Rural young people’s perspectives of sexual health

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• Young people have higher rates of STIs than other age groups\(^1\)
• There is less screening for STIs in rural areas\(^2\)
• Access to sexual health services is less in rural areas\(^3\)-\(^5\)

“**Sexual development is a normal part of adolescence; however, sexual and reproductive behaviour during this time can have far-reaching consequences in later life**”\(^6\)
AIM OF THE STUDY

• To understand perspectives of sexual health, safe sex and using sexual health services among young study participants from two rural communities in northern Victoria

  – Implications for what rural young people need

  – Implications for sexual health promotion

  – Implications for sexual health services for young people living in rural areas
EARLIER STUDY

• Interviews with 40 young people from two rural communities in northern Victoria
• Recruited from football & netball clubs and snowball sampling
• Questions focused on relationships
• Findings:
  – Talked about sexual relations, casual sex and “hook-ups”
  – Negotiated sexual behaviours differently
  – Almost all used condoms
  – Mothers and other parents played a strong role
  – Alcohol played a strong role
WHY A NEW STUDY?

• Gained a lot of private information
  – Understood relationships and presentation of self
  – Some understanding of behaviours

• Questioned:
  – “I always use a condom, always”
  – “I would see the doctor if I needed to”

• We seemed to have the ‘private self’ but not sure we understood the ‘social’ self

• needed focus groups
METHOD

• Approval from a university human ethics committee
• Recruitment from 2 football & netball clubs in two rural communities
• Recruitment from a GLBTIQ support group in a third town
• Focus groups facilitated with a note taker present and also audio recorded
• Transcribed
• Thematic analysis to identify common meanings among these young people
Table 1: Focus groups conducted  
(N= 8 with 66 participants)

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<th>TOWN A</th>
<th>TOWN B</th>
<th>GLBTIQ</th>
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Talk about sex, safe sex and sexual health...

• Lots of talk of sex, others’ behaviours and judgement

• **Trust:**
  – “*trusting partners*”
  – “*I can be trusted by others*”
  – If I had an STI, some would tell a friend but not others

• **Young men:**
  – “*dirty girls*” and “*clean girls*”

• **Young women:**
  – Staying in control
  – “*bad girls*”, “*sluts*” and men that are “*no go*”
Talk about sex, safe sex and sexual health

• **Age:** Older respondents were more comfortable having the conversation, particularly among men

• **Gender:** Women were usually more comfortable having the conversation

• **GLBTIQ** respondents had a ‘normal’ conversation about their sexual health

• Those who had undergone an STI screen and women on long-term contraception were more comfortable talking about sexual health
• For many of our participants, more likely younger respondents and heterosexual males, their approach to sexual health...
Safe Sex

• Contraception was the focus of safe sex for heterosexual men and women
• In heterosexual relationships, women seemed to set the terms for sexual behaviours and condom use

• Condom use varied:
  – “up to the girl, what she says”
  – “it depends on the girl”
  – Condoms “ruin it”
  – “Always, mostly always” among men who have sex with men
**FINDINGS**

**Sexual health services**
- GP was the named choice
- Used more by female, older and GLBTIQ respondents

- Town A: most did not use local services
  - “Too many old people”
  - “I can’t understand them” (the GPs)
  - Closer to a regional centre than Town B

- Town B: used local services-
  - “Sam’s Mum will get you in, yeah, you just ring her and there’s no cost”
What impacts on these young people’s ability to seek out sexual health services?

- Gender
- Age
- Sexual orientation
- Experience with sexual health services
- Ability to articulate sexual health issues
• Some young people are not able to articulate sexual health needs, issues and concerns
  – did not seem to seek services at all
  – had little knowledge of STIs
  – wanted information from us

• Heterosexual young men wanted to have sex and tended to comply with partner’s terms

• Comparing to earlier study, what is said in private conversations (with GP) may not reflect social behaviour (with peers)
Are young people ready to engage in sexual health?

- Messages are lost to social pressure
- Inarticulation limits information and support seeking
- Women and GLBTIQ seemed more ready

Study suggests need for:

- Strategies for young people, especially heterosexual males, to be ready to engage in sexual health
- New approaches to sexual health promotion
- Youth friendly rural GP clinics
References


Thank you!