



# Rural young people's perspectives of sexual health

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# BACKGROUND

- Young people have higher rates of STIs than other age groups<sup>1</sup>
- There is less screening for STIs in rural areas<sup>2</sup>
- Access to sexual health services is less in rural areas<sup>3-5</sup>

*“Sexual development is a normal part of adolescence; however, sexual and reproductive behaviour during this time can have far-reaching consequences in later life”<sup>6</sup>*





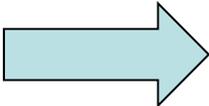
- To understand perspectives of sexual health, safe sex and using sexual health services among young study participants from two rural communities in northern Victoria
  - Implications for what rural young people need
  - Implications for sexual health promotion
  - Implications for sexual health services for young people living in rural areas



- 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**



- 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)

	TOWN A		TOWN B		GLBTIQ
	Men	Women	Men	Women	Men & Women
16-17	9	8	6	9	15
18-22	5	7	7		



## 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



# FINDINGS

- 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



## 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

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Thank you!

