

Young Australians' experiences of sexual healthcare provision by general practitioners

Aaron Coleman, Aimee Tran, Amy Hort, Michael Burke, Lana Nguyen, Chloe Boateng, Daniel Tosson

Background and objectives

Young Australians are disproportionately affected by sexually transmissible infections (STIs), compared with the general population. The aim of this study was to explore how young Australians sought sexual healthcare from their general practitioners (GPs) and what factors were important to them when seeking sexual healthcare.

Methods

A cross-sectional study was performed using an anonymous survey of young people.

Results

Those belonging to a priority population were less likely to seek sexual healthcare from their GPs when compared with the non-priority population. Those not belonging to a priority population but with a history of ≥ 1 STI were also less likely to seek sexual healthcare from their GPs when compared with the rest of the non-priority population.

Discussion

Young people with a history of ≥ 1 STI who do not belong to a priority population may be avoiding their GPs for sexual healthcare. This group of young people is at risk of STIs, and research is needed to determine how to best provide adequate sexual healthcare for this population.

YOUNG PEOPLE experience higher rates of sexually transmissible infections (STIs) and lower screening rates than the general population in Australia, particularly in Greater Western Sydney (GWS).¹⁻³ In recent years, the prevalence of STIs in young Australians has been increasing when compared with other age groups.⁴⁻⁶ In 2013-14, chlamydia rates increased in both males and females in GWS.⁷ This rate was greatest in the 20-29 year age group.⁸

Patients with sexual health concerns are largely managed by general practitioners (GPs).⁹ However, asymptomatic screening rates remain low in young Australians, and it is known that many STIs are often asymptomatic.^{1,10} As chronic STI infections correspond with increased morbidity, it is necessary to determine if young Australians avoid accessing sexual healthcare from their GP; this is important to address the sexual health needs of this demographic.^{1,11-14}

Current STI guidelines define priority populations as those significantly at risk of STIs.¹ These groups include Aboriginal and Torres Strait Islander peoples, men who have sex with men (MSM), sex workers, people in custodial settings and those who inject drugs.¹ These people can access publicly funded sexual health services (PFSHS) for sexual healthcare.^{1,13} However, PFSHS cannot provide these services to all young people as they are only funded for the aforementioned groups.¹

A specific subpopulation of young people who are not defined as a priority

population may also be at risk of sexual ill-health. This includes those with a history of ≥ 1 STI.¹⁵⁻¹⁷ Currently, PFSHS triage these young people to their GPs for sexual healthcare.

Unfortunately, it is understood that young people feel uncomfortable discussing sexual health concerns with their GPs.⁹ Incidentally, young Australians attending PFSHS prefer to seek sexual healthcare from PFSHS rather than a GP.¹⁸ However, the reasons why young Australians may avoid seeking sexual healthcare from their GPs have not been explored in a general practice setting. When surveyed in a sexual health service, it is currently understood that the factors deemed important when accessing sexual healthcare are the same for young Australians that belong to a priority population as those who do not.¹⁸ As the majority of sexual healthcare occurs in general practice, it is necessary to assess these factors among young people accessing general practice services.

The aims of this study were to:

- determine whether young Australians avoid seeking sexual healthcare from a GP
- identify whether the factors deemed important to young Australians belonging to a priority population were the same as those who did not belong to a priority population when accessing sexual healthcare in a general practice setting.

Methods

A cross-sectional survey of young adults aged 18–30 years was conducted in September 2015 (Appendix 1, online only). Participants were recruited from 10 general practices across eight GWS suburbs. Those who were aged 18–30 years and comprehended English were eligible to participate in the study.

An adapted survey tool collected data regarding participants' demographics and their experiences with GPs for sexual healthcare.¹⁹ Participants were divided into priority populations (as previously defined) and the rest of the population (non-priority population).¹ These two populations were compared using independent chi-squared proportional analysis. Within the non-priority population, those who had a history of ≥ 1 STI were compared with the remainder of the non-priority population using independent proportional analyses. These comparisons were used to determine whether the different groups were less likely to seek sexual healthcare from their GPs.

The factors deemed important when attending a GP for sexual healthcare were compared between participants from priority and non-priority populations using self-reported Likert scales. Non-parametric Mann-Whitney U-test analysis was used as a result of our positively skewed data. This determined whether a significant difference existed between the responses of these two groups.

