

2015

**National
Sexual Health
Research Forum**



**FAMILY PLANNING
ALLIANCE AUSTRALIA**

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National Sexual Health Research Forum 2015 – Summary Report

Background

Following the success of the National Reproductive Health Research Forum in May 2014, the National Sexual Health Research Forum was held on 13 November, 2015. The Forum was organised by Family Planning NSW on behalf of Family Planning Alliance Australia, who were commissioned by the Australian Government Department of Health, under the Family Planning Grants Program, to hold two national research forums.

This second Forum focused on building and consolidating alliances for sexual health researchers, and identifying key sexual health priorities in Australia. It brought together metropolitan, regional and rural sexual health researchers and stakeholders, and facilitated dialogue between individuals and organisations working within and/or supporting sexual health programs in Australia.

This report provides a summary of discussions from the 2015 Sexual Health Research Forum, and an overview of a desk review conducted by Family Planning NSW prior to the Forum.

Forum objectives

- Provide an opportunity for stakeholders to discuss and share perspectives on sexual health
- Provide an update on the latest sexual health data
- Identify key national sexual health priorities

Emerging sexual health issues in Australia

Sexual initiation and activity among young people

Data from the 2013 National Survey of Australian Secondary Students and Sexual Health, which included 2,136 students from years 10-12 from across Australia, found that the majority of students (69%) had experienced some form of sexual activity. Almost one quarter of Year 10 students (23%), one third of Year 11 students (34%) and one half of Year 12 students (50%) had experienced sexual intercourse, almost a quarter of sexually active students (23%) had sex with three or more people in the past year, and about one quarter reported an experience of unwanted sex. Reasons for this included being too drunk, being

influenced by their partner, or being frightened. Young women were only slightly more likely than young men to have experienced sex when they did not want to (28% vs 20%). 17% of sexually active students reported that the last time they had sex they were drunk or high [Mitchell et al, 2013].

Contraception and condom use

The 2013 National Survey of Australian Secondary Students and Sexual Health found that 59% of sexually active students reported using a condom the last time they had sex. 13% of sexually active students reported using no contraception the last time they had sex, and 15% used withdrawal. Amongst sexually active students the most commonly used form of contraception was the condom (58%) and / or the contraceptive pill (39%). When asked, few students (9%) believed that young men alone take responsibility for suggesting condom use during sex, however young women (47%) were more likely than young men (25%) to believe that girls were solely responsible for condom use. Only 4% of students reported having accessed emergency contraception [Mitchell et al, 2013].

Findings from the second Australian Study of Health and Relationships (ASHR2), which surveyed just over 20,000 men and women aged 16-69 years, found that less than half of those who were sexually active in the year before being interviewed had used a condom in that year. Condom use was associated with youth, speaking a language other than English, bisexual identity, lower income, and having multiple partners. Among men who had sex with men in the year before being interviewed, 69% had used a condom for such activity. Late application of condoms was quite common for vaginal intercourse, and dual use of condoms and other forms of contraception during vaginal intercourse was not common. These suggest a need to highlight among people with multiple sexual partners that non-barrier methods of contraception do not offer protection against sexually transmissible infections, and promote use and correct use of condoms. In the 11 years since the first Australian Study of Health and Relationships (ASHR1) was conducted, condom use for both heterosexual and homosexual activity has increased [de Visser RO, 2014a].

Sexually transmissible infections

Chlamydia

Chlamydia was the most frequently reported notifiable condition in Australia in 2014, with 86,136 diagnoses. The majority of diagnoses (80%) were among people in the age group 15-29 years. 58% of diagnoses in the past ten years (2005 and 2014) were among females

(Figure 1), and 8% were notified as Aboriginal and Torres Strait Islander. Although the overall population rate of chlamydia diagnosis increased between 2005 and 2011, it has remained stable over the years 2012-2014. This stable population rate, and a decline in the annual number and rate of diagnosis in the 15-19 year age group (Figure 2), provides the first indication of a plateau in chlamydia diagnosis rates [The Kirby Institute, 2015].

