

Are sexual health services accessible to young people? A survey of Western Australian youth to determine barriers and challenges

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Background

- The stigma surrounding sexual health can make it difficult for young people to access sexual health care and support.
- Research surrounding young people's experience with healthcare professionals when seeking sexual health information, testing and/or treatment is limited, particularly in the Western Australian context.
- The project aims to investigate the predictors of STI and BBV testing among young people (16-25 years) in WA and to determine the feasibility of conducting a periodic survey.
- This presentation specifically examines young people's experiences with healthcare professionals to identify potential barriers to safer sex practices.

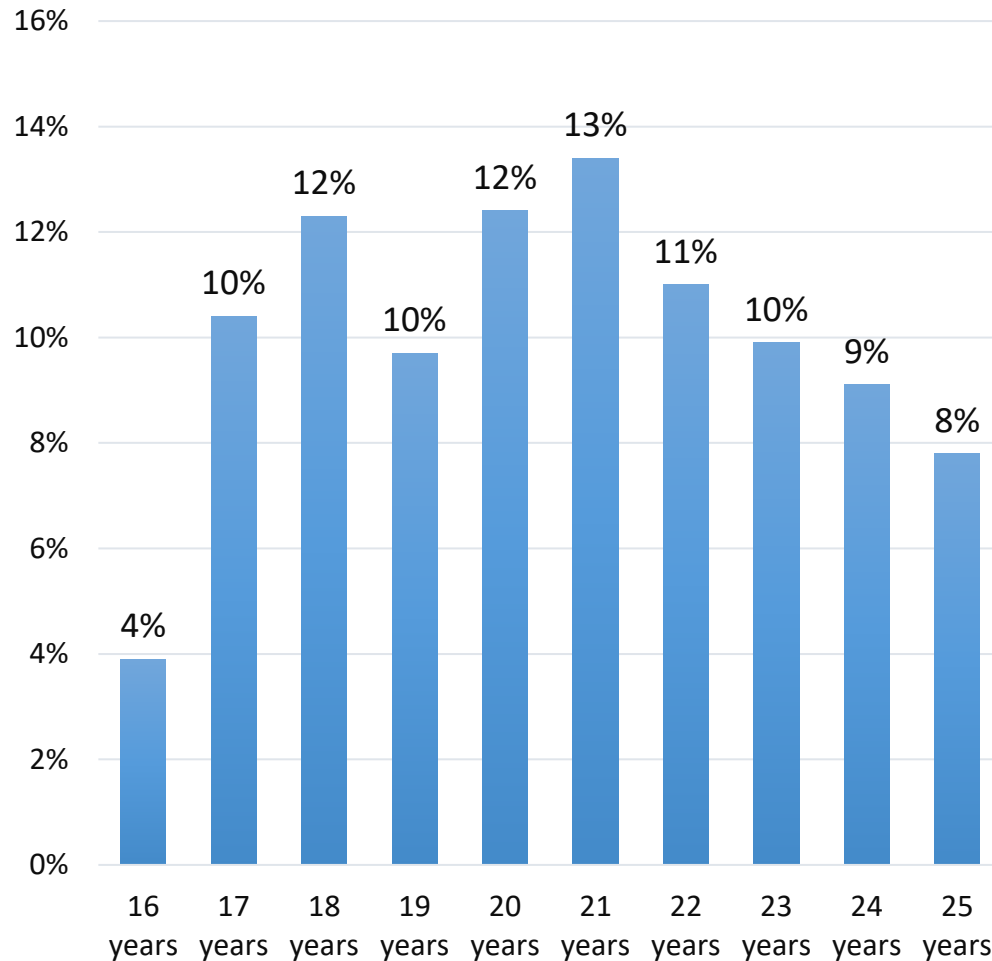
Methods

- Cross-sectional survey developed.
- Survey administered through Qualtrics from 9 Nov 2020 – 31 Jan 2021.
- Recruitment: social media, SHBBV networks, and targeted emails to relevant WA based organisations.
- 1,263 entries were received, of which 347 were excluded.
- A total sample of 916 participants was included in the analysis.