Ethics approval was obtained from the Human Research Ethics Committee at Western Sydney University, reference number H93067.

Results

Surveys were completed by 256 participants, with a >80% response rate. Of the 256 respondents, 98.8% (253/256) resided in GWS. In total, 6.6% ($n = 17$) belonged to a priority population. The remaining 93.4% (239/256) did not belong to a priority population group. The demographics of our population are reported in Table 1.

Self-reported history of STIs among participants

Of the 256 participants, 13.3% (34/256) had a self-reported history of at least one diagnosed STI (Table 2).

Priority population

In total, 17 participants belonged to a priority population, and these participants were less likely to seek help from their GPs for sexual healthcare than the participants who belonged to the non-priority population. This was associated with fear or a perceived history of judgement from their GP ($X_1^2 15.03, P < 0.00001$).

Non-priority population with a history of ≥ 1 STI

Participants who did not belong to a priority population but had a history of ≥ 1 STI were less likely to seek help from their GPs for sexual healthcare when compared with the rest of the non-priority population. This was associated with fear or a perceived history of judgement from their GPs ($X_1^2 19.7, P < 0.00001$).

Most important factors in choosing a service for STI screening

There was no significant difference between the expressed important factors for choosing a service between the priority population and the non-priority population. For both populations, the top three factors were: confidentiality, staff knowledge and staff attitudes. This comparison is summarised in Table 3.

Discussion

This study facilitated the identification of two groups of young Australians that may be avoiding sexual healthcare from their GPs because of a perceived fear of judgement from their GPs. This included those belonging to previously defined priority populations and those not belonging to a priority population who have a history of ≥ 1 STI.

Those belonging to a priority population were more likely to avoid sexual healthcare from their GPs because of a fear or history of judgement. Current literature indicates that GPs are unlikely to discuss sexual healthcare with MSM

patients and that MSM patients are unlikely to express their sexual health concerns to their GPs.^{19,20} Although priority populations have access to PFSHS and community groups such as the AIDS Council of NSW, this does not necessarily mean that all people belonging to a priority population access these services. Our

Table 1. Demographics of the surveyed population

Characteristic	n (%)
Sex	
Male	102 (39.8)
Female	153 (59.8)
Other	1 (0.6)
Sexuality	
Heterosexual	233 (91.0)
Homosexual	16 (6.3)
Bisexual	7 (2.7)
Indigenous status	
Aboriginal	6 (2.3)
Torres Strait Islander	0 (0.0)
Non-Indigenous	250 (97.7)
First language	
English	183 (71.5)
Other	73 (28.5)

Table 2. Sexually transmissible infection prevalence among participants*

Sexually transmissible infection	n (%)
Chlamydia	17 (6.6)
Gonorrhoea	6 (2.3)
Herpes simplex virus	5 (2.0)
Genital warts	2 (0.8)
Syphilis	1 (0.4)
Hepatitis A	1 (0.4)
Hepatitis B	1 (0.4)
Human immunodeficiency virus	1 (0.4)

*Hepatitis C not included as no history recorded by any participant

finding highlights that those belonging to a priority population continue to see their GPs; however, it is unknown if they also accessed a PFSHS. Future research should assess how many young Australians in priority populations depend solely on their GPs for sexual healthcare to determine the significance of our finding.

In this study, those not defined as a priority population but with a history of ≥ 1 STI were more likely to avoid sexual healthcare from their GPs. This is a crucial finding as it represents a group of young Australians who require sexual healthcare but are choosing not to seek it. This is also of interest as it contradicts current literature that reports that young people not belonging to a priority population regard GPs as an appropriate point of care for sexual health.¹⁸ As young Australians are disproportionately affected by new STI infections, our study suggests that this sub-population of young people may

not be receiving optimal and necessary sexual healthcare from their GPs.

Prior to this study, the factors young Australians deemed important when accessing sexual healthcare in a general practice setting had not been explored. This study explored the general practice setting exclusively and similarly found no statistically significant difference among these factors when comparing young Australians belonging to a priority population with those that do not belong to a priority population. This indicates that the factors deemed important are the same across both populations of young Australians. This may provide possible focuses for ongoing GP education to promote optimal sexual healthcare for all young Australians.

