



## NSW Aboriginal Sexual and Reproductive Health Program

Kong M, Ford B, Watchirs Smith L, Ritter T, Harrison K, Monaghan R, Ward J, Saulo D, Duley P, Cairnduff S, Graham S, Jarret J, Wand H, Kaldor J, Guy R



### Background 1

- Median age first sex is 15 yrs for males; 16 yrs for females (GOANNA, 2014)
- One-third 16-19 yr olds report no condom at last sex (GOANNA, 2014)
- Condoms and oral contraceptive pills most common contraceptive choice (NATSIHS, 2005)

2

### Background 2

- Higher notification rates of sexually transmitted infections (15-19 years) (Kirby Institute, 2014)
- Higher rates (6x) of adolescent pregnancy (AIHW, 2013)
- Teen childbearing can impact educational and employment opportunities (Fergusson, 1999 & Hofferth, 2001)
- Teenage mothers are also at higher risk of having low self-esteem and depression (Quinlivan, 2004 & Barnett, 1996)

3

### NSW Aboriginal sexual and reproductive health program

- Health promotion program, funded by NSW Ministry of Health (2010-2014)
- Aimed to increase Aboriginal young people (12-19 years):
  - SRH literacy and confidence
  - Access to SRH services / testing
  - Use of condoms and contraception
- Extensive planning and community consultation
- Aboriginal community: governance, meetings and feedback
- Aboriginal Community Controlled health services (ACCHS) and local Aboriginal SRH workers

4

### NSW Aboriginal sexual and reproductive health program

- Eight (8) local Aboriginal SRH workers
- Formal training for SRH workers, and state-wide support
- State-wide campaign "It's your choice! Have a voice!" (AH&MRC)




5

### Evaluation methods



6


NSW Aboriginal Sexual and Reproductive Health Program 

## Results from the clinic data

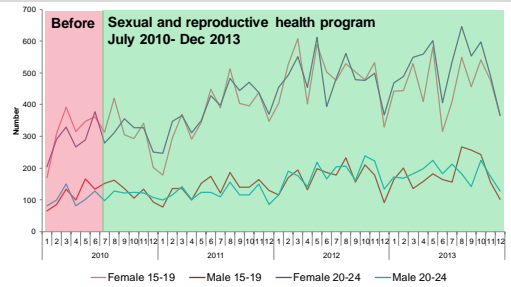
**Clinic data (de-identified)**

- Before and after design
- 6 ACCHS (15-24 year olds)
- Attendance
- Chlamydia testing


7

NSW Aboriginal Sexual and Reproductive health program 

## Number of youth attending



8


NSW Aboriginal Sexual and Reproductive health program 

## Number of youth attending

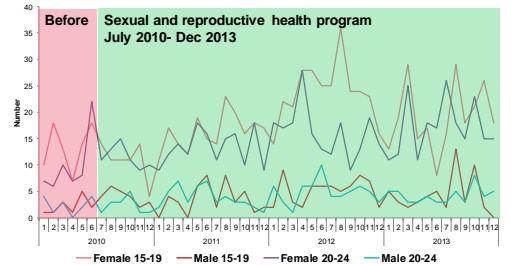
Sex	Age group	Before program-6 months (mean per month)	During program-36 months (mean per month)	P *
Female	15-19	316	414	0.035
	20-24	293	428	0.002
Male	15-19	114	152	0.02
	20-24	107	151	0.017

\*t test


9

NSW Aboriginal Sexual and Reproductive health program 

## Number of patients tested for chlamydia



10


NSW Aboriginal Sexual and Reproductive health program 

## Number of people getting chlamydia tests

Sex	Age group	Before -6 months (mean per month)	During-36 months (mean per month)	P *
Female	15-19	14	22	0.06
	20-24	13	14	0.62
Male	15-19	2	5	0.02
	20-24	3	4	0.16

