2023 Family Planning Survey on Sexually Transmitted Infection (STI) Prevention

Key findings

- Nearly 1 in 5 (18%) respondents who had an STI test in the past five years felt it was difficult to get one.
- Sixty-three (63%) of respondents reported that a health practitioner had never discussed STI tests with them unless they brought it up or had symptoms; this rises to 77% among 16–19-year-olds.
- The most common time for respondents to be asked about getting an STI test was at the time of a cervical screen (47%).
- Māori respondents, on average, self-reported that they didn't feel they had enough information about STIs. Respondents under age 30, on average, self-reported that they didn't feel they had enough information about STIs.
- Fewer Māori and Pacific people reported being able to access condoms if they needed them compared to other ethnic groups.
- Over one quarter (26%) of respondents reported that a partner refusing to use condoms would stop them using condoms with a new or casual partner.
- Sixty-seven (67%) of respondents reported that STIs were covered as part of relationships and sexuality education at school.
- Survey respondents reported a range of main sources of information about STIs including websites (48%), relationships and sexuality education in schools (41%) and health practitioners (40%).
- Survey respondents overwhelmingly think STI information should be included in relationships and sexuality education in schools (85%).
- Written comments from respondents called for more and better education; raising awareness and sharing information; normalising STIs; improving access to STI testing and condoms; addressing gender inequity and being inclusive of the rainbow community; and employing a population approach to prevention.

Recommendations

- Prioritise STIs as a health issue in primary care, particularly for young people and Māori and Pacific people, promoting regular testing as part of general health checks.
- Increase STI training opportunities for health practitioners in primary care to support non-judgemental, culturally safe care, and implementation of current primary care STI guidelines, including the recommendation to "opportunistically offer STI screening using

self-collected swabs (unless symptomatic or examination requested) to all young people at least annually."

- Fund free and low-cost options for testing including: drop-in self-testing at health care centres, pharmacies, labs and other community locations; drop in blood tests at labs; and at home self-testing kits that can be ordered online.
- Incorporate STI testing into the new HPV screening programme.
- Ensure innovations in STI testing and treatment options prioritise reducing inequity, so they do not inadvertently increase it.
- Appropriately resource Māori and Pacific communities to expand access to STI information, resources, and free condoms.
- Appropriately resource Māori and Pacific communities to develop and deliver culturally responsive STI prevention and health promotion strategies to their local communities.
- Expand resources and support to teachers and schools for relationships and sexuality education, ensuring it is consistent, culturally safe, and responsive and integrates STIs into learning about healthy relationships, consent, and gender.

Introduction

Realising sexual and reproductive health and rights is central to fulfilling the full range of human rights. Access to confidential, quality sexual and reproductive health services, information and education enables people to be healthy and well, fully participate in society and make informed decisions about their lives and future. For Māori, sexual and reproductive health and rights also relate to cultural rights and identity, namely concepts of mana wāhine, mana motuhake, tino rangatiratanga and whakapapa. Access to equitable sexual and reproductive health care is essential for the "aspirations of whānau, hapū, iwi and communities for 'Pae Ora' - flourishing future generations."[1]

As the only national primary care provider specialising in sexual and reproductive health care and health promotion in Aotearoa, Family Planning is a key provider in STI prevention, testing and treatment. We provided 36,848 STI tests to our clients last year, who are primarily women and girls.

STIs and quality of life

STIs are a common sexual and reproductive health issue. In the short term, STIs can cause pain, discomfort, and shame due to stigma. In the long term, STIs can cause illness, chronic health issues, and even death. For women and girls, chlamydia and gonorrhoea can cause pelvic inflammatory disease, which can lead to infertility, chronic pelvic pain, and poor pregnancy outcomes. Severe infection in men can also cause infertility in men. Syphilis, if left

[1] Tipene J and Green A (2017) He Pūkenga Kōrero Rangatahi and sexually transmitted infections in the Waikato. A report submitted to the Health Research Council of New Zealand.

untreated, can cause neurological and cardiovascular health issues, and, if transmitted to a developing foetus during pregnancy, can cause stillbirth.[2,3] Inequity in STI rates can directly impact a person's reproductive health and their rights to reproductive justice.

The current situation

STIs are an ongoing public health concern in Aotearoa, with increasing rates of syphilis and gonorrhoea and consistently high rates of other STIs including chlamydia. Young people (under 29 years old) are at particularly high risk of STIs, as are men who have sex with men (MSM). STIs are also a serious health issue for women and girls. For example, among 15–19-year-old girls, there were 189 clinical notifications of gonorrhoea in 2022 as compared to 142 among men.[4] Māori and Pacific people, including women and girls, are at greater risk of STIs and bear an unfair burden of infection. For example, ESR data provided to Family Planning suggests the rate of gonorrhoea among Māori and Pacific women and girls is six times the rate among New Zealand European women, and for chlamydia, the rate for Māori and Pacific women and girls is four times the rate for New Zealand European women and girls.[5] In 2022, there were 8 cases of congenital syphilis. Seven of these cases affected Māori women. The other case affected a Pacific woman.[6] This disparity is both preventable and unjust.

There have been few initiatives in Aotearoa over the past few decades to reduce STI rates in the general population, or among women and girls. In 2023, Manatū Hauora, Ministry of Health, published the Sexually Transmitted and Blood Borne Infection (STBBI) Strategy.[7] While it is positive to have a national policy statement to support a reduction in STI rates in Aotearoa, efforts are tightly targeted to priority populations. Inequity in STIs among women and girls, specifically young Māori and Pacific women and girls, is not currently visible in this Strategy. The Strategy fails to clarify how initiatives to reduce STIs will be resourced, or how they will meet the specific needs of women and girls.

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[2] Van Gerwen O.T., Muzny C.A., & Marrazzo J.M. (2022). Sexually transmitted infections and female reproductive health. *Nat Microbiol*. Aug;7(8):1116-1126. doi: 10.1038/s41564-022-01177-x. Epub 2022 Aug 2. PMID: 35918418; PMCID: PMC9362696.

[3] Tsevat, D. G., Wiesenfeld, H. C., Parks, C., & Peipert, J. F. (2017). Sexually transmitted diseases and infertility. *American Journal of Obstetrics and Gynecology*, Jan;216(1):1-9. doi: 10.1016/j.ajog.2016.08.008. PMID: 28007229; PMCID: PMC5193130.

[4] The Institute of Environmental Science and Research Ltd. Sexually Transmitted Infections in New Zealand: Supplementary Annual Surveillance Report 2022 Porirua, New Zealand

[5] ESR unpublished data (2022) ESR undertakes STI surveillance on behalf of the Ministry of Health. Provision of this data would not be possible without the continuing support of clinical and laboratory staff throughout New Zealand.

[6] ESR STI Surveillance Dashboard. https://esr-cri.shinyapps.io/2022STIAnnualDashboard/#section-national-clinical-notifications Retrieved 21 September 2023.

[7] Ministry of Health (2023). Ngā Pokenga Paipai Me Ngā Pokenga Huaketo Mā Te Toto: Te Rautaki O Aotearoa 2023–2030 | Aotearoa New Zealand Sexually Transmitted and Blood Borne Infection Strategy 2023–2030. Wellington: Ministry of Health. https://www.health.govt.nz/publication/aotearoa-new-zealand-sexually-transmitted-and-blood-borne-infection-strategy-2023-2030#:~:text=The%20vision%20of%20the%20Sexually,free%20from%20stigma%20and%20discrimination.

Two action plans sit under the STBBI Strategy. The National Syphilis Action Plan[8] was published in 2019. The plan includes a range of clear action steps to address syphilis. However, it is solely focused on syphilis, not other STIs, and it has not been adequately resourced to enable full implementation. A new HIV Action Plan was published in 2023. It is positive that there have been some budget allocations for implementing the HIV Action Plan,[9] a commitment that is reflected in Te Pae Tata Interim New Zealand Health Plan 2022.[10]Aotearoa New Zealand STI Management Guidelines for Use in Primary Care[11] were updated in 2021 and published. However, there has been no funding to support the implementation of the guidelines and adherence to the guidelines in primary care is unclear.

There is a lack of research about STI prevention in Aotearoa. One literature review published in 2020[12] found "substantial gaps in the funding and delivery of best-practice STI management across all New Zealand." Another research study with young people aged 15-24 years old in Hawkes Bay[13] found that "action is urgently needed at policy, funding and practice levels to improve access to services by: reducing societal stigma, normalising discussions around sexual health, improving affordability and raising awareness of services." Earlier research found delayed healthcare-seeking for STIs was common among people attending a sexual health clinic, indicating barriers to accessing this healthcare.[14]

This survey was an opportunity to learn about people's experiences accessing STI testing, treatment, education and information, and ways we could improve equitable access in Aotearoa.

Online Survey Results

In June 2023, Family Planning launched an online survey to gather information about experiences accessing STI testing, treatment, education, and information in Aotearoa New Zealand. We received 1,023 responses to the online survey that was shared through social

[8] Ministy of Health (2019) National Syphilis Action Plan. https://www.health.govt.nz/system/files/documents/publications/national_syphilis_action_plan_final.pdf
[9] Manaū Hauora (2022) Te Pae Tata Interim New Zealand Health Plan 2022. https://www.tewhatuora.govt.nz/publications/te-pae-tata-interim-new-zealand-health-plan-2022/
[10] Manatū Hauora (2022) Te Pae Tata Interim New Zealand Health Plan 2022. Accessed from https://www.tewhatuora.govt.nz/whats-happening/what-to-expect/nz-health-plan/
[11] Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine (ASHM) and New Zealand Sexual Health Society (2021) Aotearoa New Zealand STI Management Guidelines for Use in Primary Care. Accessed from https://sti.guidelines.org.nz/
[12] Smith Alesha J, Wilby Kyle J (2020) Health services for sexually transmitted infections: Where are we at in New Zealand? A narrative literature review. *Journal of Primary Health Care* 12, 335-344. https://doi.org/10.1071/HC20039
[13] Rose Sally B., Garrett Susan M., McKinlay Eileen M., Morgan Sonya J. (2021) 'Be nice to us, we're still learning': an online survey of young people in Hawkes Bay, New Zealand, about unmet need for sexual health care and improving access to services. *Sexual Health* 18, 394-404. https://doi.org/10.1071/SH21092
[14] Denison HJ, Woods L, Bromhead C, Kennedy J, Grainger R, Jutel A, Dennison EM. Healthcare-seeking behaviour of people with sexually transmitted infection symptoms attending a Sexual Health Clinic in New Zealand. *N Z Med J.* 2018 Aug 31;131(1481):40-49. PMID: 30161111; PMCID: PMC6231543.

media and Family Planning networks, including through other non-governmental organisations. As with our previous online surveys, this was not intended to be a formal research project, but simply an online survey to gather information. People self-selected to participate. The limitations are examined in the discussion section.

