The Australasian Sexual and Reproductive Health Conference 2025

THE UNIVERSITY OF MELBOURNE

Comparison with reported sexual activity between adolescents attending general practice in metropolitan and regional / rural areas of Victoria

Dr. Cathy Watson

RAd HEALTH TRIAL

Acknowledgment of country

We acknowledge Aboriginal and Torres Strait Islander people as the Traditional Owners of the unceded lands on which we work, learn and live. We pay respect to Elders past and present and acknowledge the importance of Indigenous knowledge in the Academy.



Background: Key Information

Generally: national data suggests that those living in rural / regional areas can be disadvantaged with regards to healthcare

Compared with metropolitan areas:

Fewer GPs per capita: anonymity concerns

Longer wait times for GPs

Can have transport issues

Fewer specialist services per capita

Background: Key Information

Young people: Understanding their health needs matters and helps to tailor healthcare to meet their needs.

Compared with metropolitan areas:

- Higher STI rates in regional / rural areas[1]
- Fewer health professionals trained in adolescent healthcare / SHS in rural areas
- More rural women have sexual debut <18 y.o.[3] In Australia, average age of first sex = 15; first porn =13.6[4]

Rurality alone does not determine health literacy[2]

Background: Why does adolescent sexual activity matter?

Early and unprotected sexual activity can result in:

Unplanned pregnancy

STIs

Adverse mental health outcomes

GPs usually provide first point of call for health needs of young people and can meet the challenge of addressing risk behaviours in young people

AIM

To compare the sexual activity and practices between adolescents living in rural/regional and those living metropolitan areas of Victoria

Background: The RAd Health Trial

This nested cohort study is part of a cluster randomised controlled trial set in general practice in Victoria, investigating the effectiveness of a fee-for-service payment for an adolescent health check (RAd Health Trial).

Aim of nested cohort:

1. To inform the economic evaluation of the RCT by collecting:

- quality of life data
- health care use data
- short-term health outcomes
- health and well-being data

Methods:

- Survey sent via SMS link from enrolled GP practices
- Analysis: compare sexual practices of adolescents aged 16-24 in rural/regional areas with those in metropolitan areas.

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- health and well-being data: **Sexual activity data in this presentation**

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Eligibility Criteria – Participants

- Attend an appointment at one of our enrolled general practices in previous 6 months (intervention and control practices)
- Aged 16-24 years

Participants were:

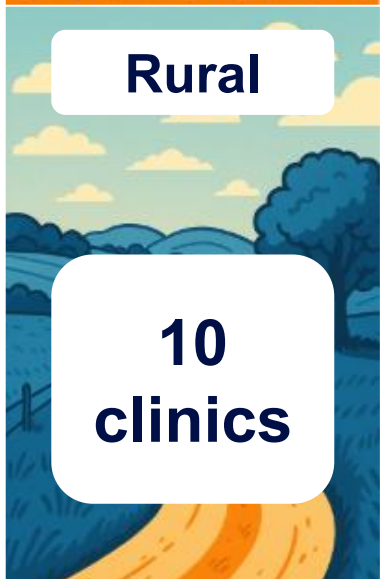
- Asked to complete two online surveys about their health and wellbeing, immediately and 12 months later.
- Able to provide consent for data linkage to their health care utilisation (MBS/PBS/AIR) data (optional).
- Invited to participate in a short, phone/Zoom interview (optional).

Results

1,524 young people aged 16-24

1,104 young people (72.4%)

Median age 20



420 young people (27.6%)

Median age 19

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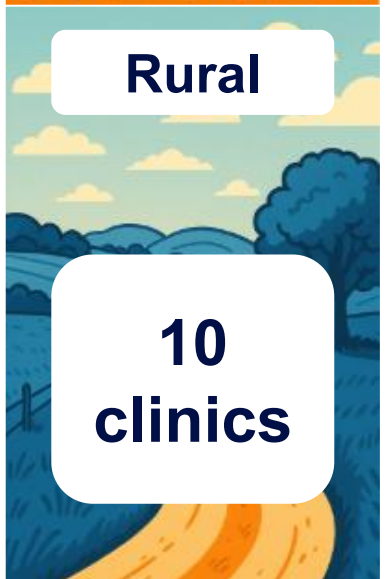
Response rate higher in rural: 18.7% vs 14.3%

