2006; Bridges et al., 2016; Waterman et al., 2022; Wright et al., 2016). Targets are most often women. People at the same time accept received violent behaviour more likely when they are pornography users (Krahé, 2011). Wright et al. (2021) for example found connections specifically to sexual choking. The perpetrators thought it would be pleasurable and that they would not need the consent of the sexual partner. Furthermore, Sun et al. (2016) discovered that the likelihood of a man asking his spouse to engage in specific pornographic sex acts increases with the level of consumption. It displays that porn watching people can be influenced in their sexual expectations (Goldsmith et al., 2017). In some cases this can even lead to rape-like behaviour (Foubert et al., 2011). Guys who watch porn are additionally much less likely to step in as a bystander during rape incidents. Moreover, they are more probable to commit sexting, which contains sending sexual photos or text messages to another person (Stanley et al., 2018).

Despite the fact that pornography fosters false and exaggerated expectations about sex life (Miller & Stubbings-Laverty, 2022; Sun et al., 2016; Tsitsika et al., 2009), young people are still using it as inspiration (Mattebo et al., 2012; Rothman et al., 2021; Ševčíková & Daneback, 2014; Tydén & Rogala, 2004). In those cases, they prefer getting the information from pornography rather from their parents. Due to the potential impacts of pornography consumption, developing a critical reading of pornography through media literacy instruction is gaining in importance (Vandenbosch & van Oosten, 2017; Wright et al., 2018).

### 2.4. Research questions

The aim of this paper is to reach out to Austrian experts in the sector of sexual health and sexuality education with the intention of answering the following explorative research questions:

- 1. Do relevant Austrian experts think that young people's pornography consumption has an impact on their sexual health and sexuality education, and if so, what are the potential consequences?
- 2. What are the suggestions of Austria's relevant experts on dealing with pornography?

## 3. Methods

There are mainly two different approaches in empirical research (Flick et al., 2022; Röbken & Wetzel, 2016). In quantitative research, social reality is seen as being objective and determinable by regulated procedures. Through using models and figures, it is intended to precisely represent behaviour. With the gathering of theorybased data, quantitative empirical research operates deductively. The purpose of qualitative research is to comprehend people's behaviour and to portray reality from the perspective of the relevant interviewees. It is distinguished by a stronger subject emphasis as opposed to a huge sample size. Qualitative research approaches are typically exploratory and hypothesis-generating.

In order to answer the aforementioned research questions, the qualitative method of problem-centred interviews (Witzel, 2000) was chosen. It is a theory-generating procedure. As part of the data gathering process, the gained previous knowledge provides a framework for potential interview questions. In addition, the idea of openness is accomplished by igniting the unique relevance contexts of the research subjects, particularly through storytelling. Using this methodology, interview subjects get the chance to share their opinions on the topic of the study, as well as to justify and explain their arguments.

### 3.1. Target group

The target group for this investigation is composed of relevant players in the sector of sexual health and sexuality education. This includes, on the one hand, Austrian sexual health professionals such as gynaecologists, urologists, sex therapists and general practitioners (Öffentliches Gesundheitsportal Österreichs, n.d.). On the other hand, it

comprises responsible parties for sexuality education. Those are defined by the Austrian basic decree on sexuality education (Rundschreiben Nr. 11/2015, 2015). These are teachers specifically in the field of biology, parents, and external sexuality educators. Requests were sent via E-mail to approximately 30 Austrian experts. Nine agreed to participate as interview partners. They are listed in table 1. Three of the interviewees were male, six were female. The experts were based in five different Austrian federal states, including Vienna, Lower-Austria, Upper-Austria, Salzburg and Styria.

#### 3.2. Problem-centred interviews

The problem-centred interviews were conducted predominantly following Witzel (2000). Based on the literature review and the research questions, a guideline for the interview was written. It can be found in the appendix, both in German and in English language. The interview guideline consists of an introduction, three narrative impulses, and a concluding question. The introduction asked for information about the person and their professional activities. Narrative impulse one inquired the relationship between pornography use among children and adolescents and their sexual health. Narrative impulse two requested expertise and opinions about the potential impact of pornographic media on young people's sexuality education. In narrative impulse three, interviewees were asked to tell what need for change they see in relation to the research topic and what specific actions they would take. Finally, the experts had the opportunity to complement additional aspects. The introduction, all narrative impulses, and the conclusion each contained a guiding question, which was also made known to the interviewees in advance. In addition, they were also familiarized with the research questions. Moreover, each section also contained more specified questions and a checklist of contents that should be mentioned. The interview guide thus also served as an orientation for the problem-centred interview. However, the interviewer was not obliged to follow the exact prescribed procedure. After each guideline question, the interviewee was free to talk about the topic and, if necessary, the specific questions noted in the guideline were used to go into more detail. The problem-centred interviews were all conducted online via video conferencing software Skype or Zoom. The spoken language was German. During the call, the cameras of the interviewer and the interviewee were activated. Video and audio of the conversation were recorded via video conferencing software. Audio files were then transcribed according to Dresing and Pehl (2011). The software Amberscript was used to support this process. All interviewees signed a consent form

for privacy and anonymity. The original German template for the consent form can be found in the appendix. All names of interviewees are kept anonymous in this thesis. Table 1 below assigns a number to each interview partner (IP). Those are the numbers by which they will be referred to in the context of this work.

