Rationale

Sexuality is a basic human attribute and is a vital part of human health and wellbeing. According to the World Health Organization working definition:\(^1\,^2\)

> Sexuality is a central aspect of being human throughout life and encompasses sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy and reproduction. Sexuality is influenced by the interaction of biological, psychological, social, economic, political, cultural, ethical, legal, historical, religious and spiritual factors.

Attending to sexual health is a core part of general practice in Australia and is relevant to patients across the lifecycle. General practice management of sexual health covers physical, emotional, mental and social wellbeing in relation to sexuality, and not merely the absence of disease, dysfunction or infirmity.

Sexual and reproductive health presentations are common in Australian general practice. According to the Bettering the Evaluation and Care of Health (BEACH) activity data, out of every 100 patient encounters in general practice, 4.7 were for issues regarding the female genital system, 3.0 were for pregnancy and family planning issues, 2.8 were urological, and 1.2 for the male genital system.\(^3\) This does not include encounters for relationship counselling or other sexual health concerns.

The rates of sexually transmissible infections (STIs) continue to rise, especially in young Australians.\(^4\) General practitioners (GPs) play an important public health role in this area, diagnosing and managing 80% of STIs in Australia.\(^5\) Sexual activity may be associated with an increased risk for specific cancers, including cervical and anal cancer, for which health promotion and preventive strategies are essential to integrate into routine practice. GPs and practice nurses are well placed to deliver important preventive care and health-promotion across the broad scope of sexual and reproductive health issues.

Sexual and reproductive health are important to integrate into primary care provision. Essential skills for general practitioners to develop and maintain include:

- taking a non-judgemental sexual history and undertaking a sensitive genital examination, if appropriate, to assess risk, determine appropriate assessment, investigation and management\(^6\)
- identifying individuals at risk of STIs, providing advice regarding prevention and early intervention including safe sex practices, regular testing, partner notification and partner-delivered patient therapy (PDPT) for chlamydia
- developing screening procedures for recall, follow-up and test of cure for relevant STIs and for abnormal Pap smears
- understanding sexual ageing
• identification and sensitive assessment and management of sexual dysfunction
• early recognition and appropriate counselling, assessment and management of subfertility and infertility, and understanding the broad range of fertility options available to individuals and couples
• prevention and management of unwanted pregnancy (including appropriate counselling, knowledge of the chemical and surgical options available, and appropriate referral)
• gaining comprehensive knowledge of risks, benefits and contraindications for, and effective counselling regarding, temporary and permanent contraceptive options for men and women.

Promoting sexual safety and wellbeing through understanding the intricacies of sexual consent – particularly for young people who may be vulnerable, and those who may have impaired capacity to provide consent – and recognising signs of and providing support to victims of abuse are important roles for general practitioners.

GPs need to be competent and comfortable discussing sex with a wide range of people including those of different ages, gender (male, female, transgender or intersex), sexual preference, culturally and linguistically diverse backgrounds, and people with disabilities. It is important that GPs avoid making assumptions about individuals and ensure that confidentiality is paramount in such conversations, particularly with young people. GPs need to understand the concept of the ‘mature minor’ in regards to informed consent.7

It is also important that GPs are proactive in sensitively raising sexual and reproductive health issues with patients, and that they maintain an understanding of relevant support services and resources as well as legislative and public health requirements (particularly in regard to notifiable diseases, partner notification, patient-delivered partner therapy guidelines and mandatory reporting of suspicions regarding child abuse).

Related contextual units

AV16 Abuse and violence
WH16 Women’s health
MH16 Men’s health
SG16 Sex, sexuality, gender diversity and health
PC16 Pregnancy care
CY16 Children and young people’s health

References

Useful sexual and reproductive health learning resources and tools

Australasian Society for HIV Medicine (ASHM), All resources (includes STI management and contact tracing guidelines), www.ashm.org.au/Resources

Department of Health and Human Services (Vic), Patient delivered partner therapy clinical FAQs for clinicians, www2.health.vic.gov.au/about/publications/factsheets/pdpt-faq-clinicians


Victorian Cytology Service (VCS) Pathology, Resources [for practitioners], www.vcspathology.org.au/practitioners/resources1

Victorian Cytology Service (VCS) Pathology, Resources [for women], www.vcspathology.org.au/women/resources

Glossary

Nil