Demographics

Table 1 Survey respondents' demographic profile

	(count)	(%)
Total respondents	1,023	
Gender		
Female	867	84
Male	98	10
Another gender	63	6
Ethnicity*		
Māori	181	18
Pasifika	55	5
Asian	47	5
NZ European	806	78
Other	141	14
Age band		
16-19	87	8
20-24	155	15
25-29	173	17
30-34	207	20
35-39	130	13
40+	276	27
Under age 30	415	40
Over age 30	613	60
Region		
Northland	32	3
Auckland	277	27
Waikato	86	8
Bay of Plenty	41	4
Gisborne	15	1
Hawkes Bay	19	2
Taranaki	25	2
Whanganui- Manawatu	40	4
Wellington	219	21
Nelson/Tasman	11	1
Marlborough	7	1
West Coast	7	1
Canterbury	141	14
Otago	67	7
Southland	22	2
Main urban	661	64

Small urban	262	26
Rural	104	10

***In reporting ethnicity, respondents could tick multiple ethnicities and each person was allocated to all ethnic groups they identified with (total response ethnicity), so percentages add up to more than 100%.*

Access to STI Testing and Treatment

Respondents were asked about access to STI testing and treatment and experiences of STI testing. When asked if they had an STI test in the past 5 years, 63% of respondents had an STI test in the past 5 years and 37% had not. Nearly 1 in 5 (18%) respondents who had a test (n=639) reported that it was difficult to get an STI test. In the comments section, respondents wrote about some of the challenges they faced getting a test:

"Got told I wasn't really high risk even though I wanted it for peace of mind after being cheated on."

"I recently asked my GP for a self-test through their online portal and was told I needed to make an appointment. That would mean time off work. These should be available from the nurse or medical assistants at GP practices with no questions asked. I felt they put an obstacle in my way."

"Being asked why I needed to have a an STI test done. If you request one there is no need to have the practitioner ask you why you need one."

"Previous trauma make any type of pelvic examinations very stressful/anxious."

"They tested me for gonorrhoea and chlamydia, but I was too ashamed to ask for more."

"I might get caught or seen by someone I knew."

"I have never been offered one. I have never been asked about my sexual activity."

Among the 322 people who had not had an STI test in the past five years, most (63%) didn't because they had not had unprotected sex with a new or casual partner, and 34% felt they were not at risk of an STI. Fifty percent of people who said they did not have unprotected sex with a new or casual partner also reported that they did not think they were at risk of an STI. Other common reasons why people did not get an STI test were: it wasn't something I prioritised/ didn't make time for it (16%), I was ashamed to ask about/get the test (15%), I didn't know where to go for a test (14%).

There were some informative comments about why people had not had a test in the past 5 years, including:

"Have not been offered by medical practitioner."

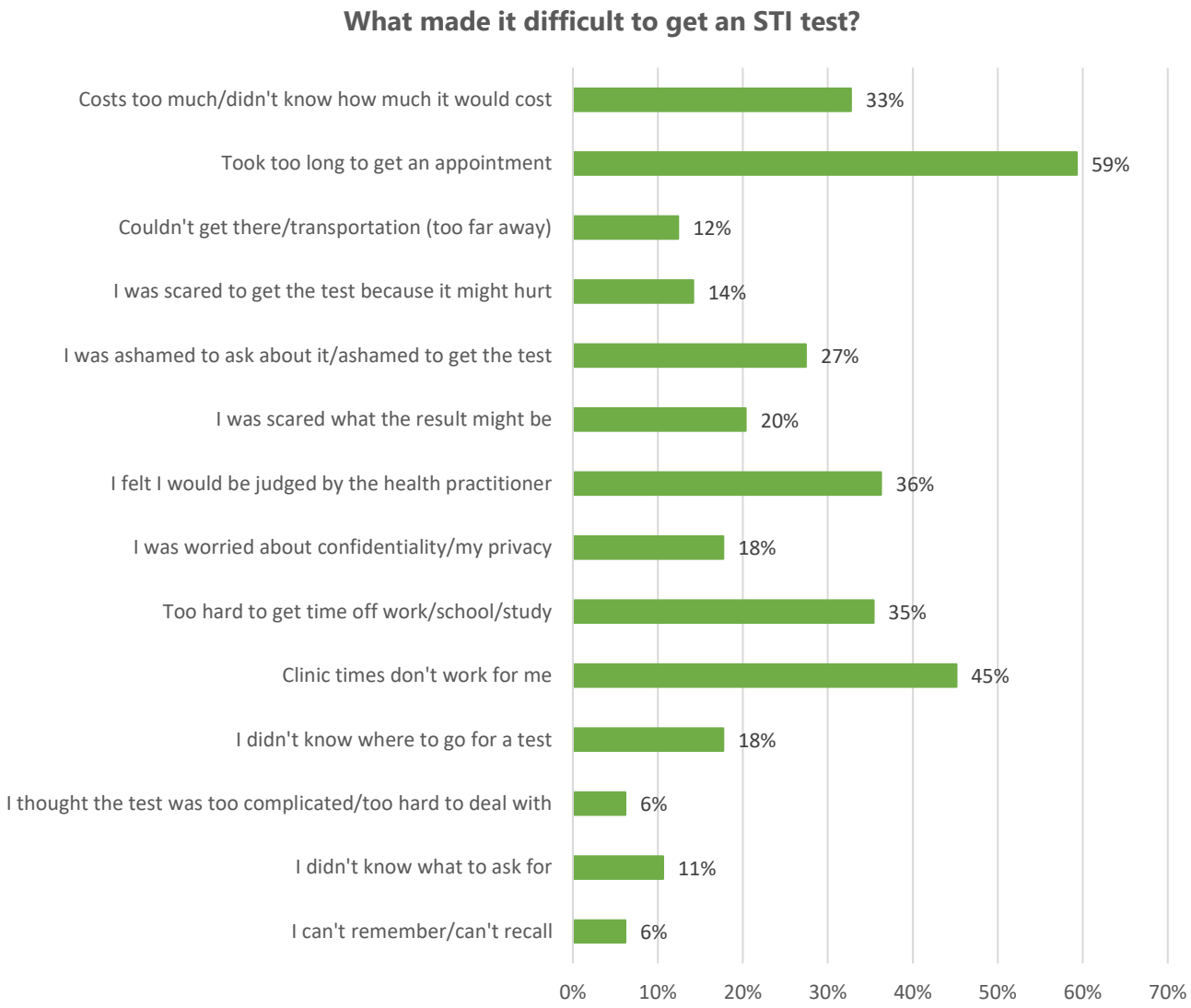
"It's embarrassing cause I'm trans."

"Clinic close by only opens 1 day a week, I just can't get the time off work for this particular timeframe."

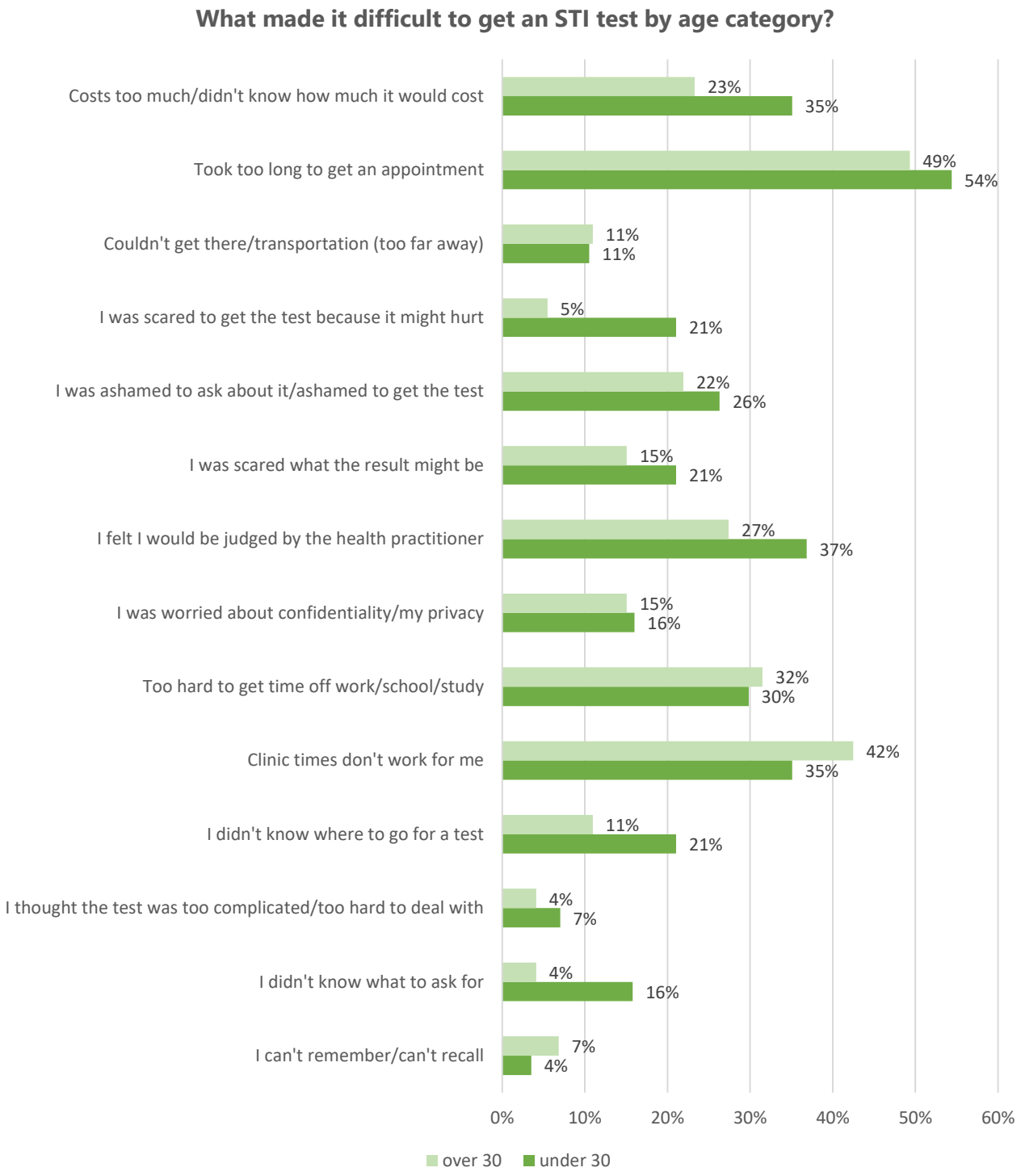
"I have never been offered an STI check in NZ in my lifetime, by FP or a GP."

"Uncomfortable nurse."

Among the people who reported that it was difficult to get an STI test (n=117), most answered the follow-up question about why it was difficult (n=113). The most common reasons reported for it being difficult were: it took too long to get an appointment (59%); clinic times don't work for me (45%); and felt I would be judged by a health practitioner (36%).



