

# Experiences of Western Australian youth when seeking sexual health information, testing and treatment

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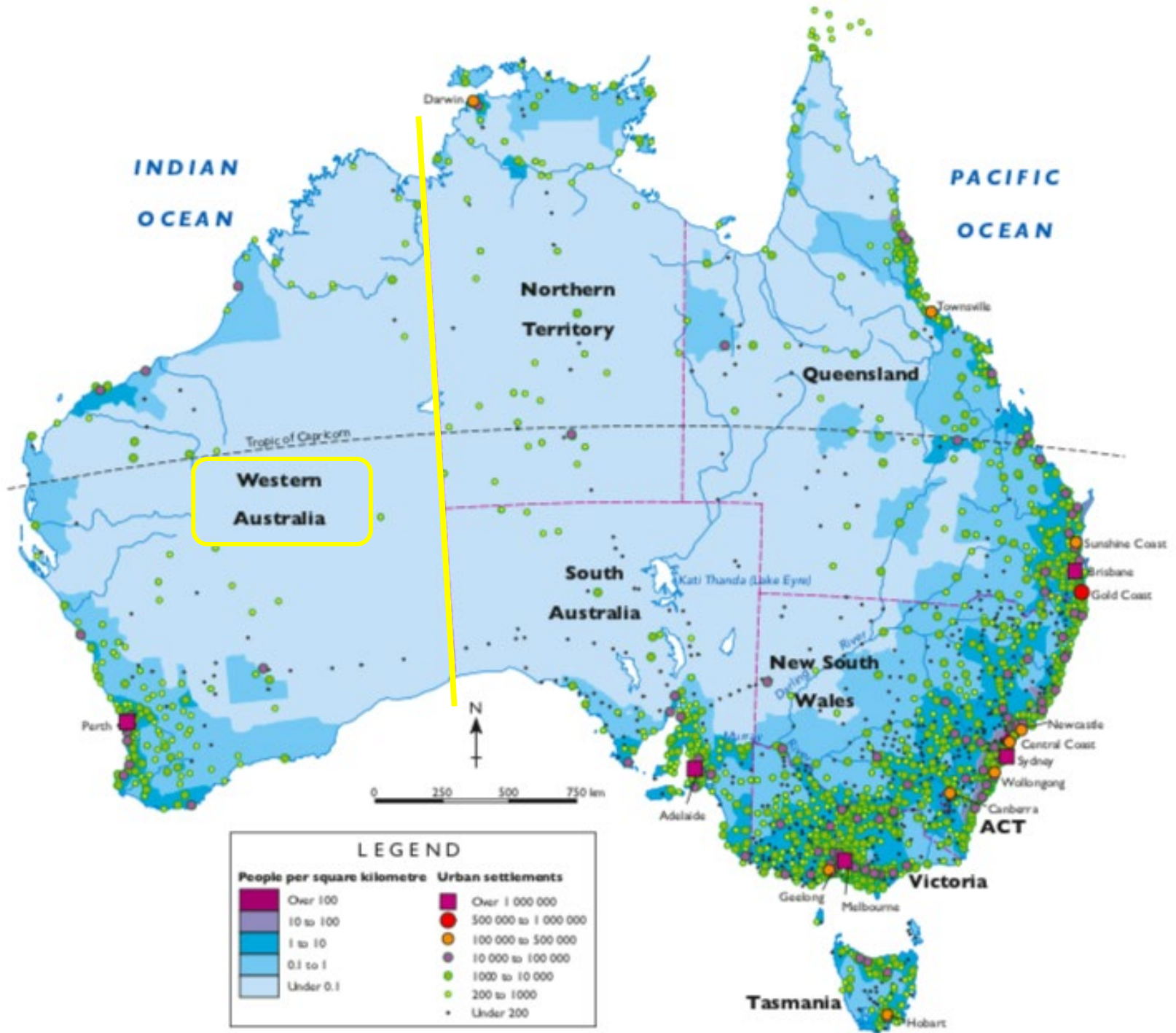
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**LEGEND**

People per square kilometre	Urban settlements
Over 100	Over 1 000 000
10 to 100	500 000 to 1 000 000
1 to 10	100 000 to 500 000
0.1 to 1	10 000 to 100 000
Under 0.1	1 000 to 10 000
	200 to 1 000
	Under 200

# Background

- Young people (<30yo) contribute substantially to STI notification rates, and this group is identified as a priority population in the Western Australian Sexually Transmissible Infections Strategy 2019-2023.
- 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.

