

Accessibility and acceptability of public sexual health clinics for adult clients in New South Wales, Australia

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Use of services is dependent on the accessibility and acceptability of services and not merely on adequacy of supply.¹ Accessibility issues include flexible appointment systems;^{2,3} ability to attend the clinic in the preferred time;⁴ functioning of evening clinics³ and access to service on weekends;² access by private and public transport⁴ and the physical location of the clinic.³

Two of the important acceptability issues identified in the literature were the preference for a chaperone^{5–7} and the preference for a same gender health-care worker (HCW).³

This study was approved by the respective Institutional Ethics Committees⁷ of the four participating sites. Sites were selected based on the different geographical locations within New South Wales, namely, city, suburban (metro), outer-metro and rural, as classified by the Public Sexual Health Clinics Registry.⁸ The target population was all adult (18 years and above) clients. The study was a survey using a self-administered anonymous questionnaire. The significance level was set at 0.05 and where appropriate, between-group differences were tested for significance using the χ^2 or Fisher's exact test.

Three hundred and two clients participated, of which 205 and 97 were males and females respectively. Overall 59% and 32% of clients used private and public transport respectively. Eighty percent of private transport users accessing the city and suburban clinics had expressed some difficulty with parking facilities. Most employed (92%) and non-employed (93%) clients who preferred to attend during office hours (8 a.m. to 4 p.m.) did actually attend the clinic in their preferred time. Appointment system was preferred by the majority of clients.

Overall, 117 clients (39%) preferred and 39 clients (13%) did not prefer a same gender HCW. The remaining had no clear preference and was excluded in the analysis on gender preference of HCW. Binary logistic regression (LR) analysis was carried out to examine the preference to consult a same

gender HCW by three individual variables chosen by *a priori* logic. These variables were age group, gender and country of origin of clients. The LR model showed that only gender ($P < 0.001$) and country of birth ($P = 0.024$) of clients were significant predictors. To determine the individual and interactive aspects of client's gender and country of birth variables, further analyses examining both gender and country of origin were undertaken. More females ($n = 67$) than males ($n = 50$) (96% v. 58%) had a preference for the same gender HCW ($P < 0.001$).

A bivariate split of the 157 clients by country of origin (Australia v. overseas) showed that 85% of overseas-born clients and 70% of the Australian-born clients preferred same gender HCW ($P = 0.03$) (Table 1). Further sub-analysis of male clients found that 79% of males born overseas and 47% of Australian-born males preferred a same gender HCW ($P = 0.003$). Similar analysis found no differences (91.3% overseas v. 97.9% Australian) in preferences among female clients ($P = 0.25$).

Overall 69% of clients were consulted by an HCW of their preferred gender, whereas the remaining 31% of clients were not. More female than male clients (81% v. 59%) had their preference matched ($P = 0.002$).

Provision of designated parking spaces for clients of city and suburban clinics appears to be important. One key acceptability issue identified in this study was the preference for a same gender HCW. A structured provision may be considered for clients to select a HCW of their preferred gender and this appears to be particularly important for females; however, an unexpected finding in this study related to a similar desire identified for males born overseas. Overall, clients appeared to hold either excellent or good impressions regarding the services delivered by public sexual health clinics suggesting that the level of general satisfaction regarding accessibility and acceptability of services was reasonably high. Further research is required

Table 1. Preference to consult a same gender health-care worker (HCW) by country of birth and gender of the clients (*n* = 157)

Preference for same gender HCW	Yes		No		<i>P</i> -value ^A
	Australia <i>n</i> (%)	Overseas <i>n</i> (%)	Australia <i>n</i> (%)	Overseas <i>n</i> (%)	
Country of birth (<i>n</i> = 157)	73 (69.5)	44 (84.6)	32 (30.5)	8 (15.4)	0.030
Country of birth of male clients (<i>n</i> = 87)	27 (46.6)	23 (79.3)	31 (53.4)	6 (20.7)	0.003
Country of birth of female clients (<i>n</i> = 70)	46 (97.9)	21 (91.3)	1 (2.1)	2 (8.7)	0.250

^AFisher's exact test.

that examines the accessibility and acceptability of public sexual health clinics for those who access other services and also targeting groups who are at higher risk of contracting a sexually transmissible infection than the general population that currently do not access any form of services.

Conflict of interest

None declared.

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