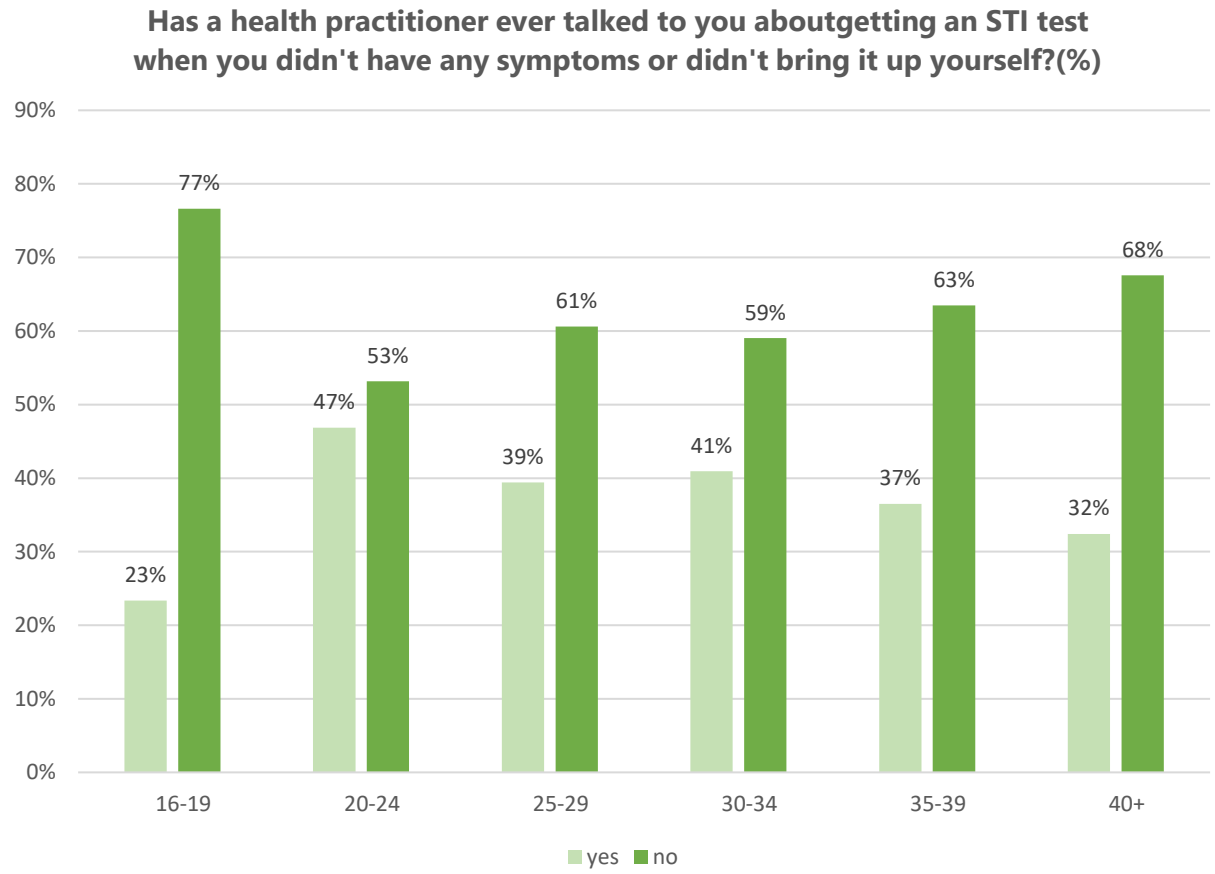
When comparing respondents by broad age categories, respondents under 30 were more likely than respondents over 30 to report that: cost made it difficult to get a test (35%); it took too long to get an appointment (54%); it was difficult because they were scared the test might hurt (21%); they were scared what the result might be (21%); they didn't know what to ask for (16%); they didn't know where to go for a test (21%) and they felt they would be judged by the health practitioner (37%).



There were 130 people who answered a question about whether there have been times they have wanted to get an STI test but couldn't. Sixty-three percent (63%) reported there have been times that they wanted a test but couldn't get one. The main reason why people reported that they couldn't get a test was that it took too long to get an appointment.

The survey asked about access to STI treatment. Most people answered that they had not tested positive, so therefore did not need access to treatment. Among those who did need treatment (n=214), the vast majority (95%) were able to get the treatment they needed.

Respondents were asked whether a health practitioner had ever talked to them about getting an STI test when they didn't have any symptoms or didn't bring it up themselves. Among the 956 respondents to this question, 63% reported that a health practitioner had never proactively discussed STI tests with them. Among 16–19-year-olds (n=77), 77% reported never being proactively asked about getting an STI test.

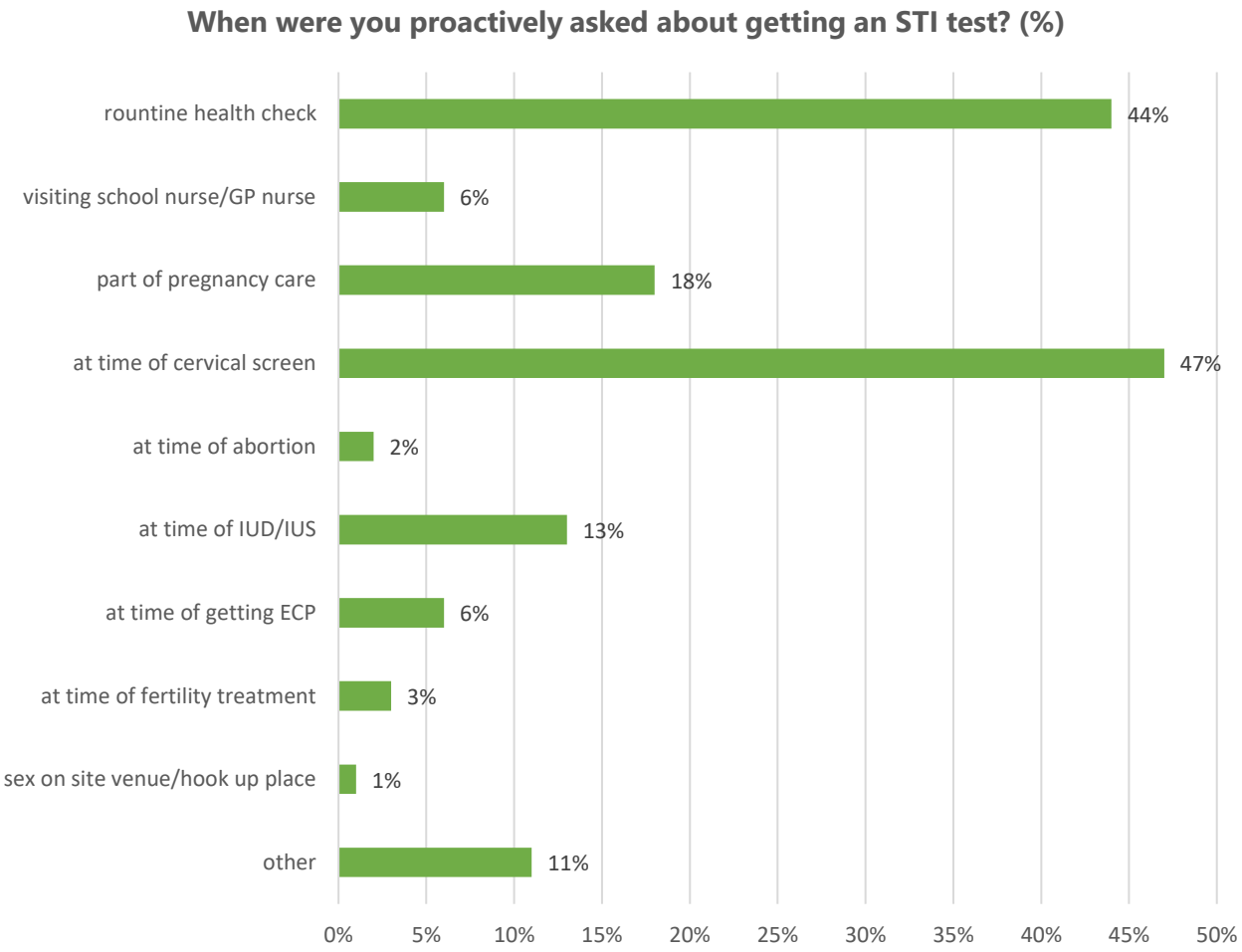


There were 335 responses to a question asking who had proactively talked to respondents about getting an STI test. A large proportion of respondents reported that they had been asked when visiting a GP practice, either by a GP (54%) and/or a nurse at the practice (43%). Thirty-five (35%) reported being asked when visiting a Family Planning or a sexual health clinic. There were very few other providers mentioned except midwives (10%).

The main differences between under 30 and over 30-year-old respondents was that over 30-year-olds were more likely to have had a midwife ask about getting an STI test, and people under 30 were more likely to be asked by a GP and a health practitioner at a student health centre.

Respondents (n=333) were asked when they were proactively asked about getting an STI test. The most common answer (47%) was at the time of a cervical screen followed by at a general health check (44%). Several of the "other" comments noted that STI tests were done when seeking health care for other issues such as getting contraception, addressing pelvic pain, getting treatment for urinary tract infections or after sexual assault.

People under age 30 were more likely to be asked about getting an STI test when at a routine health check as compared to people over 30, who were more likely to be asked as part of pregnancy care or cervical screening. Younger people were also more likely to be asked when getting long-acting reversible contraception, specifically IUS/IUD.