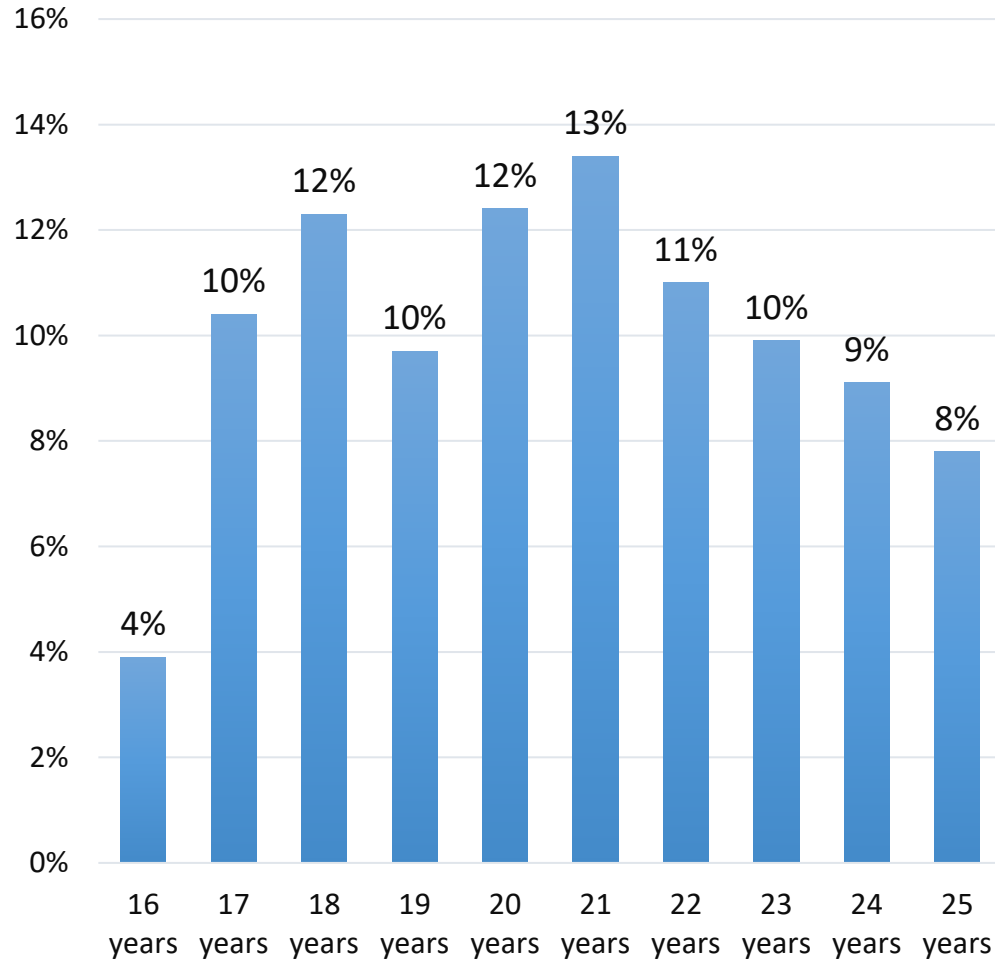
# Methods

- 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.