Figure 1: Chlamydia notification rate per 100 000, 2005-2014, by year and sex

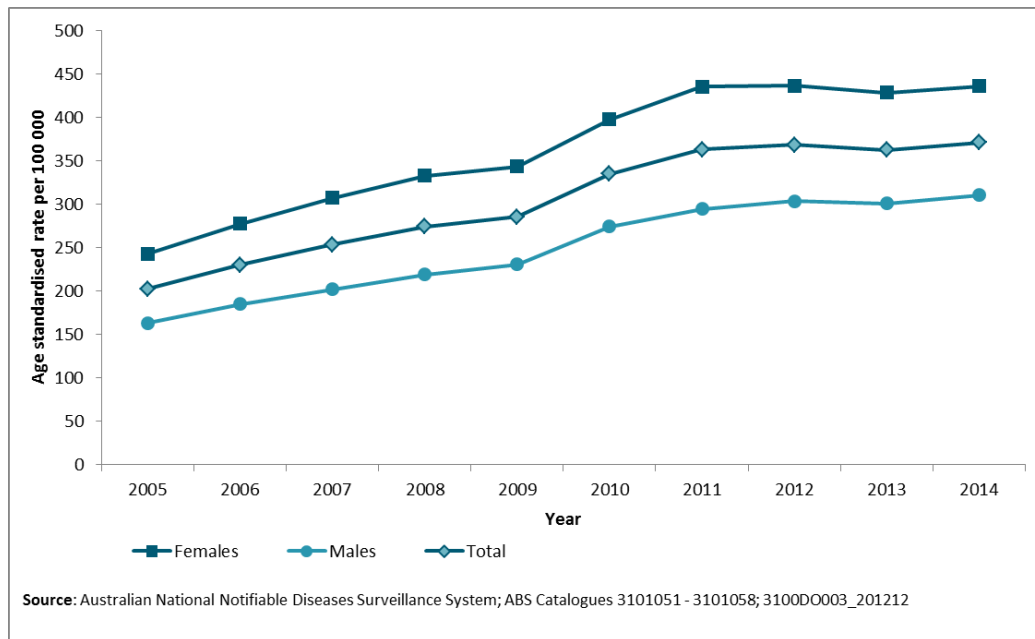
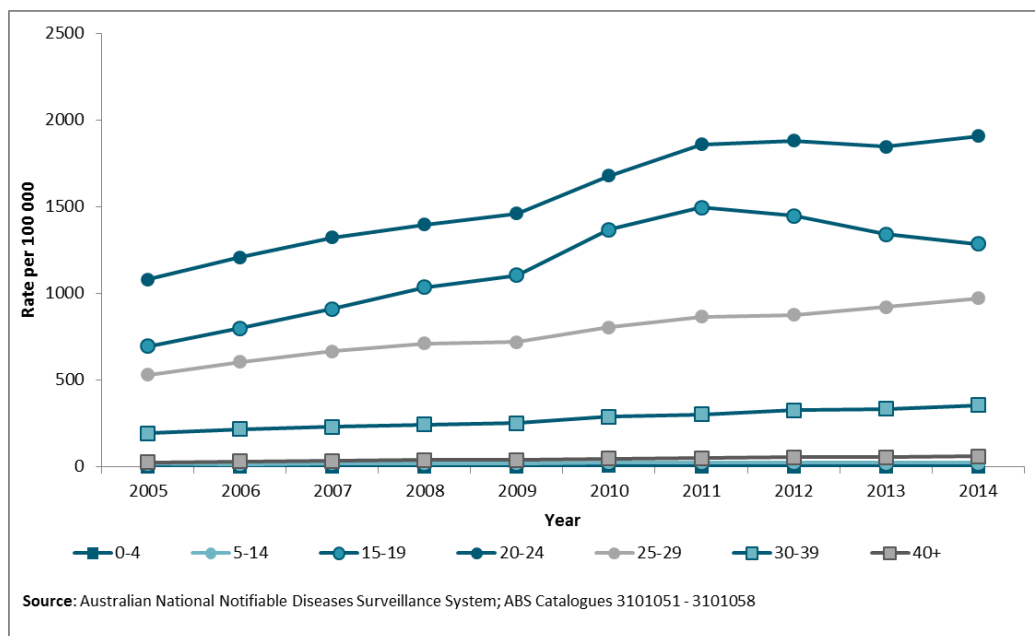