Nr.	Interview partner's profession	Setting	Date	Duration
IP1	Sexual therapist	Skype	06.02.2023	47 min 27 sec
IP2	Sexuality educator	Zoom	07.02.2023	51 min 01 sec
IP3	Biology teacher	Zoom	08.02.2023	49 min 11 sec
IP4	Sexuality educator	Zoom	13.02.2023	52 min 13 sec
IP5	Sexuality educator, Sexual therapist	Zoom	14.02.2023	45 min 38 sec
IP6	Sexuality educator	Zoom	15.02.2023	56 min 32 sec
IP7	Sexual therapist, Sexuality educator	Zoom	16.02.2023	45 min 55 sec
IP8	Sexual therapist, Sexuality educator	Zoom	17.02.2023	56 min 28 sec
	Sexual health practitioner,			
IP9	Gynaecologist, Sexuality	Zoom	01.03.2023	50 min 57 sec
	educator, Sexual therapist			

#### Table 1: Brief description of the interviews

Source: Own creation

#### 3.3. Summarizing content analysis

The summarizing content analysis for the problem-centred interviews was inspired by Mayring (2010). However, this method was not used inductively but deductively through theory-based categories. First, line numbers were added to the transcripts. Subsequently, a table was created in which the summarizing content analysis was implemented in German language. The page and line numbers of the corresponding text passage were indicated in the first two columns. In the third column, the sentences to be analysed were paraphrased. This followed by the generalization of the paraphrases, which took place in the fourth column. Finally, the generalized statements were deductively assigned to categories. This step is referred to as reduction. The categories were defined in advance based on the interview guideline. Table 2 presents an overview of them and explains in keywords which topics they

each cover. In the table of the summary content analysis the individual cells were color-coded according to the respective categories. The following chapter describes the results of this content analysis. Translations from German to English were supported by deepl.com.

Table 2: Description of categories	
Category	Included aspects
Profession and career	<ul> <li>Professional activity</li> <li>Career</li> <li>Work-related reference to pornography</li> <li>Working with children and adolescents</li> </ul>
Pornography and physical sexual health	<ul> <li>STIs</li> <li>Unintended pregnancy</li> <li>Sexual dysfunction</li> <li>Contraception usage</li> </ul>
Pornography and mental sexual health	<ul> <li>Pornography addiction</li> <li>Body Image</li> <li>Relationships</li> <li>Other mental consequences</li> </ul>
Reasons for pornography consumption	<ul><li>Unintentional causes</li><li>Intentional motivations</li></ul>
Pornography as sexuality education	<ul><li>Young people and pornography</li><li>Learning from pornography</li></ul>
Impacts on sexual behaviour and expectations	<ul> <li>Sexual expectations</li> <li>Sexual behaviour</li> <li>Sexual mindset</li> <li>Causal relationship</li> </ul>
Pornography and sexuality as taboos	- The role of taboo
Changes on individual level	<ul> <li>Parents</li> <li>Teacher</li> <li>Sexuality educators</li> <li>Other individuals</li> </ul>
Changes on structural level	<ul><li>Schools</li><li>Government</li><li>Society</li></ul>

Table 2: Description of categories

Source: Own creation

## 4. Results

As shown in table 1, all interview partners have a professional connection to sexual health, sexuality education or both. For all of them, the topic of pornography is present in their everyday work (IP1, 24-29; IP2, 34; IP3, 48-51; 62-63; IP4, 61-62; IP5, 33-39; IP6, 546-566; IP7, 40-50; IP8, 33-34; 39-56; IP9, 35-39). IP4 has perceived an increasing importance of this topic since the COVID-19 pandemic (67-78). Furthermore, *IP6* mentioned dominant interest in talking about pornography among gender-segregated groups, with boys rather than girls *(26-40; 48-50; 50-54; 93-97)*. Eight out of nine interviewed experts have had experience in working with children and adolescents *(IP1, 13-15; IP2, 16-23; IP3, 14-20; IP4, 40-55; IP5, 23-25; IP6, 11-13; 14-21; IP7, 26-34; IP8, 5-6; 18-19; 24-27)*.

#### 4.1. Pornography and sexual health

In terms of physical sexual health, particularly two issues were raised. First, pornography viewing, and masturbation can lead to erection or orgasm problems, according to expertise of *IP1 (31-35; 52-58), IP5 (228-229), IP8 (281-290)* and *IP9 (179-191)*. Second, some interviewees mentioned that pornography neglects the depiction of condoms and other contraceptive methods (*IP4, 144-149; IP3, 236-243; IP5, 90-102; IP6, 72-75; 162-167; IP9, 391-392)*. This can have an impact on consumers' willingness to use contraception (*IP1, 198-205)*. However, other experts did not see a significant connection in this (*IP2, 195-198; 217-220; IP4, 149-163; IP6, 76-83; IP7, 110-119)*. Moreover, *IP1* emphasised that health problems occur mainly among male consumers (*30-36*). Besides, pornography consumption can merely be a sign of interest in sexuality, leading to beneficial health outcomes (*IP9, 140-163)*. For some experts, the connection between using pornographic media and effects on physical sexual health was not assessable (*IP2, 74-88; 198-204*).

