Curtin University

Risk perceptions, misperceptions and sexual behaviors among young heterosexual people with gonorrhoea in Perth

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RESEARCH TEAM AND ACKNOWLEDGEMENTS

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OVERVIEW

- Issue addressed
- Research protocol
- Public health investigation
- Key findings
- Implications for policy and practice
- Lessons learned

ISSUE ADDRESSED

- Notification rates of gonorrhoea rose in Australia by 63%, from 61.9 per 100 000 in 2012 to 100.8 per 100 000 in 2016
- There was no concomitant increase in chlamydia notification rates
- In WA's major cities, there was a 612% increase among non-Aboriginal females and a 358% increase in non-Aboriginal males in the ten-year period 2007-2016
- The total number of gonorrhoea notifications categorised as heterosexual was 50% higher in WA in 2017 than the preceding five-year mean
- In 2016 more than half (53%; 12 648) of all gonorrhoea notifications were in people aged 15-29 years
- Changing sexual practices, individual perceptions of risk, number of sexual partners, condom usage, travel, ethnicity, use of dating applications or location of meeting sexual partners, smoking and substance use, age and bisexual partners have all been identified as possible risk factors for gonorrhoea in young heterosexual people

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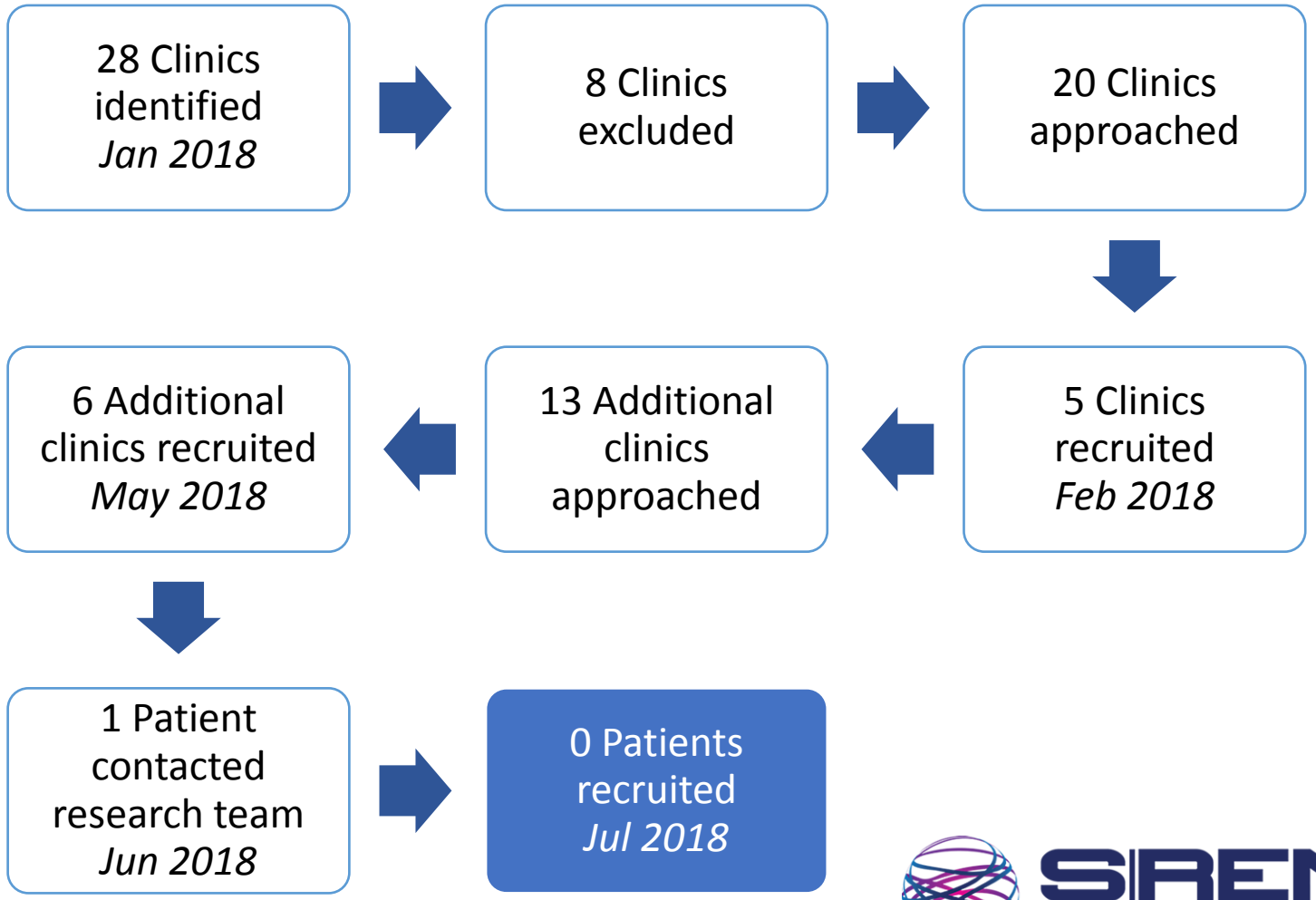
RESEARCH PROTOCOL

- Clinic engagement
- Prospective recruitment of eligible patients by GPs in sexual health clinics, community and GP clinics with highest gonorrhoea caseloads
- Patient to contact research team if interested in participating
- Multiple data collection sites required ethics approval from Curtin University, Royal Perth Hospital and Fremantle Sexual Health Clinic
- No data collected after 6 months!