\*t test

11

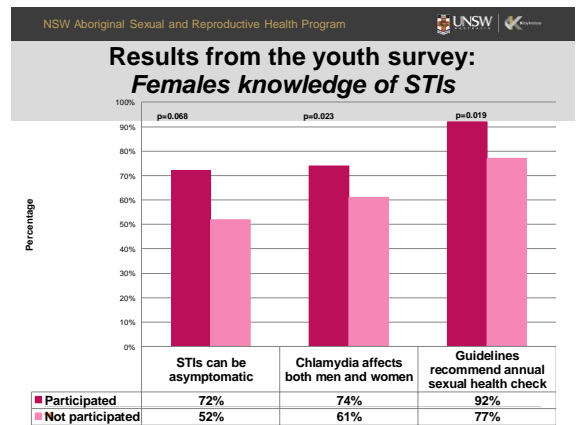
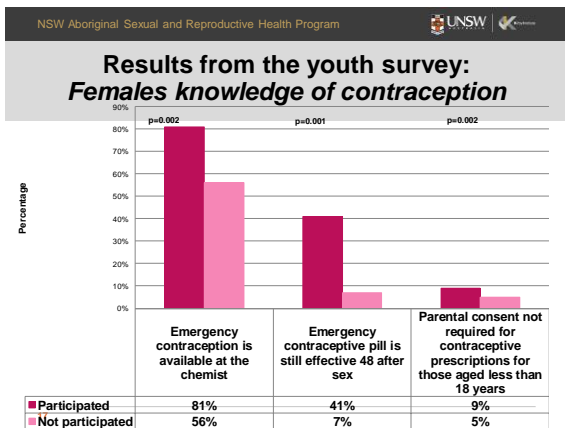
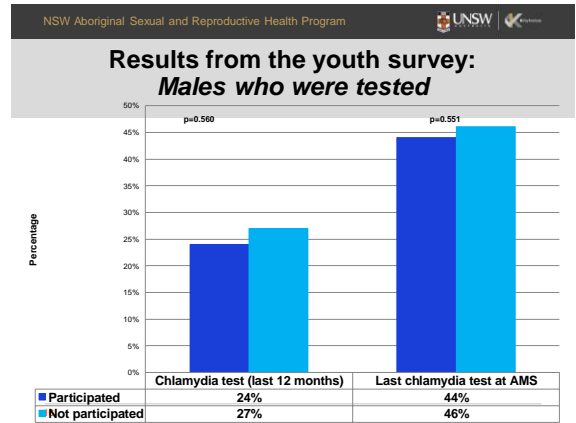
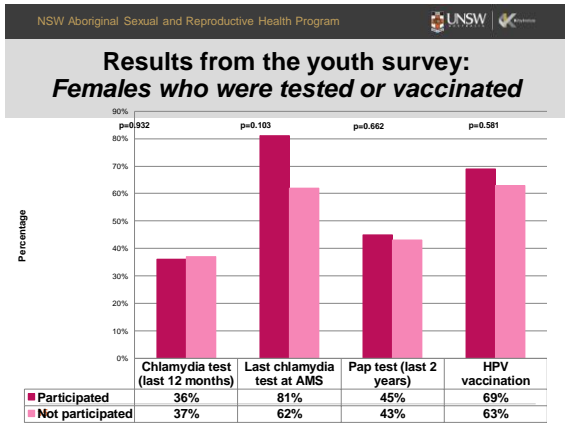
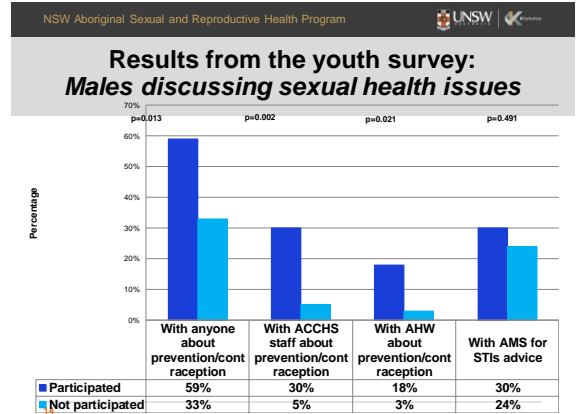
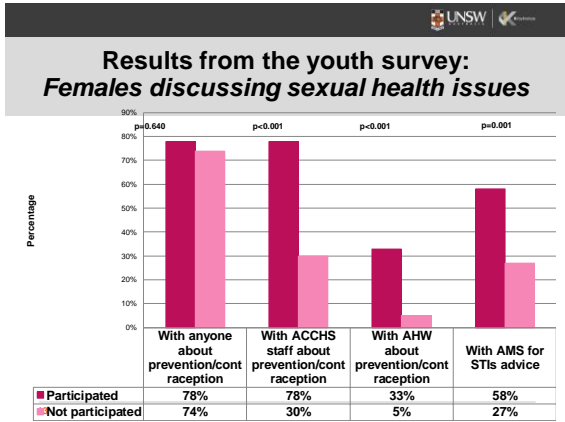
NSW Aboriginal Sexual and Reproductive Health Program 