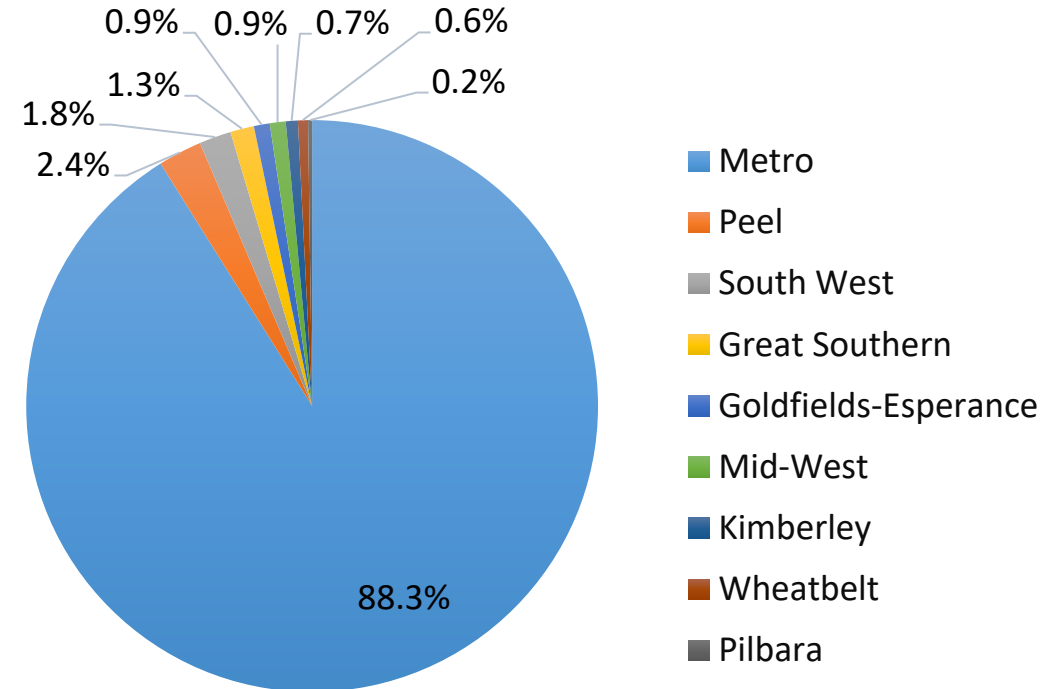


# Demographics

## Age



## Region of residence

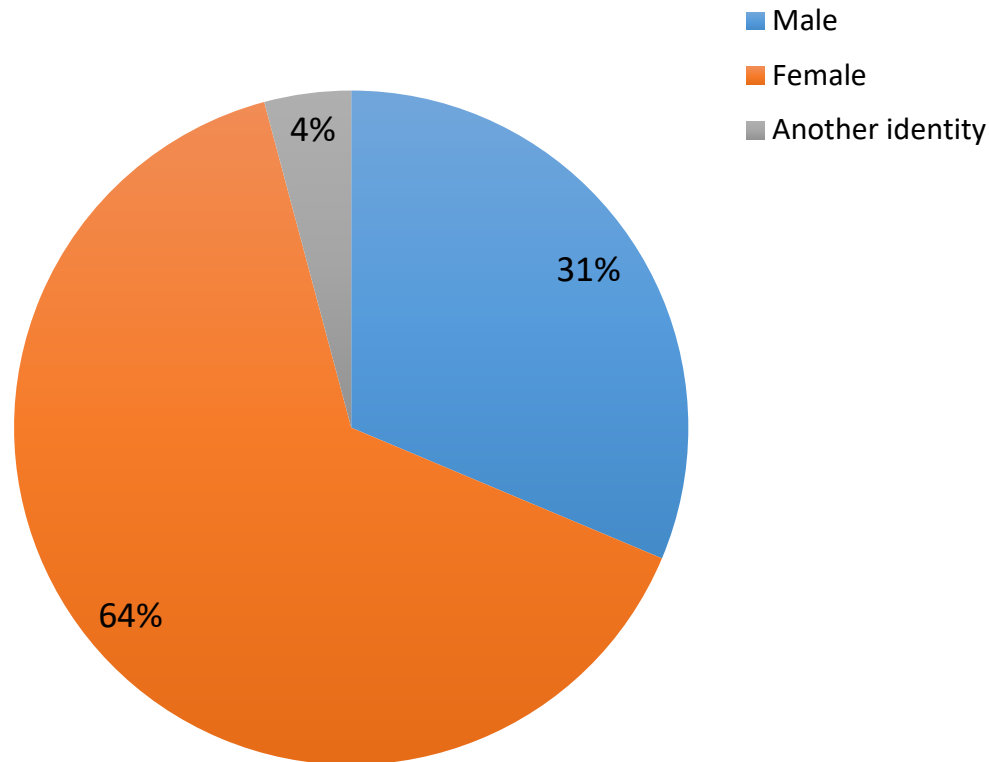


- Aboriginal and Torres Strait Islander 4% (37)
- Born in Australia 73% (670)
- Born overseas 25% (230)

