

## Aboriginal health - sexually transmissible infections

In Australia, Indigenous people have a higher rate of sexually transmissible infection (STI) than the rest of the community. The most common STIs in Aboriginal communities include chlamydia, gonorrhoea and syphilis.

Almost 1,000 per 100,000 Indigenous Australians were infected with chlamydia in 2009, compared to just 287 per 100,000 in the non-Indigenous population.

In 2009, the overall rate of gonorrhoea infection for Indigenous Australians was 37 per cent compared to that of non-Indigenous Australians, at 28 per cent. The diagnosis of gonorrhoea was substantially higher for Indigenous Australians in remote and very remote areas.

### Condom use

In 2006, the teenage pregnancy rate was five times higher among Indigenous women under the age of 20, with the Northern Territory recording the highest percentage of 29.1 per cent. Condoms are an effective way to protect against STIs and unwanted pregnancy. However, condom use in Aboriginal communities is comparatively low because of cultural, socioeconomic and environmental factors.

### Barriers to sex education

Most public health messages about safe sex are targeted at the general population and they are not always appropriate for Indigenous Australians. Some of the reasons for this include: English is not always the first language of some Indigenous people.

- Aboriginal and Torres Strait Islander terms for sexual acts are sometimes different to English terms. This can easily cause confusion and misunderstanding.
- Access to health information is often limited. For example, people living in remote areas have reduced opportunities to consult with doctors and other health care professionals.

### Barriers to contraceptive use

Common barriers to contraceptive use include:

- Oral contraceptives may not be appropriate because of the cost, and the necessity to take the pill at the same time every day.
- Many Indigenous people consider talking about sex to be shameful. It is particularly shameful for a man and woman to talk about sexual issues, so the subject of contraception or condom use may not be brought up. As in most cultures, it is also difficult for Indigenous youth to talk to adults about sex.
- Intrauterine devices (IUDs) increase the risk of pelvic inflammatory disease. This risk is higher in women with STIs. IUDs are generally not recommended given the high STI rate in Aboriginal communities.

### Barriers to seeking medical help

Common barriers to seeking medical help include:

- Access to doctors can be difficult. According to an Australian Bureau of Statistics survey in 1996, the nearest doctor was at least 25km away for one in every seven Indigenous Australians.
- Most doctors are non-Indigenous. Indigenous people may not want to visit a doctor for fear of racism or unfamiliar medical practices.

## Appropriate safe sex messages

Research suggests that safe sex messages for Indigenous Australians have to be culturally appropriate if they are to be effective. Some ways to make sure that safe sex campaigns are appropriate include:

- Delivery by Aboriginal health workers who are sensitive to the customs and protocols of particular communities.
- The use of 'story-telling' to explain safe sex practices.
- Community involvement in sexual health issues and campaigns.
- The provision of affordable contraception.
- The availability of contraceptive devices specifically designed for and marketed to Indigenous Australians, such as the Snake condom that features traditional Aboriginal colours, symbolism and art in the packaging.

## Where to get help

- Your doctor
- Family planning clinic
- Family Planning Victoria Tel. 1800 013 952 or (03) 9257 0100
- Victorian Aboriginal Health Service Co-op Tel. (03) 9419 3000
- Dr Marie, Tel. 1800 003 707 (24 hours)

## Things to remember

- Public health messages about safe sex target the general population and may not be appropriate for Indigenous Australians.
- Research suggests that safe sex messages for Indigenous Australians have to be culturally appropriate if they are to be effective.

**This page has been produced in consultation with, and approved by:**

Dr Marie

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