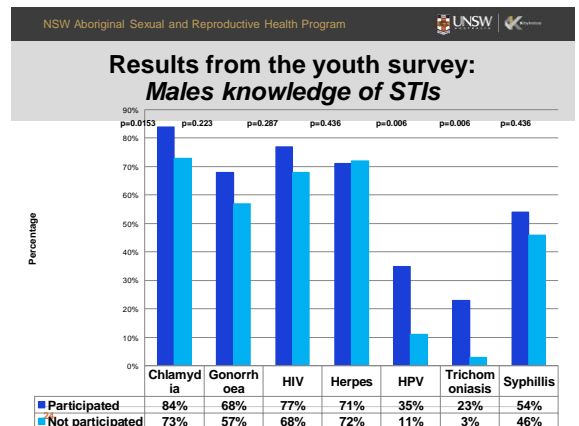
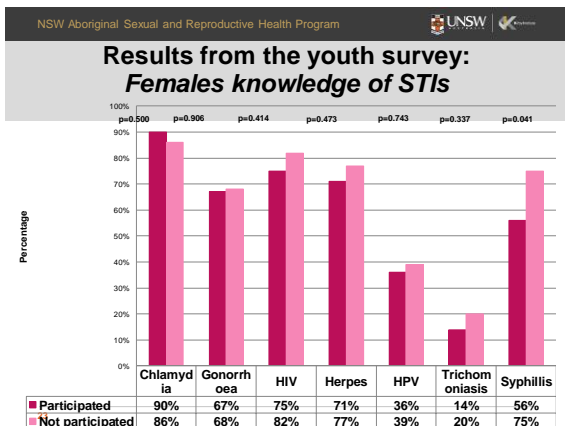
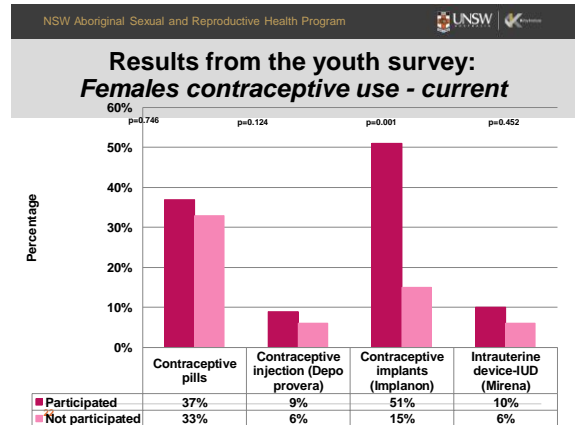
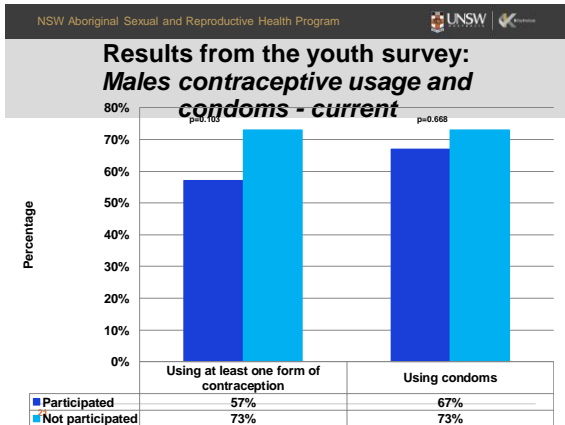
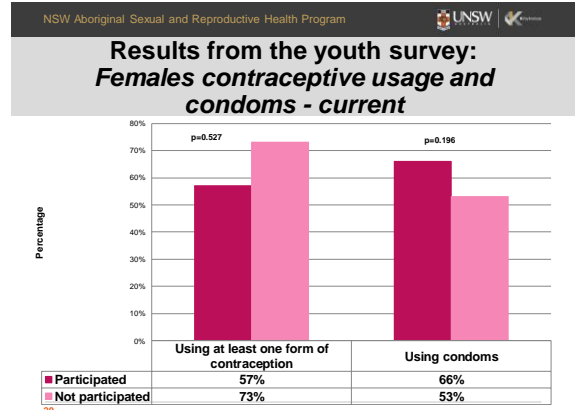
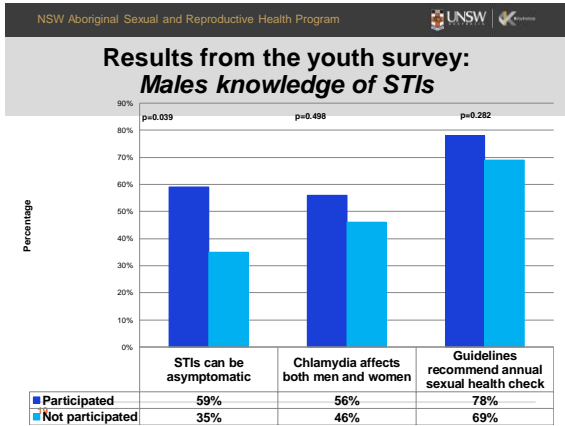
## Results from the youth survey

