

Sexual and Reproductive Health of Aboriginal and Torres Strait Islander People: Expanded Messages

Family Planning Queensland (FPQ) recognises that Aboriginal and Torres Strait Islander peoples are the traditional custodians of Australia.

This discussion paper explores issues in the sexual and reproductive health of Aboriginal and Torres Strait Islander people and outlines some of FPQ's current and recent work in this area.

Introduction to health indicators of Aboriginal and Torres Strait Islander people

Aboriginal and Torres Strait Islander people generally experience much poorer health outcomes than non-Indigenous Australians. While there have been significant reductions in recorded mortality in recent years, the gap between the life expectancy for Aboriginal and Torres Strait Islander people and non-Indigenous Australians is still 11.8 years for men and 10.0 years for women¹.

In addition, Aboriginal and Torres Strait Islander people generally experience much higher rates of morbidity or illness than non-Indigenous Australians. For example, recent data demonstrates that Aboriginal and Torres Strait Islander people are more than twice as likely to be hospitalised, to experience a disability or to describe their health as "fair or poor", compared with non-Indigenous Australians².

Social Determinants of Health

Poorer health outcomes are strongly influenced by contemporary structural and social factors, including economic opportunity, physical infrastructure and social conditions.³ These factors, known collectively as the 'social determinants of health', include measures such as housing, education, employment, access to services, social networks, connection with land, racism, and rates of imprisonment.⁴ Aboriginal and Torres Strait Islander people experience substantial disadvantage for all of these measures during their childhood, as adolescents, and throughout their adult years.

As a result, sound health promotion programs or health services tailored to Aboriginal and Torres Strait Islander communities should address these social determinants. Formation of strong, equal partnerships between health agencies and Aboriginal and Torres Strait Islander communities provides a sound foundation for this, and ensures that programs genuinely address the issues of concern to the community. Increased and more comprehensive training of Indigenous health workers will expand a workforce well positioned to deliver culturally sensitive care to local communities, and also offer sustainable employment opportunities. Training in cultural competency for mainstream health care providers is also imperative, in order to build relationships and improve mainstream providers' capacity to effectively serve the health care needs of Aboriginal and Torres Strait Islander communities⁵ To be most effective, health services should be a feature of the community, and incorporate community development programs that will disseminate health messages from the ground up⁶ Education, training and leadership development opportunities for Aboriginal and Torres Strait Islander health workers strengthens the capacity of community-based services to effectively serve the health needs of local community members. Finally, programs should attend to the social and emotional well-being of community members, including those involved in service provision.

FPQ's approaches to addressing sexual health issues with Aboriginal and Torres Strait Islander people

FPQ applies best practice program components in its work with Aboriginal and Torres Strait Islander communities. FPQ believes that approaches which acknowledge and aim to build upon the strengths and resilience of Aboriginal and Torres Strait Islander people and their communities are more likely to be successful in supporting them to achieve improved health than those which do not.

Working in genuine partnership with Aboriginal and Torres Strait Islander people, communities and services to improve access and equity to services and information and build workforce capacity are essential to FPQ meeting our vision of sexual and reproductive health for all⁷.

The concepts of shame, men's business and women's business are real and relevant to many Aboriginal and Torres Strait Islander people, and may present barriers to communication about sexuality and sexual health. These concepts must be considered and addressed carefully and seriously in working alongside Aboriginal and Torres Strait Islander people.⁸

FPQ recognises the right of all Aboriginal and Torres Strait Islander people to choose sexual and reproductive health services which best meet their needs, including community controlled services. This recognises the many advantages that the community controlled sector offers to Aboriginal and Torres Strait Islander clients.

At the same time, FPQ recognises that "mainstream" services, including government services and FPQ itself, have an obligation to provide services which are accessible and acceptable for those Aboriginal and Torres Strait Islander people who choose to access them.

Current and recent FPQ work with Aboriginal and Torres Strait Islander people

For many years, FPQ has included Aboriginal and Torres Strait Islander people and communities in its planning, and as priority groups for the development of programs. FPQ's regional infrastructure provides a solid base for relationship development and local partnerships to enable this work to occur.

