Delivering PDPS
Benefits of delivery were protecting a partner’s health, convenience, privacy, and minimizing the likelihood of reinfection. Delivery barriers included worry about results’ accuracy, delay receiving results, and the appearance of the kit (Table 1).

Receiving PDPS
Benefits to receiving a kit were learning one’s STI status, the potential to expedite treatment, convenience, and privacy. Reception barriers included the possibility of inaccurate results, and kit appearance (Table 1).

Trust, Blame and Stigma
For both delivering and receiving PDPS, trust, blame for introducing the STI into the partnership, and STI stigma were salient themes among participants (Table 2).

PDPS vs. Other Healthcare Options
75% of participants preferred PDPS/PDPT, viewing it as the quickest way to establish STI status and receive treatment. For delivery, one participant, for example, said “I would take the kit and medication to my partner. It would make me feel more comfortable about that. I am not just telling my partner that I am positive but I am helping them.” Another thought “I think taking them a screening kit and medication would be a good option because it saves them the embarrassment of having to come in and have it all done.” As a recipient, a participant said the partner should “bring me a screening kit with medication because I want to know right away [if STI positive].” I would like to take the medication right away. And get rid of it right away”, another echoed this sentiment: “I want them to bring me the test and the drugs. I want to know if it is true and I want to be cured as soon as possible.”

Some participants preferred alternative practices (PDPS alone, PDPT alone, referral).

• PDPS alone was most often the choice of individuals who believed that taking unnecessary antibiotics should be avoided.

• Those who chose PDPT alone felt testing was not necessary given that one partner had already tested STI positive.

• The majority of participants who preferred physician referral tended to believe that STI testing and treatment should only be provided by physicians and were, therefore, unlikely to engage in any form of EPS.

• None of the participants said they preferred nothing at all.

Discussion
While perceptions of PDPS were positive, our findings suggest that participants’ willingness to engage in PDPS were contingent on several pragmatic issues. The appearance of the packaging and functional issues such as ease of use and the accuracy and speed of results were central to willingness to use PDPS.

• Informational materials need to be clear and easily followed and have a low likelihood for complications such as contamination.

• Packaging will need to be discreet and appear legitimate and professional.

Process issues, that is exactly how PDPS works, will be more complex than PDPT, and such complexity will likely significantly affect implementation and adoption. Our findings also suggest, as with PDPT, that PDPS may be more effective at preventing infection and reinfection within established relationships than in more fragile, tenuously connected sexual networks.

Trust, blame, and STI stigma are highly salient themes among patients and these seem to have differential effects on willingness to engage in PDPS. These and other identified barriers, benefits, and facilitators which may impact PDPS development and rollout should be addressed in future work.

Summary
Healthcare consumers appear willing to engage in PDPS, and PDPS may be an important tool in our sexual health services toolkit. When compared to PDPT, pragmatic issues and consumer perceptions of PDPS differently burden uptake.

Implications for Programs, Policy, Research
PDPS may enhance partner care efforts. Further research should quantify the relationship among willingness, identified factors, and participant characteristics, and examine provider practices and informational materials as facilitators/inhibitors of engagement. Providers need to support varying PDPS perceptions, including the intersection of relationship status, STI “blame,” and willingness.

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