Pornography consumption moreover has an impact on mental health. It can for example cause psychological pressure in children and adolescents (*IP2*, 91-94; 293-298; *IP3*, 120-125; *IP5*, 140-150; 178-189; *IP6*, 89-93; 160-162; *IP7*, 158-164; *IP9*, 40-42). *IP9* explained that this affects especially those who have not received any prior knowledge about sexuality (366-370; 393-405). In those cases, the unrealistic scenes of pornography have a disturbing effect (*IP9*, 421-441). Pornography consumption is often also associated with feelings of guilt and shame (*IP1*, 362-366; *IP5*, 229-234). In addition, experts said that young people feel insecure by what they see and are also afraid of health consequences through pornography consumption and masturbation (*IP2*, 142-159; *IP3*, 211-219; *IP5*, 192-194; *IP6*, 97-100; 200-202). Despite these negative emotions, they continue consuming it (*IP6*, 210-216). In this context, young people want to know more about the issue of addiction (*IP2*, 183-185; *IP4*, 220-223). Interviewees talked about people who can become addicted to pornography consumption (*IP1*, 35-39; 262-270; *IP5*, 48-60; 130-137; *IP7*, 148-158; 213-214; *IP9*, 90-91). This can negatively influence everyday life (*IP1*, 114-120; *IP9*,

91-101). In the worst cases, these people also become delinquent because they access increasingly extreme content (IP1, 393-400). IP5 pointed out, that it takes motivation and self-awareness to change this dependency (150-154). However, IP8 (38-39) and IP9 (261-273) spoke merely of rare addiction cases. Furthermore, IP4 emphasised that a distinction must be made between pornography addiction and curiosity in sexuality (227-234). An addiction is only present when it is connected to compulsion (IP4, 223-227). In this topic, IP9 additionally stated that modern media have in general potential to be addictive (104-110; 479-482). Furthermore, pornography consumption can have a negative effect on relationships and real sex life (IP1, 75-86; IP2, 384-390; IP5, 211-228; IP7, 304-314; IP8, 34-38; IP9, 110-128; 370-390). IP1 described the separation of love and sex as a difficulty (346-351). Another problem is the lack of sexual pleasure with the partner (IP9, 252-260). In contrast, there are also cases where pornography can increase the sexual desire of consumers (IP1, 339-346). Finally, pornographic but also social media have a negative impact on the body image of children and adolescents (IP1, 180-183; IP2, 166-177; 317-319; IP3, 131-140; 298-304; IP4, 171-180; IP5, 108-115; 189-192; 245-247; IP6, 87-89; IP9, 196-234). These effects also depend on consumers' educational backgrounds (IP4, 180-188).

#### 4.2. Pornography and sexuality education

The reasons and motivations among children and adolescents for pornography consumption are diverse. IP1 described psychological stress or depression as reasons for it (112-113; 450-459). This can be related to family problems or lack of experienced affection (IP1, 459-478). Poor body image may also lead to retreating into the world of pornography (IP1, 183-185). According to IP1, pornography and masturbation can also serve as stress relievers (94-95). Some men told IP1 that it tames their sexual urges (494-500). On the other hand, boredom can be a reason to masturbate as well (IP1, 94-95). Furthermore, pornography serve as means of sexual arousal (IP6, 67-70; 675-678; IP8, 145-154). Several experts mentioned that children and adolescents are curious and want to get information about sexuality (IP5, 171-176; IP6, 385-390; 616-632; IP8, 345-347). Pornography offers them what they are searching for and serves as a guide to sex life (IP2, 255-260; IP6, 67-70; 675-678; IP7, 247-250). It allows them to explore and try out their own sexuality (IP4, 235-246). Moreover, pornography is easily accessible (IP6, 143-155; IP8, 62-65). IP6 added that there may be no other alternative sources of information for young people (111-123). However, according to IP3, they sometimes discover pornography

unintentionally (*IP3, 125-127*). This can happen through sharing of pornographic contents on social media (*IP3, 426-428; IP9, 608-614*).

Young people are interested in sexuality (*IP1, 299-309*). Parents are simultaneously worried about their children's pornography consumption and sexuality education (*IP6, 512-515; IP9, 297-299*). According to *IP1*, pornography serves as an educational medium for some young consumers (*221-223; 226-227*). Many children get in contact with pornographic media at a very early age (*IP1, 242-247; IP2, 88-90; IP3, 51-56; 89-90; IP5, 35; IP8, 339-345*). However, pornography often conveys an incomplete and unrealistic image of sexuality (*IP2, 112-122; 261-268; IP6, 84-87; 259-271; IP9, 411-454*). Several experts therefore agree that it is not suitable for educational purposes (*IP2, 244-254; 272-281; 307-308; IP4, 271-274; IP5, 60-72; 194-202; IP7, 130-140; 228-233*). However, *IP4* emphasised that not all pornography is the same (*243-235*). Apart from that, young people do not understand why they are allowed to have sex before they can legally watch pornography (*IP6, 54-64*). *IP9* said that sexuality has no age limit (*577-580*). Due to the legal situation, the active use of pornography in sexuality education is not possible (*IP9, 499-501*).

Pornography influences consumers in their sexuality (IP1, 92-96; IP4, 346-359). IP1 emphasised that especially young people are a vulnerable group (413-420). Moreover, the effects seem to affect predominantly male consumers (IP1, 256-262; IP8, 143-145; 206-219; IP9, 39-40; 102-104). According to IP6's description, some consumers are not aware of the fact that they do not need the external influences of pornography for their sexuality (216-222). The effects on sexual thinking and behaviour are very different and depend on the type of pornography and the consumers' backgrounds (IP2, 99-112; 369-375; IP3, 272-277; IP4, 476-486; IP5, 63-68; IP6, 492-501; 668-674; IP7, 60-80). According to IP4 (107-130), IP6 (130-143) and IP7 (80-98), negative outcomes are less likely if young people grow up in a protective environment and have knowledge and competences on sexuality and their bodies. Furthermore, mainstream porn shows different content than feminist porn and therefore cannot be equated (IP3, 278-296). According to IP3, feminist porn is more valuable in terms of sexuality education, but more difficult to access (296-298). The experts presented a mixed picture of effects in pornography consumption. On the one hand, they spoke about the influence on sexual expectations (IP1, 133-151; IP2, 94-98; 319-326; IP3, 127-131; 149-178; IP4, 328-345; IP6, 123-130; IP7, 296-303; IP8, 154-161). Children and young people receive a wrong picture of what sex is. This