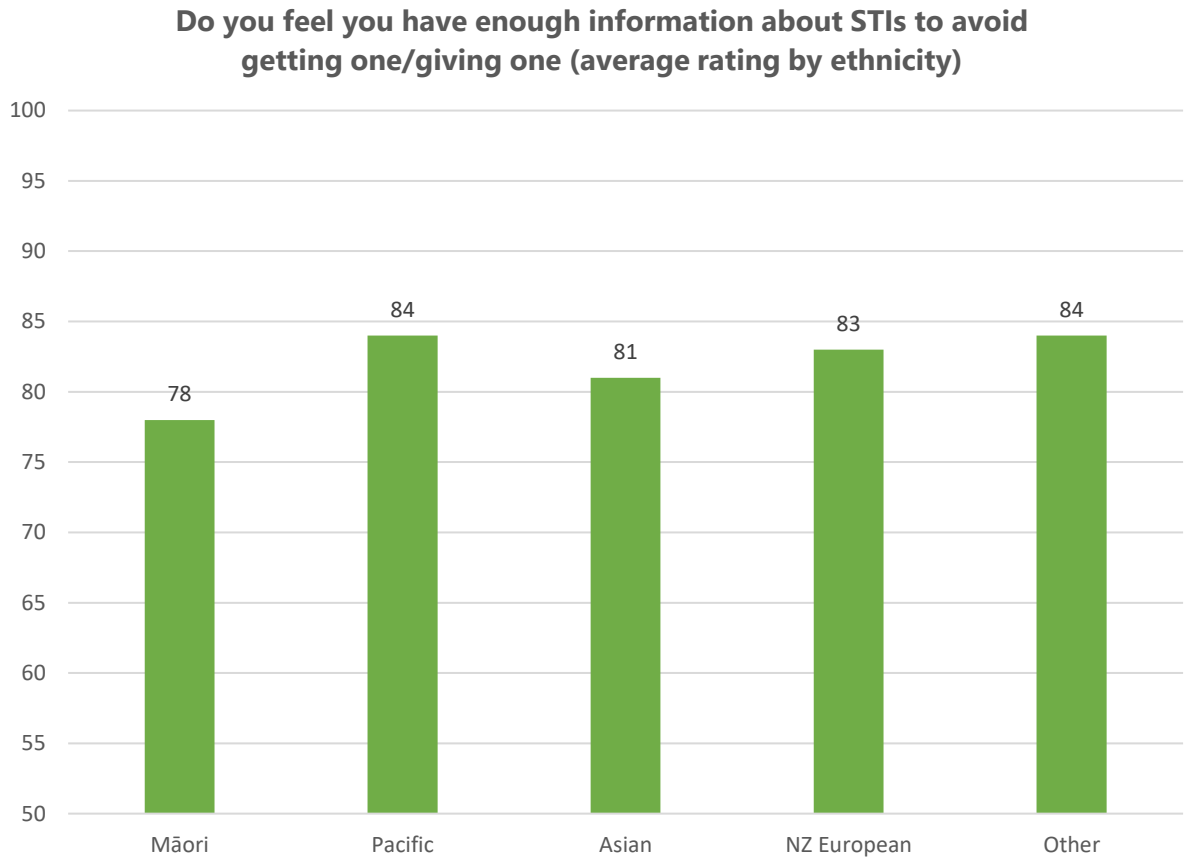


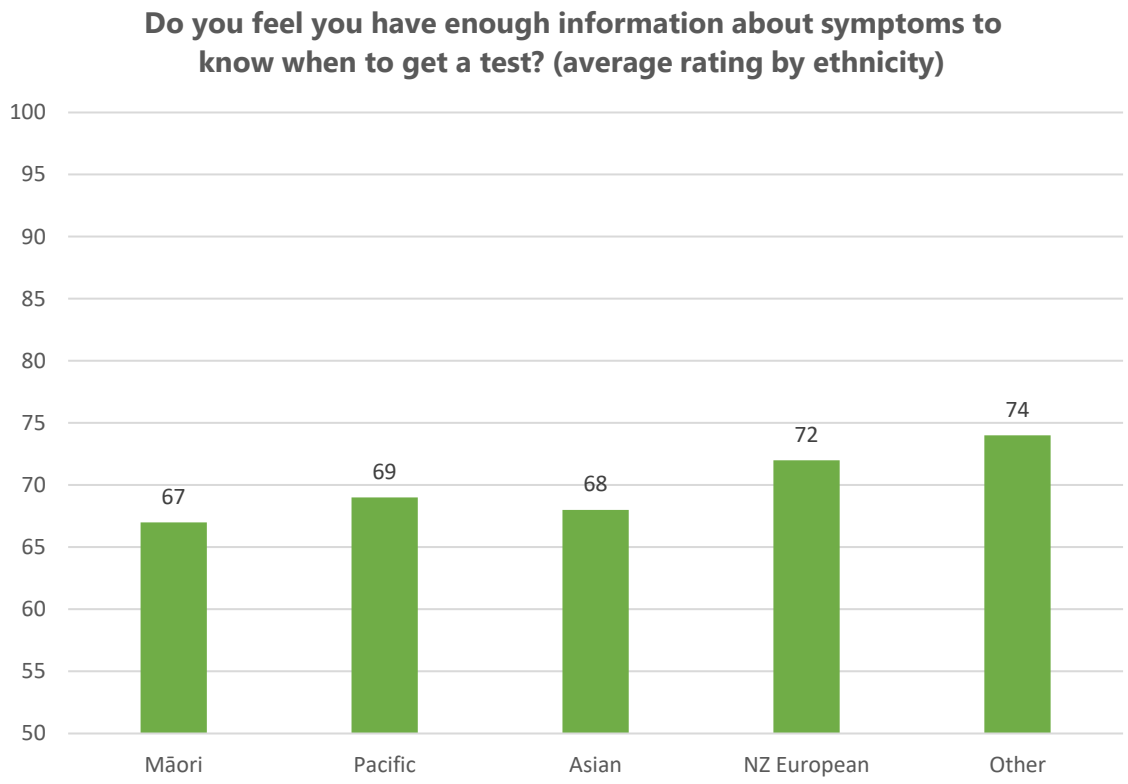
STI health literacy

We asked respondents to use a scale (0 understand nothing to 100 understand everything) to report on their understanding of STIs. We asked whether they understand enough about STIs to help prevent getting one and giving one to someone else. We also asked whether they understand enough to know when to get a test. Overall, respondents self-reported feeling that they understand nearly enough about STIs to avoid getting one or giving one to

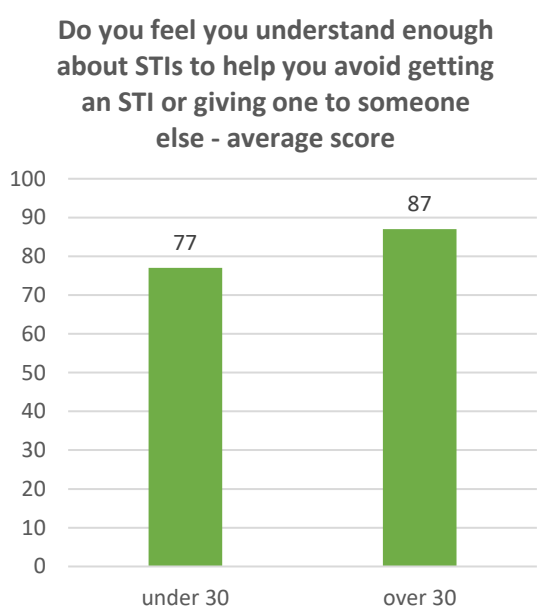
someone else, with an average score of 83 out of 100. Respondents felt less certain that they understand enough about STI symptoms to know when to get a test, with an average score of 72. This may be in part because some STIs have no symptoms.

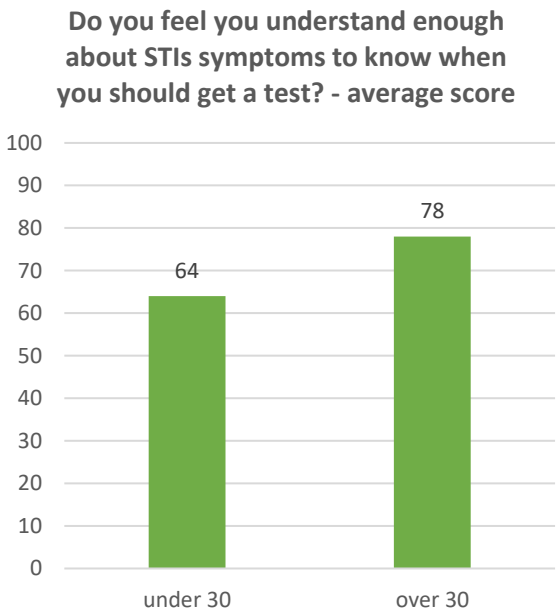
Māori respondents, on average, self-reported that they didn't feel they had enough information about STIs. This may indicate the need to further investigate access to STI information and education for Māori.





Respondents under age 30, on average, self-reported that they didn't feel they had enough information about STIs, for both questions.



