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Factors associated with STI/HIV testing in Ireland: Findings from two nationally representative surveys

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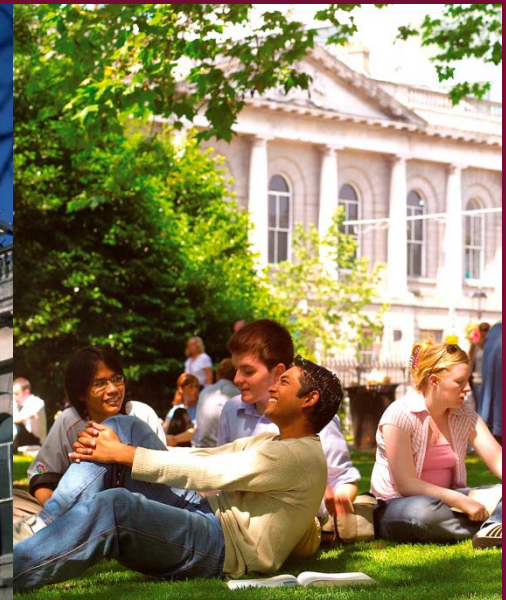
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Royal College of Surgeons in Ireland
Coláiste Ríoga na Máinleá in Éirinn



RCSI

*Factors associated with STI/HIV testing in Ireland:
Findings from two nationally representative studies
Kelleher, C., Smith, G., Boduszek, D., Bourke, A., & Morgan, K.*



About the project



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ROYAL COLLEGE OF SURGEONS IN IRELAND

COLÁISTE RÍOGA NA MÁINLEÁ IN ÉIRINN

Exploring trends in sexual activity, contraceptive use, and pregnancy experiences in Ireland: a secondary analysis of national survey data from the last decade



Aims

1. Investigate emerging trends related to crisis pregnancy, sexual activity and contraceptive use, and health services research
2. Identify knowledge gaps
3. Provide a focus for future research





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EXPERIENCES OF STI AND HIV TESTING



What we know about STIs & HIV



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- Sexually transmitted infections, as well as HIV, are an important global health issue
- Rates of notifiable STIs continue to rise in many countries e.g. there was a 60% increase in STIs notified over the last decade (2001 – 2011) in Ireland
- This increase is due perhaps to three factors:
 1. more availability of GUM/STI clinics,
 2. an increase in unsafe sexual practices
 3. or increased sexual health awareness via media and prevention campaigns.

Gaps in current STI & HIV surveillance



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- Currently no single comprehensive source of information on the incidence of STIs in the EU
- The surveillance of STIs in Ireland is based on an aggregate system of STI data collection
 - limited demographic information
 - no information on risk factors or area of residence



STI and HIV screening in Ireland



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- STI/HIV prevention and control serve as a cost-effective health intervention that can lessen the burden of disease
- Sexual health screening services in Ireland are provided through hospital- or community-based STI clinics
- Pregnant women are also routinely screened for HIV as part of their antenatal care (since 1999)
- A national opportunistic Chlamydia screening programme would not be cost-effective (HPSC, 2012)



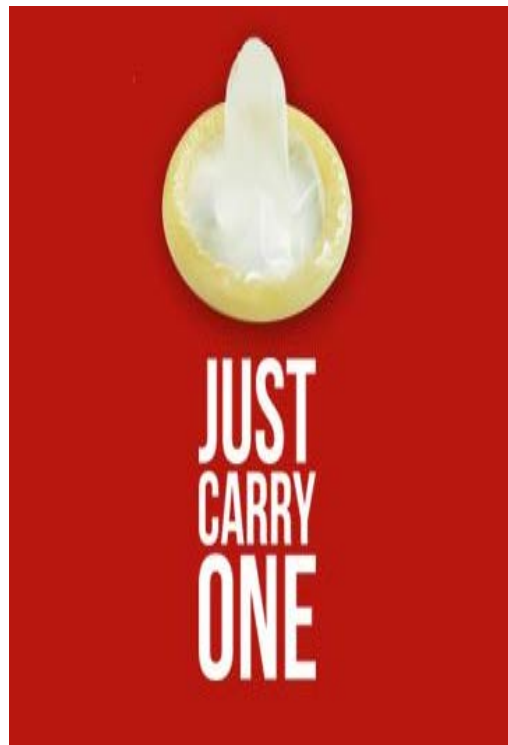
What we know about STI and HIV screening



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- STI testing in particular has been found to be influenced by a range of health service (e.g. cost) and societal barriers (e.g. stigma)
- Balfe & Brugha (2009) health promotion messages should be directed at four specific groups:
 - those leaving and/or entering relationships where condoms have not or will not be used,
 - those who have unprotected sex
 - those with STI-related symptoms

Gap in our knowledge



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- Of adults living in Ireland, who engages in this type of screening behaviour?
- And in what way are they different from those who report not engaging in this type of behaviour?