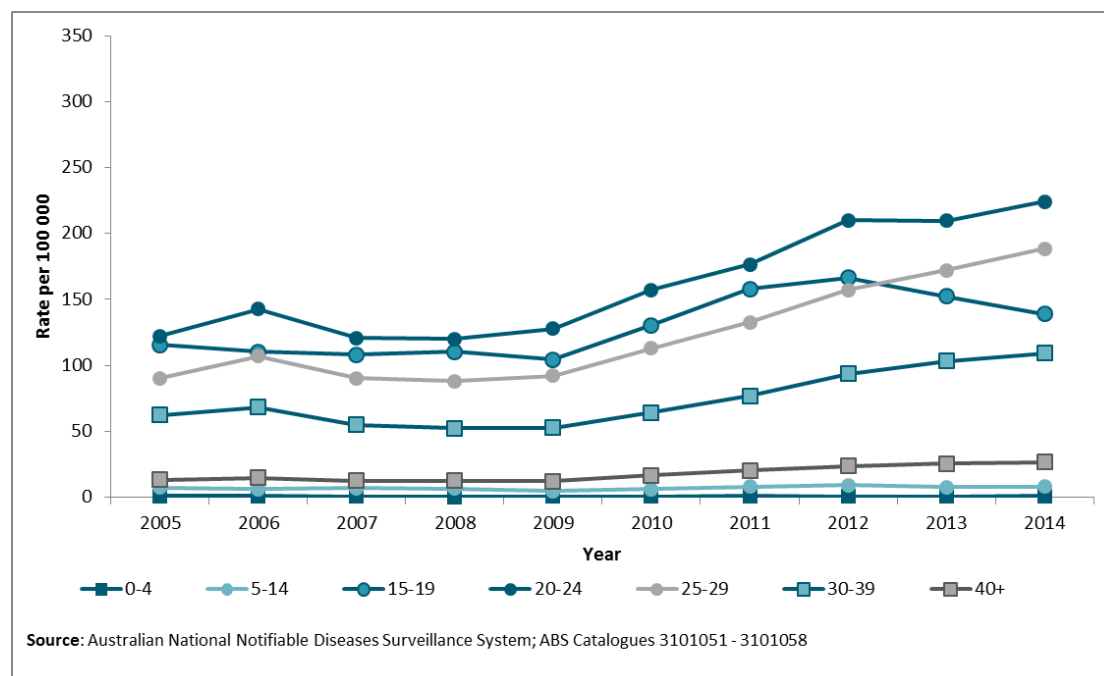
Figure 2: Chlamydia notification rate per 100 000, 2005-2014, by year and age group



Gonorrhoea

Nearly 107,000 diagnoses of gonorrhoea were notified in Australia between 2005 and 2014. Of these, 69% were among males, 36% identified as Aboriginal and Torres Strait Islander peoples, 60% were in people in the age group 15-29 years, and 54% were in people residing in major cities. The rate of gonorrhoea diagnosis has increased in all age groups, except the 15-19 year age group (where it reached a peak at 166 in 2012 and then declined to 139 in 2014; see Figure 3). Findings from the Annual Surveillance Report 2015 suggest it continues to be an infection primarily of men having male to male sex in urban settings, and of young heterosexual Aboriginal people in remote communities [The Kirby Institute, 2015].

Figure 3: Gonorrhoea notification rate per 100 000, 2005-2014, by year and age group



Infectious syphilis

Just over 13,000 cases of infectious syphilis were notified in Australia in the past ten years, between 2005 – 2014, with the majority of diagnoses (88.8%) among males, and among people resident in major cities (74.6%). 1,808 (13.7%) identified as Aboriginal and Torres Strait Islander peoples. The rate of diagnosis of infectious syphilis among men has increased in the past ten years, from 5.1 per 100,000 in 2005 to 15.9 per 100,000 in 2014; the rate among women has fluctuated and remained low. Similarly to gonorrhoea, it continues to be an infection primarily of men having male to male sex in urban settings, and

of heterosexual Aboriginal people in remote and outer regional communities [The Kirby Institute, 2015].

