Original Research

Exploring the acceptability of online sexually transmissible infection testing for rural young people in Victoria

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Abstract

Objective: To examine the availability of and previous engagement with health services among rural young people and compare barriers and facilitators to using face-to-face and online sexual health testing and treatment.

Design: Participants were recruited for focus groups and were asked to discuss their access to local sexual health services (what services they used, when, why and how) and then shown a website and asked to provide feedback about online STI testing.

Setting: Community sporting clubs in two small country towns in Victoria.

Participants: Seven focus groups with fifty participants, grouped by gender and age, were conducted.

Main objective measure: Participants views of accessible and acceptable services for STI testing.

Results: Three main themes emerged from the analysis: (i) readiness to seek sexual health services; (ii) barriers and facilitators to using the local general practitioner; and (iii) barriers and facilitators to online testing, including ‘using the mail during online STI testing’ and ‘cost of the online service’. In general, the participants described some concerns about accessing sexual health services locally. This was less discussion about availability of services and more about privacy, trust, reliability and using generalist health care providers for sexual health needs.

Conclusion: Free online testing services address issues of access for rural young people. While barriers external to rural sexual health services may remain, free online STI testing services are acceptable to these rural young people.

KEY WORDS: Australia, health service, rural, sexually transmissible infection, testing, young person.

Introduction

Young people in Australia are disproportionately affected by sexually transmissible infections (STIs), with more than a quarter of chlamydia notifications in 2011 in people aged 15–19 years1 and a further 54% in people aged 20–29 years.1 Most STIs are diagnosed in general practice in Australia but it has been shown that rural Australians have reduced access to general practitioners (GPs) due in most part to a chronic rural medical workforce shortage.2 As such, rural people test less frequently for STIs than their metropolitan counterparts.3

Access to health care is an important factor for rural residents, particularly for young people,4–6 where access to appropriate services and maintaining confidentiality have been specific concerns expressed by country students in relation to reproductive health issues, and this is made even more difficult if young people need to visit health services without enlisting their parents’ help or if they wish to remain anonymous.6 In accessing sexual health services, other issues such as lack of choice of service provider, transport and cost are also barriers that prevent rural young people from seeking STI testing and treatment.5–11

Penchansky and Thomas identified that access is a broad and multidimensional concept, consisting of five key aspects, namely availability of health services, accessibility to services by the relevant consumers, acceptability of services to the local population, affordability of services and how well services accommodate the needs of health consumers.12
In response to reduced access, a statewide, publically funded, metropolitan-based, sexual health service in Victoria set up a free STI phone consultation service with postal samples and treatment for rural young people. However, service usage was considerably less than anticipated with only 28 rural young people participating over an 11-month period despite widespread advertising. The advertising targeted both young people (<25 years) living in rural areas (>150 km from Melbourne) in Victoria (15–24-year-old population = 191 210) and their health care providers. The advertising included websites, a Facebook page, posters, flyers, business cards, wrist bands and professional development sessions for nurses. Also used were once-off methods including advertisements in newspapers, student diaries and short messages to mobile phones.

Sweden introduced online chlamydia testing for both men and women and found that online chlamydia test users were mostly young people with high sexual risk behaviour. In the Swedish study, only 22% men and 34% women had been tested for chlamydia at clinics previously, and 80% of online test users had engaged in sex with two partners without a condom during the previous year.

Context

We determined that a free online STI testing service in Victoria would address the issues of privacy, cost, transport and lack of service provider choice for rural young people but were unsure if this service would be acceptable to them. We modified the telephone testing service to include the option for rural young people to order an online test. The main difference from the phone service was that the necessity to have a phone consultation with a nurse was eliminated by using the online service. Our aims for this study were to (i) examine rural young people’s self-reported engagement with sexual health testing and treatment, and (ii) compare their perceptions of barriers and facilitators to using face-to-face and online sexual health testing and treatment.