Diff 4.4%
P<0.01



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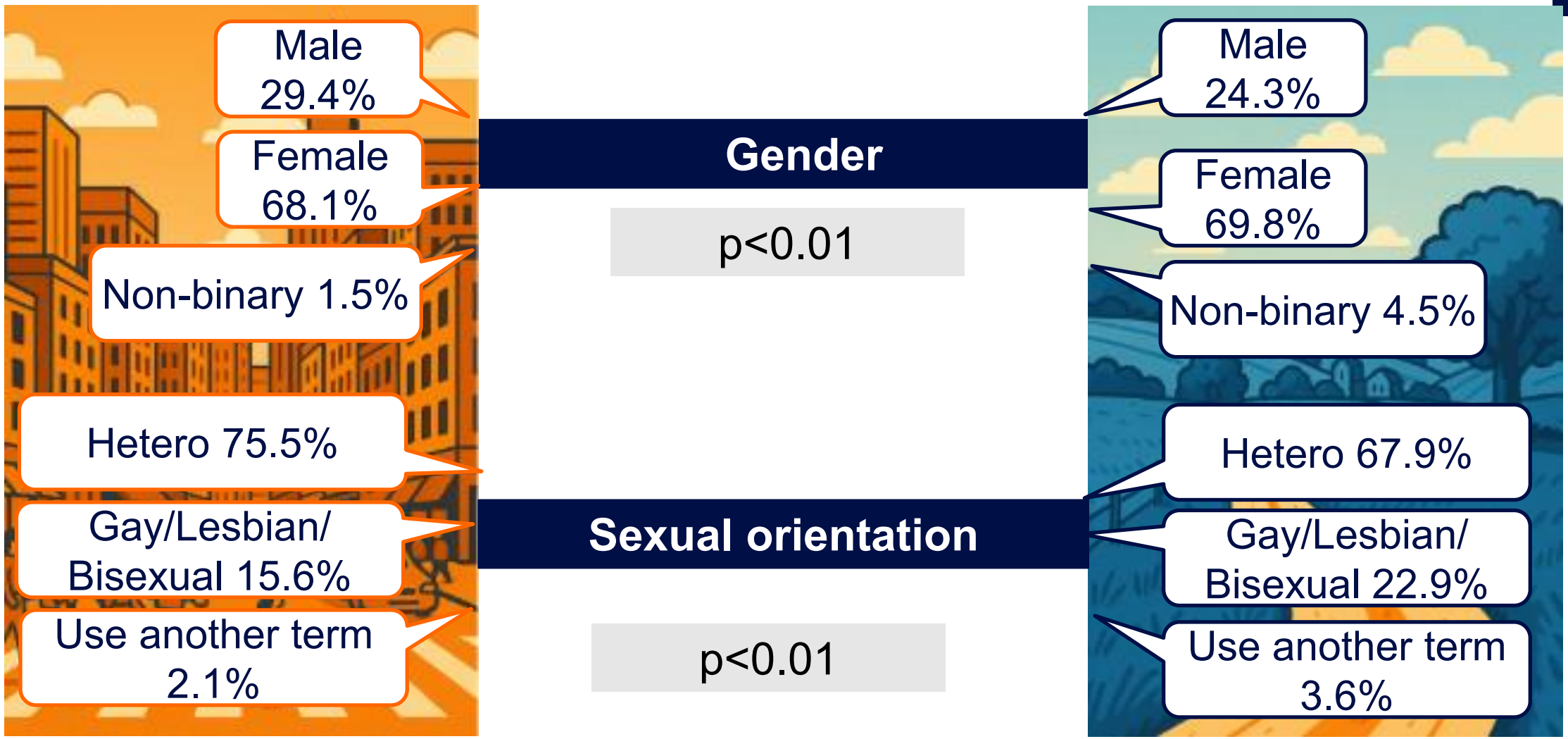
Results: Characteristics of sample