**Aboriginal youth survey (n=248)**

- Cross sectional design
- Aboriginal youth aged 16-25 years
- Distributed by SRH workers during activities and at ACCHS using iPads/paper-based, target 50 per clinic
- Self report participation in activity versus no activity groups
- STI and contraception knowledge, STI testing/vaccination, contraception use, and sexual behaviour

12





## Limitations

### Survey

- Single time point could not measure behaviour change
- Did not capture <16 years, or those not attending ACCHS/ community events
- Small sample

### Clinic data

- Patients could be tested elsewhere, e.g. Sexual health clinic

### Evaluation

- Differences may have been influenced by external factors

25

## Conclusions

- Large number of diverse SRH activities implemented by local-based SRH workers
- Program activities led to :
  - i. Increased health care access (attendance and STI testing)
  - ii. Improvements in seeking advice by young people
  - iii. Improvements in SRH literacy (chlamydia, contraception, testing guidelines)
- Program successes may be attributed to:
  - i. Extensive planning and consultation with community
  - ii. Aboriginal governance

## Acknowledgements

- NSW Aboriginal SRH workers
- Seven ACCHS located throughout NSW
- Evaluation investigators and reference group
- Aboriginal Health & Medical Research Council of NSW
- Family planning NSW
- NSW Ministry of Health
- Kirby Institute ATSIHP team
- Megan Tapia (Kirby Institute)

27