Method

Ethics approval for this study was granted by the University of Melbourne Human Research Ethics Committee. Over a 3-month period in 2012, seven focus groups were held in two rural towns in Victoria: the first town has a population of 1900 people and is approximately 200 km from Melbourne and the second has a population of 3500 people and is approximately 170 km from Melbourne. Both towns have GP services but no specialist sexual health services.

All of the participants were recruited from football/netball clubs. The process for recruitment involved first contacting the president of the sporting clubs and then attending a club committee meeting in each town to explain the study and the requirements for participation. Each town we approached agreed to participate and had only one football/netball club, from which they invited all young people aged 16–25 years to participate in the focus groups on consecutive weeks after training. For the purpose of this study, the participants were grouped by gender and age. In six of the seven focus groups, 16 and 17 year olds were separated from those aged between 18 and 25 years because confidence in discussing sexual health was anticipated to be different in these two groups. In one town, there was only one female participant aged 18, so we expanded the younger group to women aged 16, 17 and 18, and only had one female focus group for this town.

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All focus group interviews were held after training in the evening in a private, quiet room. Only the participants and researchers were present during the interviews, which lasted between an hour and an hour and a half, and were led by an experienced qualitative researcher, audio recorded and later transcribed. Written notes were also taken by a second researcher to record observations of the group interactions and dynamics. The participants were reimbursed $(AUS)40 for their time. During the focus groups, young people were asked to discuss what it was like to live in their town, what they did for school or work and for recreation, where they accessed general medical services and about their access to local sexual health services (what services they used, when, why and how). The homepage of the website ‘TESTme’ (http://www.testme.org.au/) was then shown on a laptop computer, and each focus group was asked to navigate and explore the site. The website, created by Melbourne Sexual Health Centre, provides free online chlamydia testing for Victorian young people aged <25 years who live more than 150 km from Melbourne. Testing samples and treatment are sent through the post, and there is capacity for telephone consultation and information if requested.

Recordings of the focus groups were transcribed and supplemented with notes taken during the focus groups. These transcripts were analysed thematically to identify the common understandings, meanings and sentiments of all seven focus groups and the key differences between them in relation to accessing sexual health services via online and face-to-face methods. These themes were discussed among all authors and condensed to three main themes with different ideas contained within them. While there was much data referring to each theme, an overview is presented here to highlight the key issues relevant to young people in accessing sexual health services in rural towns.

Results

Of the 50 participants, 27 were male (n = 12 < 18 years) and 23 were female (n = 16 < 18 years). Three main themes emerged from the focus group transcripts: (i) readiness to seek sexual health services; (ii) barriers and facilitators to using the local GP; and (iii) barriers and facilitators to online testing, including ‘using the mail during online STI testing’ and ‘cost of the online service’.

Readiness to seek sexual health services

While young people embraced the confidentiality and anonymity of online testing, young men, particularly, appeared reluctant to discuss or address their own sexual health needs. Young people seemed to be waiting for STI symptoms or problems to occur rather than screening or preventing them. Young women talked about being more proactive than young men, indicating they would seek out services when appropriate. Young men tended to state they would ‘hope for the best’ and assume ‘all’s good’ until an obvious problem emerged.

Barriers and facilitators to using the local general practitioner

The younger groups described more significant barriers to accessing GP services in rural communities than the older groups, and as such, the younger participants were more interested in using an online service for both STI testing and treatment.

When asked directly if using a website was a better option, a younger female participant added ‘It’s awkward [going to the doctor] . . . you feel more comfortable [using a website] . . . You wouldn’t have to lie . . . especially at a young age if your mum had to drive you there.’ In an older male group, a participant stated ‘I don’t know I just think it’s a lot more practical to just go and see the doctor . . . I mean it’s more expensive but you know you’re seeing someone . . . it’s just easier.’

There were some differences between the two towns, where young people from one town said they sought out non-local GPs for sexual health services while young people living in the other town were more comfortable using local services. While the former town is closer to a larger centre, young people from this town talked about trust, confidentiality and anonymity as reasons for seeking out non-local GPs in the larger centre. There was a lack of trust in doctors in this town while in the second town young people implied that doctors provided a confidential service and nurses made an effort to get young people seen quickly and appropriately.