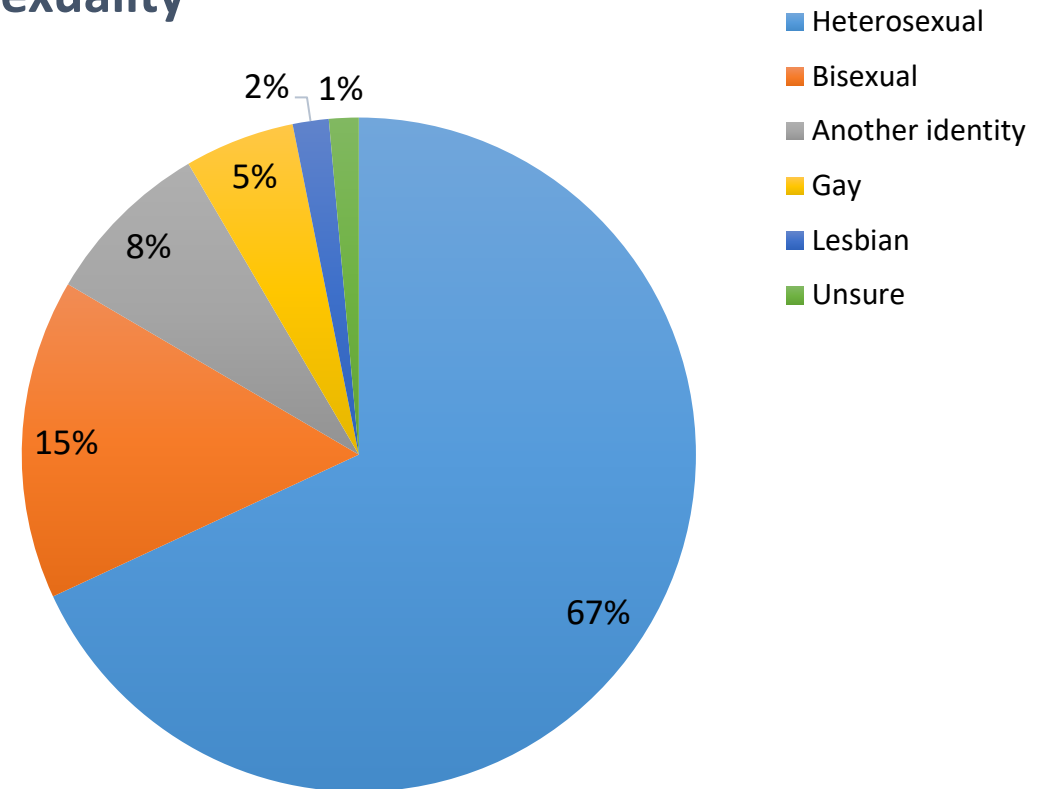
# Sex, gender and sexuality

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

## Gender identity



## Sexuality





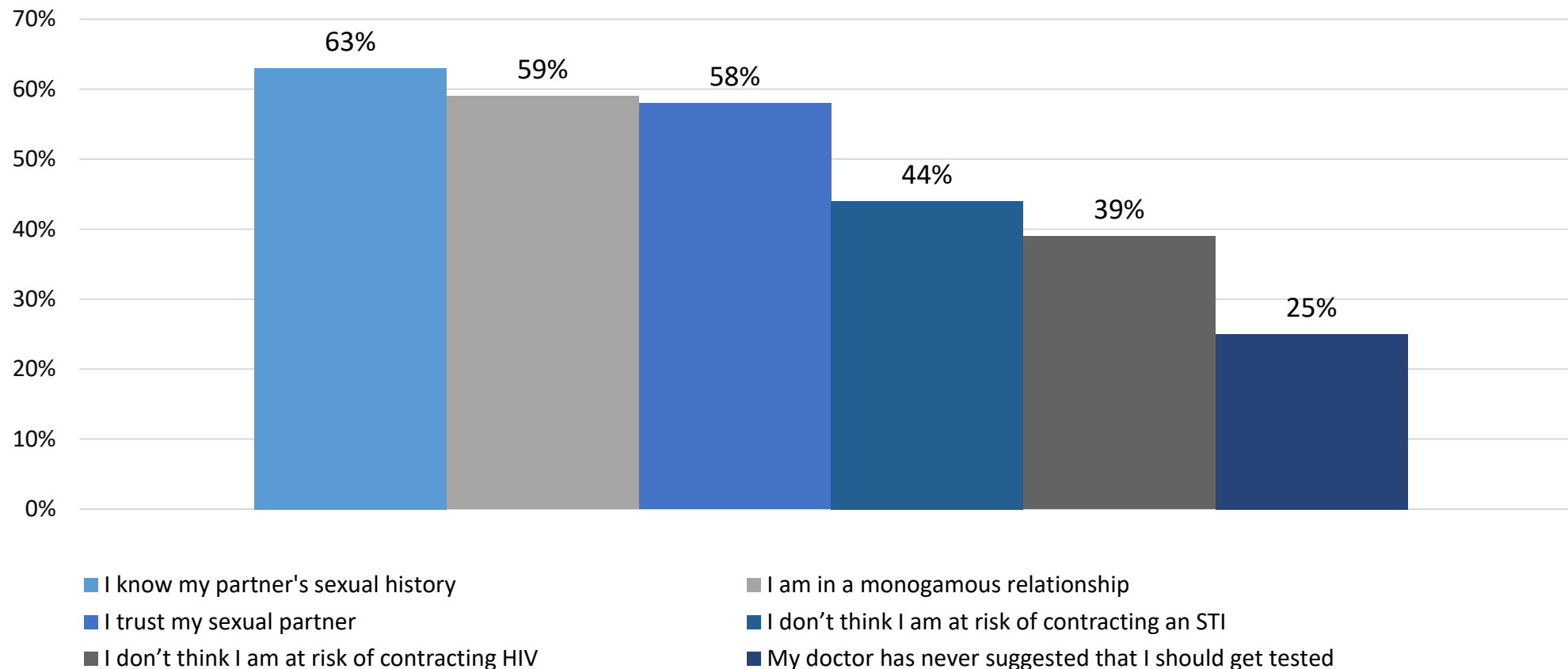
# Sexual health information, testing, treatment

- 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).



# Sexually active and never had a sexual health test

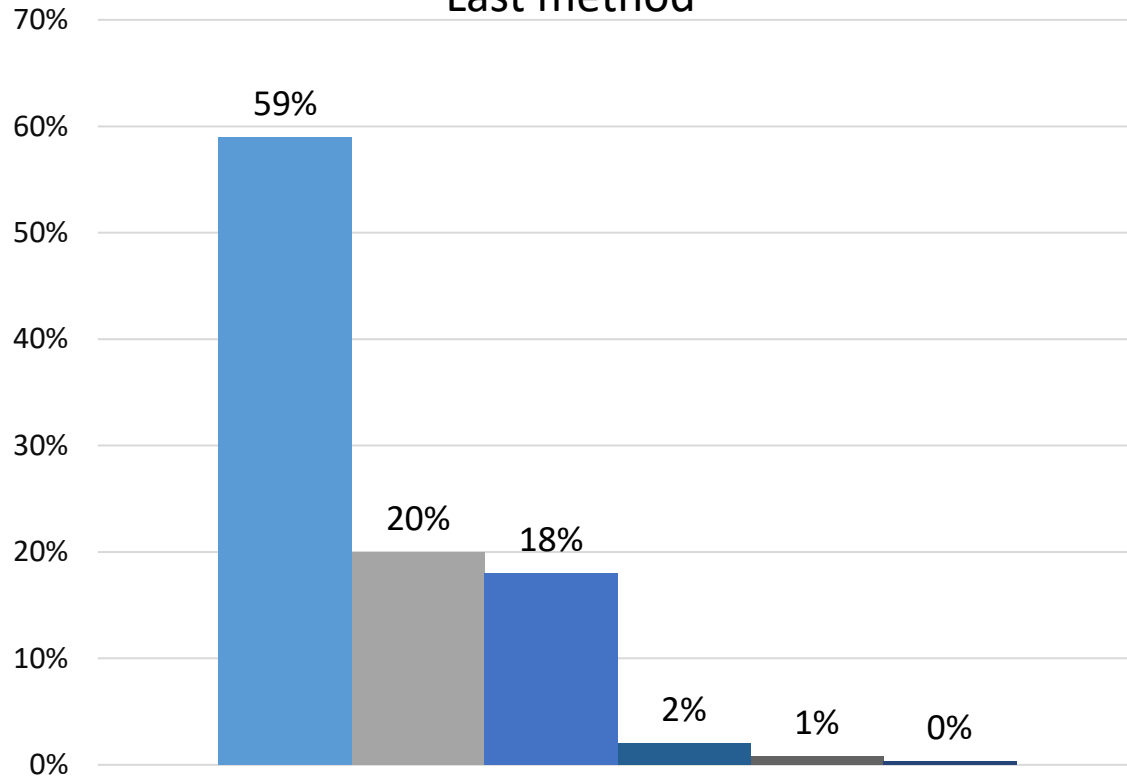
- Of the young people who were sexually active, 45% (315) had never had a sexual health test.





