BETTER THAN "DOCTOR GOOGLE": EMOTIONAL RESPONSES TO SEXUAL HEALTH INFORMATION PROVIDED BY INTERNET SEARCH ENGINES COMPARED WITH WEB-BASED SEXUAL HEALTH APPLICATIONS

Authors:
King AJ [1, 2], Soe NN [1, 2], Latt PM [1, 2], Zhang L [1, 2], Temple-Smith M [3], Bilardi JE [1, 2, 3], Towns JM[1, 2], Maddaford K [1, 2], Fairley CK [1, 2], Chow EPF* [1, 2, 4], Phillips TR* [1, 2]
* Co-last authors

[1]School of Translational Medicine, Monash University, Melbourne, VIC, Australia, [2]Melbourne Sexual Health Centre, Alfred Health, Melbourne, VIC, Australia, [3]Department of General Practice, The University of Melbourne, Melbourne, VIC, Australia, [4]Centre for Epidemiology and Biostatistics, Melbourne School of Population and Global Health, The University of Melbourne, Melbourne, VIC, Australia

Background:
Web-based sexual health applications can support timely and appropriate treatment of sexually transmissible infections (STIs) by facilitating access to individualised and evidence-based sexual health information. However, concerns exist about potential emotional impacts of receiving this information outside the clinical setting. The STARTOnline study explored, among other outcomes, emotional responses to three web-based sexual health applications, designed to estimate users' STI and HIV risk (https://mystirisk.mshc.org.au/), and identify potential STI symptoms and/or lesions (https://ispysti.org/ and AiSTi see https://www.mshc.org.au/research/research-studies/image-capture-study) using Bayesian or artificial intelligence algorithms.

Methods:
Melbourne Sexual Health Centre attendees, with and without symptoms, were recruited to semi-structured interviews and focus groups, from June 2023 to January 2024, to explore their views on one of the three applications. Participants' actual (iSpySTI and MySTIRisk) and imagined (AiSTI) emotional responses to using an application were coded using emotion coding and compared using the matrix coding query functions in NVivo and matrix displays.

Results:
Twenty-nine people participated in an interview and/or focus group, including heterosexuals, LGBTIQ+ and culturally and linguistically diverse community members, sex workers, and a person living with HIV. Of these, 25 referred to using internet search engines to find sexual health information. Comparative analysis of participants' emotional responses to information provided online revealed potential advantages of sexual health applications over internet search engines, in reassuring concerned users that their condition was either unlikely to be an STI, or a treatable STI. Participants emphasised the importance of linked supporting information in mitigating any negative emotional impacts of a STI diagnosis as well as the role of being concerned in motivating people to seek care.

Conclusion:
Web-based sexual health applications have the potential for both positive and negative emotional impacts. Our results emphasise the importance of future

applications being co-designed to enable the provision of information supporting both healthcare seeking and emotional wellbeing.