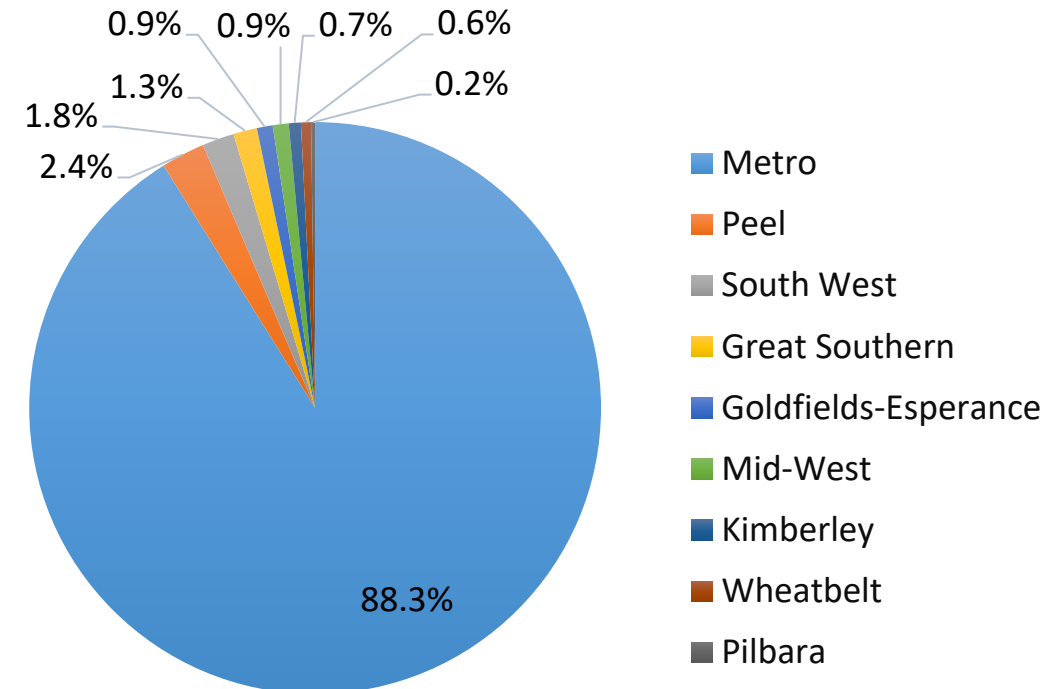


Demographics

Age



Region of residence

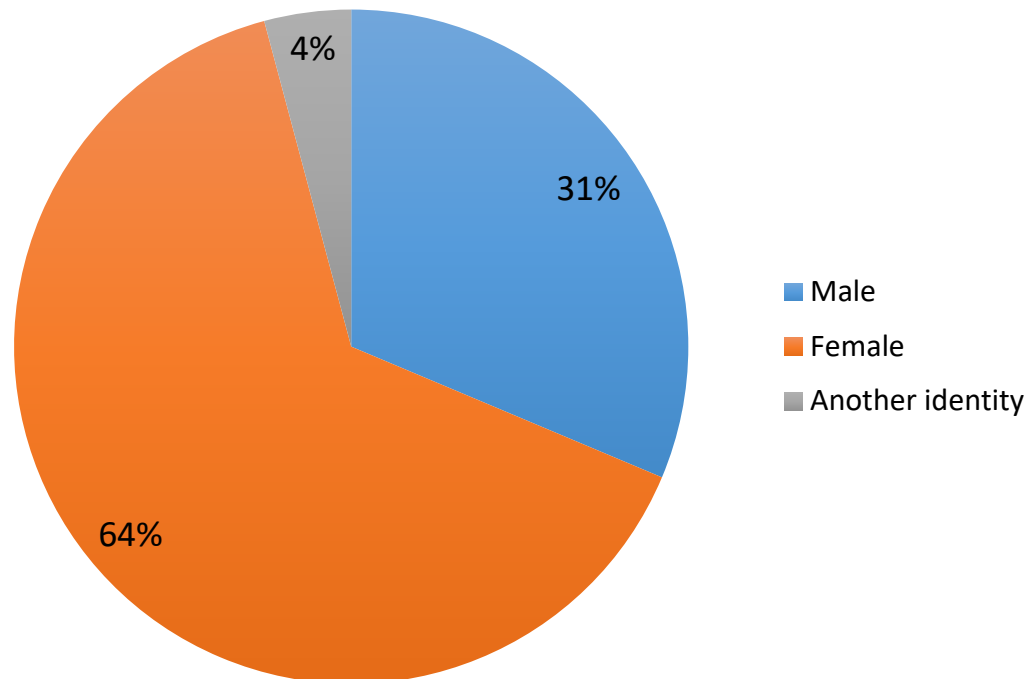


- Aboriginal and Torres Strait Islander 4% (37).