limits the individual sexual fantasy of young people (IP9, 42-48). At the same time, absurd fetishes are created, some of which cannot be fulfilled in real sex life (IP1, 403-412). IP1 mentioned that this can then also be reflected in sexual behaviour (151-153; 274-279). In extreme cases it leads to criminal offences (IP1, 504-508). However, in accordance with IP3's opinion, a connection to increased sexual aggression is difficult to assess (187-190). Some interviewees mentioned that sexism is reinforced by pornography consumption (IP3, 219-225; IP4, 368-384; IP5, 251-255; IP6, 236-246; IP7, 364-368; IP9, 410-421; 454-460) and that these media present a negative image of women (IP6, 71-72). The aspect of sexual objectification is also fuelled by pornography (IP1, 369-380; IP5, 251-255; IP6, 236-246), although some experts could not assess this (IP2, 335-344; IP5, 244-245; IP8, 408-432). IP3 also observes a normalisation of racism through pornographic media (219-225). However, it was repeatedly emphasised that attitudes of sexism, sexual objectification and racism are only intensified but not caused by pornography (IP3, 345-351; 365-384). Another aspect that has been raised by IP3 (190-205), IP4 (500-507) and IP5 (247-249) is the sexualised language through pornographic content. IP4, however, merely sees this as an expression of insecurity and being overwhelmed by what children and adolescents observe (508-521). Besides, according to IP6, sharing of pornographic material can lead to legal problems (168-178; 515-546). It can also be seen as a form of sexual violence. In contrast to rather negative effects, however, positive factors such as the removal of taboos and the promotion of sexuality were also mentioned (IP2, 299-306; IP9, 69-80). IP3 (91-120) and IP8 (56-66; 121-124; 161-180) explained that early pornography consumption merely has limited impact on the development of young people. They do not become oversexualised by it. Stronger effects occur rather rarely (IP8, 130-134; 189-206). However, at the same time, IP8 emphasised that we live in a society that tends to be oversexualised but is scarcely sexually active (267-281; 290-301).

Topics like pornography, sex and lust are taboo in our society (*IP3*, 277-278; *IP4*, 390-402; *IP5*, 57-58; 355-359; *IP6*, 246-274; *IP8*, 256-267). Moreover, people have a general negative attitude to pornography (*IP7*, 164-169). *IP6* (101-111) and *IP7* (344-353) stated that especially sexuality in children and young people is taboo. Adults and in particular parents rarely talk about these topics (*IP3*, 312-313; 323-329; *IP5*, 424-425; 458-464). According to *IP1*, sexuality education by parents suffers because of that (541-557). At the same time, they are sometimes sceptical about sexuality education in schools (*IP1*, 313-321). Children, on the other hand, want to talk about

these subjects and often do so only among themselves (*IP6, 64-67; 223-225; 395-408; 434-440*). *IP3* mentioned that boys are more likely to talk about pornography (*321-323*). According to IP4, taboos are counterproductive for sexuality education (*402-403*). They make the consumption of pornography even more attractive and thus increase the interest of young people (*IP5, 137-140; 176-177; IP7, 353-356*). *IP3* added that it is beneficial when external people take over sexuality education at schools instead of teachers, because children's and adolescents' inhibition threshold to talk about sexual topics is thereby lower (*313-320*). Finally, *IP7* (*338-344*) and *IP9* (*535-551*) mentioned that media are decreasing the taboo around sexual topics, and this trend could continue in the future.

#### 4.3. Measures of change

The interviewed experts named numerous measures in connection with the proper handling of pornography on individual level. Important aspects are increased communication and the removal of taboos surrounding pornography and other sexual topics (IP1, 431-441; 557-563; IP2, 269-272; 390-397; IP3, 440-451; IP4, 555-564; IP5, 72-78; 265-266; 280-291; 294-301; 425-427; IP6, 376-377; 578-591; IP7, 428-435; IP8, 92-95; 301-307; IP9, 520-535). IP5 explained that this will disempower pornography and its influence (280-291; 294-301). Experts furthermore emphasized that sexuality education by parents plays an important role and must be promoted (IP1, 223-224). They need to be made aware of sexual issues (IP3, 329-335). IP9 states that they should model healthy sexuality (304-309). IP6 (320-325) and IP9 (482-488) added that sexual development at a young age should be encouraged and not suppressed. Creating a trusting environment for children and adolescents plays an essential role in this (IP4, 530-539). Young people's self-esteem and selfconfidence must be supported (IP3, 420-426; 461-489). According to several interviewees, it is also essential that young people learn to feel their bodies and acquire body competence (IP2, 377-383; 453-470; IP4, 188-205; IP5, 301-317; 359-363; IP6, 155-160; IP7, 391-402; 459-473). Children and adolescents need their own approach to desire and therefore it is important to let them live pleasurably (IP1, 500-504; 518-532; IP2, 490-494; IP7, 315-326). In addition, active sexuality education is needed (IP1, 391-392; 574-578; IP2, 398-406; 433-451; IP4, 274-279; 542-553; IP6, 83-84; 180-184; 632-643; IP8, 124-130). Young people need to be made aware of the differences between pornography and reality (IP2, 486-489; IP3, 56-62; IP4, 304-319; IP7, 443-459; IP9, 128-135; 334-353; 615-621; 640-647). Experts also mentioned several aspects that should be avoided in sexuality education. It should not focus on