Physical and sexual violence

Among respondents to the 2012 Personal Safety Survey, the proportion of males reporting an experience of violence from the age of 15 years was 48.1% for physical violence and 4.5% for sexual violence, whereas 34.4% and 19.4% of females reported an experience of physical and sexual violence respectively [Australian Bureau of Statistics, 2015].

In the second Australian Study of Health and Relationships in 2012-2013, 4.2% of men and 22.4% women reported having being forced or frightened into sexual behaviour, and 12% of women and 2% of men being sexually coerced when aged 16 years or younger. The proportions of men and women reporting experience of sexual coercion during childhood were similar to those found in ASHR1. The authors of the study suggest greater attention could be given to sexual coercion in school-based sexuality education and the training of health professionals [de Visser RO, 2014b].

Summary of Family Planning Organisation (FPO) consultations

Consultations were conducted between Family Planning NSW and other Family Planning Organisations prior to the Forum in November 2015. Below is a summary of these consultations.

Policies and initiatives affecting opportunistic Sexually Transmissible Infections (STI) testing

1) Renewal of the National Cervical Cancer Screening Program

STI testing is an important way of preventing the spread of STI infections. Opportunistic testing may decrease infection rates and allow for earlier treatment of the infection.

The National Cervical Cancer Screening Program currently recommends all women aged between aged 18 and 70 years who have ever been sexually active have a Pap test every two years. Many clinicians use this opportunity to also offer testing for chlamydia. However, with the advent of the HPV vaccine and development in technologies for the early detection of cervical cancer, new recommendations have emerged about the optimal screening age range and interval. The renewed National Cervical Cancer Screening Program will commence on 1 May 2017. This new protocol excludes women aged less than 25 years and

increases the screening interval from two years to five years. This change in protocol will reduce the chance for opportunistic STI testing and may have a significant impact on the sexual health of young people and vulnerable populations.

2) Advocating for the Use of Long-Acting Reversible Contraception

A Long Acting Reversible Contraception (LARC) method is one that requires administration less than once per month. LARC includes hormonal or copper-bearing intrauterine devices (IUDs), the hormonal contraceptive implant and the hormonal contraceptive injection Depot Medroxyprogesterone Acetate (DMPA).

LARC is more effective in preventing unintended pregnancy and has higher continuation rates than shorter acting methods including the contraceptive pill. However uptake of LARC in Australia is low in comparison to other developed countries. Whilst there is no routine national data collection on contraception usage, recent survey data suggests that implant, injectable and intrauterine device methods are used by fewer than 10% of Australian women (Family Planning Alliance Australia, 2014).

Family Planning Alliance Australia advocates for the increased uptake of LARC in Australia. However, while the aim of LARC is to reduce rates of unintended pregnancy, the use of LARC will also reduce rates of opportunistic STI screening.

Additional issues raised during consultations:

- What is the impact of social media and internet on behaviour and risk taking?
- What is the role of schools in the provision of sexual health information? Is there a commitment from the government to provide effective sexual health and sexuality education to young people in schools, and other vulnerable populations (i.e. culturally and linguistically diverse people, Aboriginal people, or same-sex attracted people)?
- What is the viability of home-based testing for chlamydia?
- What are the national strategies to engage young people and increase their participation in testing?
- What can we learn from the uptake of the HPV vaccine?
- Is there a national initiative to include chlamydia testing as part of the preventive health strategy?
- Is there strong evidence to prove the association between chlamydia, pelvic inflammatory disease and infertility?

Family Planning Organisations (FPOs) and research

The relationships that FPOs have with clients place them in a unique position to understand and identify emerging sexual health issues, and advocate for improved sexual health in the community. FPO staff are experts in reproductive and sexual health, and can provide a wide range of services including clinical services, health promotion, education and training. FPOs have the capacity to recruit research participants from clinics, community groups and health/allied health professionals who attend their training, and can promote translation of research outcomes into practice.