- Born in Australia 73% (670), overseas 25% (230).

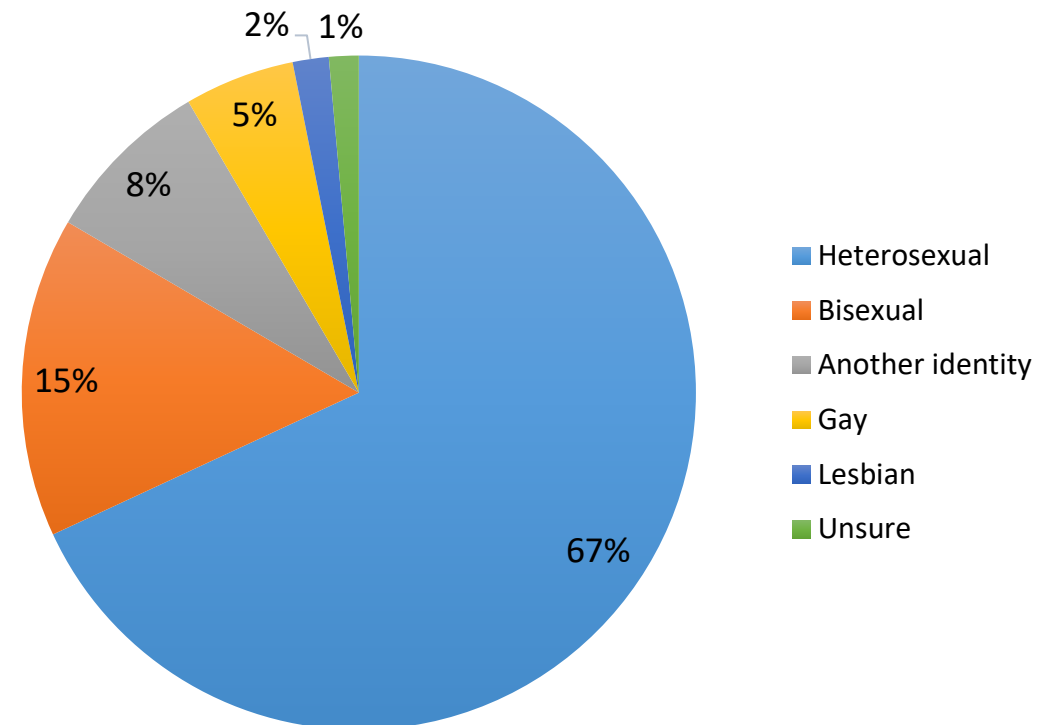
Sex, gender and sexuality

- 68% (620) assigned female, 31% (286) assigned male at birth.

