NIHR Health Protection Research Unit in Blood Borne and Sexually Transmitted Infections

Overcoming Barriers to General Practice Chlamydia Testing for Young People: A Qualitative Exploration and Behavioural Science Model

Lorraine K. McDonagh^{1,2}, Hannah Harwood³, John Saunders^{1,3}, Jackie Cassell^{1,4} & Greta Rait^{1,2}

¹National Institute for Health Research Health Protection Research Unit in Blood Borne and Sexually Transmitted Infections at University College London, ²Research Department of Primary Care and Population Health, University College London, ³King’s College London, ⁴National Chlamydia Screening Programme, Public Health England, ⁵Brighton and Sussex Medical School, University of Brighton

BACKGROUND

Chlamydia testing in the UK is funded by local government. Presently, there is a drive to move high-volume, low-cost testing (i.e., chlamydia testing of asymptomatic young people) into primary care and away from expensive specialist settings. This is likely to increase capacity in specialist services to focus on more complex sexual health problems. However, in England in 2017, only 19% of chlamydia tests were conducted in general practice, demonstrating testing has not yet been widely implemented in this setting.

The Capability, Opportunity and Motivation Model of Behaviour (COM-B) posits that behaviour is the result of the interaction of capability (psychological or physical), opportunity (social or physical, and motivation (automatic or reflective).

Aim: to explore how to overcome barriers to chlamydia testing in general practice for young people using the COM-B Model as a framework

METHOD

Semi-structured interviews were conducted with 17 women and 10 men aged 16-24 years, recruited from across the UK via youth organisations, charities, youth groups, online platforms (e.g., social networking sites), and chain-referral sampling. An inductive thematic analysis, in conjunction with a behavioural science theoretical model, was used to analyse the data. Study was approved by the UCL Research Ethics Committee.

RESULTS

“Sometimes I’ve been to the GP where it seems like they’re pressed for time and they’re trying to rush through everything”

Overcome via...
Practice collection points: *“having them available for you to just pick up and take one, and do one whenever you want”*

Flexible hours: *“easier if you didn’t have to book an appointment in advance, if you could just drop in whenever, if the hours weren’t restrictive”*

Online testing via GP: *“having it on the GP’s website would be really, really good because then it’s somewhere familiar and it’s quick”*

“the stigmatisation around having chlamydia, because if you have it, people assume that you sort of like sleep around loads and stuff, but it’s not always because of that”

Overcome via...
Normalisation: *“the more you’re exposed to sort of information about chlamydia, the less you think – that stigma disappears”*

Blanket testing policy: *“the GP could just ask you every time you went... If they just said it every time”*

Communication – sensitive approach: *“I’d feel a bit weird... like they were singling me out, but if they just kind of offered it as, hey, we’re just offering this for everyone type thing, I would feel absolutely fine about it”*

Figure 1. The COM-B Model (Michie et al., 2011)

“it’s a case of both making people aware of chlamydia itself and what the risks are and what the dangers are”

Overcome via...
Education in school: *“talk about it more, in schools especially. As I said, my sex education was shocking”*

Public promotion campaigns: *“posters in the place, give out a leaflet and then they can go and give it to their friends or whatever”*

Social media: *“if it could go on some form of social media in the public youthful eye, then I think that’d be great”*

“I think sometimes young people feel a bit invincible and things aren’t going to happen to them”

“because I had a boyfriend I was like it’s very unlikely that I have chlamydia, or so I thought”

Overcome via...
Communication - framing as responsible act: *“Instead of being like (in a worried voice) “Oh, I’ve had sex, I’ve had sex, ooh!” It’s like (in a positive, strong voice) “Yeah, I’m getting tested because I’m a grown up!” (laugh)”*

“I think if you go and get a test, it’s full of positive reinforcement in that you feel like you’re taking care of yourself”

Communication - framing as moral obligation: *“it’s also about not having it yourself, so you know you’re not the person that’s passing it on; it’s not just about catching it”*

CONCLUSIONS

Young people’s favour for general practice chlamydia testing persists. The COM-B Model provided a useful framework for understanding the complexity of chlamydia testing. Future interventions should focus on: 1) normalisation, 2) communication, 3) awareness, and 4) modes of testing (and online platforms). In order to increase chlamydia testing in general practice, a multifaceted theory- and evidence-based approach is needed.

Correspondence to: Dr Lorraine McDonagh, University College London. Email: l.mcdonagh@ucl.ac.uk Twitter: @[Dr_L_McDonagh](https://twitter.com/Dr_L_McDonagh)

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