# Sexual health testing

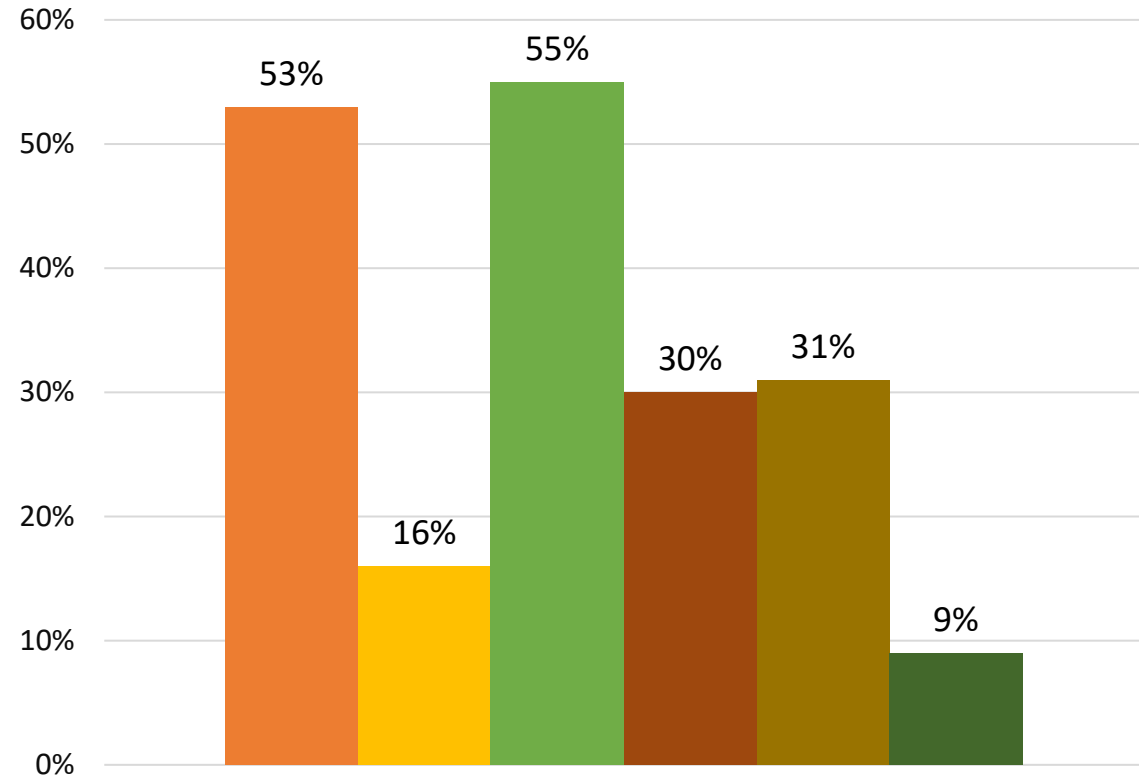
Last method



- Regular doctor
- Sexual health or STI clinic
- Self-test
- Not my regular doctor
- Self-collect
- Online service

\*Among participants who were sexually active and have had a sexual health test n=385