Examples of this work include:

- Supporting schools to deliver sexuality education in areas with high proportion of students from Aboriginal and Torres Strait Islander backgrounds. This includes outreach to Cape York, Palm Island, Cherbourg
- Working with incarcerated Aboriginal and Torres Strait Islander people through the Correctional Facilities Education Project, funded by Queensland Health through the National Hepatitis C Strategy
- Workforce development programs in disability, youth work, child protection and early childhood sectors have been contextualized for Indigenous organisations and staff
- Designated Indigenous scholarships are in place for all FPQ training courses for health professionals. The scholarships are available for people working in a community based organisation with Indigenous community members, and waive the cost of course registration.
- Cairns sexual assault service provides support and outreach for Indigenous women, children and communities.

- Contracting the Centre for Rural and Remote Mental Health to undertake a literature review/scoping of the linkage between reproductive choice and mental health for young Indigenous women living in rural and regional areas
- Participating regularly in both planning and delivery for the annual Deadly Sex Congress and other workforce development initiatives for Indigenous Sexual Health workers.
- Membership in the Aboriginal and Torres Strait Islander STI and BBV Strategy Implementation Reference Group which aims to facilitate a more collaborative and coordinated approach to addressing Aboriginal and Torres Strait Islander issues within the *Queensland HIV, Hepatitis C and Sexually Transmissible Infections Strategy 2005-2011*

Current projects with specified Indigenous funding:

- The Sunshine Coast Indigenous Young People's Sexual Health project – a three year project using a community development model to build the capacity of the Indigenous community and the relevant workforces to respond appropriately to the sexual health needs of Aboriginal and Torres Strait Islander young people in the Sunshine Coast district, funded by OATSIH.
- The Indigenous Health Worker Sexual Health Skills Project, a three-year project working in partnership with the Queensland Aboriginal & Islander Health Council (QAIHC), delivering training and mentoring to generalist Indigenous Health Workers in community controlled health services throughout Queensland funded by the Rio Tinto Aboriginal Fund.
- A one year project to develop a targeted resource to assist Queensland health workers in the education of Aboriginal and Torres Strait Islander young people in the area of basic reproductive anatomy, puberty, healthy sexuality and personal hygiene, sexually transmissible infections, funded through the *National Partnership Agreement on Indigenous Early Childhood Development 2009 – 2014* funds,
- Partnership with Aboriginal and Torres Strait Islander Corporation Health Education and Training (ATSICHET) to deliver accredited training in sexual health for Indigenous Health workers employed by Queensland Health.

In addition to these funded projects, in the first 6 months of 2010, FPQ has been a partner, presenter or collaborator in more than twenty forums or events providing services to Aboriginal and Torres Strait Islander people and/or organisations.

The funding for the Sunshine Coast Indigenous Young People's Sexual Health project has allowed a dedicated commitment of time and material resources to focused community development approaches to integrating sexual and reproductive health into existing community networks and services. The project has worked directly with young people, both to educate them in sexual health, but more importantly, to build their capacity as future and present leaders within their own communities. In addition, the project has brought together Indigenous and mainstream organisations and Indigenous community elders and parents/carers, and built their capacity to respond positively and proactively to the sexual health needs of Indigenous young people of the Sunshine Coast.

FPQ has a strong commitment to deliver sexual and reproductive health programs to Indigenous young people and those who work with them across Queensland. We are actively seeking to build partnerships and secure funding to allow us to provide similar approaches more broadly across Queensland.

Health indicators of Aboriginal and Torres Strait Islander people

Specific indicators of problems in sexual and reproductive health for Aboriginal and Torres Strait Islander people include:

- more frequent pregnancies and births among younger Aboriginal and Torres Strait Islander women,
- higher reported rates of most sexually transmitted infections, especially chlamydia, gonorrhoea and syphilis, with infection occurring at a younger age and affecting women more than men.

Frequency and timing of pregnancies

Recent data indicates that Aboriginal and Torres Strait Islander women have more babies and have them at younger ages than non-Indigenous Australian women.

Across the Australian population, the total fertility rate (number of live births per woman) is about 1.97. Among Aboriginal and Torres Strait Islander women, this figure is about 2.52, about 10% higher⁹.

Teenagers had 20% of the babies born to Aboriginal and Torres Strait Islander women, compared with only 4% of those born to non-Indigenous Australian women.¹⁰ The fertility of teenage Aboriginal and Torres Strait Islander women (75 babies per 1,000 women) was three times that of all Australian teenage women (17 babies per 1,000).