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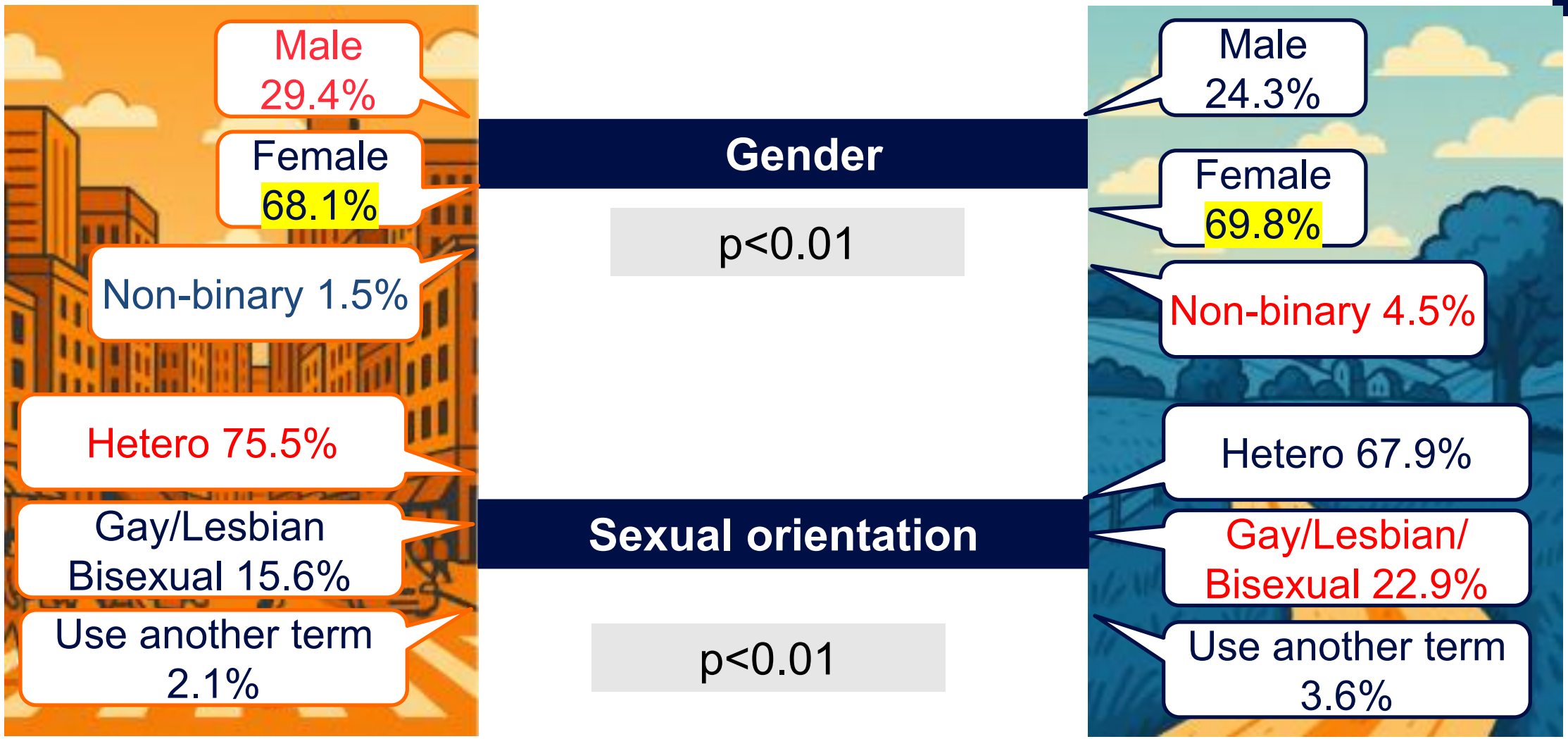
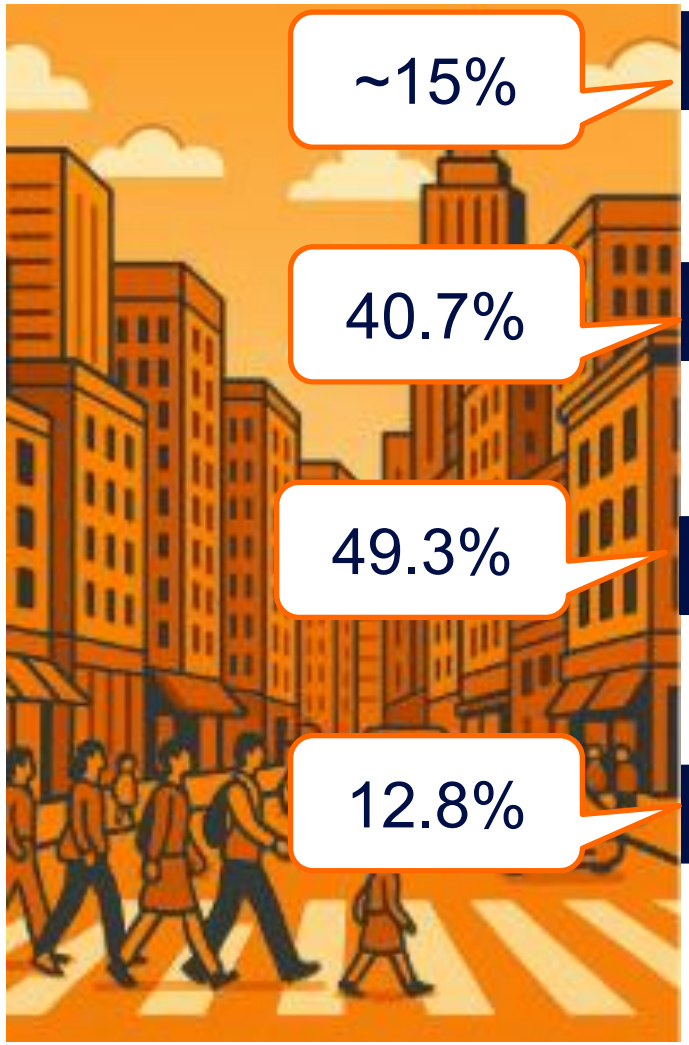