prohibitions, condemnations, renunciations, warnings and prevention (IP2, 470-476; IP4, 433-444; IP5, 154-161; 333-340; IP6, 225-228; 515-546; IP7, 169-193; 199-203; 233-247; IP8, 95-103; 329-339; 347-375; 500-501; IP9, 467-479; 621-633). Imparting one's own values as a sexuality educator should also be avoided (IP5, 444-458; 482-486; IP6, 325-351; IP9, 551-558). Furthermore, young people shall not be limited in their opinions, but their needs and interests ought to be included (IP4, 573-599; IP7, 250-254; IP8, 103-121; 375-391). A sensitive and respectful approach is important (IP6, 184-189; IP7, 436-439). IP9 mentioned that critical thinking of consumers should also be encouraged (597-606). Besides, pornography consumption can be prevented to some extent by parental controls (IP4, 539-542). However, pornography should not be blanketed and porn that is true to reality should be encouraged (IP1, 420-430; IP6, 202-210; IP8, 85-92; IP9, 51-61; 654-664). If pornography consumption causes problems, IP1 (86-92) and IP8 (236-241) suggest solving them as a couple. Finally, IP4 (279-282), IP5 (382-414; 512-516), IP7 (193-199) and IP9 (283-295; 578) emphasized that people should not condemn pornography and sexuality but find a healthy and productive way to deal with it. IP9 described current developments as going into the right direction (569-577), while IP1 was rather worried about the future (485-490).

Interviewees also mentioned structural measures. Holistic sexuality education must be promoted at schools and other educational facilities, both by internal and external educators (IP1, 224-226; 309-313; IP2, 406-409; IP3, 243-260; 412-420; IP4, 286-295; IP5, 266-280; 291-293; 317-323; 438-444; 486-492; IP6, 351-357; 390-395; 422-434; 451-492; 678-683; IP9, 172-179; 309-334; 558-569). For this, however, the sexuality education training of teachers must be strengthened (IP4, 29-37; 426-433; IP6, 441-443; 601-616; IP8, 391-396; 470-480; IP9, 606-608). IP6 specifically supported sexuality education through external organisations (591-601; 643-648). In accordance with IP6, special confidants for children and young people at schools would also be useful (408-422). In the opinion of IP1 (324-334), IP7 (265-276), and IP9 (299-304) sexuality education must begin before school starts. In the implementation of sexuality education, uniform standards are important, which should be based on scientific facts and recommendations of the WHO (IP5, 464-476; 493-499; IP6, 288-320; IP8, 501-506). However, within this framework, IP6 supports a versatile approach to sexuality education (288). The explicit discussion of pornography in sexuality education (IP1, 337-339) and the promotion of media competence were also mentioned by experts (IP2, 452-453; IP3, 140-149; 428-440; *IP6, 479-481; 683-698; IP7, 439-443).* In addition, access restrictions for internet pornography are needed to specifically protect young people (*IP1, 400-403; IP2, 410-423; IP3, 399-412; IP4, 416-425; IP6, 365-376; IP9, 496-498; 591-596).* In general, according to *IP4*, there is a need for more laws and regulations in the digital space (295-304). However, a general ban on pornography is out of question for *IP8 (445-456).* Another possibility for improvement is the provision of more alternative sources with information about sexuality or informative pornographic media (*IP6, 377-385; 440-441; 674; 698-717*). Societal changes such as promoting young people's autonomy and decreasing the taboo of pornography were mentioned as well (*IP7, 368-377; 402-416; IP8, 456-470).* Those actions would decrease the negative power of pornography. *IP8* suggested that future decisions in this regard should be made by people relevant to sexuality education (480-489).

## 5. Discussion

This chapter will compare the results of the problem-centred interviews with research from the literature review and additional sources. Subchapter 5.1. will provide an answer for the first research question. In 5.2. experts' suggested measures of change will be discussed. Finally, 5.3. will give an overview on the limitations of this paper.

### 5.1. Pornography, sexual health and sexuality education

The literature review and the problem-centred interviews have some minor differences in outcomes when answering the question whether pornography influences the physical and mental sexual health of consumers. Studies describe the use of condoms as one of the most important preventions regarding unintended pregnancies and the transmission of STIs. Interviewed experts agreed with the literature on the neglection of contraceptive methods in pornography. Furthermore, studies and interviewees depicted both positive and negative outcomes on the actual contraception use of consumers. However, only one expert mentioned a possible negative impact. Another discussed health aspect is sexual dysfunction. While the literature review has rather mixed outcomes on this topic, four interviewees reported erection and orgasm problems connected to pornography consumption. The results of the problem-centred interviews additionally confirmed that rather men are negatively influenced by the consumption of pornographic media. Finally, neither studies nor interviews resulted in solely negative or positive outcomes.

According to literature, the use of pornography can also affect mental health. The problem-centred interviews underlined that. Even though studies explain that pornography addiction currently is not an officially accepted mental disorder, half of the interview partners as well as other research have observed people with such a dependency. However, interviewees highlighted the importance of recognizing the difference between addictive behaviour and unproblematic consumption. The interviews' results also supported studies' outcomes on relationship consequences. One partners' pornography consumption can lead to problems in sex-life through factors such as decreased sexual pleasure. In contrast, literature and interviewed experts agree on possible positive influences, which can also contain increased sexual desire. Another topic is the correlation between seeing pornographic pictures and young viewer's body image. Almost all experts emphasised a negative influence. A complement to the literature review is the mentioned feeling of pressure in children and adolescents caused by what they see and their fear of resulting health consequences. As already mentioned in the literature review, some comments of interviewees confirm the significance of examining educational and familial backgrounds when assessing the mental health of pornography consumers.