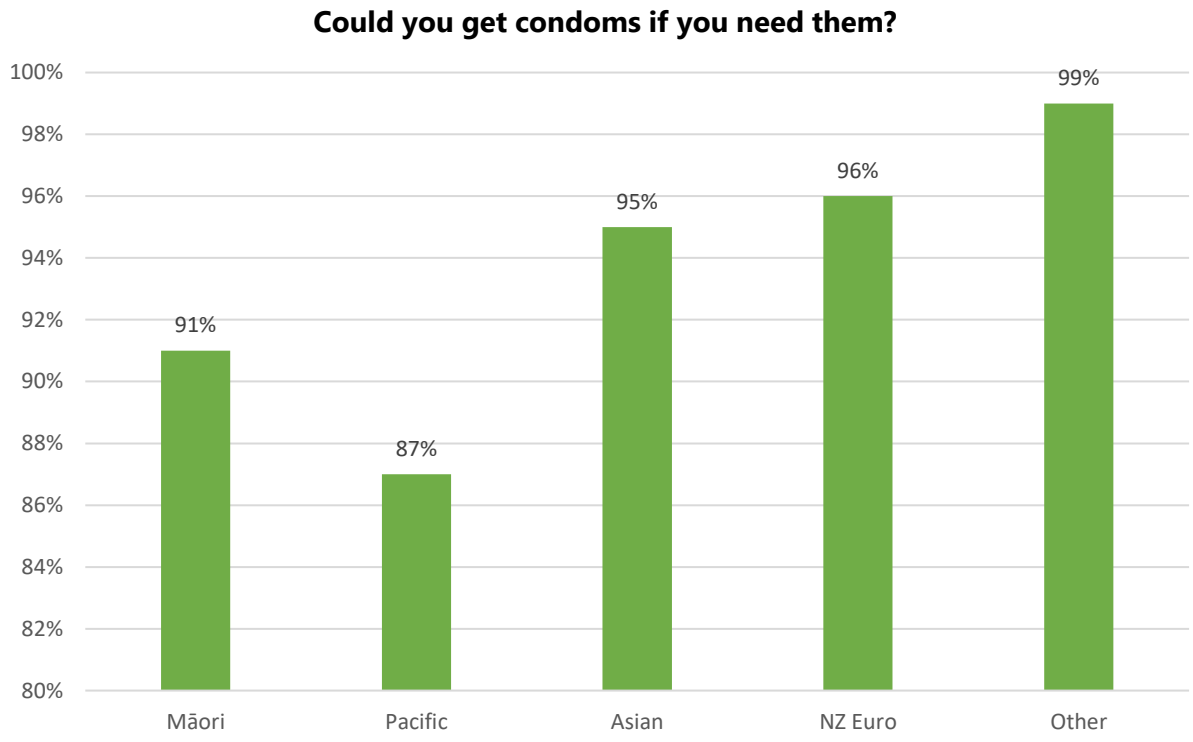


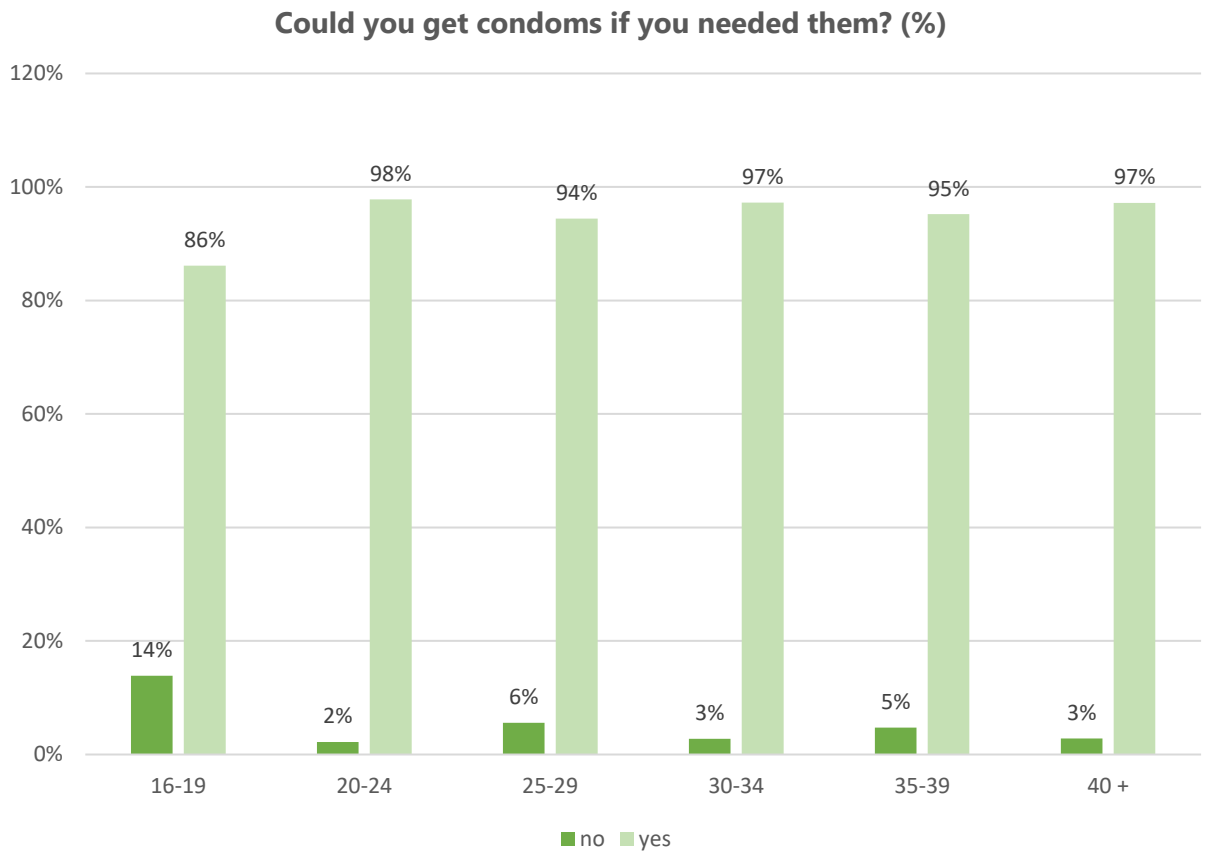
Access to condoms and condom use

There were 927 responses to the question about condom access. Almost all respondents reported that they could get condoms if they needed them (96%). For the 40 respondents who reported not being able to get condoms, most said that cost was a barrier (59%), followed by not wanting to visit a health practitioner for cheap condoms (32%), "other" reasons (32%), and being embarrassed to buy them (29%).

Disaggregating data by ethnicity shows that while most Māori and Pacific respondents reported being able to get condoms if they needed them, they were less likely to be able to access condoms as compared to other ethnicities.

There wasn't much difference in reported access to condoms when disaggregating data by broad age categories. People under 30 reported being able to get condoms (94%) as did people over 30 (97%). However, further disaggregating data by age finds that 14% of 16–19-year-old respondents reported not being able to access condoms if they needed them.



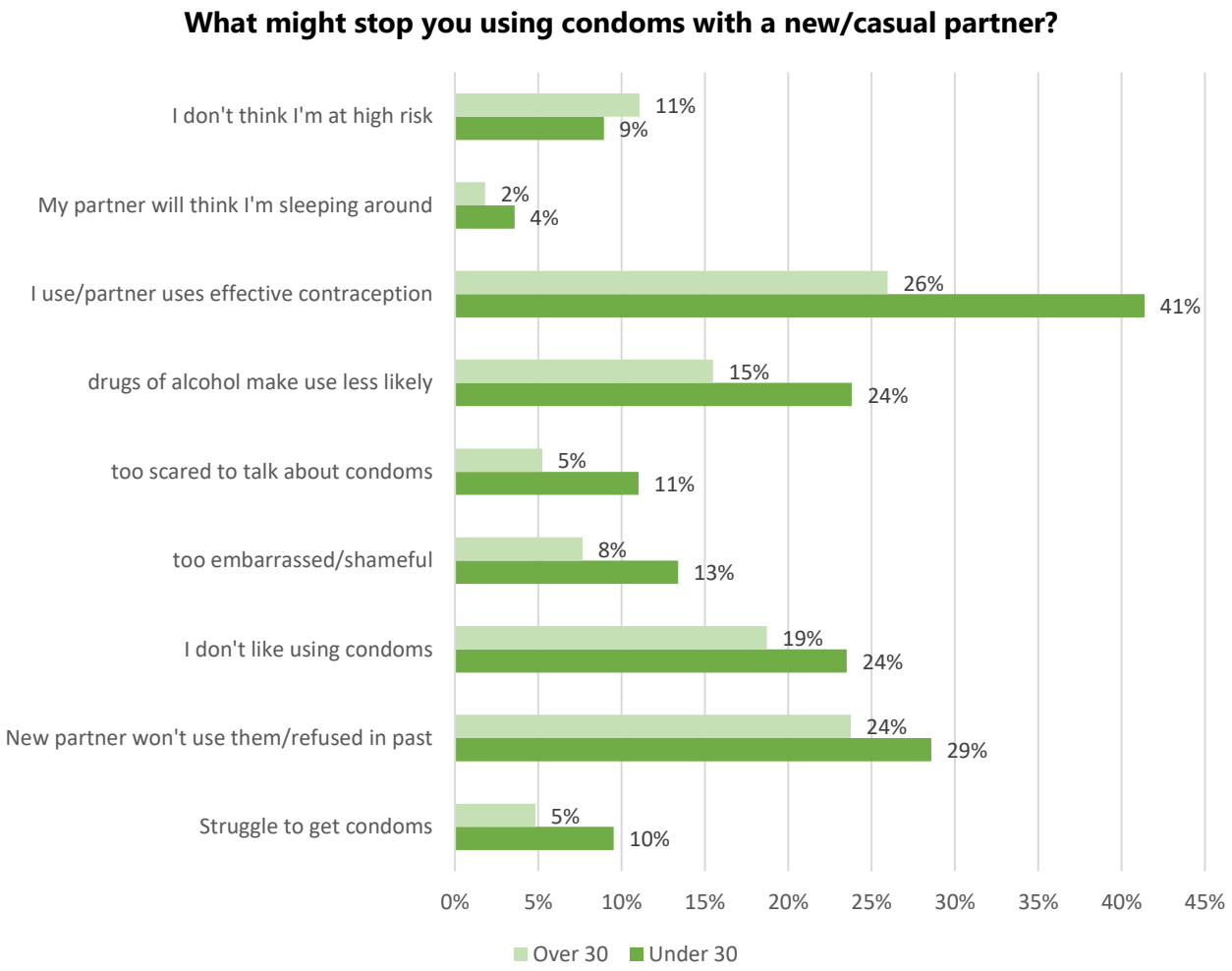


Most people reported getting condoms from the grocery store (50%), followed by health providers such as a GP (22%), Family Planning clinic (21%), or a pharmacy (21%).

Respondents were asked what might stop them using condoms with a new or casual partner. About one-third (32%) of the 833 respondents who answered this question said that using effective contraception, or their partner using effective contraception, might stop them from using condoms with a new/casual partner.

Over one quarter (26%) of respondents reported that a partner refusing to use condoms would stop them using condoms with a new or casual partner. Twenty-one percent (21%) of respondents said they didn't like using condoms, which is a known barrier to condom use. Nineteen percent (19%) of respondents said that using drugs or alcohol could stop them from using condoms with a new/casual partner.

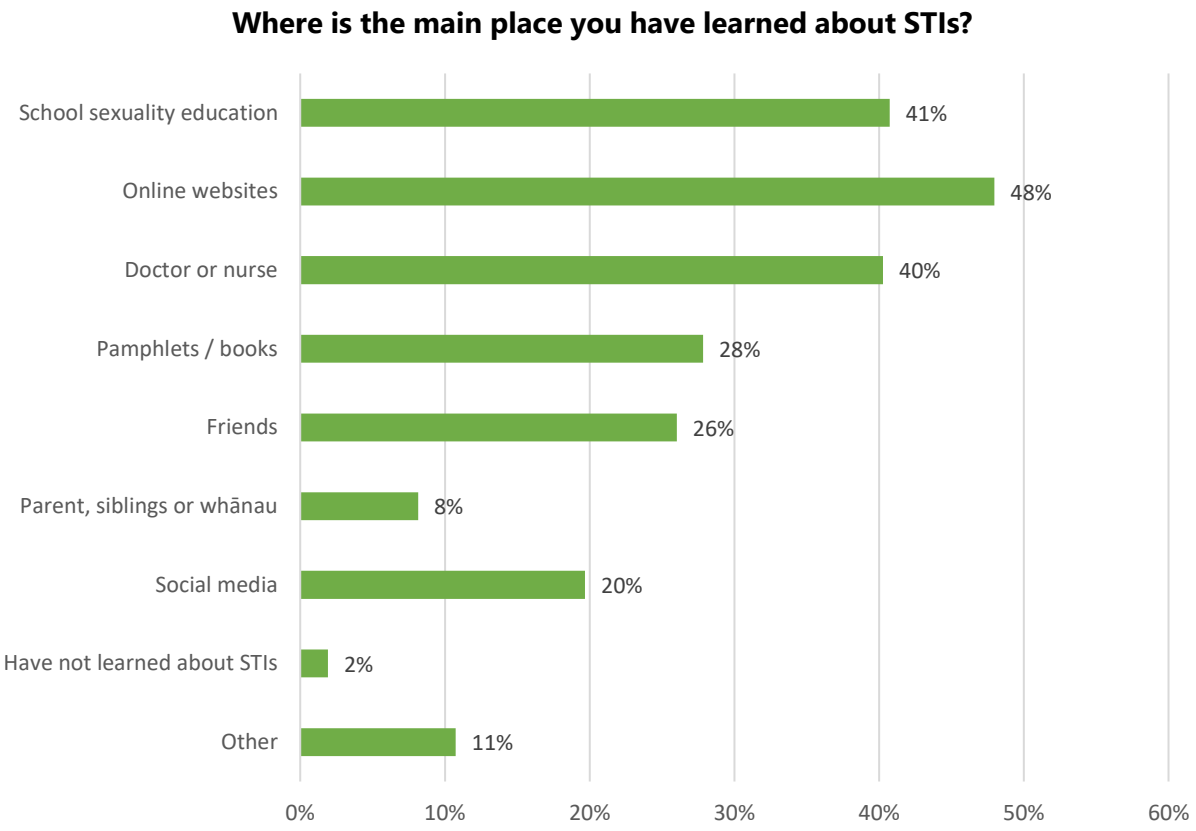
When data was disaggregated by age category, there were some notable differences including that young people were more likely to report that using effective contraception would stop them from using condoms with a new or casual partner, as well as drugs or alcohol.