Gender identity



Sexuality



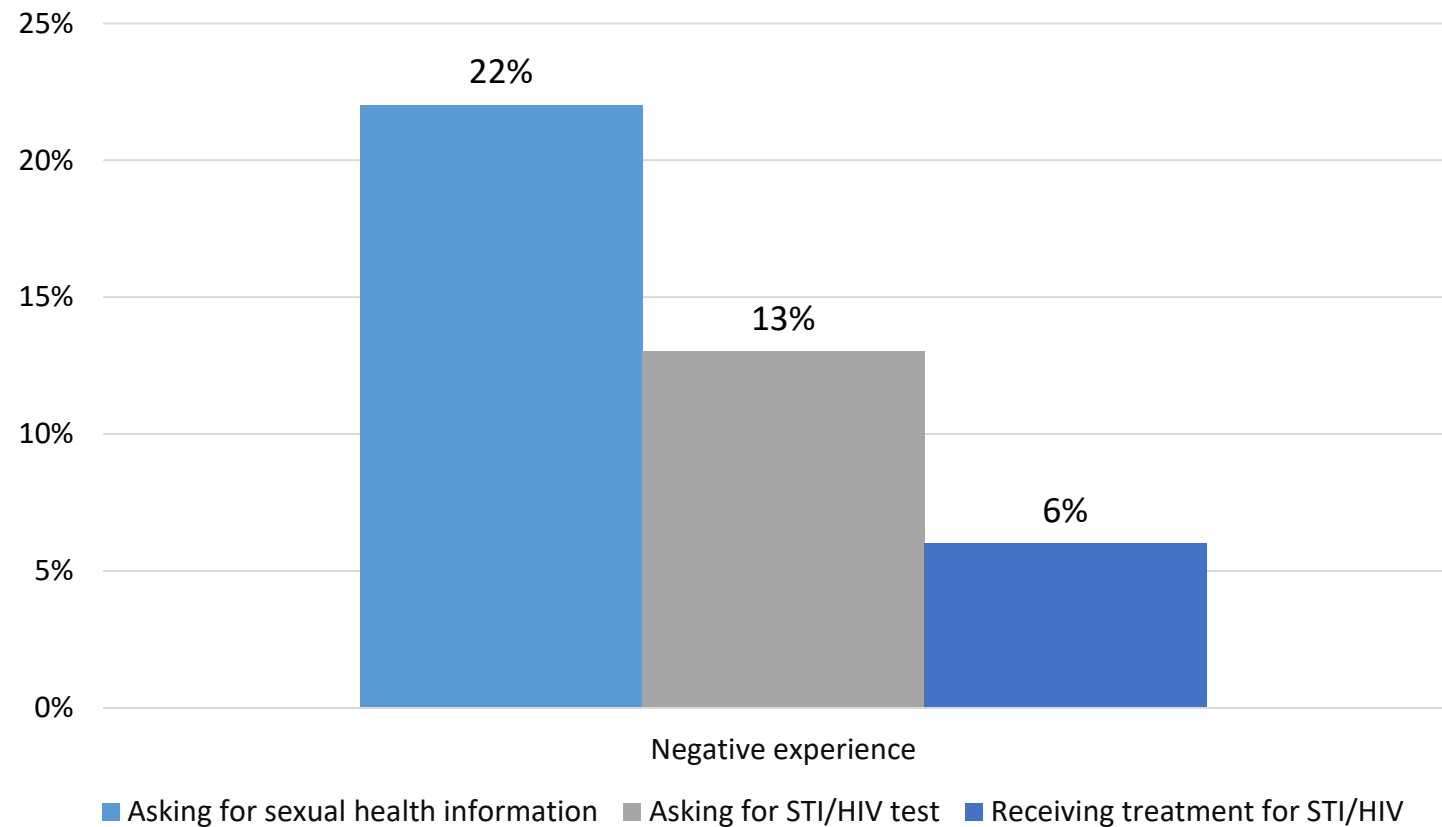
Sexual health information, testing, treatment

- 77% (704) of respondents were sexually active (oral/vaginal/anal sex).
- 51% (465) of respondents had previously sought sexual health information, testing or treatment from a healthcare professional - most commonly a physician, doctor or nurse (90%, 417).
- Primary reasons for seeking care were:
 - Sexual health testing (58%, 270)
 - Safer sex practices (e.g. contraception) (44%, 206)
 - Sexual health information (41%, 189)
- Respondents (76%, 354) were more likely to initiate discussions regarding sexual health than their healthcare professional (21%, 97).