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PUBLIC HEALTH INVESTIGATION

- Project officer employed by Communicable Disease Control Directorate at WA Health in Jul 2018
- *Methods*: Semi-structured qualitative telephone interviews, verbal consent, thematic data analysis
- *Eligibility*: aged 18-34 years, heterosexual, non-Aboriginal, diagnosed with gonorrhoea in the last 3 months
- *Exclusion criteria*: MSM, chlamydia co-infection, sex workers, ED patients, incarceration, pregnancy
- Data collected within 6 weeks!

Summary of data	Number
Notifications extracted from WANIDD	321
Eligible people after applying exclusion criteria	70
People who answered the phone call	33
People who did not consent to interview	15
Interviews conducted	18
Median duration	23 mins
Gender of interviewees	10 males, 8 females
Mean age	27 years
Suburbs where interviewees resided	17 across Perth

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KEY FINDINGS

- Consenting participants were very willing to talk in depth about their sexual interactions and lifestyles
- Many had several casual partners, often following a relationship breakdown
- Inconsistent condom use
- Reasons given included own or perceived partner preferences, having unplanned sex, or sex in public spaces, not having access to condoms

"I was upset and just wanted to meet other people. I reckon I had sex with-- from the break up till now, I reckon let's say, five people. One was with a condom. These were all one-night stands…." Female, 22 years

"I did take condoms… I did pull it out and I put it on. That's when she goes, 'Oh'…. Basically, was offended that I put it on. So I took it off." Male, 31 years

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KEY FINDINGS

- Limited communication with partners about sex prior to engaging in sexual activity
- Equally likely to meet partners through friends, events, pubs/clubs than online dating apps
- Risk assessments and lack of condom use based on visual cues, feeling safe, using other contraception

"Just because it was Tinder, and he was like, 'Come over'. It was like kind of obvious [that we were going to have sex]." Female, 22 years

"She seemed very clean to me... [she was] pretty, wearing clean clothes, takes care of herself.... as opposed to someone who [doesn't] take good care, hygiene-wise and all that, then I'd be sceptical." Male, 31 years

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KEY FINDINGS

Interviewer: *“Did you want to use a condom?*
Participant: *No, I felt safe.*
Interviewer: *What felt safe about it?*
Participant: *I don't know it really felt safe. It just did.*
Interviewer: *Was it because you knew him - he was a friend of a friend or?*
Participant: *Yes, that and I don't know, he just seemed clean…..”. Female, 28 years*

“Honestly, when I have not used one [condom], the first thing on my mind is, ‘I don't want to get pregnant, but I'm on contraception so that's fine’.” Female, 22 years

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KEY FINDINGS

- Perception of STIs as common and easy to treat
- Did not engage in routine STI testing
- Shock and surprise at diagnosis
- Minority used illicit substances before sexual activity

"Like I said, majority of people that I know, every single person has had an STI..." Female, 27 years

"...that one [gonorrhoea] and chlamydia are pretty low-key...you can get rid of them really easily. I know so many people that have had an STI...so everyone is pretty relaxed about getting them..." Female, 22 years

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KEY FINDINGS

- Awareness of chlamydia higher than gonorrhoea
- Unaware of risks of transmission through oral sex
- Most said they now intended to use condoms and talk to partners about STI risk

"I definitely use condoms now. I have condoms in my car, in my wallet. If I'm in a position where I want to be with someone, I do it the safe way now……. If you don't have them you don't use them. It's that simple." Female, 27 years

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IMPLICATIONS FOR POLICY AND PRACTICE

- Sexual health education to focus on communication
- Sexual health education to focus on shifting risk perceptions
- Continue to ensure quality sexual health information is available online
- Condom accessibility
- Consider how to balance de-stigmatising vs normalising STIs & STIs being perceived as minor, not serious infections

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LESSONS LEARNED

- Consideration of research approach in regards to timeliness of data required - recognition of timeframes required for ethics approvals
- Factors influencing successful recruitment of clinics and patient recruitment challenges
- Combining research expertise with an understanding of local healthcare systems was extremely valuable to understand the reasons why the initial protocol for recruiting patients was unsuccessful and to devise alternative strategies
- Qualitative data can complement quantitative surveillance data when tailoring a public health response to an infectious disease outbreak.
- Disease control services should include staff with qualitative inquiry as well as quantitative, epidemiological skills. Our initial research approach to gathering data about the outbreak consumed considerable resources & delayed the public health response by >6 months.

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