STI Education and Information

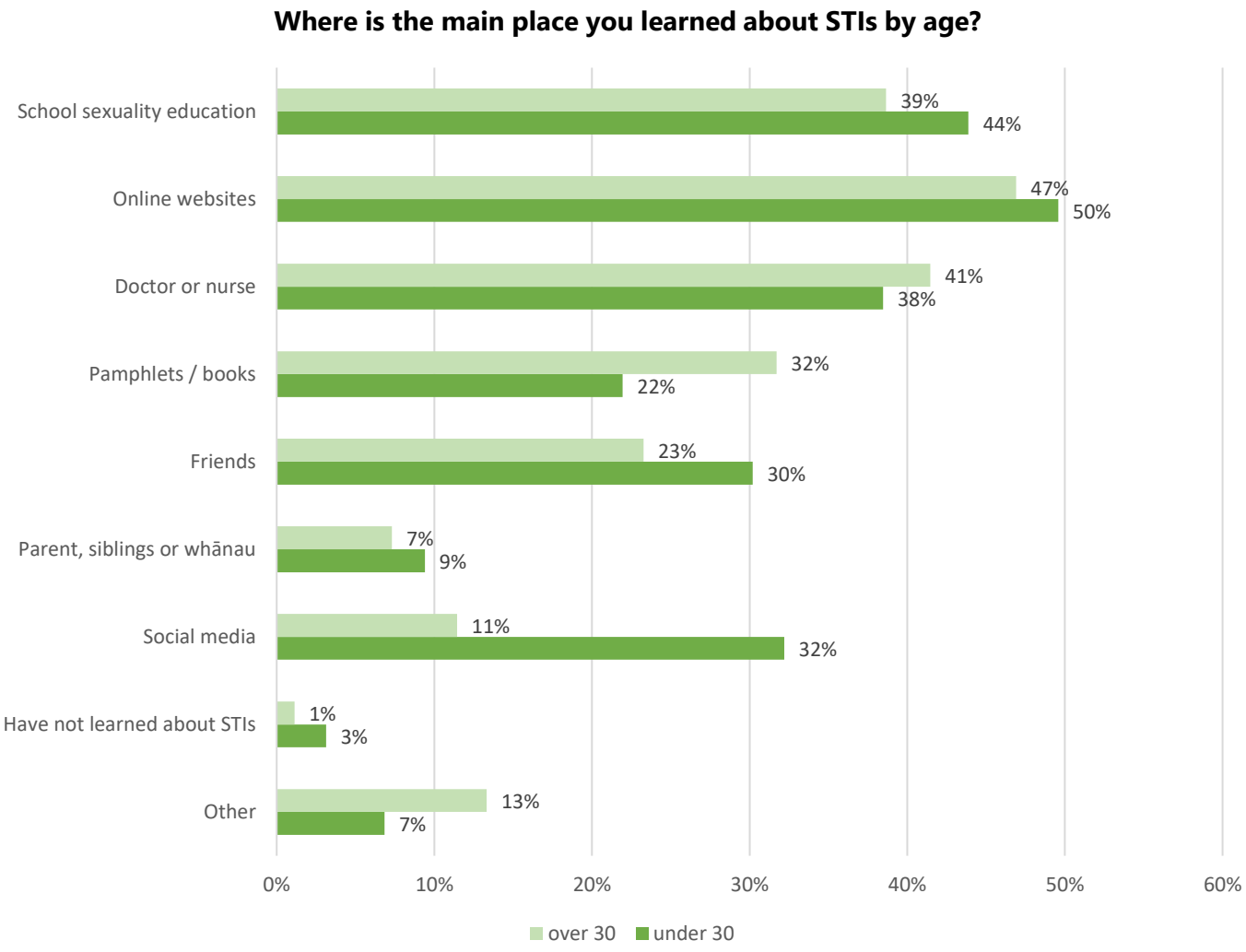
There were 882 responses to a question about relationships and sexuality education. Two-thirds (67%) reported that STIs were covered through relationships and sexuality education (RSE) at school, while one-third (33%) either didn't have STI covered as part of RSE or didn't have any RSE at their school. When disaggregated by age category, it appears people under 30 are more likely to have had STI information included as part of RSE in school (70%) as compared to people over 30 (65%).

Survey respondents (n=884) reported a range of main sources of STI information. Websites (48%), RSE (41%) and health practitioners (40%) were the identified as the main sources among all respondents.

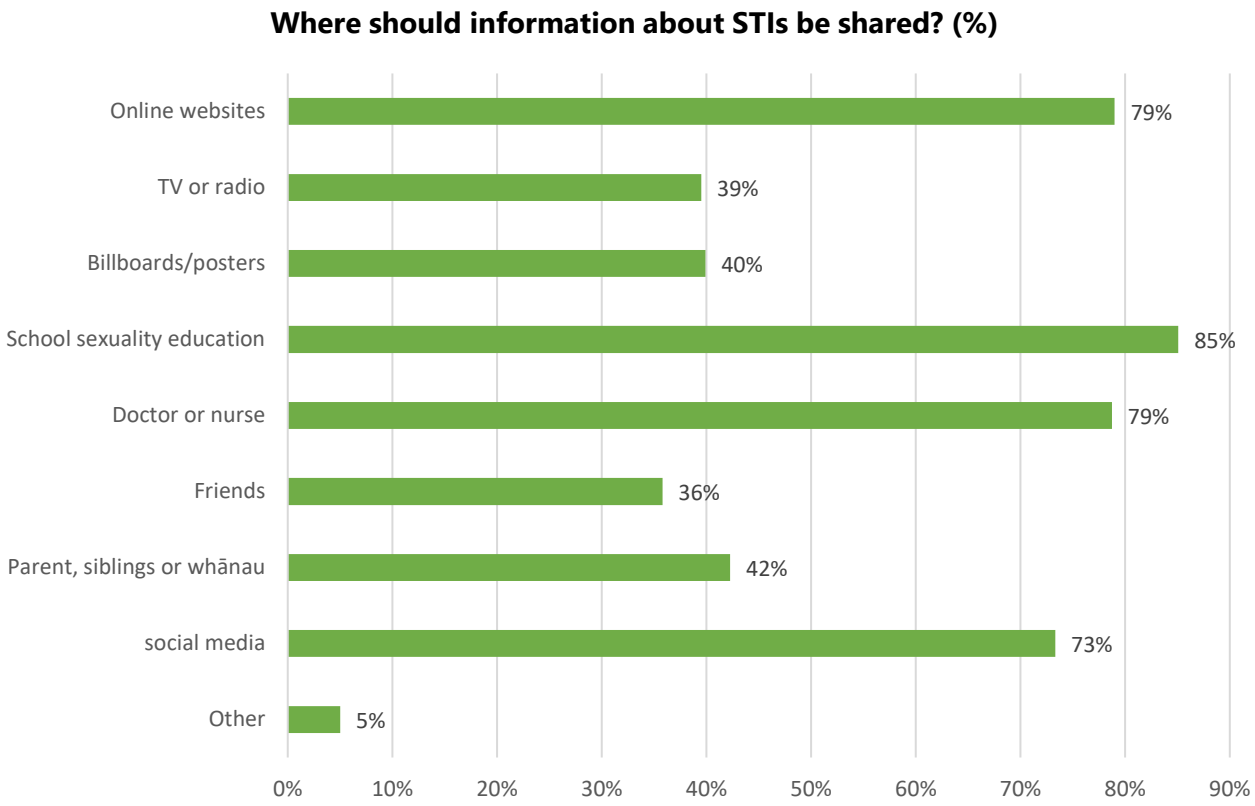


When the data was disaggregated by ethnicity, there were some notable differences. However, these numbers are small and likely not statistically significant. However, of note were that: Māori were less likely to report websites as a main source of information compared to other ethnic groups; Māori and Pacific respondents were more likely to report friends as a main source of information; Māori respondents were more likely to report parents, siblings or whānau as a main source of information; and Pacific people were more likely to report social media as a main source of information.

When disaggregating data by age category, there were several notable differences. For example, people under 30 were more likely to report social media as a main source of STI information (32%) as compared to people over 30 (11%), and people under 30 were also more likely to report friends (30%) as a main source as compared to people over 30 (23%).



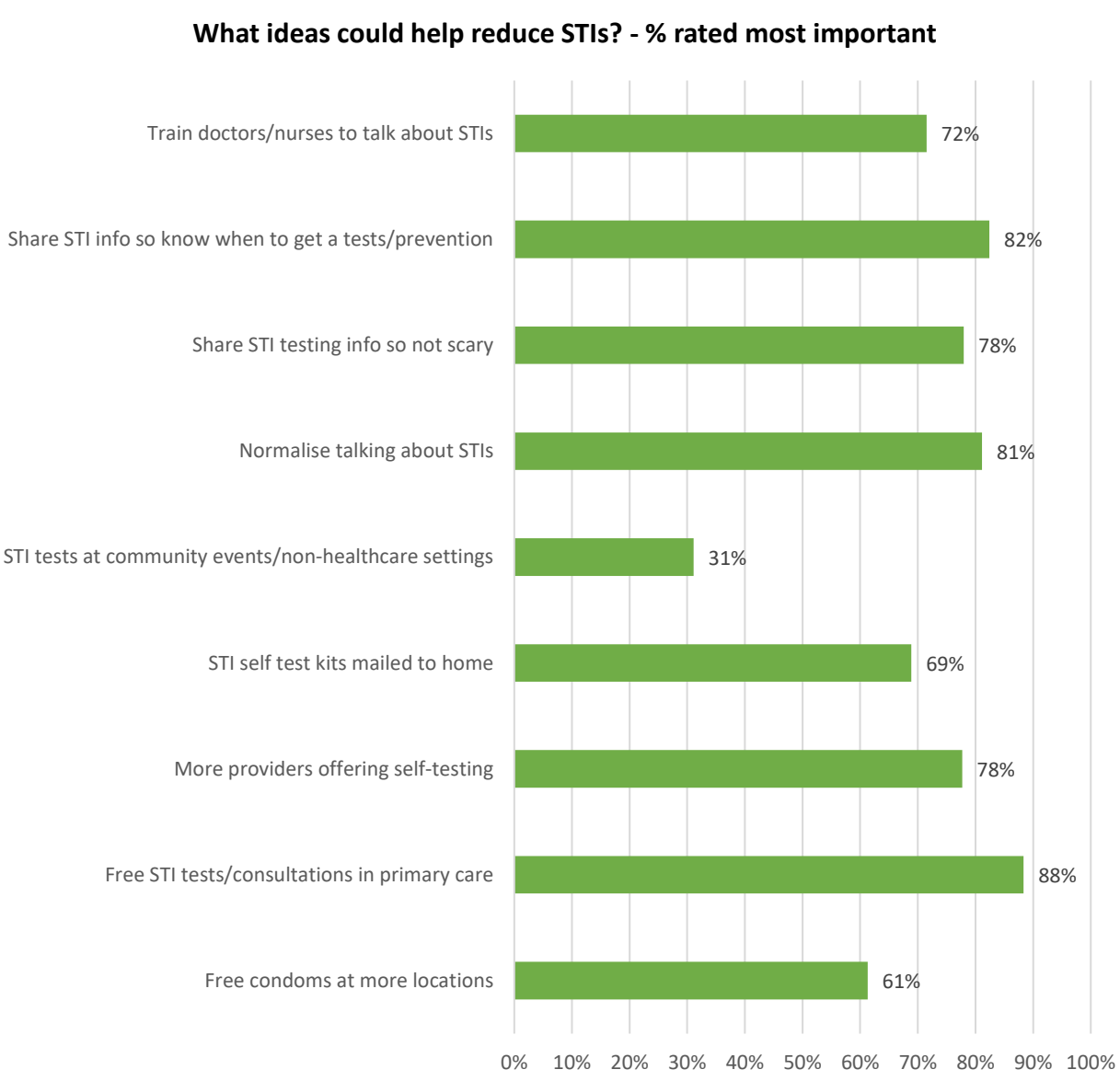
Overwhelmingly, (89%) respondents (n=884) agree that there should be more information available to people about how to prevent STIs, test for them and treat them. When asked where information should be shared, 757 people responded. They reported that information should be shared through a range of sources. The most common place people think information should be shared about STIs is through school RSE (85%) in school, followed by websites (79%) and health practitioners (79%). This aligns with what people reported as being the main places where they learned about STIs.