The median age of Aboriginal and Torres Strait Islander women who registered a birth was 24.7 years, compared with 30.7 years for all other women.¹¹

Sexually transmissible infections (STIs).

Aboriginal and Torres Strait Islander people are disproportionately affected by sexually transmitted infections (STIs), compared with the non-Indigenous Australian population.¹² In addition, Aboriginal and Torres Strait Islanders tend to contract STIs at younger ages and Aboriginal and Torres Strait Islander women show a higher prevalence for some STIs, notably chlamydia and gonorrhoea, compared with Aboriginal and Torres Strait Islander men.^{13 14 15 16}

Gonorrhoea

For people living in Qld, WA, SA and the NT, notification rates of gonorrhoea are eight times higher for Aboriginal and Torres Strait Islander people than for non-Indigenous Australians. In 2006-08, there were 1,132 cases per 100,000 compared with 14 cases per 100,000, respectively.¹⁷

Gonorrhoea notification rates were highest among Aboriginal and Torres Strait Islander people aged 15-19 years and 20-29 years.¹⁸ Among non-Indigenous Australians, the rates were highest in the 20-29 years and 30-39 years age groups.

Among Aboriginal and Torres Strait Islander people, the number of notifications of gonorrhoea is slightly higher for women than men. Among non-Indigenous Australians, men account for about three-quarters of gonorrhoea notifications.¹⁹

Syphilis

Australia-wide, notification rates of syphilis are more than eight times higher for Aboriginal and Torres Strait Islander people than for non-Indigenous Australians. In 2006-08, there were 37 cases per 100,000 Aboriginal and Torres Strait Islander people compared with 4.4 cases per 100,000 non-Indigenous Australians.²⁰ More than nine-tenths (93%) of the syphilis notifications among Aboriginal and Torres Strait Islander people were from Qld, WA, SA and the NT. In these four jurisdictions, the notification rate for Aboriginal and Torres Strait Islander people (58 per 100,000) is 45 times the rate for non-Indigenous people (1.3 per 100,000).

The syphilis notification rates were highest among Aboriginal and Torres Strait Islander people aged 15-19 years and 20-29 years.²¹ Among non-Indigenous people, the rate was highest in the 30-39 years age group.

Among Aboriginal and Torres Strait Islander people, the number of notifications of syphilis is approximately equal for women and men. By comparison, among non-Indigenous Australians, men account for 95% of syphilis notifications.²²

Chlamydia

Notification rates for chlamydia are about nine times higher for Aboriginal and Torres Strait Islander people. In 2006-08, in WA, SA and the NT there were 1,699 cases per 100,000 Aboriginal and Torres Strait Islander people, compared with 190 per 100,000 non-Indigenous people)²³. Unfortunately, comparative statistics are not readily accessible for Queensland.

For both Aboriginal and Torres Strait Islander and non-Indigenous people, notification rates of chlamydia in 2008 were highest among people aged 15 to 29 years and higher among females than males.²⁴

HIV / AIDS

To date, Australian rates of HIV and AIDS are low in comparison with other countries.²⁵ The greatest proportion of HIV diagnoses in Aboriginal and Torres Strait Islander people were among men (79% in 2008) and the median age of Indigenous people newly diagnosed with HIV was 35 years. The majority of new Aboriginal and Torres Strait Islander HIV infections occurred in major cities and the rate of infection declined generally as the area of residence became more remote.

To date, notification rates for HIV/AIDS among Aboriginal and Torres Strait Islander people appear much lower than in the non-Indigenous Australian population.^{26 27 28} However, great concerns have been expressed about the possible impact of HIV/AIDS among Aboriginal and Torres Strait Islander people, for whom AIDS has been seen as having the potential 'to further erode the social and economic fabric of Indigenous communities'²⁹. Indigenous people were seen as being at particular risk of HIV infection due to high rates of STIs and their lack of access to effective services.

Factors impacting on STI rates

Many factors have been identified as contributing to the higher reported rates of STIs among Aboriginal and Torres Strait Islander people. These include:

- poor access to health services;
- lack of clinical staff who have the competence and sensitivity to deal with sexual health issues in the Indigenous population;
- a younger more mobile population; and
- socio-economic disadvantage.³⁰

The high screening rates in some Aboriginal and Torres Strait Islander communities probably contributes to the higher rates reported for Indigenous people than for non-Indigenous people.³¹

Primary source documents

Summary of women's health

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