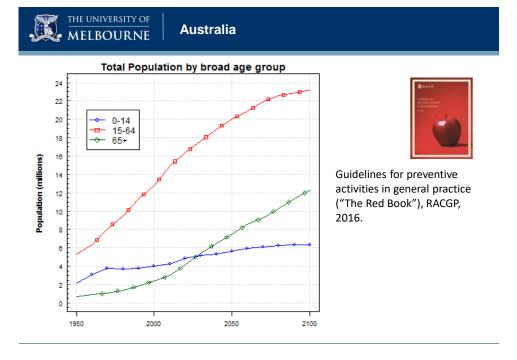
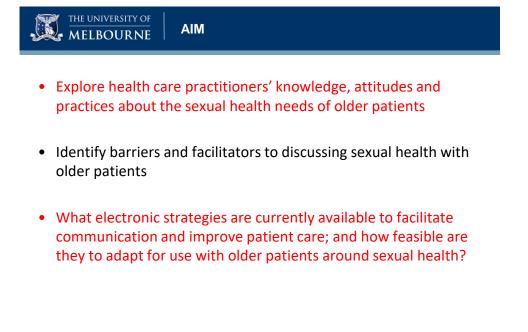


Facilitating sexual health discussions in primary care with older Australians: health practitioner perspectives



Sexual Health and Ageing, Perspectives and Education – SHAPE Project. Supported by a grant from the Hallmark Ageing Research Initiative (HARI) Seed Fund







Qualitative methods: semi-structured interviews

Recruitment:

VicRen and snowballing

Each interview:

- digitally recorded
- transcribed
- thematically analysed

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GPs:

8 males 7 females

13 urban 2 rural

Three themes:

• Sexuality is important



- Sexual health conversations are rarely initiated
- Barriers: complexity of older patients with comorbidities, discordant gender & age

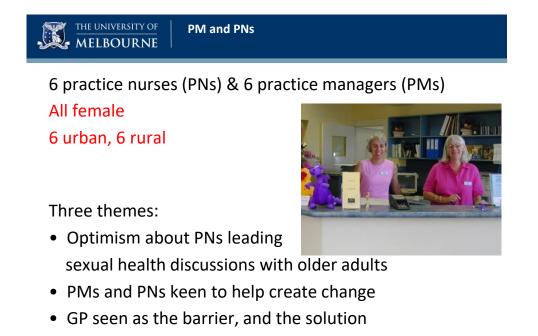


- Sexuality is important for older people "...it's a core value of being a human being, regardless of age" GP6
- Sexual health conversations are rarely initiated "...probably more waiting for patients to bring it up than actively looking for sexual health problems" GP13

"I feel that if you are doing your job well as a sensitive GP you would have hoped that people would have been comfortable to raise that with you" GP7

• Barriers :complexity of older patients with co-morbidities, discordant gender & age

"...you can be juggling 3 or 4 issues. I think (with) the complexity of older people ...you wouldn't have time to open that up" GP1



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• Optimism about PNs leading sexual health discussions

"In general practice nurses have greater time when they're doing things like chronic disease plans, they have the opportunity to actually spend the time and get people to talk about that issue" PM4

" I think it's our role. Because the patients are sometimes, you know, nervous about asking a doctor this" PN5

• PMs keen to help create change

"Now let me look at 75 health assessment...let me see...nope I don't see any sexual health questions in basic function...although it should be when you think about it! " PM3

• GP as barrier and the solution

"When I've gone back and said 'you didn't do anything about this' they'll usually say 'well you know they've got so many other...issues that need to be sorted out first and this isn't important'" PN2



- GPs acknowledge SH is important but feel it's less important than other aspects of care
- Generally PNs were enthusiastic about sexual health discussions but limited by scope of practice
- PMs keen to embrace change and improve services

Is there a technological solution to facilitate sexual health discussion in primary care?



Key informants

- 5 sexual health clinicians
- 5 clinicians experienced in digital/online interventions



Three themes:

- Digital and online interventions (DOI)
- Sexual health issues
- Considerations in designing a DOI



• Digital and online interventions (DOI)

It's interesting that some of the older patients within a practice actually use our kiosks more..." (KI4)

• Sexual health issues

"There's no point taking a test for chlamydia [in an older patient] and then not knowing how to broach it when you come back with the positive results" (KI8)

• Considerations in designing a DOI

"A large barrier to STI testing was found to be embarrassment and fear of judgement...people would be more likely to disclose truthfully if those barriers were removed." (KI5)

"These technologies] have to be placed ideally with someone nearby who can go over and help in case you reach a point where you're not sure what to do next" (KI7)

THE UNIVERSITY OF **GPs' views**

"I don't like the idea of a waiting room questionnaire when it comes to sexual health. I think that's not right; I think they're incredibly sensitive questions and filling them out on a questionnaire is creepy. And bad medicine. I don't endorse that idea." GP 5

"I'm just really interested in a resource that we could hand out, and ...sort of a discussion starter" GP 10

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- Discussion of sexual health should be a normal and expected part of any consultation where it is reasonable to ask about other preventive health activities.
- A resource to assist with discussion would be welcomed by health practitioners and older adults.
- Health practitioners need to be confident to manage such discussions, or have local referral options.