When data was disaggregated by ethnicity, there were some differences. Māori and Pacific respondents were more likely than NZ European respondents to want information shared through friends and whānau. Pacific respondents were less likely to want information shared through social media and websites. When data was disaggregated by age, the most striking difference was that under 30-year-olds were much more likely to want STI information shared via social media (76%) as compared to over 30-year-olds (41%).

Ideas that could help reduce STIs in Aotearoa

When asked to rate a range of proposals to help reduce STIs in Aotearoa, respondents (n=850) were most likely to rate free STI tests/consultations in primary care as the most important initiative (88%). This was followed by sharing information in schools and communities about STI prevention (82%) and normalising talking about STIs (81%).


What ideas could help reduce STIs? - % rated most important
Train doctors/nurses to talk about STIs
72%
Share STI info so know when to get a tests/prevention
82%
Share STI testing info so not scary
78%
Normalise talking about STIs
81%
STI tests at community events/non-healthcare settings
31%
STI self test kits mailed to home
69%
More providers offering self-testing
78%
Free STI tests/consultations in primary care
88%
Free condoms at more locations
61%
0%
10%
20%
30%
40%
50%
60%
70%
80%
90%
100%

What would make the biggest difference to STI rates in Aotearoa?

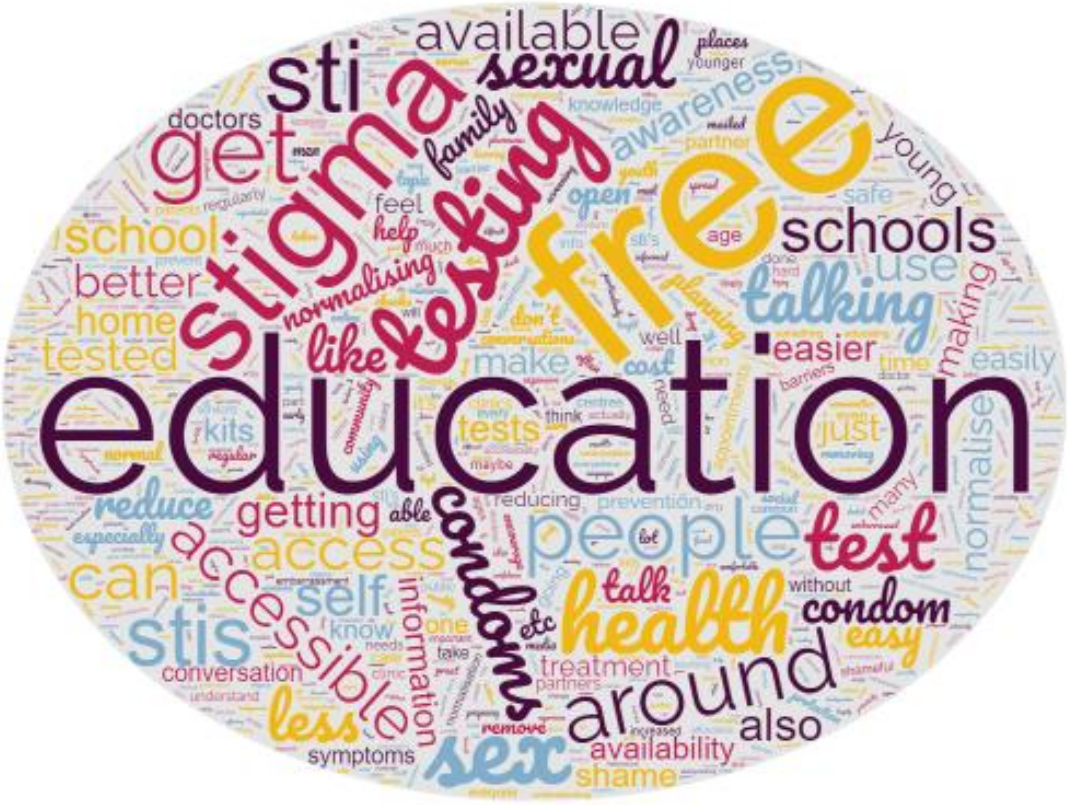


Figure 1: Word cloud: Answers to "What do you think would make the biggest difference to help reduce STIs in Aotearoa?

With 761 written responses to the question "What do you think would make the biggest difference to help reduce STIs in Aotearoa," the survey produced a large amount of rich qualitative data. A number of themes emerged from analysing these comments.

Theme: More, better education

Education from an early age. I learnt about consent in year 8, but it's not just about consent there are so many things that can change your life in a big way and young people should be informed over and over again about them.

Education. We can only protect ourselves when we truly understand the risks and how to be safe.

The most frequently used word in the response to this question was education. Respondents commented about needing better education about STIs in both schools and in the community. Respondents indicated that they would: educate young people so they can make informed decisions about their health; educate parents so they can speak to their children with confidence about STIs; and educate entire communities so that STIs can be

destigmatised as a topic and people can speak openly without shame. Some respondents noted the importance of educating whole communities because STIs are communicable diseases and, therefore, impact the health of whole communities. This speaks to using a public health approach.

Respondents discussed the importance of education about a range of topics: how to reduce risk of infection, long and short-term health impacts of STIs including infertility for women, how to say no to sex without a condom, and how to get tested. Some people commented that a lot of people think that tests are extremely painful and don't know what is involved or where to go.

Theme: Raise awareness and share information

Less stigma, more (although cringe) 'funny', 'relatable' social media/ targeted ad campaigns, particularly for youth

More reference to STI facts, stats, testing in ALL media. A scenario on Shortland St

More visibility online eg. Instagram, TikTok, influencers. Making it "cool" to get regular checks even if you have no symptoms

Many respondents stated that information about STIs should be shared broadly throughout Aotearoa. They called for mass media campaigns about STIs from social media to ad campaigns to scenes on Shortland Street. Respondents felt that information about STIs should be shared with the public to end the stigma, shame and secrecy surrounding them. Like comments about education, respondents wanted more information about STI risks, the need for regular testing, symptoms, and how to get tested.

There were also many comments about the role of health practitioners in sharing information, from GPs to nurses to pharmacists. Respondents felt that if health practitioners regularly discussed STIs, it would raise awareness, but it would also make people more comfortable to ask for a test when they felt they needed one. Many respondents thought that STIs should be incorporated into general health checks and should be part of a "WOF" check for people. People wanted information shared about testing as a form of prevention alongside condom use.

Theme: Normalise STIs

An STI is just germs like every other illness or infection. If we can overcome puritanical ideas about sex then we can overcome barriers to STI prevention and management

Changing societal stigma around STI's and promoting a healthy non-judgemental space to talk about STI's without being seen as a negative thing like being a slut

Reduce the stigma around getting them - I have had doctors tell me I don't really need [an STI test] because I've been too embarrassed to say I had unprotected sex

There were hundreds of comments about the need to normalise STIs and reduce stigma and shame. Respondents stated that normalisation is essential for more open communication in society, at school, among parents, whanau, young people, intimate partners, and between health practitioners and patients. There were comments about the need to discuss STIs in a way that is respectful and caring. Many people mentioned that STIs are associated with being "dirty" and that perception is a barrier to seeking out testing and treatment. Respondents talked about the need to normalise talking about STIs, but also sex in general. Respondents felt that if we spoke about STIs in community settings, including places like churches and even BBQs, then it would help normalise it as a health issue. Respondents also talked about the need to normalise condom use, so it is accepted as part of good sexual health in the same way that contraception is accepted for preventing pregnancy.

There: Improve access to STI testing and condoms

Going to see my GP is expensive. I'm also hesitant to book with a nurse as I never know if this is something they can provide me

Self-testing should be low cost or FREE and available to be sent to our homes (if we don't have symptoms) to ease up the huge amounts of pressure on health centres

Free condoms in more public places eg toilets, bars, doctors, community centres, gyms then free STI checks, it's ridiculous you have to pay for a doctor's appointment just to authorise you can get an sti check at lab tests…why can't you just show up to lab tests?

Another theme related to improving access to STI tests. Respondents identified many barriers to testing such as fear of judgement from health practitioners, the long wait to get appointments, the cost of seeing a health practitioner and not knowing who could offer an STI test. Respondent comments revealed that people see obvious solutions to these barriers, which would not only facilitate access to STI tests but would take pressure off health providers. Drop in self-testing at health providers and pharmacies, self-testing kits mailed to people's homes and self-testing directly at labs were all mentioned frequently as important STI testing approaches that would make a difference. People called for regular testing and didn't want tests restricted to people who had symptoms. Respondents didn't want to be forced to disclose details of their sexual behaviour to get a test. Respondents wanted school

nurses to offer STI testing and other "point of care" STI testing. Most people noted that STI tests should be free or low cost.

Some respondents commented on the need for culturally safe care given that it is taboo to discuss sex and STIs in some cultures. A number of respondents called for better access to sexual health and Family Planning clinics that specialise in this area, and for these clinics to be in more locations and better locations.

Interestingly, while in an earlier survey question most respondents reported that they could access condoms if they needed them, in this open-ended question many respondents thought that better access to free condoms would make a difference to STIs in Aotearoa. As with access to tests, respondents felt there were too many barriers to getting condoms and that they should be easily accessible and free from a range of locations. Several respondents wrote that it didn't make sense that people need to have a consultation with a health provider to get a prescription to access low-cost condoms.

Theme: Gender and sexuality

Also include women in the STIs campaigns. All the adds and free condoms are directed to gay men.

Way too many of my women friends have been pressured to use no condom with hook-ups, and male partners, they make it seem normalised.

I would also like to see the educational materials (posters, pamphlets, websites etc.) be more inclusive of the needs of the LGBTTQIA+ community.

Issues related to gender and sexuality were raised by some respondents. There are comments that provide some evidence that male partners refusing to use condoms is not uncommon. There were a number of comments discussing the need for education for boys and men about the importance of condom use and normalising condom use for this population. There were comments about need to educate women and girls to "stand up for themselves" or to feel confident saying no to condomless sex. A few comments noted that the only STI prevention/condom campaigns they'd seen were targeted to men who have sex with men (MSM). Others called for STI prevention that is inclusive of LGBTQI+ communities.

A public health approach

Normalise them - talk openly about them as we do other infections e.g. the flu, COVID

Access to treatment and testing. Quicker testing turnaround time. Like covid tests but for STIs

Make it like a covid test- remove barriers to getting the test and also remove the stigma if you have an STI

Some respondents made comments about the fact that STIs are simply an infectious disease and should be addressed the way we manage other infectious diseases like the flu and COVID. Respondents recognised that if STIs weren't related to sex, we would address them completely differently. It was clear that some people were thinking about the resources and collective responsibility dedicated to reducing the spread of COVID during the pandemic and considering how a similar public health approach could impact STI incidence in Aotearoa.

Discussion

STIs are an under-researched health issue in Aotearoa. While ESR regularly provides comprehensive data about STI incidence, there have not been many New Zealand research studies investigating access to education, information, condoms, testing and treatment to prevent STIs.