The definition of pornography given in this thesis describes sexual arousal as the purpose of its consumption. Interviewees also mentioned this aspect as one of the motivations. The problem-centred interviews as well as the literature review however contained additional reasons for the consumption of pornographic materials. Some of them are connected to mental circumstances such as stress, loneliness or boredom. Furthermore, some young people get in contact with pornographic media unintentionally on the internet and social media. This has been revealed by studies and it was also mentioned in interviews. Experts furthermore supported studies' explanation that young people are curious about sexuality and consume pornography to gain information about it. Easily accessible internet pornography is then used as sexuality education, particularly when there is lack of alternative sources. Moreover, statements from experts confirmed that children start consuming pornography at a very early age. Interviewees and studies agree on the rather unrealistic and incomplete image of sexuality that pornography delivers. Even though there are different types of pornographic media, the results of the problem-centred interviews clearly state, that they are usually not suitable for educational purposes. This is in accordance with most of the sources discussed in the literature review. Appropriate sexuality education is important for the development of children and adolescents.

According to studies and experts' narratives, the taboo and shame in connection with sexual topics including pornography are an obstacle for sexuality education and makes pornography consumption additionally attractive for young people. Interviewees pointed out that young people want and need to talk about those topics. Besides the educational aspect, experts confirmed studies' predominant results regarding increased sexual objectification and sexism through pornography consumption. Furthermore, most interview participants mentioned pornography's influence on sexual expectations and fantasies of consumers. Nevertheless, in terms of sexual aggression experts did not observe explicit impacts, contrary to what is described by various investigations in the literature review. Only technology-facilitated violence and a sexualisation of the language were mentioned. Additionally, some experts clarified that not all people get oversexualised through pornography. It depends on their personal backgrounds and the sort of pornography that is consumed.

In conclusion, the results show that young people's pornography consumption has besides few positive effects rather negative consequences regarding their sexual health and their sexuality education. Concerned are more men than women. This may be because pornography is mostly designed for and predominantly consumed by men. However, when examining potential consequences of pornography consumption, results from both this and other studies highlight that other circumstances such as different types of pornography and individual educational and familial backgrounds should be taken into consideration as well. Generalizations and causal connections should therefore be set with caution.

#### 5.2. Measures of change

The results of the problem-centred interviews and existing studies provide a couple of suggestions on dealing with children's and adolescents' pornography consumption, both on individual and structural level. One provision was mentioned repeatedly. Experts unanimously want to promote young people's sexuality education, both from parents and from educational institutions such as kindergartens, schools and external sexuality educators. This requires training of sexuality educators, since the literature review showed, that both parents and teachers do not generally feel prepared for implementation. Although studies show that Austria follows in comparison to some other European countries a holistic approach to sexuality education, experts still observe need for improvement. Interviewees' proposals for amendment often referred

to principles of the Standards for Sexuality Education on Europe (WHO & BZga, 2011). Some experts specifically described those standards as an appropriate framework for sexuality education. In accordance with the standards, they consider sexuality education from birth to be essential. Moreover, interviewees emphasised that children and adolescents must not be limited in their opinions, but their interests and needs shall be included in the teaching contents. Bauer et al. (2020) and Waling et al. (2021) support this proposition. Their studies depicted, that young people are interested in more detailed and holistic information about sexuality. Some of the interviewed experts added that children and adolescents need to learn feeling their bodies and experience what generates sexual pleasure in them. Furthermore, interview participants declared the inclusion of pornography, media competence and critical thinking into sexuality education to be necessary. Children and adolescents need to be aware of the differences between what they perceive in pornography and how sexuality works in real-life. This may be an important measurement, since technological developments make pornography seem increasingly more realistic (Dekker et al., 2021; Evans, 2023). In accordance with the experts' suggestions, literature discloses the importance and effectiveness of media and pornography literacy education (Baker, 2016; Byron et al., 2021; Scull et al., 2022). Moreover, Dawson et al. (2020) proposes lowering the shame associated with pornography use and supporting critical thinking of consumers. Besides, experts emphasised that sexuality education should not be based on prohibitions, condemnations, renunciations, warnings and preventions. These are among the aspects that constitute abstinence-only sexuality education (Santelli et al., 2017). Experts therefore are aiming for the holistic approach of educating young people about sexuality. In contrast to the homophobic and religiously influenced classes of an Austrian association for sexuality education (Kapella & Mazal, 2022), they demand a value-free teaching style. Furthermore, both this and former studies do not exclude the importance of sexuality education through parents. They can be seen as role models for their children in terms of living a sexual healthy life.

Apart from actions related to sexuality education, this study reveals requirements for limitations to pornography access for minors and further regulations in the digital world. An example of such legal measures can be seen in the United Kingdom (Department for Digital, Culture, Media & Sport & Philp, 2022). The *Online Safety Bill* shall oblige pornographic websites to use technological age verifications and other protective measures. However, this bill has not yet entered into force. Furthermore,

the results of the problem-centred interviews pointed out that society needs a healthier approach with pornography. It should not be generalized as something negative and the taboo around sexual topics must be minimized.

In conclusion, this paper suggests that the promotion of holistic sexuality education, active communication about sexuality related topics and regulated access to pornographic material are effective measures to reduce the potential negative consequences of children's and adolescents' pornography consumption.