Despite this, the current funding model does not typically support a research agenda, but is primarily activity-based. There are considerable challenges in attracting research funding, which can limit research infrastructure, as is the case for small FPOs. It is therefore important to collaborate with sexual health researchers in different states to work together in advancing the research agenda.

Presentations from sexual health researchers

Presenter 1: Associate Professor Rebecca Guy, Program Head for the Surveillance Evaluation and Research Program at the Kirby Institute for infection and immunity in society, Faculty of Medicine, UNSW. She is an epidemiologist with expertise in surveillance and public health interventions related to HIV and STIs. Her research focuses on reducing the impact of STIs in vulnerable populations, including implementation and evaluation of testing, point-of-care testing and treatment interventions to prevent transmission of HIV and STIs in a range of settings.

A/Prof Guy presented on several of the Kirby Institute sexual health research projects. Projects presented include the following:

- *Frequency of Oral Rapid Testing at Home Randomised trial of HIV self-testing 'FORTH'*: <http://bmcinfectdis.biomedcentral.com/articles/10.1186/s12879-015-1300-6>
- *Australian Development and Operational Partner Therapy (ADOPT)/Patient Delivered Partner Therapy (PDPT)*: <http://stipu.nsw.gov.au/public-sector-resources/patient-delivered-partner-therapy-adopt/> <http://www.playsafe.health.nsw.gov.au/treatment/PDPT>
- *STI POC testing in antenatal care in Papua New Guinea*: <https://kirby.unsw.edu.au/projects/laboratory-based-evaluation-syphilis-rapid-point-care-tests>

A summary of the Kirby Institute 2015 Aboriginal and Torres Strait Islander Research Projects is also available here:

<https://kirby.unsw.edu.au/sites/default/files/hiv/news/Aboriginal%20and%20Torres%20Strait%20Islander%20Research%20at%20the%20Kirby%20Institute%202015.pdf>

Presenter 2: Associate Professor Jane Tomnay, Director of the Centre of Excellence in Rural Sexual Health in Victoria. The Centre has supported the development of rural sexual health services, the skills and coordination of rural health professionals, and improved access to and awareness of sexual health care for young people, LGBTIQ people and Aboriginal people across rural Victoria.

During her presentation, A/Prof Tomnay emphasised the need for greater regional efforts to constitute a well-functioning rural sexual health service and encouraged participants to use the Forum to consider the gaps and opportunities in sexual health research. She outlined the sexual health research projects that are currently being undertaken at the Centre for Excellence in Rural Sexual Health:

- *Project 1: Wodonga Young Person's Sexual Health Project – in progress:*
<http://www.cersh.com.au/projects/wodonga-young-persons-sexual-health-project/>
- *Project 2: Understanding Models For Delivering Sexual Health Services In Rural Victoria – in progress:* <http://www.cersh.com.au/projects/understanding-models-for-delivering-sexual-health-services-in-rural-victoria/>
- *Project 3: Supporting Rural Women Experiencing Unplanned Pregnancy And Abortion:*
<http://www.cersh.com.au/projects/supporting-rural-women-experiencing-unplanned-pregnancy-and-abortion/>

Presenter 3: Professor John de Wit, Director of the Centre for Social Research in Health, a University of New South Wales research centre in the Faculty of Arts and Social Sciences. The Centre conducts research regarding HIV and sexual health risk and risk reduction, as well as research on viral hepatitis, injecting drug use and harm reduction (living with, and treatment of these and other serious and chronic conditions), research on sexuality, health and education, and regarding health promotion development and evaluation.

Below are the current projects that fall within the “HIV, sexual health and risk reduction” program at the Centre:

- Gay Community Periodic Surveys
- Study of undiagnosed HIV
- Gay and bisexual men's attitudes to biomedical HIV prevention
- Heterosexually-identified men who have sex with men

These studies involve research with gay, bisexual and other men who have sex with men, as this population remains the most at risk of HIV in Australia, 30 years into the epidemic. The studies involve a range of methods, such as large-scale, community-based, online and bio-behavioural surveys, social and behavioural research embedded within clinical studies, and in-depth qualitative research.

