



SIREN

WA Sexual Health and Blood-borne Virus
Applied Research and Evaluation Network



Curtin University

Indigenous Sexual Health and Blood-Borne Virus Evidence Review

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Background

- Evidence review commissioned by the WA Department of Health's Sexual Health and Blood-Borne Virus Program
- Compiling current literature on Indigenous sexual health and blood-borne viruses in Australia, Aotearoa/New Zealand, and Canada
- Utilised to construct the WA Aboriginal Sexual Health and Blood-Borne Virus Strategy 2019-2023



Method

- Scoping evidence review of literature 2005-2018
- Searched Scopus, PubMed, ProQuest and Google initially, supplemented with Indigenous HealthInfoNet
- Used the Aboriginal Sexual Health and Blood-Borne Virus Strategy domains to analyse:
 - Prevention and Education
 - Testing and Diagnosis
 - Disease Management and Clinical Care
 - Workforce Development
 - Enabling Environments
 - Research, Evaluation, and Surveillance



Results

- 591 articles after filtering for duplication and relevance
- Data predominantly from Canada (~50%), substantial proportion from Australia (~44%), some research from Aotearoa/New Zealand (~6%)
- Literature included peer-reviewed articles, books, government and NGO reports and guidelines, dissertations, and information sheets



Findings

- **Prevention and Education**

Knowledge of Indigenous peoples' sexual health remains low for communities and professionals, particularly regarding STIBBVs, sexual health practices, and attitudes

Barriers include lack of services (particularly in rural and remote regions), community members' financial status, low sexual health literacy, and services which have no developed substantial community rapport

- **Testing and Diagnosis**

Rates of STIBBVs remain high in the majority of Indigenous communities

Testing and follow-up rates are inconsistent, particularly in remote communities

Alternative testing methods may increase current testing rates

Findings

- **Disease Management and Clinical Care**

 - Clinic attendance rates are not consistently maintained, particularly rurally

 - On-going issues with delayed, inconsistent, or insufficient SH treatment

 - Certain STIBBV strains only affect certain Indigenous populations and need further investigation

 - Barriers to clinical care include lack of culturally competent staffing, clinic architecture that is not gender-appropriate, and stigma around STIBBVs and their treatment

- **Workforce Development**

 - Indigenous health workers (IHWs) and Aboriginal Community-Controlled Health Organisations are vital to working with Indigenous communities

 - Policy needs to focus on empowering and building capacity for IHWs and ACCHOs

 - Barriers include lack of funding, insufficient gender-appropriate staffing, high staff turnover, inconsistent guidelines, and lack of time and support



Findings

- **Enabling Environments**

Racial discrimination reduces Indigenous people's likelihood of accessing treatment and testing services

Cultural competence training significantly alleviates the likelihood of racially discriminatory treatment by health professionals

Communities require empowerment and a strengths-based approach (see: Lowitja Institute's Deficit Discourse and Strengths-based Approaches: Changing the Narrative of Aboriginal and Torres Strait Islander Health and Wellbeing [2018])

- **Research, Evaluation, and Surveillance**

Data linkage (e.g. all services relevant to a community being able to access all necessary data), completeness, and consistency can determine a service's efficacy

Research which includes community members and leaders through collaborative approaches (e.g. Participatory Action Research, decolonised methodologies) yields richer and more constructive data

Findings

- Priority Populations

Gender and Sexually Diverse People

Men

Women and Girls

People Experiencing Houselessness

People Living With HIV

People Who Are Incarcerated

People Who Use/Inject Drugs

Rural and Remote Communities

Sex Workers

Young People



What Needs to be Addressed

- Cultural competence needs to be increased in services
- Data completeness and linkage need to be improved
- Community members need to be meaningfully included in research and service provision, particularly in leadership
- Further information on priority populations is needed (particularly Brotherboys and Sistergirls)
- Further assessment of alternative testing methods
- Supporting rural and remote communities and addressing their specific needs
- Improving funding and policy support for services



Next Stages for This Project

- Checklists
 - Clinicians
 - Educators
 - Researchers
- Priority population summaries
- Open-access database for grey/publicly-available literature
- Presentations at ASHM and other conferences
- Open to feedback



Thank You

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information

