

Structural and Contextual Factors in the Sexual Health of Adolescent Aboriginal Australians: A Systematic Review

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Background

Indigenous Australian populations have poor health compared to other communities in Australia. With regard to STIs, current surveillance data indicate that Chlamydia and Gonorrhoea are three and 30 times more prevalent in indigenous compared to non-Indigenous populations respectively.¹ Adolescence is an important target age for sexual health interventions given that STI notification rates for Chlamydia and Gonorrhoea in both Indigenous and non-Indigenous populations peak at 15-24 years of age.² Bryant et al. (p. 379)³ note that “there are virtually no behavioural risk data to guide policy and program responses for Aboriginal communities” and translation of more distal risk data into practical guidelines is also limited.

Method

We followed standard guidelines for conducting and reporting the results of systematic reviews.⁴

- Published material in English peer reviewed journals
- Searched ProQuest, PsychINFO, PubMed, Scopus, CINAHL, AIATSIS and ATSI health (January 2003- June 2014)
- Screened by both authors

Results

See Figure 1

Final papers (n=15) included in the review originated from 11 different studies:

- Identified the role of the following social determinants:
 - Poverty^{5,8,9}
 - Racism^{7,8,9}
 - Educational disadvantage^{6,8-11}
 - Alcohol & drugs^{5,6,14-16}
 - Colonialist themes & ideologies^{7,10,11}
 - Unemployment^{10,11}
 - Cycle of disadvantage^{6,12,14-16}
 - Social disengagement^{8,9}
 - Gender inequalities^{8-11,13-17}
 - Family context^{8,9}
 - Peer Pressure^{10,11}
 - Shame¹⁴⁻¹⁷
 - Access to health care^{5,18,19}

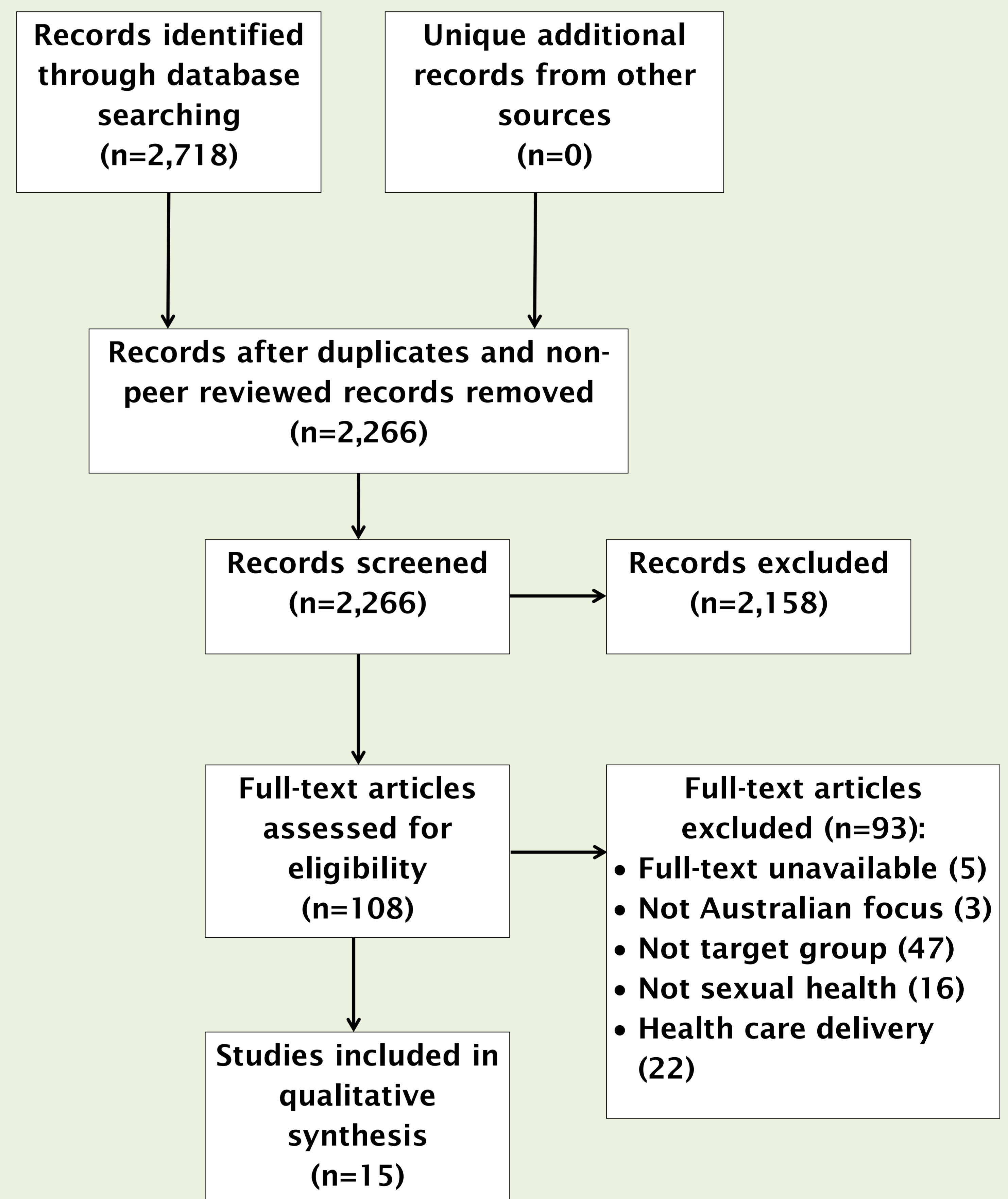


Figure 1: Flowchart of record selection process

Conclusions

Findings from this systematic review suggest that challenges to service and program efficiency remain within the social determinants of health and resilience – the socio-cultural, political and historical contexts in which these young people are situated.

For this reason, we need to ensure that STI/HIV programmes for adolescents are community-based and contextualised within relevant social determinants, rather than focused only on individual behaviours.

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