Results: Similarities between metro / rural

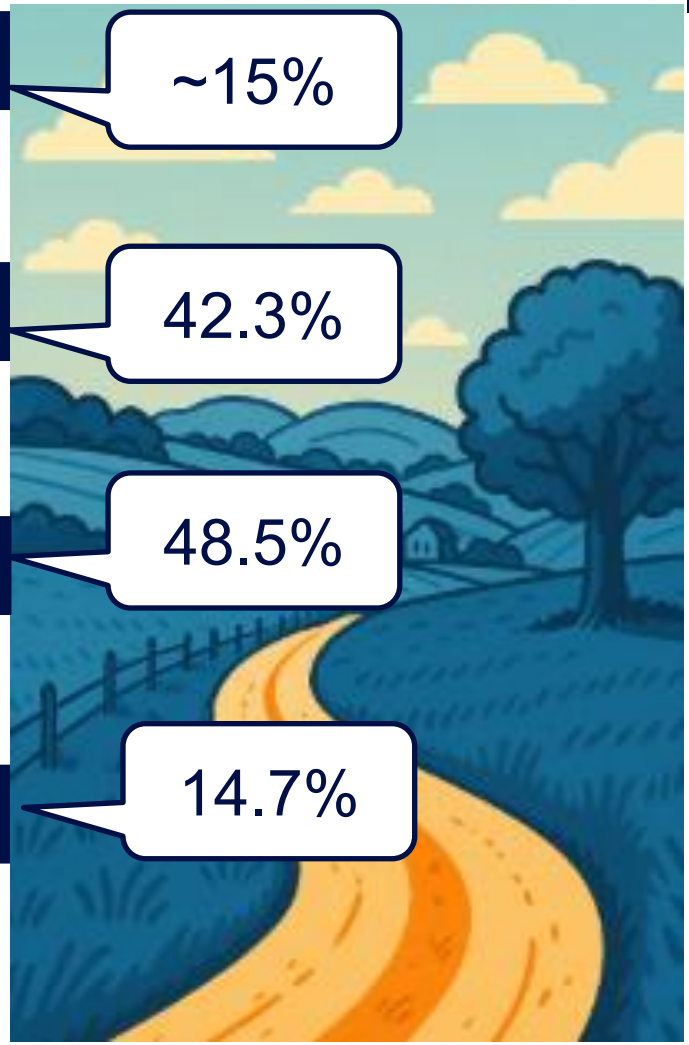


Pregnancy*

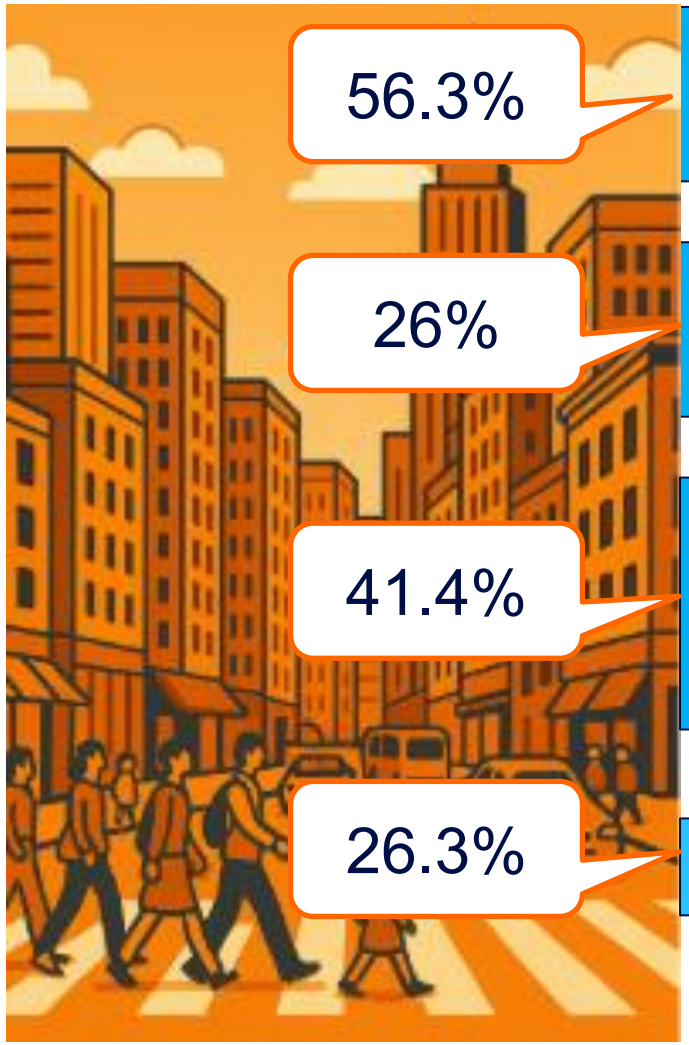
Condom use*

First saw porn by age 14

STI diagnosis*



Results: Differences between metro / rural



56.3%

26%

41.4%

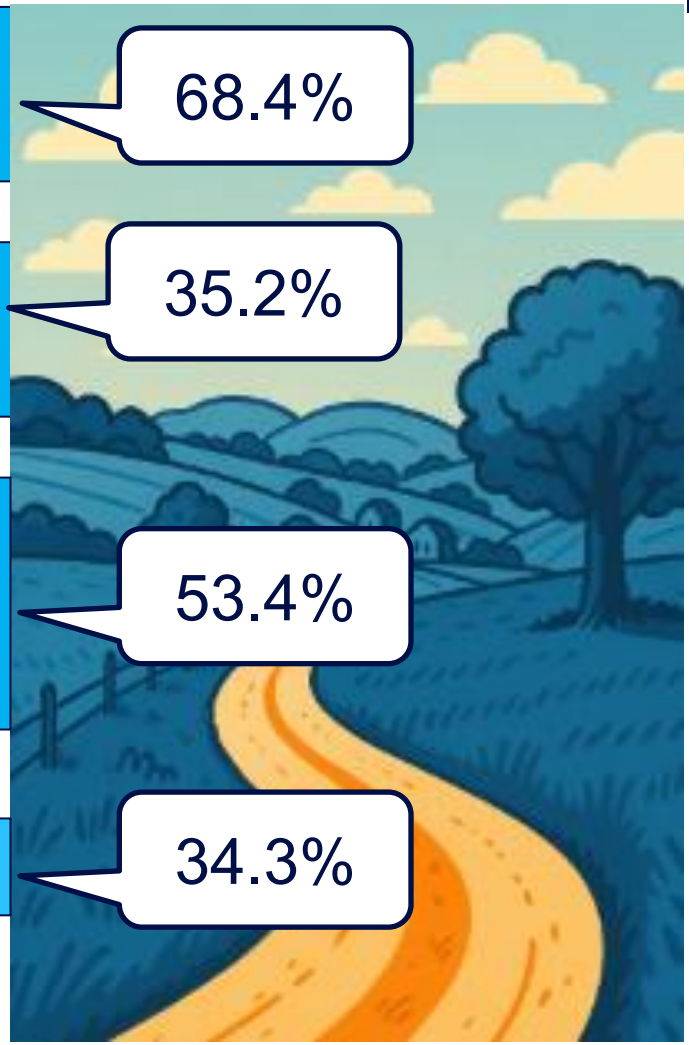
26.3%

Ever sexually active
aOR 2.6(1.9, 3.5)

Age of first sex <16 yo
aOR 1.4 (1.1, 1.9)

Received sext in past 12 months
aOR 1.3 (1.0, 1.8)

Non-consensual sex*



68.4%

35.2%

53.4%

34.3%

p<0.05

Discussion

- **SMS** sent from the clinic is an efficient method to engage with young people for large health and well-being surveys

- In this study, **rural young people** were more likely to participate in health surveys and were more likely to be gender diverse and less likely to be heterosexual

Discussion

Similarities in metropolitan and rural sample:

- Pregnancy rates
- Age when first saw porn
- STI diagnosis in previous 12 months
- Condom used last time had sex

Differences - rural young people were more likely to:

- Be sexually active
- Have an earlier sexual debut
- Receive sexts
- Engage in non-consensual sex

Discussion

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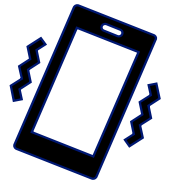
Discussion: findings

Porn and sexting have become a part of the sexual landscape for young people



Self-reported non-consensual sex (both digital and physical) more common in rural / regional areas in this survey

Discussion: limitations

- All RAd practices had client base including at least 600 young people aged 14-24 each year
- All young people had attended the clinic within the previous 3-6 months
- Fewer rural practices than metropolitan in this sample
- Most likely participating general practices had a higher-than- average interest in young people's health
- While large sample size, response rate was small; females over-represented, all answers self-reported

*Response rate ≤18% - likely to be considerable selection bias

Recommendations

Increase **access to sexual health services** for young people in rural and regional areas

Preventative health encounters in general practice and school-based health education to **promote sex-positive / safe sex education early in adolescence** including direct education on digital / online sex: *earlier in rural / regional*

Young people's health consultations to **include consent issues with sexual activity** (physical and digital)

Acknowledge **positive** aspects of sexual communication

Conclusions

- **Sexual health inequities** between metropolitan and rural / regional young people (including digital sex) need to be addressed.

- **GPs and nurses** in general practice, as trusted health professionals, have opportunities to facilitate improvement in sexual health outcomes for young people in rural and regional areas to promote lifelong sexual health and wellbeing.
- There are opportunities to strengthen young people's perspectives on sexual health care delivery

- Need to invest in training and resources to improve sexual health outcomes for young people in rural and regional areas.

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Thank you!

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