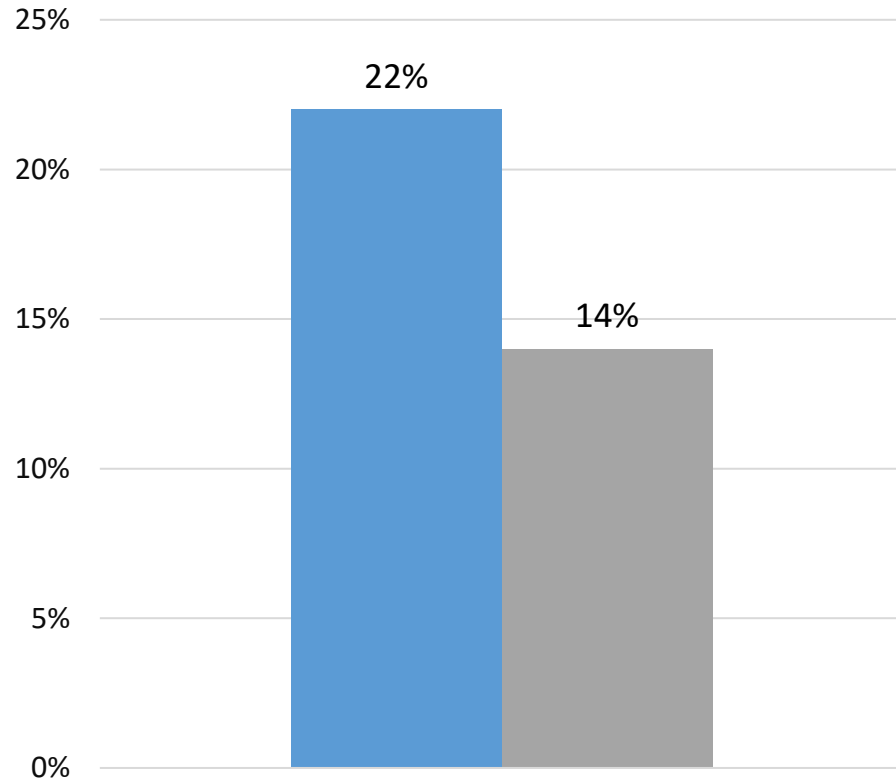


Negative experiences

- 25% (118) of those who had sought sexual health information, testing or treatment reported a negative experience.