#### 5.3. Limitations

This study has couple of limitations. The literature review represents an overview of a relatively high number of studies on sexual health, sexuality education, pornography and their connections. Nevertheless, in-depth research is missing, also because full versions of studies were partially not openly accessible. Furthermore, the procedural deviation in Mayring's (2010) qualitative content analysis represents a reduction in reliability and thus also a lower validity. The same applies to the lack of communicative validation from the results of the problem-centred interviews, meaning that the interpretation of the statements was not checked back by the interviewees. The proximity to the interview participants was restricted due to the online setting. Nonetheless, interviewees were familiar with the use of the technology and active cameras created a realistic atmosphere. Moreover, due to lack of time resources, no triangulation was performed. Since it was difficult to find an appointment for a joint expert discussion, no focus group was conducted either. With the help of this qualitative approach, it would have been possible to learn not only what people think about the subject of the study, but also profoundly understand how and why they do so (Kitzinger, 1995). This might also have allowed a focused discussion on necessary interventions related to the research topic and would have contributed to answering the second research question. In addition, including people with responsibilities in the legislative and executive branches of the government in Austria would have been valuable for assessing the measures proposed by the experts. Overall, this thesis leaves room for improvement in connection with Mayring's (2002) quality criteria of qualitative research.

#### 6. Conclusion

The aim of this paper was to reach out to Austrian experts in the field of sexual health and sexuality education and investigate their perception of children's and adolescents' pornography usage. Two research questions were meant to be answered. First, if relevant Austrian experts think that young people's pornography consumption has an impact on their sexual health and sexuality education. Second, whether they have suggestions on dealing with pornography. The findings indicate that young people's pornography consumption has more harmful effects on their physical and mental sexual health than positive ones. Experts mentioned impacts on contraceptive use, sexual dysfunction, relationship quality, body image, and issues such as pornography addiction and physiological burden. Furthermore, this paper points out that pornography is not an appropriate source of sexuality education. This is because pornography can increase sexual objectification, sexism and unrealistic sexual expectations. However, the results of this study as well as those of other studies show that additional factors, like various types of pornography and different educational and familial backgrounds, should also be taken into consideration when analysing the potential consequences of pornography consumption. Hence, generalisations and causal conclusions ought to be made with caution. Overall, experts' suggestions for measures can be summarized into three actions. First, sexuality education needs to be promoted both on individual and structural level, including stakeholders such as parents, kindergartens, schools, external sexuality educators and other educational institutions. Experts request a value free, early starting and holistic approach to sexuality education, involving children's and adolescents' interests and needs and integrating pornography and media literacy into the curriculum. Second, a restricted access to pornography for young people is required. Finally, a social change is needed to reduce the taboo and the negative, unhealthy attitudes toward pornography and sexuality. This paper's findings provide ideas for reducing potential negative consequences of children's and adolescents' pornography consumption. However, it is recommended to conduct additional research on this issue since the validity of this thesis is limited. Further studies may investigate Austrian children's and adolescents' needs in receiving sexuality education. Moreover, it can be analysed how to implement the suggested measures. Those steps may enable developments towards a healthy relationship with pornography.

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# Appendix

#### Table of content

Interview Guideline	A1
Interviewleitfaden	A3
Einverständniserklärung	A5

## Interview Guideline

- Introducing myself
- > Explanation of the procedure
- Introduction to the topic
- > Informed consent data protection and anonymity
- Start recording

<b>Guiding question</b>	Specific question	Checklist
	Introduction	
Please introduce yourself and your professional activities.	What is your career history?What exactly do you do in your professional life?Do you deal (directly/indirectly) with children and/or young people in your job?To what extent do you deal with the issue of pornography in your profession?	<ul> <li>Job and career</li> <li>Relation to children and adolescents</li> <li>Relation to pornography</li> </ul>
Narrati	ve impulse 1 – Pornography and sex	kual health
In your experience/expertise, what role does pornography use play in the physical and mental sexual health of young people?	Does pornography consumption affect physical sexual health? What about the issue of contraception? Does pornography consumption affect mental health? Can pornography consumption be addictive? Does pornography consumption influence love relationships?	<ul> <li>Physical sexual health and contraception</li> <li>Mental Health: Body Image, Porn Addiction, Relationship</li> </ul>
Narrative	impulse 2 – Pornography and sexua	lity education
In your experience/expertise, what role does pornography play in the sexuality education of young people?	How do you rate pornography as a means of sexual education? What do you think are the motivations/reasons for pornography consumption? Does pornography consumption change individual sexual behaviour and sexual expectations? What about the tabooing of sexual issues? Do you see a connection between pornography consumption and sexism/ sexual objectification?	<ul> <li>Pornography as sexuality education</li> <li>Motivations/reasons for consumption</li> <li>Sexual behaviour and expectations</li> <li>Taboo</li> <li>Sexism / sexual objectification</li> </ul>

Narrative impulse 3 – Dealing with pornography				
What suggestions do you have regarding dealing with pornography, both individually and structurally?	Do you see pornography use in these issues more as a symptom of something else or as a causal cause	-	Causal relation	
	Are there measures at individual as well as structural level that you		individual level	
	recommend? What would they be? How do you see the future in this topic?	-	Measures on structural level	
	What advice would you give children and adolescents on how to deal with pornography?	-	Advice to children and adolescents	
	How would you approach the issue with your own children or children close to you?			
Conclusion				
Is there anything else you would like to add or summarise on this topic?				