Barriers and facilitators to online testing

Using the mail during online sexually transmissible infection testing

All groups discussed the process of having a test kit and or treatment sent to their home, and the younger participants (aged 16 and 17 years) were more concerned about their parents finding out that they had used online STI testing than the older participants. A male participant in one of the younger focus groups commented ‘going in the mail, everyday it’s going to your parent’s house, you don’t want your parents to know about it, everyday you’re going to be the first one to that mailbox checking to see whether it’s there.’ A younger female participant also voiced similar concerns; ‘yeah but then you get antibiotics through the mail . . . your parents will find out this way’. Interestingly, all of the younger
groups reached solutions to these concerns through further discussion, and one young woman stated; ‘but if it doesn’t say what the package is . . . you’d just be like “I bought some clothes off ebay”’. One young man stated ‘I’d just send it to a mates joint’ in order to avoid parental enquiries. The older participants (aged ≥18 years) were not as concerned about this issue. One male participant stated ‘if it’s just a plain envelope and it doesn’t, say have an address where it’s from, it’s alright’.

Cost of the online service
An important consideration for all groups was that online STI testing is a free service. During the focus groups, the researchers were asked by participants about the cost of using a website for online testing with questions such as ‘so this is all free?’ and including specific questions such as ‘would they [referring to the website] pay the postage to send it back?’ in reference to returning the testing kit. In all groups, the majority of participants indicated that providing the online service free of charge would remove one of the barriers to testing. A participant stated ‘I reckon this is good . . . it’s easy . . . this doesn’t take time away from work or driving anywhere or paying’.

Discussion
In our study, young people identified a number of factors required for their use of online STI testing, including their readiness to seek sexual health services and external factors affecting access, such as the availability and acceptability of existing local services. Other factors directly related to the website will influence use, including whether the website looks credible, is confidential and the cost of the service.

In this study, we found that the concerns are somewhat different for younger rural people (those aged less than 18 years) than ‘older’ rural young people as accessibility to sexual health services is more difficult for the younger group. That is, not all young rural people can be homogenised when designing rural health services. Their experiences differ depending on their age, their family, their trust in local services and the extent to which local health services are youth friendly. This diversity, in both young people and rural health services/communities, must be acknowledged in health service planning.

There were some common themes, however, shared by both groups. In general, all of the groups of rural young people in our study described some concerns about accessing sexual health services locally. This was less discussion about availability of services and more about privacy, trust, reliability and using generalist health care providers for sexual health needs. Previous studies have found similar results which would indicate that these issues have not diminished in recent years.

Other studies have also shown that there is a need for improved access to sexual health services for rural young people and barriers to health services and subsequent disparities in health outcomes for rural communities are well documented. However, there has been less attention paid to the specific problems encountered and the concerns perceived by rural young people in seeking professional support in maintaining optimum sexual health. This confirms that issues of access to rural sexual health services stem beyond the availability of services to the acceptability and safety of young people. Also, coupled with improved access to STI testing is the need for proactive education to encourage all young people to talk about, be aware of and be active in their own health care, including regular screening for chlamydia and other infections.

While the phone consultation service addressed many of the access issues such as cost, confidentiality and transport for rural young people, it might not have gone far enough. By using a website, the need for the young person to physically speak to a health professional before ordering a test is removed and as such accessibility and acceptability can be improved. Engaging rural, young people in the design of online services is a crucial step to ensuring innovative programs such as these are acceptable to potential users.

There were a number of factors that are important to consider in our study. These include the issue that using focus groups to collect data has the potential risk of the discussion being dominated or sidetracked by a few individuals. This risk however was mitigated in our study by using an experienced and effective facilitator. We also considered issues of participant privacy during focus group discussions and framed questions in a way that did not require participants to talk about themselves. For example, we explored access issues by asking participants ‘if your friend asked you where they could go to get advice about a sexual health problem, what would you tell them about your town’s services?’.

In conclusion, free online testing services address issues of access for rural young people. While barriers external to rural sexual health services might remain, free online STI testing services are acceptable to these rural young people.

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References


