



THE UNIVERSITY OF
MELBOURNE

Can we do it in Bunnings? Sexual health promotion and STI screening for adolescent males

Dr Amy Litras, Dr Sarah Latreille, A/Prof Meredith Temple-Smith
General Practice and Primary Health Care Academic Centre, The University of Melbourne

BACKGROUND

Young men are vulnerable in regard to sexual health. Chlamydia rates continue to rise and are highest in those under 25¹. Rates for women remain significantly higher than men suggesting a large undiagnosed male population¹. Young men attend general practitioners (GPs) less often than women². When they do are three times less likely to be tested for chlamydia³. Despite being an at-risk group the voices of young men are largely absent from discussions around sexual health promotion.

AIMS

- ❖ To identify the barriers to sexual health promotion for adolescent males
- ❖ To identify strategies for sexual health promotion that are acceptable to adolescent males

METHODS

- ❖ 36 one-on-one semi-structured interviews
- ❖ Male trade school students aged 16-19 years
- ❖ Convenience sampling
- ❖ Interviews were audio-recorded, transcribed and thematically analysed.

TABLE 1. Participant Demographics

	Regional (19)	Melbourne (16)
Age		
16 years	7	9
17 years	9	7
18 years	2	0
19 years	1	0
Sexuality		
Heterosexual	18	2
Prefer not to say	1	0
Other	0	0
Not asked	0	14
Relationship status		
Single	15	0
In a relationship	5	2
Not asked	0	14
Living arrangement		
With parents	17	16
With partner	1	0
Boarding school	1	0
Employment status		
Full time	1	0
Part time	7	2
Casual	5	2
Not employed	6	12
Home town population		
> 40 million	0	16
> 90,000	9*	0
10,000 – 20,000	2	0
2000-10,000	4	0
500 - 2000	1	0
< 500	2	0
Not provided	1	0

*One of these students was a boarder from a remote city with a population of 25,000

RESULTS

Poorly informed

The young men were uninformed about sexual health, especially in regards to STI screening and accessing sexual health services. It was generally not known that STIs can be asymptomatic. There was limited or no understanding of the terms contraception, STI, General Practitioner, GP, sexual health and sexual health service.

Most people say if it looks alright it's fine. (H, 16 years)

Sexually transmitted infection....don't know I think, just passed along, it's not a very high risk of getting them. (JB, 16 years)

Seeing GPs about sexual health

There are multiple barriers to seeing a GP for sexual health. GPs visits were perceived as a last resort and were reserved for consultations about symptoms, specifically those perceived as serious or of a long duration. They were unlikely to visit a GP for the purposes of testing or information seeking. Other barriers to accessing primary health care included privacy concerns, embarrassment, cost, dependence on parents to make appointments and a dislike of waiting.

They get nervous and anxious about shit and they just don't like, and they're just too shy to go to the doctors about it. It's because of their mum and parents, like they don't want to go with their parents and they can't go because they're not 18... (D, 16 years)

Barriers to STI screening

A major barrier is fear about what an STI test will involve with most believing STI screening is likely to be invasive, embarrassing, painful and time consuming. Most young men believed it would involve some combination of intimate examination, blood tests, swabs, needles, endoscopy, saliva testing and a full sexual health history. Two young men had themselves had an STI screen and they both reported that their expectations were far worse than the actual experience.

Blood tests maybe, a saliva test or something....They strip you down and they check if you've got any rashes or whatnot, yeah. (S, 17 years)

I was thinking it would be a needle up the arse. I was like, oh shit. (BS, 16 years)

Novel suggestions for sexual health promotion

The participants were open to more sexual health education and further opportunities for STI screening but only if it were provided in an acceptable and relevant form and forum. Acceptable STI screening would have to be free or cheap, private, easy and quick. They offered novel ideas for the provision of sexual health information including the provision of STI screening and sexual health information through sporting clubs, hardware stores and the internet.

Like a free kit or something, a cheap kit you just buy, like a cup and stuff and a set of instructions....As long as you don't have to sit there and wait with a bottle of urine for a while and everyone would just be looking at you a bit funny. (F, 17 years)

All young fellas, they all love sports. Footy can just make them do it. (A, 19 years)



DISCUSSION

- Making adolescent males better informed STIs can be asymptomatic and that an STI screen can be as easy as a urine sample if asymptomatic could help overcome some barriers to screening in this population.
- The unique status of adolescent males as they transition from dependent to independent and from immaturity to maturity must be considered in the provision of sexual health information and testing.
- For health promotion strategies targeting adolescent males to be successful they will need to be provided in a form and forum that is relevant to them.

Further Information

Dr Amy Litras

General Practice and Primary Health Care Academic Centre
The University of Melbourne
200 Berkeley Street, Carlton 3053
T: 03 8344 7276 | F: 03 9347 6136
E: amy.litras@unimelb.edu.au



References:

1. Australian Bureau of Statistics, *Australian Social Trends, June 2012*, Cat. no. 4102.0, Canberra, 2012, <http://www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/4102.0Main+Features10Jun+2012#Endnote1>
2. Australian Institute of Health and Welfare. *Young Australians: their health and wellbeing 2011*. Cat. no. PHE 140 Canberra: AIHW 2011
3. Kong et al *Australian general practitioner chlamydia testing rates among young people*. MJA 2011, 194(5): 249-252

Poster publication date: 3rd October 2014