Are printed sexually transmissible infection materials for patients appropriate? A physician perspective

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Abstract. The data from a postal survey of 409 general practitioners (GPs) practicing in New South Wales are analysed to explore GPs’ concerns, if any, about available printed information materials on sexually transmissible infections (STI) for patients. Just over half (55\%) of GPs considered the materials for patients to be inadequate and/or inappropriate with 18\% considering the materials as too technical for many patients and 13\% considering the materials mostly out of date. Over a fifth reported that either STI materials were not available in their clinic or they did not know where to get those materials.

Additional keywords: information materials.

Introduction

It is well recognised that good quality information on sexually transmissible infections (STI) can help patients to empower themselves in health-care decision-making and to access a range of other benefits.\textsuperscript{1,2} However, there appears to be scant research evidence which explores the adequacy of patient information materials. This is especially crucial for Australia where knowledge about STI is low among the general population.\textsuperscript{3--5} The present study examined the appropriateness of the patients’ information on STI from the perspective of their general practitioners (GPs), who are often regarded as a reliable source of information to many patients.\textsuperscript{6}

Methods

The present study used data extracted from a cross-sectional postal survey on the management of STI by GPs practicing in New South Wales, Australia (reported elsewhere\textsuperscript{7}). Of the 900 eligible GPs, a total of 409 returned the completed questionnaire (response rate = 45.4\%). The present paper examines GPs’ views/concerns about available printed STI materials for patients that they had seen. It is worth mentioning that no specific STI material was sent to the participating GPs for their assessment. The study participants were asked to choose as many responses as appropriate from a list response options (Table 1). An analysis of association was carried out, using logistic regression, to profile GPs who had a particular type of concern. Nine explanatory variables were initially considered: GPs’ age, sex, place of graduation, postgraduate training in medicine, postgraduate training in STI, type of employment, area of practice, type of practice, and diagnosis of an STI in the month preceding the survey.

Results

Just over half of GPs (55\%) considered the STI printed materials for patients to be inadequate and/or inappropriate (Table 1). Over one-fifth reported that STI information materials for patients were not available in their practice (23\%), or that they did not know where to get STI materials for patients (22\%), or that not enough was produced for clinics (22\%).

The analysis of association showed that female GPs, compared with their male counterparts, were more likely to report the available STI printed materials as ‘mostly out of date’ (OR = 2.05, 95\% CI = 1.13--3.72). Only available in English was a common concern reported predominantly by GPs who were overseas graduates (OR = 2.26, 95\% CI = 1.33--3.84), practicing in metropolitan areas (OR = 4.17, 95\% CI = 2.06--8.40) and working full time (OR = 2.04, 95\% CI = 1.10--3.77). Not enough produced for clinics was a common complaint among GPs who graduated overseas (OR = 1.93, 95\% CI = 1.12--3.31) and worked in metropolitan areas (OR = 1.87, 95\% CI = 1.13--3.09).

Discussion

Clear, concise and consistent education messages regarding STI are invaluable for quality care.\textsuperscript{8--10} However, many practitioners in the present study expressed their concerns about the appropriateness and suitability of printed STI information for patients. Of great concern is that one in two GPs considered the available printed STI materials to be inadequate or inappropriate, whereas approximately one-quarter indicated the materials to be mostly out of date or not comprehensive. Such findings have implications given the low levels of STI knowledge among the general population.
Table 1. GPs’ concerns about available printed sexually transmissible infection information material for patients (n = 409)\textsuperscript{A}

<table>
<thead>
<tr>
<th>Concerns</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inadequate/inappropriate</td>
<td>225</td>
<td>55.0</td>
</tr>
<tr>
<td>Not available in clinic</td>
<td>94</td>
<td>23.0</td>
</tr>
<tr>
<td>Do not know where to get</td>
<td>90</td>
<td>22.0</td>
</tr>
<tr>
<td>Not enough produced for clinics</td>
<td>88</td>
<td>21.5</td>
</tr>
<tr>
<td>Only available in English</td>
<td>74</td>
<td>18.1</td>
</tr>
<tr>
<td>Too technical for many patients</td>
<td>73</td>
<td>17.8</td>
</tr>
<tr>
<td>Not comprehensive</td>
<td>62</td>
<td>15.2</td>
</tr>
<tr>
<td>Mostly out of date</td>
<td>51</td>
<td>12.5</td>
</tr>
<tr>
<td>Other</td>
<td>31</td>
<td>7.6</td>
</tr>
</tbody>
</table>

\textsuperscript{A}Some GPs provided more than one response.

Although in Australia STI materials are published in at least six languages in addition to being published in English, 18% of GPs indicated their belief that the materials were available only in English. Such a concern is more common among GPs who graduated overseas and/or worked in metropolitan areas. One explanation could be that not being locally trained, overseas graduates may well not find it as easy to access these pamphlets, which no one seems particularly aware of anyway. Clearly better awareness of what is available is warranted.

Although informed decision on testing, treatment and partner management can only be made when sufficient accurate information is available, we found widespread concerns of practitioners about printed STI information materials for patients. The current study highlights the need for exploration of patients’ views as such materials should be designed to meet their needs.\textsuperscript{11}

**Ethical approval**

Obtained from the Human Research Ethics Committee of the University of New England, Australia.

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**Conflict of interest**

None declared.

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