

# GP Awareness of Sexual Orientation among NZ GBM: Implications for HPV Vaccination

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## Overview

- Background
- Methods
- Results
- Strengths & limitations
- Conclusions & recommendations

## Background

### Sexual orientation in primary care

- Gay, bisexual and other men who have sex with men (GBM) face disparate health inequalities.
- General practitioners (GPs) are strategically placed to reduce these inequalities.
- Sexual orientation not apparent or routinely asked, therefore individual disclosure is required.

### Do GBM disclose their sexual orientation?

- **NZ 2004** - 35% of gay male respondents had disclosed their sexual orientation to their health care provider. <sup>1</sup>
- **UK 2011** – 66% of GBM had disclosed sexual orientation to at least one health care professional. <sup>2</sup>
- **USA 2011** – disclosure to primary health care provider: 60% among bisexual males, 90% among gay males. <sup>3</sup>

## Aim

- Provide an updated estimate of GP awareness of GBM patient's sexual orientation.
- Examine association between perceived awareness and sexual health screening.

## Methods

### Data collection

- Data collected in February – May 2014
- Two surveys:
  1. **Gay Auckland Periodic Sex Survey (GAPSS): n= 1421**
    - GBM-associated venues: community fair day, bars, sex-on-site venues.
    - Auckland region only – largest city in New Zealand
  2. **Gay Online Sex Survey (GOSS): n= 1793**
    - GBM-associated online dating sites and mobile apps:
      - Link to survey on: NZDating, ManHunt, Jack'd, Grindr, Hornet, Scruff
    - Nationwide recruitment – limited to New Zealand

### Questionnaire

- Dependent variable question:
  - "Does your regular general practitioner (GP, doctor) know you are gay, bisexual or have sex with men?"
- Response options:
  - "Yes"; "No"; "Not sure"
- All questions same in both GAPSS and GOSS.

## Analysis

### Factors associated with perceived awareness

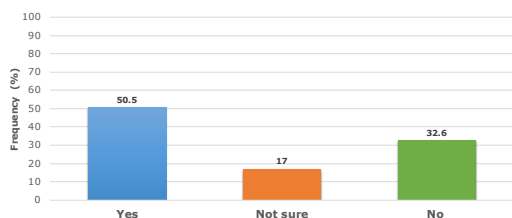
- Dependent variable responses dichotomised:
  - "Yes" vs. "No/Not sure".
- **Bivariate analyses:**
  - Independent variables: socio-demographic, sexual behaviours, sexual health screening behaviours.
  - Test of association: Pearson's Chi-squared test.
- **Multivariate analyses:**
  - Independent variables: all those tested were significant at bivariate level.
  - HIV status exclude.
  - Logistic regression model.

### Does perceived GP awareness impact sexual health screening?

- **Populations:**
  1. Those reporting they perceive their GP to be aware.
  2. Those reporting they perceive their GP to be unaware.
- **Bivariate analyses:**
  - Independent variables: type of sexual health test, time of recent sexual health test, recent diagnosis of STI.
  - Test of association: Pearson's Chi-squared test.
- **Multivariate analyses:**
  - Independent variables: as above.
  - Adjusted for: varied by independent variable tested.

## Results

## Reported GP awareness



## Factors associated with perceived GP awareness

Analysis 1

### Variables independently associated with reported GP awareness

	Comparison Group	Group	AOR*	95% CI
<b>Demographics</b>				
Age	<30 years	30 – 40 years	2.1	1.7 – 2.7
		45+ years	4.3	3.2 – 5.8
Sexual identity	Gay/homosexual	Bisexual	0.3	0.2 – 0.4
Ethnicity	NZ European	Asian	0.4	0.3 – 0.5
		Other	0.4	0.3 – 0.7
Site of recruitment	Online	Community fair day	2.1	1.7 – 2.6
		Bar	2.5	

\* Controlling for: all variables significant at bivariate, with exception of HIV status

### Variables independently associated with reported GP awareness

	Comparison Group	Group	AOR*	95% CI
<b>Behaviours</b>				
Number of male sexual partners <6mths	One	2 – 5	1.4	1.01 – 1.9
		6 – 10	1.7	1.2 – 2.4
		>20	2.2	1.4 – 3.4
Years since first anal intercourse with male	0 – 4 years/Never	5+ years	1.8	1.4 – 2.4
Current "regular" male partner	No	Yes	1.5	1.3 – 1.8

\* Controlling for: all variables significant at bivariate, with exception of HIV status

## Does perceived GP awareness impact sexual health?

Analysis 2

### Comparison of sexual health screening histories

Variable	AOR <sup>‡</sup>	95% CI
Ever had an HIV test	6.6	5.2 – 8.3
Recent HIV testing	3.3	2.7 – 3.9
Ever had a specific STI test*	4.6	3.6 – 5.7
Recent specific STI test*	2.8	2.4 – 3.3
STI diagnosed <12mths <sup>†</sup>	2.1	1.7 – 2.8

\* Adjusted for: age, ethnicity, number of male sexual partners <6mths, site of recruitment

† Includes any of the following: gonorrhoea, chlamydia, HSV, anogenital warts, anogenital herpes, syphilis, LGV

## Strengths & Limitations

### Strengths

- Large and diverse sample.
- Anonymous and self-completed.
- Repeatable.
- Able to link perceived GP awareness with a range of socio-demographic and behavioural data.

### Limitations

- Question phrasing limits comparability.
- No direct question on "disclosure".
- Cannot establish causality.
- Limited generalisability.

## Conclusions

- Only half perceived their GP to be aware of their sexual orientation.
- Demographic and behavioural differences highlight key populations that may be receiving sub optimal care.
  - Access to care and health seeking.
  - Individual and cultural comfort with sexual orientation.
- Comprehensive sexual health screening is associated with perceived GP awareness.

## Recommendations

- General practitioners are a strategic group able to tackle existing and new inequalities faced by GBM.
- Knowledge of sexual orientation is essential to comprehensive and culturally appropriate care.
  - Targeted HPV vaccine programmes.
- Disclosure (provided/prompted) essential – GPs must make their clinics a safe environment.
  - Normalise.
- Education for GPs: during training and ongoing – sexual health and culturally appropriate care for GBM.

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## References

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