Study Design



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- **Surveys:** ISSHR (2006), and ICCP-2010 (2012)
- **Respondents:** All adults aged 18-45 years who had ever had heterosexual intercourse
- Those screened ante-natally were excluded
 - ISSHR, $n = 4753$ & ICCP-10, $n = 2595$
 - **Total $n = 7348$**



Analysis

- Descriptive statistics and binary logistic regression
- **Outcome variable:** A lifetime history of STI and/or HIV testing
 - *ICCP-2010* – those who reported a STI and/or HIV test in the past were counted once
 - *ISSHR* – those who reported STI screening at GP surgery and/or GUM clinic were only counted once and added to those with history of HIV test
- Analysed using PASW 18.0



Covariates



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Demographic

- Gender
- Age
- Education
- Marital status
- Household social class
- Survey year

Sexual health history

- Receipt of sex education (Yes/No)
- Sexuality
- Number of years sexually active
- Contraception use at first intercourse (Yes/No)

Results: Demographic profile



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Approximately 25% of adults reported ever having had a STI and/or HIV test

- Women (53%)
- Older age group (30-45 years, 57%)
- Leaving certificate or higher (82%)
- Currently single (60%)
- Social classes 1-2 (44%)
- ICCP-2010 (56%)
- reported receiving sexuality education (76%)
- were heterosexual (95%)
- had been sexually active for 13.4 years (SD 6.9)
- reported using contraception the first time they had heterosexual intercourse (73%)



Table 1: Demographic and sexual health history factors associated with STI & HIV testing



Variable	Exp (B)	95% CI	p value
Gender			
Men (ref)	1		
Women	1.46	1.30-1.64	.000
Education			
Leaving cert+ (ref)	1		
Pre-Leaving cert	0.74	0.62-0.89	.001
Current marital status			
Single, never married (ref)	1		
Married	0.57	0.49-0.67	.000
Sep/Div/Widowed	0.87	0.63-1.18	0.36
Household social class			
Social class 1-2 (ref)	1		
Social class 3-4	0.70	0.61-0.80	.000
Social class 5-6	0.72	0.60-0.86	.000
Social class 7	0.74	0.60-0.91	.005
Survey Year			
ISSHR-2006 (ref)	1		
ICCP-2010	2.94	2.61-3.31	.000



Table 1: Demographic and sexual health history factors associated with STI & HIV testing



Variable	Exp (B)	95% CI	p value
Received sex education			
Yes (ref)	1		
No	0.92	0.81-1.05	.20
Sexuality			
Heterosexuality (ref)	1		
Homosexual or lesbian	3.78	1.51-9.45	.005
Bisexual	2.30	1.49-3.55	.000
Number of years sexually active	1.03	1.02-1.04	.000
Contraception used at first heterosexual intercourse			
Yes (ref)	1		
No	1.34	1.16-1.55	.000

Limitations and Strengths



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- Cross-sectional, self-reported data
- No knowledge of timing or location of screening
- Absence of multiple risk behaviour information
- HOWEVER,
 - Nationally representative data
 - Good response rates (61% ISSHR, 69% ICCP-10)
 - Addresses knowledge gap re profile of those with history of STI/HIV testing

Conclusions

- This a valuable snapshot of adults living in Ireland who have and have not engaged in sexual health screening in the past
- Differences across demographic groups could reflect
 - more health conscious health seeking
 - or increased risk behaviour
- Differences over time also need to be investigated further
- The link between not using contraception at first sex and increased screening could inform targeted preventative strategies





Future Research



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1. Whether there is an **unmet need for STI and/or HIV screening** needs to be identified and a greater understanding of the reasons why there are differences between demographic groups in STI and/or HIV screening would assist with this.
 - e.g. What are the patterns of contraceptive use in those more likely to report STI and/or HIV screening?
2. Longitudinal research is required to examine why individuals were more likely to report having engaged in sexual health screening in 2010 in comparison to 2004/2005 and whether this **reflects a promising trend.**



RCPI Policy Group on Sexual Health
Better Sexual Health for Ireland Policy Statement

“This plan will focus on improving sexual health and wellbeing and address the surveillance, testing, treatment and prevention of HIV and STI, and crisis pregnancy, and sexual health education and promotion.”

*- Dr. James Reilly,
Minister for Health
23/02/2013*