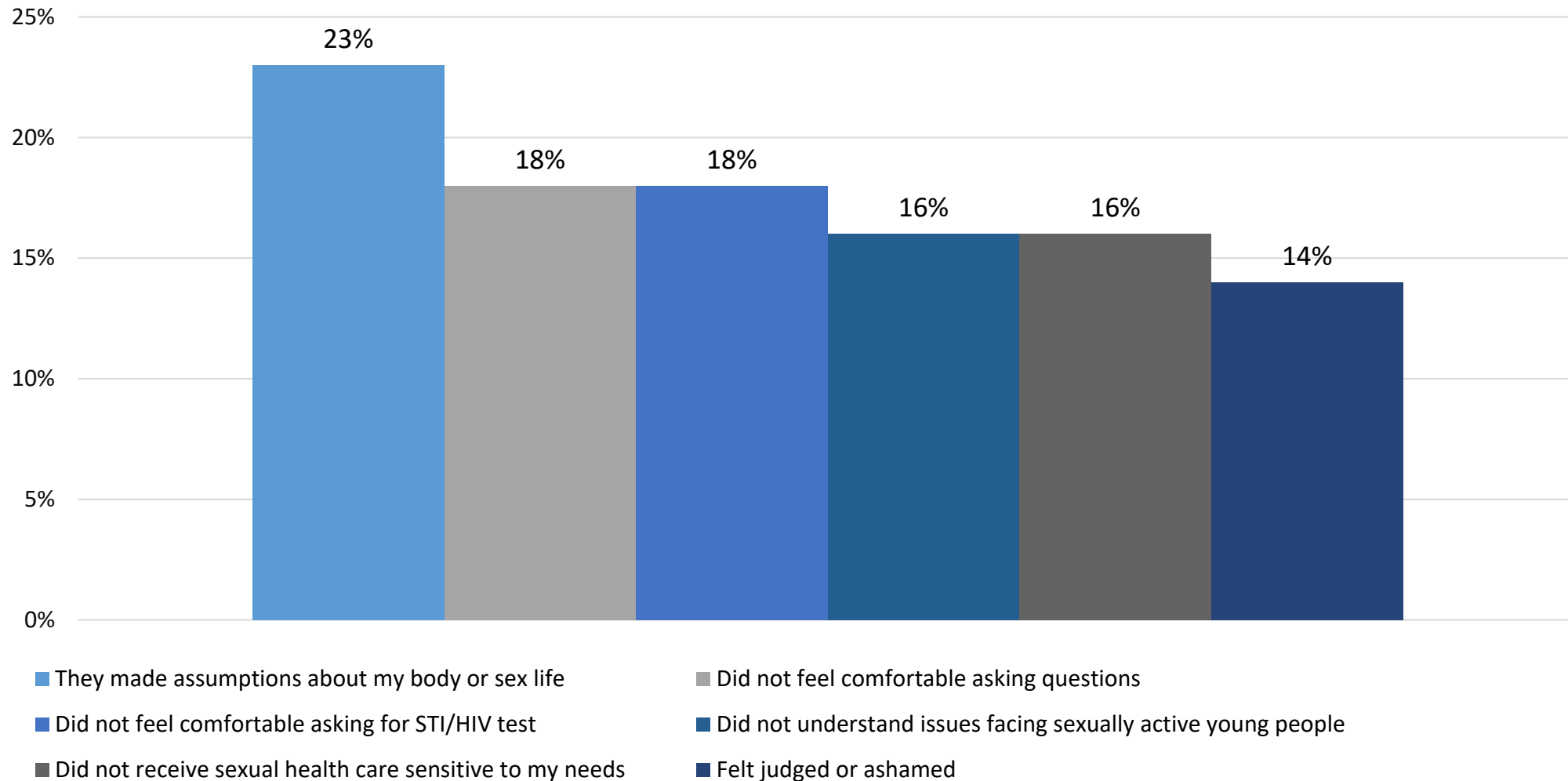
Preferred method



- Regular doctor
- Sexual health or STI clinic
- Self-test
- Not my regular doctor
- Self-collect
- Online service