The aims of the studies could be broadly classified as:

- monitoring risk, safety and health service engagement within affected communities
- assessing knowledge, attitudes and community norms about HIV and new technologies
- analysing the experience of HIV, HIV prevention and new technologies

Presenter 4: Dr Lynne Wray, President of the Royal Australasian College of Physicians' Australasian Chapter of Sexual Health Medicine. Dr Wray has a longstanding interest in sexual and reproductive health, with experience in the management and diagnosis of STIs and HIV. Her special interests include medical education, particularly the development of online modules for GP education on STIs and HIV. Dr Wray also works at Family Planning NSW as a Senior Medical Officer.

Dr Wray presented an overview of sexual health and the Royal Australasian College of Physicians 2014 position statement on Sexual Health principles. She suggested that there has been significant investment in sexual health in recent years, but that there is still no focus on a coordinated and strategic approach to developing sexual health care so that the targets in national STI, HIV and BBV strategies can be met. Dr Wray noted that current sexual health strategies are STI-based, have little connection to theories of social determinants of health and do not sufficiently integrate resources and training.

Presenter 5: Clinical Associate Professor Deborah Bateson, Chair of the Australasian Sexual Health Alliance and the Medical Director of Family Planning NSW.

Clinical A/Prof Bateson gave the final presentation on behalf of three colleagues who were unable to attend the Forum: A/Prof Jane Hocking (University of Melbourne), Prof David Lewis (University of Sydney), and A/Prof Rachel Skinner (University of Sydney). She

presented their key research interests in sexual health, and relevant projects and research currently underway, as outlined below:

Professor Jane Hocking, epidemiologist, whose research interests include the epidemiology and control of genital chlamydia infection. Prof Hocking's current projects include:

- Australian Chlamydia Control Effectiveness Pilot (ACCEPt)
<http://www.accept.org.au/>
- Patient Delivered Partner Therapy
<http://bmcinfectdis.biomedcentral.com/articles/10.1186/1471-2334-10-274>
- Improvement in PID detection and treatment
<http://www.hindawi.com/journals/idoj/2012/325108/>
- Improving antenatal chlamydia screening
https://www.researchgate.net/publication/281343627_Chlamydia_screening_for_pregnant_women_aged_16-25_years_attending_an_antenatal_service_A_cost-effectiveness_study

Professor Rachel Skinner, teaching and research academic in the Discipline of Paediatrics and Child Health, Sydney Medical School, Sydney University, and Adolescent Physician at the Children's Hospital Westmead.

Prof Skinner's current research program spans several areas within the field of sexual and reproductive health, including 1) teenage pregnancy, condom and contraception use, 2) the correlates and antecedents of teenage sexual risk taking, 3) knowledge and acceptability, and promotion of HPV vaccination in school based and clinic vaccination programs in Australia, and 4) clinical trials of HPV vaccines. Examples of work include:

- *Randomised Controlled Evaluation of an Intervention to Promote Uptake of School-based HPV Vaccination*
<http://bmcpublichealth.biomedcentral.com/articles/10.1186/s12889-015-2168-5>
- Adolescent sexual behaviour, social media and exposure to sexual content: *Online and offline social networks and the development of sexual agency*
<http://medicinetoday.com.au/sites/default/files/cpd/MT2014-06-029-SCHULTZ.pdf>
- Impact of homo/ trans phobia on same sex and trans young people in schools
- Sexual education of same sex attracted young people, sex education in schools in general: *Safe Schools Coalition Australia*
<http://www.safeschoolscoalition.org.au/>

Professor David Lewis, Director of the Western Sydney Sexual Health Centre and Professor at the University of Sydney, within the Centre for Infectious Diseases and Microbiology at Westmead Clinical School.