This study was limited by not accessing young Australians who did not speak English. The survey also did not specify whether patients were sex workers,

injecting drug users or from a custodial background. At-risk young people only included MSM and Aboriginal and Torres Strait Islander peoples. Therefore, further research should be conducted on other groups of at-risk young Australians not captured in the current study.

Conclusion

Young Australians who do not belong to a priority population but have a history of ≥ 1 STI remain at significant risk of acquiring additional STIs. Unfortunately, this group is also less likely to attend a GP for sexual healthcare. Positive factors that were considered important for young people when seeking sexual healthcare included: confidentiality, staff knowledge and staff attitudes. Overall, we have facilitated the identification of a group of young Australians not previously defined as a priority population who may be

Table 3. Comparison of the most important factors for choosing a general practitioner for sexual healthcare between those in a priority population and those who are not (Likert scale was 1–5 based on importance: 5 = very important, 4 = important, 3 = neutral, 2 = not very important, 1 = not important)

Factor	Those identifying as a priority population			Those not identifying as a priority population			P value
	Number	Median	IQR	Number	Median	IQR	
Confidentiality	17	5	0	236	5	1	0.516
Staff knowledge	17	5	1	232	5	1	0.705
Staff attitudes	17	5	0.5	232	5	1	0.741
Discuss sexual health with ease	17	5	1	232	5	1	0.837
Location of service	17	4	1	234	4	2	0.150
Past experience	17	4	1	235	4	2	0.911
Sample collection	17	4	2	234	4	2	0.685
Range of staff services	17	4	1.5	232	4	1	0.216
Pharmacy nearby	17	3	2.50	234	4	1	0.207
Disconnection	17	3	2.5	233	3	1	0.686
Privacy of location	17	3	2	235	3	2	0.497
Anonymous testing	17	3	4	235	3	2	0.588
No Medicare Benefits Schedule	17	3	3.5	235	3	2	0.313
Offered testing	17	3	2	232	3	2	0.719

IQR, interquartile range

avoiding their GPs for sexual healthcare despite being at an increased risk of sexual ill-health.

Authors

Aaron Coleman MBBS (Hons I), General Practice Registrar, GP Synergy, Sydney, NSW. aaronstephencoleman@gmail.com

Aimee Tran MBBS (Hons I), General Practice Registrar, Central, GP Synergy, Sydney, NSW

Amy Hort MBBS (Hons I), MS, General Surgery Senior Resident Medical Officer, Westmead Hospital, NSW

Michael Burke MBBS, FRACGP, Conjoint Associate Professor, Western Sydney University, Sydney, NSW

Lana Nguyen MBBS (Hons I), Surgical Senior Resident Medical Officer, Liverpool Hospital, Sydney, NSW

Chloe Boateng MBBS, Senior Resident Medical Officer, Royal Prince Alfred Hospital, Sydney, NSW

Daniel Tosson MBBS, Senior Resident Medical Officer, St. George Hospital, Sydney, NSW

Competing interests: None.

Funding: None.

Provenance and peer review: Not commissioned, externally peer reviewed.