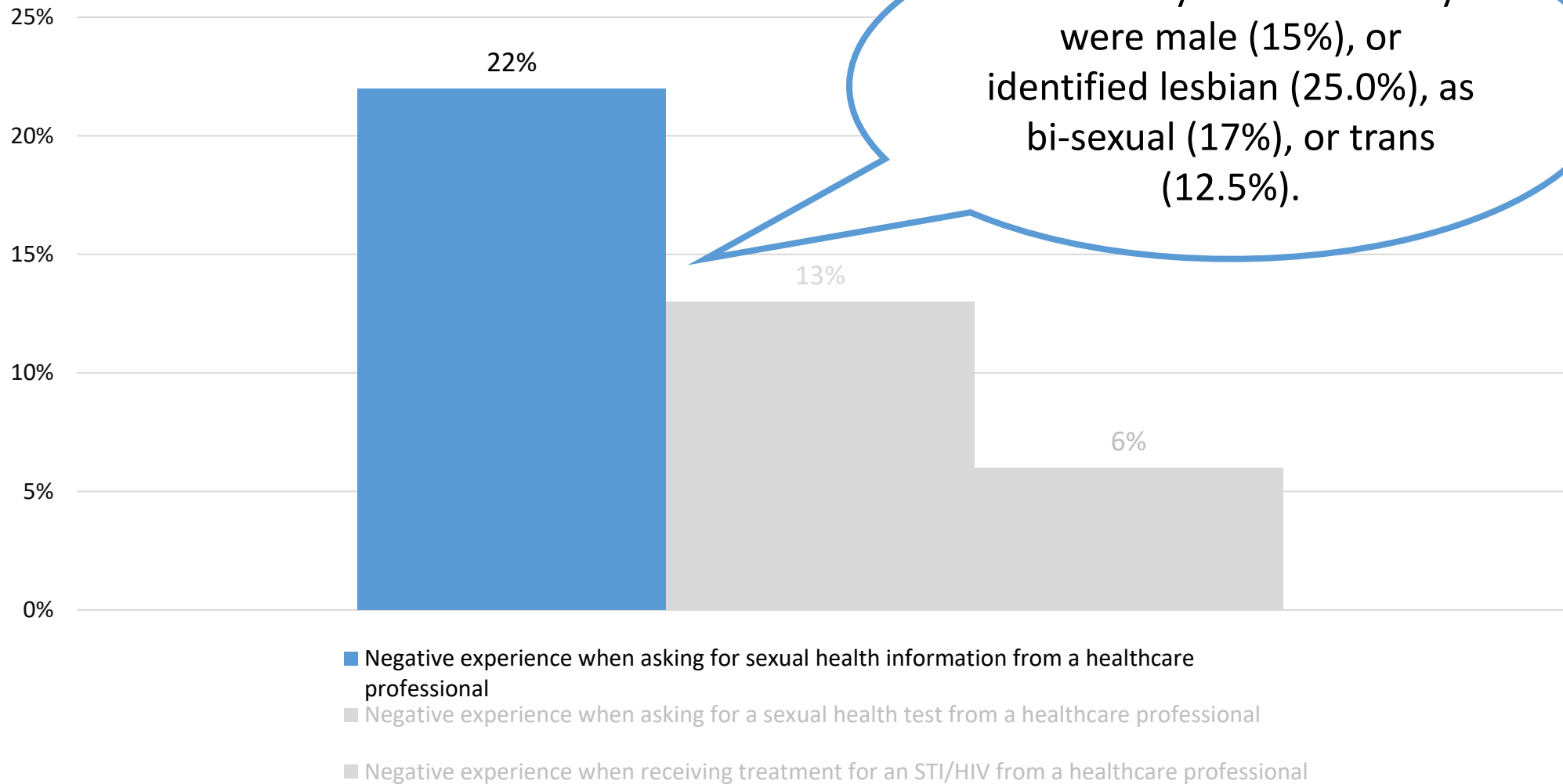
\*Among all participants n=916

# Negative experiences



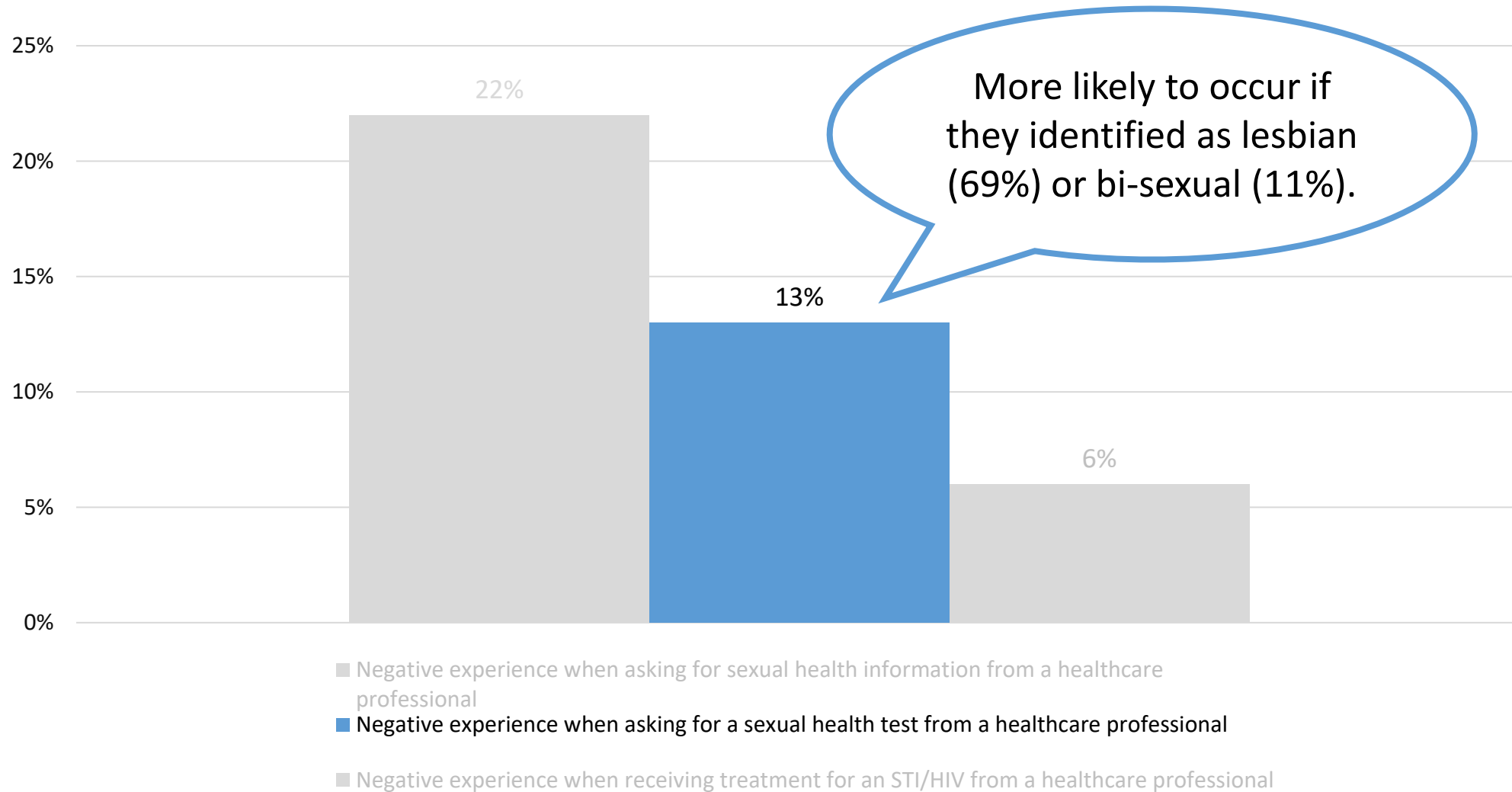
\*Among participants who had sought sexual health information, testing or treatment from a healthcare professional n=465

