

PREFERENCES FOR ONLINE OR IN-PERSON STI TESTING VARY BY A PERSON'S CULTURAL BACKGROUND AND WHERE THEY LIVE: A SURVEY OF YOUNG AUSTRALIANS

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Background:

Sexually transmitted infection (STI) rates continue to rise across Australia and young people aged 15-29 years of age are disproportionately represented in these diagnoses. Timely access to treatment is crucial for reducing transmission. One possible solution to improve uptake and reduce barriers is to use online STI testing services. Previous studies outside of Australia have explored the acceptability of online STI testing services, but little is known about acceptability among young Australians and how this may vary between sociodemographic populations.

Methods:

A cross-sectional, online survey (using both closed and open-ended questions) of 905 Australians aged 16-29 was conducted with people recruited via social media, university noticeboards and professional networks. Analysis included logistic regression and directed content analysis for free text data.

Results:

Among participants, 75% (588/781; 95%CI: 72%-78%) preferred online testing over in-person testing. Multivariable analysis found that those living in rural areas (vs urban areas) preferred online services (adjusted odds ratio [AOR]=1.7, 95%CI 1.1-2.9). However, young people of Asian descent (vs those of non-culturally and linguistically diverse background) preferred in-person testing over online testing (AOR=0.4, 0.2-0.6) as did those who reported having previously tested for an STI (0.6, 0.4-0.9). Directed content analysis on why participants preferred online testing over in-person testing showed that convenience and privacy play a major role but the importance of these factors varied depending on the participant's sociodemographic background.

Conclusion:

It is clear an online service can supplement clinical services for STI testing and has potential to increase uptake among young people, like those living in rural areas, but may not be right for everyone, particularly those of Asian descent.

Disclosure of Interest Statement:

JSH is supported by a National Health and Medical Research Council (NHMRC) Investigator Grant (GNT 2025960)

This research was conducted as part of an NHMRC Partnership Grant (GNT 2006486).

FYK is supported by a CR Roper Postdoctoral fellowship.