Navigating Digital Health Systems for Sexual Health: A Case Study of Consensual Non-Monogamy

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Background: The diverse and increasingly privatised nature of digital clinical support systems in Australian healthcare settings has resulted in data siloes, inconsistencies in data capabilities, and lack of interoperability across health services (Bjørnstad & Ellingsen, 2019; Bossen et al., 2019).

For sexual health (and other primary health services) digital systems often rely on binary sexuality and gender categorisations (Carrotte et al., 2016). This impacts STI and HIV clinical targeting and continuity of care for patients falling outside of normative risk categorisations. In response, marginalised consumers may change or withhold information to mitigate potential stigma.

This paper draws on qualitative research presenting a case study of data frictions across digital health systems for consensually non-monogamous (CNM) sexual health consumers in Australia. It highlights strategies used by health consumers and healthcare providers to navigate digital system limitations.

Methods: Interviews were conducted with CNM adults about their experiences of accessing sexual healthcare (n=17). Sense-checking interviews (n=4) and workshops with healthcare professionals (n=11) developed a multifaceted understanding of digital health systems and the impacts of everyday data practices on sexual health-seeking and service provision.

Results: CNM participants (including heterosexual women) often found it difficult to make their identities and practices legible to data collection systems. They detailed a range of strategic practices used to work around digital health system limitations. Healthcare stakeholders similarly identified strategies to overcome system limitations to provide patient-appropriate sexual health testing but expressed concern regarding lack of interoperability between health data systems.

Conclusion: The data frictions imposed by digital health systems have significant implications for sexual health continuity of care. Lack of interoperability between healthcare settings limit the extent to which healthcare professionals can provide patient-centred ongoing sexual healthcare. However, it is also acknowledged that intentional fragmentation of data by consumers and providers may be a protective strategy.

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