An overarching finding from this survey is that there are systems level barriers to accessing STI tests. Respondents want to be able to access free or low-cost STI tests in a timely manner, when they need them. Many respondents do not see the need for a consultation with a health practitioner when seeking an STI test. There is a perception that there are "gatekeepers" to getting a test, which could be removed. A few respondents noted that allowing people to manage their own STI tests would take pressure off the health system. These are important equity issues. Māori and Pacific people, people on a low-income, disabled people and other marginalised communities are more likely to experience systems barriers to accessing health care, including barriers to STI testing.

The survey also identified other systemic issues. For example, how STIs are prioritised as a health issue in primary care. Sixty-three percent of respondents reported that a health practitioner had never discussed STI tests with them unless they brought it up or had symptoms. There is a need to prioritise STI prevention given it is a common health issue with the potential for long-term health impacts. This finding may also provide evidence of the need for support for the Aotearoa STI guidelines to be implemented in primary care.

Respondents indicated that the convenience of purchasing condoms over the counter at supermarkets was preferred. This raises questions regarding the availability of condoms for people on low incomes. It is concerning that 9% of Māori respondents and 13% of Pacific

respondents reported not being able to access condoms if they needed them. Access to condoms is essential for STI prevention.

A notable proportion (32%) of respondents indicated that using effective contraception would stop them from using condoms with a new or casual partner. This aligns with some other findings indicating declining condom use, including among young people.[15]

Survey respondents were most likely to be asked about getting an STI test at the time of a cervical screen. It is interesting that they were asked about STIs when seeking a different health procedure. This is an important finding and given these results, the recent move to HPV screening may have significant implications for STI testing among some women. The HPV screen is required every five years instead of every three years (if negative for HPV), meaning that for women who only had STI tests at this time, it could be a longer gap between tests. Additionally, if the screening programme is shifting to a community-based programme, where people can opt to self-test at home, or in a non-healthcare setting, people may miss out on STI testing unless it is integrated into this programme. Current evidence indicates that Māori and Pacific people are less likely to have a cervical screen and are also at higher risk of STIs.[16] A primary aim of the shift to the new community-based HPV screening programme is to improve equitable access, particularly for Māori and Pacific women who are less likely to test. If this programme reaches a population of women and girls who face barriers to healthcare, and incorporates STI testing, it represents an opportunity for improving access to STI testing and reducing STIs among some Māori and Pacific women and girls over age 25. However, STI screening at the time of an HPV screen is only one potential initiative to promote opportunistic screening.

For women and girls under age 25, who do not have cervical screens, there should be different strategies. Respondents under 30 were most likely to be asked about an STI test at a general health check or when getting a long-acting reversible contraceptive (an IUD/IUS). Among the 77 16–19-year-old respondents who answered this question, 77% had never had a health practitioner discuss an STI test with them. For young people, who are at greatest risk of STIs, there seems to be a clear gap in opportunistic testing. This finding supports other research[17] showing significant barriers for young people trying to access sexual and

[15] Clark, T.C., Lambert, M., Fenaughty, J., Tiatia-Seath, J., Bavin, L., Peiris-John, R., Sutcliffe, K., Crengle, S., & Fleming, T. (2020). Youth19 Rangatahi Smart Survey, Initial Findings: Sexual and reproductive health of New Zealand secondary school students. The Youth19 Research Group, The University of Auckland and Victoria University of Wellington, New Zealand

[16] Ministry of Health (2023). Ngā Pokenga Paipai Me Ngā Pokenga Huaketo Mā Te Toto: Te Rautaki O Aotearoa 2023–2030 | Aotearoa New Zealand Sexually Transmitted and Blood Borne Infection Strategy 2023–2030. Wellington: Ministry of Health. https://www.health.govt.nz/publication/aotearoa-new-zealand-sexually-transmitted-and-blood-borne-infection-strategy-2023-2030#:~:text=The%20vision%20of%20the%20Sexually,free%20from%20stigma%20and%20discrimination

[17] Rose Sally B., Garrett Susan M., McKinlay Eileen M., Morgan Sonya J. (2021) 'Be nice to us, we're still learning': an online survey of young people in Hawkes Bay, New Zealand, about unmet need for sexual health care and improving access to services. *Sexual Health* 18, 394-404. https://doi.org/10.1071/SH21092

reproductive health services. The current STI guidelines for primary care recommend opportunistically offering STI screening - using self-collected swabs (unless symptomatic or examination requested) - to all young people at least annually. There should be resources and support to expand STI training opportunities for health practitioners in primary care so they can provide non-judgemental, culturally safe, best-practice care for young-people based on these guidelines.

This survey also identified that stigma and shame about STIs needs to be addressed. While there is stigma, shame and embarrassment related to all areas of sexual and reproductive health, it appears that this is heightened by historical attitudes that STIs are associated with being dirty and promiscuous. Stigma and shame around STIs are a barrier to talking about them, getting necessary information and education, asking a health practitioner about testing, and getting a test. Respondents overwhelmingly called for STIs to be normalised as a health issue and addressed as a communicable disease impacting not just individuals but whole communities. Respondents called for information to be shared through a range of sources. While websites and social media featured as important sources of information, the most common place people want to have information shared about STIs is relationships and sexuality education in school (85%). While it is positive that young people were more likely to report that STIs were covered as part of RSE in schools, research[18] shows that there is inconsistency in how RSE is provided across Aotearoa, including what issues are covered, and there is a need for more support for teaches and schools to fully implement this area of *The New Zealand Curriculum*.

Partner refusal to use a condom emerged as an issue in this survey. There were many comments from respondents indicating that gender inequity and gender stereotypes play a role in condom use among women who have sex with men. Comments illustrated that while males in heterosexual relationships usually wear the condom, often women are in the position of needing to negotiate using them. The comments are concerning because they demonstrate harmful gender stereotypes that men and boys have sexual preferences and desires that women need to manage or protect themselves from, absolving men and boys from equal responsibility for ensuring sex is consensual and safe for both partners. Comments indicated reluctance, and even coercion, by male partners who do not want to use condoms. This finding is consistent with research around reproductive coercion[19] and stealthing.[20] This finding provides evidence of why relationships and sexuality education

[18] Dixon, R., Robertson, J., Beliveau, A., Reid, S., Maitland, R., & Dalley, J.(2022). New Zealand secondary school teachers' perspectives on teaching Relationships and Sexuality Education. https://www.familyplanning.org.nz/media/305050/teachers-rse-survey-2022.pdf

[19] Women's Refuge. Reproductive Coercion. https://womensrefuge.org.nz/wp-content/uploads/2019/11/Reproductive-Coercion.pdf

[20] Boadle A, Gierer C, Buzwell S. Young Women Subjected to Nonconsensual Condom Removal: Prevalence, Risk Factors, and Sexual Self-Perceptions. Violence Against Women. 2021 Aug;27(10):1696-1715. doi: 10.1177/1077801220947165. Epub 2020 Aug 18. PMID: 32811338. https://pubmed.ncbi.nlm.nih.gov/32811338/

should be provided in a comprehensive and integrated way, combining health information like STI prevention with learning about gender stereotypes, healthy relationships, and gender equity.

This survey did not explore the issue of reinfection, partner notification and patient delivered partner therapy. Recent research by ESR[21] indicates that reinfection is more common among some groups, including young people and Māori and Pacific people. These are important issues for future research. There are limited resources for STI contract tracing, and New Zealand does not have regulatory settings that support patient delivered partner therapy. These are issues which should be investigated given their potential to address the high and inequitable STI rates in Aotearoa.

This survey provides a snapshot of information about respondents' experiences accessing STI testing, treatment, education, and information in Aotearoa. It raises questions for future research and provides some evidence for the development of new initiatives to reduce the incidence of STIs. Most respondents to this survey identified as women and girls. With this in mind, the Women's Health Strategy represents an important framework for addressing these issues for this population. Removing systemic barriers to STI testing and treatment and addressing stigma and shame about STIs fits well with the priorities and focus areas of the Women's Health Strategy, particularly an increased focus on prevention and early intervention and addressing discrimination and bias in all forms. Applying a gender lens to the issue of STIs in Aotearoa is well overdue.

There are limitations to this survey. The fact that most survey respondents identified as female, reflects that Family Planning largely provides services to women and girls. This bias was anticipated, and Family Planning was particularly interested in hearing about STI prevention and treatment from this population. We did not report any results by gender as our cohorts of respondents identifying as male and another gender were likely too small to detect meaningful differences. We did not ask respondents to report their sexuality because it was outside of the scope of this survey. Survey respondents skewed older, with the largest proportion of respondents forty or older (27%). This is disappointing given that young people are at greatest risk of STIs. However, there was still a good proportion of respondents who were young, with 23% under age 25. When grouped into two broad age categories, 40% of respondents were under age 30 and 60% over age 30. Wellington is over-represented among respondents (21%), Auckland is under-represented (26%) and Bay of Plenty is under-represented (4%). Otherwise, the sample is generally geographically representative of the population of Aotearoa based on the 2018 census. Finally, respondents self-selected to

[21] Kumbaroff, Zoe MPH∗; Duff, Putu PhD∗; Saxton, Peter PhD†; Sonder, Gerard J.B. PhD‡,§; Thirkell, Callum MPhil∗; Scott, Julia MBChB∗; Walls, Tony PhD¶; Anglemyer, Andrew PhD∗,‖. Sexually Transmitted Infections and the Risk of Reinfection Within 12 Months: A Population-Based Cohort. Sexually Transmitted Diseases 50(12):p 775-781, December 2023. | DOI: 10.1097/OLQ.0000000000001874

participate in the survey, so they may have a particular interest in this area or may feel less stigma around discussing STIs.

Statistical tests have not been conducted on results, so it is unclear whether observed differences between groups based on a characteristics like age or ethnicity are significant differences or chance. While a thematic analysis of qualitative answers was undertaken, it was a high-level analysis, and not deeply analysed given our limited organisational capacity for this work.

We would like to thank external stakeholders who provided input into survey design and review of the report and ESR for providing data about STI infection rates among women and girls.

Recommendations

- Prioritise STIs as a health issue in primary care, particularly for young people and Māori and Pacific people, promoting regular testing as part of general health checks.
- Increase STI training opportunities for health practitioners in primary care to support non-judgemental, culturally safe care, and implementation of current primary care STI guidelines, including the recommendation to "opportunistically offer STI screening using self-collected swabs (unless symptomatic or examination requested) to all young people at least annually."
- Fund free and low-cost options for testing including: drop-in self-testing at health care centres, pharmacies, labs and other community locations; drop in blood tests at labs; and at home self-testing kits that can be ordered online.
- Incorporate STI testing into the new HPV screening programme.
- Ensure innovations in STI testing and treatment options prioritise reducing inequity, so they do not inadvertently increase it.
- Appropriately resource Māori and Pacific communities to expand access to STI information, resources, and free condoms.
- Appropriately resource Māori and Pacific communities to develop and deliver culturally responsive STI prevention and health promotion strategies to their local communities.
- Expand resources and support to teachers and schools for relationships and sexuality education, ensuring it is consistent, culturally safe, and responsive and integrates STIs into learning about healthy relationships, consent, and gender.