# Negative experiences



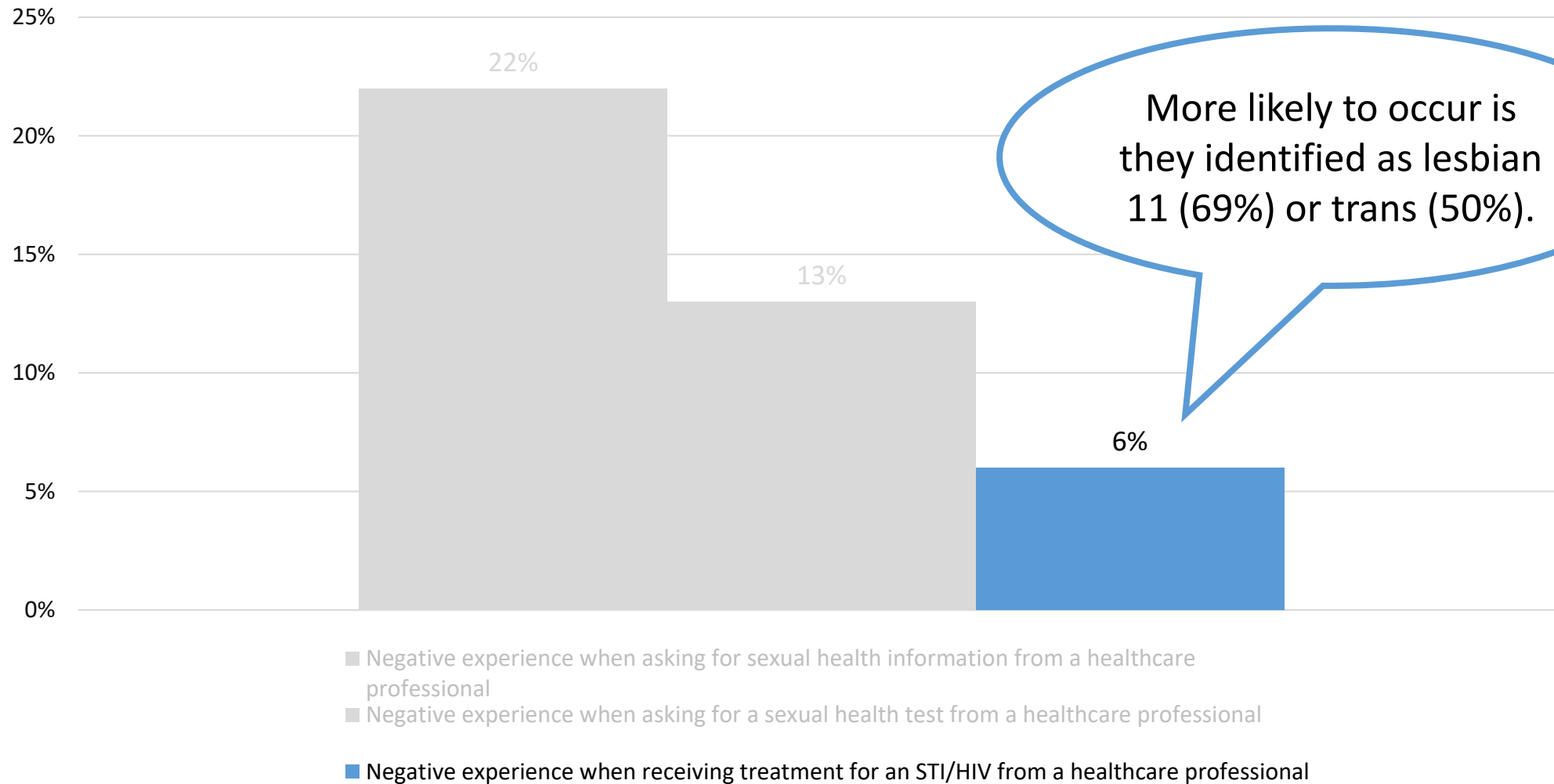
\*Among participants who had sought sexual health information, testing or treatment from a healthcare professional n=465

# Negative experiences



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# Themes from qualitative free-text responses

## Feeling judged

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

*“A doctor I went to **made a comment when I told her how many sexual partners I had** when she asked me after I tested positive for chlamydia after being assaulted.”* (Female, heterosexual, 25 years old)



# Themes from qualitative free-text responses

## Reports of unsatisfactory service

*“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)

*“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 put on Implanon** to stop heavy periods and then had my period for 4 months straight, **had terrible acne and was overall just feeling down**. **The doctor wouldn't remove it and didn't understand my frustration at all**.”* (Female, bi-sexual, 21 years old)

# Themes from qualitative free-text responses

## Concerns about confidentiality

*“I felt embarrassed when picking up a prescription for STI treatment at a pharmacy. I wanted to ask the pharmacist about the medication, and they asked what I was using it for at the main counter where all the other customers were. I said I'd prefer not to answer. ... I feel that the pharmacist could have been a little more sensitive about the issue. ... I do worry about confidentiality partly because of my experience.”* (Female, unsure of sexuality, 25 years old)

## Effects on future information, testing and/or treatment seeking behaviour

*“I stopped seeking sexual health information from my local doctor as I was always judged for my previous sexual history with other females and males.”* (Female, bi-sexual, 18 years old)

*“Female doctor judged me for my sexual activity, making an unwarranted comment after I asked for an STI test. This made me feel very uncomfortable and put me off getting tested again for a while.”* (Female, bi-sexual, 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 respect the right of young people to autonomy and confidentiality.
- These strategies should hopefully encourage safer sexual practices, and support young people to seek quality information, testing and treatment.

# Acknowledgements

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