Provision of the thesis

> Thanks for participation and willingness to provide information

### Interviewleitfaden

- Eigene Vorstellung
- Beschreibung des Ablaufs
- > Einleitung in das Thema
- > Einverständniserklärung Datenschutz und Anonymität
- > Aufnahme starten

Leitfrage	Konkrete Fragen		Checkliste
	Einleitung		
	Wie ist Ihr Werdegang? Was machen Sie in Ihrem Beruf genau?	-	Berufliche Tätigkeit und Werdegang
Bitte stellen Sie sich und Ihre beruflichen Tätigkeiten vor.	Haben Sie in Ihrer beruflichen Tätigkeit (direkt/indirekt) mit Kindern und/oder Jugendlichen zu tun?	-	Bezug zu Kindern und Jugendlichen
	In welchem Ausmaß haben Sie in ihrem Beruf mit dem Thema Pornographie zu tun?	-	Bezug zur Pornographie
Erzählin	npuls 1 – Pornographie und sexuelle	Gesu	Indheit
Welche Rolle spielt der Konsum von Pornographie nach Ihrer Erfahrung/Expertise bei der physischen und mentalen	Wirkt sich Pornographiekonsum auf die physische sexuelle Gesundheit aus?	-	Physische sexuelle Gesundheit und
	Wie steht es mit dem Thema Verhütung?		Verhütung Mentale
	Wirkt sich Pornographiekonsum auf die mentale Gesundheit aus?	-	Gesundheit: Body Image, Porno-
sexuellen Gesundheit von	Kann Pornographiekonsum abhängig machen?		Sucht, Beziehung
jungen Menschen?	Beeinflusst Pornographiekonsum Liebesbeziehungen?		
Erzäh	limpuls 2 – Pornographie und Sexual	erziel	hung
	Wie schätzen Sie die Pornographie als ein Mittel der sexuellen Aufklärung ein?	-	Pornographie als Aufklärung
Welche Rolle spielt Pornographie nach	Was sind Ihrer Meinung nach die Motivationen/Gründe für Pornographiekonsum?	-	Motivation/Gründe für Pornokonsum
Ihrer Erfahrung/Expertise in der Sexualerziehung von jungen Menschen?	Verändert Pornographiekonsum das individuelle sexuelle Verhalten und die sexuelle Erwartungshaltung? Wie steht es mit der Tabuisierung	-	Sexuelle Erwartungshaltung und Verhalten
	von sexuellen Themen? Sehen Sie einen Zusammenhang	-	Tabuisierung
	zwischen Pornographiekonsum und Sexismus/ sexueller Objektifizierung?	-	Sexismus / Sexuelle Objektifizierung

E	rzählimpuls 3 – Umgang mit Pornogra	aphie	?
Welche Vorschläge haben Sie bezüglich dem Umgang mit Pornographie, sowohl individuell als auch strukturell?	Sehen Sie Pornographiekonsum in den soeben besprochenen Themen eher als ein Symptom von etwas anderem oder als kausale Ursache	-	Kausaler Zusammenhang
	Gibt es Maßnahmen auf individueller als auch struktureller Ebene, die Sie empfehlen? Welche wären das?	-	Maßnahmen auf individueller Ebene
	Wie sehen Sie die Zukunft in dieser Thematik?	-	Maßnahmen auf struktureller Ebene
	Welchen Rat würden Sie Kindern und Jugendlichen bei dem Umgang mit Pornographie geben?	-	Rat an Kinder und Jugendliche
	Wie würden Sie an das Thema bei Ihren eigenen Kindern bzw. Kindern, die Ihnen nahestehen, herangehen?		
Abschluss			
Gibt es von Ihrer Seite noch etwas, das Sie zu dieser Thematik ergänzen oder zusammenfassend erwähnen möchten?			

Bereitstellung der Bachelorarbeit

> Dank für Auskunfts- und Teilnahmebereitschaft

### Einverständniserklärung

(Qualitatives Interview)

Forschungsprojekt: "Children's and adolescents' sexual health and sexuality education in relation to their pornography consumption" Durchführende Institution: Department Nonprofit-, Sozial- und Gesundheitsmanagement (MCI Management Center Innsbruck) Projektverantwortliche: Werner Engelhardt, Mag. Jolanda Baur Interviewerin/Interviewer: Werner Engelhardt

Interviewdatum: \_\_\_\_.\_\_\_

Ich, \_\_\_\_\_\_, erkläre mich dazu bereit, im Rahmen des genannten Forschungsprojekts an einem Interview teilzunehmen. Ich wurde über das Ziel und den Verlauf des Forschungsprojekts informiert. Ich kann das Interview jederzeit abbrechen, weitere Interviews ablehnen und meine Einwilligung in eine Aufzeichnung und Niederschrift des/der Interviews zurückziehen, ohne dass mir dadurch irgendwelche Nachteile entstehen.

Ich bin damit einverstanden, dass das Interview mit einem Aufnahmegerät aufgezeichnet und sodann von den Mitarbeiterinnen und Mitarbeitern des Projekts in Schriftform gebracht wird. Für die weitere wissenschaftliche Auswertung des Interviewtextes (*bitte ankreuzen*)

- O werden alle Angaben zu meiner Person aus dem Text entfernt und anonymisiert.
- O können die Angaben zu meiner Person im Text verwendet werden.

\_\_\_\_\_ (Ort), am\_\_\_\_\_ \_\_\_\_

Unterschrift

### Declaration in lieu of oath

I hereby declare, under oath, that this bachelor thesis has been my independent work and has not been aided with any prohibited means. I declare, to the best of my knowledge and belief, that all passages taken from published and unpublished sources or documents have been reproduced whether as original, slightly changed of in thought, have been mentioned as such at the corresponding places of the thesis, by citation, where the extent of the original quotes is indicated. The paper has not been submitted for evaluation to another examination authority or has been published in this form or another.

Innsbruck, am 26.03.2023

N Eylhand

Ort, Datum

Werner Engelhardt