Consumers' acceptability of using artificial intelligence in sexual and reproductive health care services: a cross-sectional study in Melbourne, Australia

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Background: Artificial intelligence (AI) is increasingly integrated into clinical workflows, but acceptability in sensitive settings, such as sexual and reproductive health (SRH), remains under-researched. This study assessed consumer perspectives on the use of AI chatbots and scribes in SRH.

Methods: We conducted an anonymous online cross-sectional survey across 3 SRH clinics in Melbourne, Australia, from August to December 2025. Clients aged 18 and over of all genders and sexual orientations were eligible. Descriptive statistics were reported.

Results: Of 579 participants, 54.9% were men (n=318), 84.5% (n=489) reported personal use of AI (e.g. ChatGPT) and 28.0% (n=162) had previously used AI to obtain SRH information. Among participants, 30.1% (n=174), reported feeling uncomfortable using AI chatbots to assess their SRH symptoms and 59.1% (n=342) were uncomfortable uploading genital images to a chatbots for SRH advice. Almost half (48.2%, n=279) had heard of AI scribes and 1.4% (n=8) reported experience with the use of an AI scribe during a SRH consultation. About two-thirds (63.7%, n=369) accepted AI chatbots and/or scribes in SRH with high comfort for administrative tasks but lower comfort in sensitive contexts, including sexual assault (31.0%, n=112), HIV testing/treatment (24.1%, n=87), and termination of pregnancy (23.8%, n=86). The top three benefits perceived by participants with use of AI were an improved focus on clients (49.6%, n=287), increased time with clients (43.5%, n=252) and enhanced documentation accuracy (41.5%, n=240). The top three risks perceived by participants were cybersecurity (74.6%, n=432), inaccurate information (68.6%, n=397) and data re-sale (66.3%, n=384).

Conclusion: SRH consumers are generally open to the use of AI chatbots and scribes, though acceptability varies by context. AI was an acceptable tool for administrative tasks but was less acceptable in sensitive areas requiring interpersonal care. Implementation of AI in SRH must respect this gradient, prioritising informed consent and maintaining clinician-led care for sensitive consultations.

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