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DEPARTMENT
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The Love Bug Survey 3.0

A description of chlamydia knowledge and attitude to pharmacy-based chlamydia testing among the general population in Australia and Switzerland

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Abstract

Background: *Chlamydia trachomatis* is the most commonly sexually transmitted disease in industrialised countries such as Australia and Switzerland. Chlamydia infections are mostly asymptomatic and can cause serious sequelae without any treatment. In Australia and Switzerland, there has been an increasing chlamydia diagnosis rate per 100,000 in the last few years. Therefore it is important to increase the testing rate, especially in young adults because they are the high risk group. For this purpose, community pharmacies are feasible locations to offer chlamydia tests to high-risk groups aged 15-24 years because they have long-opening hours and no appointment is needed. In addition, there is little known about chlamydia knowledge among young people aged between 16-30 years and their facilitators and barriers for pharmacy-based chlamydia testing.

Objectives: To analyse the attitude towards undertaking pharmacy-based chlamydia testing and chlamydia knowledge in the broader population, aged between 16-30 years in Australia and Switzerland. Therefore the chlamydia knowledge and the perceived facilitators and barriers for pharmacy-based chlamydia testing were determined.

Method: A survey of 10 main and 5 sub-questions including questions about demographics, chlamydia knowledge, sexual behaviour and willingness to undertake a pharmacy-based chlamydia test and perceived facilitators and barriers for such a chlamydia test were used. The survey was managed using the online survey software Qualtrics and disseminated through various social media. Results were analysed using SPSS. Finally, the results from Australia were compared with the results from Switzerland.

Results: In Australia, 79.3 % of 198 participants were willing to obtain a pharmacy-based chlamydia test (PBCT). In Switzerland, 83.3 % of 209 participants were willing to obtain PBCT. Swiss participants were willing to spend more for a chlamydia test kit than Australians. Australian participants had a higher mean knowledge score than Swiss participants (6.76 vs. 4.24 points). "Do not need an appointment", "Easy to get to", "Do not need to provide personal information" and "Do not regularly visit my doctor" were the true facilitators for Australian participants, whereas "Do not need an appointment" and "Long opening hours" were the true facilitators of Swiss participants. The true barriers in Australia were "Lack of privacy", "Pharmacy staff are judgmental" and "Feeling uncomfortable to discuss with a pharmacist". In Switzerland, there was only one true barrier: "This process seems complicated".

Conclusion: In conclusion, the intent to obtain a pharmacy-based chlamydia testing (PBCT) was high in both Australian and Swiss young people. The intent was influenced by facilitators and barriers but not by knowledge. In the future, it would be interesting to see if the identified true facilitators and barriers translate to action in real practice.