Prof Lewis' research interests focus on gonorrhoea, bacterial and viral causes of genital ulcer disease, STIs in men-who-have-sex-with-men and sex workers, STI surveillance in resource-poor settings and outreach STI services. Prof Lewis identified key priorities in sexual health research including:

- Focus for family planning research programmes directed at chlamydia control and HPV (vaccine awareness and uptake; prevention of HPV-related diseases)
- Investigating why at risk young people are not accessing screening and re-testing for chlamydia
- Determining best practice to engage with young people in sexual health testing programs (including social media)

Future priorities for sexual health in Australia

Broad list of identified sexual health priorities

- Chlamydia – heavy emphasis on it nationally, but what's new? Why are we focussing on it? Why is it important?
- Delivery of health services – impact of training, innovative models of care
- Medical termination of pregnancy – advocacy, best service models, opportunity for FPOs to be front-runners in this area
- HPV / cervical cancer screening
- Future of opportunistic STI screening with cervical screening renewal and uptake of LARC
- Avoiding single-focus disease; need broader focus, rather than looking at specific issues / diseases in isolation
- Domestic and gender-based violence

Broad list of identified priority populations

- Young people – health literacy, education, access to services, models of care, risk behaviour, sexual violence, impact of comprehensive sexuality education
- Young men
- Lesbian, gay, bisexual, transgender, intersex, and queer (LGBTIQ) people
- CALD people
- People with disability

Top three research priority areas

Sexual health service delivery

- Evaluation of FPO activities: FPOs could collect further evidence on impact of their services
- Impact of opportunistic screening in FPO setting
- Impact of innovative training with nurses, i.e. IUD and Implant insertions – opportunity to set benchmarks, influence policy
- 'Express clinics' – express screening of asymptomatic people in mainstream sexual health services
- Translating evidence-based innovative models of service delivery into FPO service delivery
- Sustainable healthcare delivery
- Data on men who present with a partner (currently data is collected only on presenting women)

Youth sexual health issues

- Evaluation of impact of comprehensive sexuality education (not just in schools)
- Reasons young men don't engage in sexual health testing programs
- Use of social media in engaging young people
- Idea of sexual agency – positive, empowering approach; encompasses social media, parents, areas not just within schools
- Transgender issues

Gender-based violence (GBV)

- Explore links between GBV and sexual health (STIs, unplanned pregnancy)
- Domestic violence routine screening – experience in FPO setting
- How could clinicians be supported in undertaking routine screening?
- Screening options that don't need clinicians - i.e. clients self-completing via tablets in waiting rooms – there is some evidence of this working well; could be trialled in FPO setting
- Developing men's treatment programs around GBV

Forum participants suggested developing a matrix of key priorities, due to the many intersecting and cross-cutting issues and population groups and sub-groups. This will bring together key priorities in order to discuss joint solutions and work collaboratively with the public and private sectors to address identified gaps. Family Planning Organisations should work collaboratively with research institutions and universities to progress the sexual health research agenda.

The Forum was closed by Prof Elizabeth Sullivan and Adj Prof Ann Brassil.

Appendix 1

Forum participants

Name	Position	Organisation
Adj Prof Ann Brassil	CEO	Family Planning NSW
Clinical A/Prof Deborah Bateson	Medical Director	Family Planning NSW
Prof Elizabeth Sullivan	Associate Dean (Research) and Professor of Public Health	University of Technology Sydney
Dr Helen Calabretto	Manager	Sexual Health Information Networking & Education South Australia Incorporated (SHine SA)
Ms Jane Estoesta	Director Research and Evaluation	Family Planning NSW
A/Prof Jane Tomnay	Director	University of Melbourne
Dr Jessica Kneebone	General Practitioner	Family Planning Tasmania
Ms Jessica Botfield	Senior Research Officer	Family Planning NSW
Prof John Witt	Director	University of New South Wales
Mr Julian Henderson	Chief Executive Officer	Sexual & Reproductive Health Western Australia
Ms Lynne Jordan	CEO	Family Planning Victoria
Dr Lynne Wray	President	Australasian Chapter of Sexual Health Medicine
Mr Philip Pogson	Director	The Leading Partnership Trust
A/Prof Rebecca Guy	Associate Professor and Program Head	The Kirby Institute, University of New South Wales
Ms Robyn Wardle	Chief Executive Officer	Family Planning Welfare Association of NT Inc.
Mr Simon Powell	Manager	Family Planning Victoria
Dr Vivienne O'Conner	Medical Director	True Relationships & Reproductive Health



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