References

1. Department of Health and Ageing. Third national sexually transmissible infections strategy 2014–2017. Canberra: DHA 2014.
2. Newman P, Morrell S, Black M, Munot S, Estoesta J, Brassil A. Reproductive and sexual health in New South Wales and Australia: Differentials, trends and assessment of data sources. Sydney: Family Planning NSW, 2011.
3. South Western Sydney Local Health District. SWSLHD Strategic and Healthcare Services Plan: Strategic Priorities in Health Care Delivery to 2021. Liverpool BC, NSW: SWSLHD, 2013. Available at www.swslhd.health.nsw.gov.au/planning/content/pdf/Strategic%20Priorities%20in%20Healthcare%20Delivery%20to%202021%20-%20Final%20Plan%20with%20Cover.pdf [Accessed 9 May 2019].
4. Delany-Moretlwe S, Cowan FM, Busza J, Bolton-Moore C, Kelley K, Fairlie L. Providing comprehensive health services for young key populations: Needs, barriers and gaps. *J Int AIDS Soc* 2015;18(2 Suppl 1):19833. doi: 10.7448/IAS.18.2.19833.
5. The Kirby Institute. HIV, viral hepatitis and sexually transmissible infections in Australia: Annual surveillance report 2013. Sydney, NSW: The Kirby Institute, 2013.
6. Australian Bureau of Statistics. Sexually transmissible infections. Canberra: ABS, 2012. Available at www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/4102.0Main+Features10Jun+2012 [Accessed 17 April 2019].
7. McGaurr L. Face the facts briefing: Young Australians and sexual health. Tas: Australian Clearinghouse for Youth Studies, 2014.
8. Department of Health and Ageing. Second National Sexually Transmissible Infections Strategy 2010–2013. Canberra: Commonwealth of Australia, 2010. Available at [www.health.gov.au/internet/main/publishing.nsf/Content/ohp-national-strategies-2010-sti/\\$File/sti.pdf](http://www.health.gov.au/internet/main/publishing.nsf/Content/ohp-national-strategies-2010-sti/$File/sti.pdf) [Accessed 17 April 2019].
9. Freedman E, Britt H, Harrison CM, Mindel A. Sexual health problems managed in Australian general practice: A national, cross sectional survey. *Sex Transm Infect* 2006;88(1):61–66. doi: 10.1136/sti.2005.016931.
10. Lewis, D, Newton DC, Huy RJ, et al. The prevalence of *Chlamydia trachomatis* infection in Australia: A systematic review and meta-analysis. *BMC Infect Dis* 2012;12:113. doi: 10.1186/1471-2334-12-113.
11. Haggerty CL, Gottlieb SL, Taylor BD, Low N, Xu F, Ness RB. Risk of sequelae after *Chlamydia trachomatis* genital infection in women. *J Infect Dis* 2010;201 Suppl 2:S134–55. doi: 10.1086/652395.
12. Chow JM, Kang M-S, Samuel MC, Bolan G. Assessment of the association of *Chlamydia trachomatis* infection and adverse perinatal outcomes with the use of population-based chlamydia case report registries and birth records. *Public Health Rep* 2009;124 Suppl 2:24–30. doi: 10.1177/00333549091240S205.
13. Ward H, Rönn M. The contribution of STIs to the sexual transmission of HIV. *Curr Opin HIV AIDS* 2010;5(4):305–10. doi: 10.1097/COH.0b013e32833a8844.
14. Santella AJ, Pollack A, Harrison CM, Sawleshwarkar S, Britt H, Hillman RJ. Management rates of sexually transmissible infections by Australian general practitioners, 2000–2012. *Sex Health* 2014;11(1):52–57. doi: 10.1071/SH13179.
15. Joffe GP, Foxman B, Schmidt AJ, et al. Multiple partners and partner choice as risk factors for sexually transmitted disease among female college students. *Sex Transm Dis* 1992;19(5):272–78. doi: 10.1097/00007435-199209000-00006.
16. Morgan ND, Ferguson TS, Younger NOM, et al. Prevalence of high-risk sexual behaviour in Jamaican adults and its relationship to sociodemographic and religious factors: Findings from the Jamaica Health and Lifestyle Survey 2007–2008. *West Indian Med J* 2012;61(9):873–80. doi: 10.7727/wimj.2012.026.
17. den Heijer CDJ, van Liere GAFS, Hoebe CJPA, et al. Who tests whom? A comprehensive overview of *Chlamydia trachomatis* test practices in a Dutch region among different STI care providers for urogenital, anorectal and oropharyngeal sites in young people: A cross-sectional study. *Sex Transm Infect* 2015;92(3):170. doi: 10.1136/sextrans-2015-052065.
18. Biggs K, Walsh J. Why not the GP? Client preferences for sexually transmissible infection testing in Western Sydney. *Sex Health* 2015;12(5):463–64. doi: 10.1071/SH15073.
19. Barber B, Hellard M, Jenkinson R, Spelman T, Stooze M. Sexual history taking and sexually transmissible infection screening practices among men who have sex with men: A survey of Victorian general practitioners. *Sex Health* 2011;8(3):349–54. doi: 10.1071/SH10079.
20. Latreille S, Collyer A, Temple-Smith M. Finding a segue into sex: Young men's views on discussing sexual health with a GP. *Aust Fam Physician* 2014;43(4):217–21.

correspondence ajgp@racgp.org.au