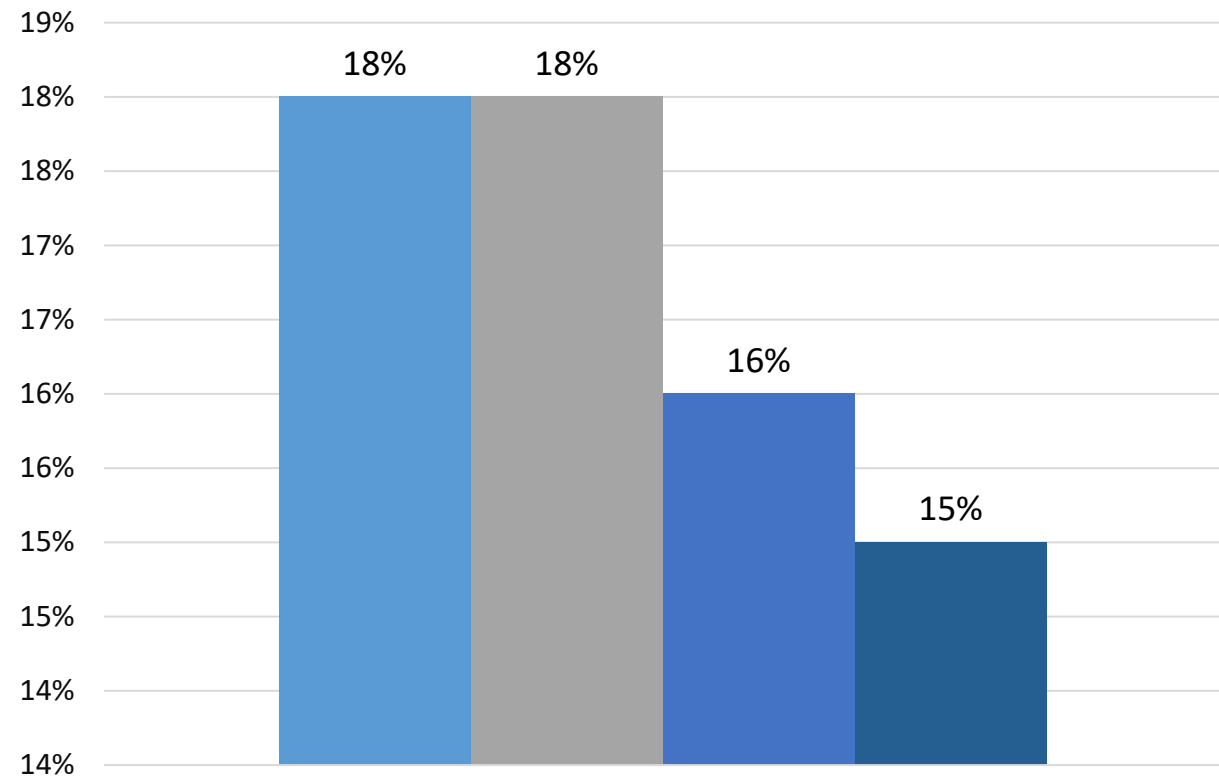


Negative experiences



Agree

- They made assumptions about my body or sex life
- They were judgmental and made me feel ashamed



Disagree

- I felt comfortable asking questions
- I felt comfortable asking for an STI/HIV test
- They understood the issues facing sexually active young people
- I received sexual health care that was sensitive to my needs

*Among participants who had sought sexual health information, testing or treatment from a healthcare professional n=465

Qualitative free-text responses

“All the doctors I've had have *assumed that I am heterosexual* and have sex with men. This is particularly true when I come to the doctor for other issues and they *insist on prescribing me hormonal birth control*, despite only being sexually attracted to other women. I find this *impacts my ability to ask my doctors questions about my sexual health needs.*” (Female, lesbian, 19 years old)

“I have had occasions where a *cultural difference or lack of understanding/education* has led to some *uncomfortable situations* when asking for my regular testing procedures [every 3 months]. It hasn't affected my access to testing but *I have walked away acknowledging how other individuals may feel, especially young or sexually confused individuals.*” (Male, gay, 20 years old)

“The *doctor seemed to be uncomfortable* whilst completing the [sexual health screening] test, and I wasn't completely sure what I was being screened for. *I didn't feel comfortable asking questions, so went home and Googled information.*” (Female, heterosexual, 25 years old)

“I was *made to feel like a degenerate.*” (Male, heterosexual, 25 years old)



Conclusion

- This study gave insight into the lived experiences of young people living in WA, and detailed unsatisfactory interactions with healthcare providers.
- These negative experiences can hinder a young person's confidence, desire and ability to seek sexual health advice, to request a sexual health test and/or access treatment.
- Patient pathways can be improved if providers have compassion for young people, affirm and understand diverse identities and/or cultural backgrounds, and further acquaint themselves with the issues facing sexually active young people to increase young peoples' confidence and comfort when seeking sexual health care.

Acknowledgements

We would like to thank the members of the Projects Advisory Group, student volunteers and the young people of Western Australia.

The SiREN project is funded by the Sexual Health and Blood-borne Virus Program, Western Australian Department of Health.

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