

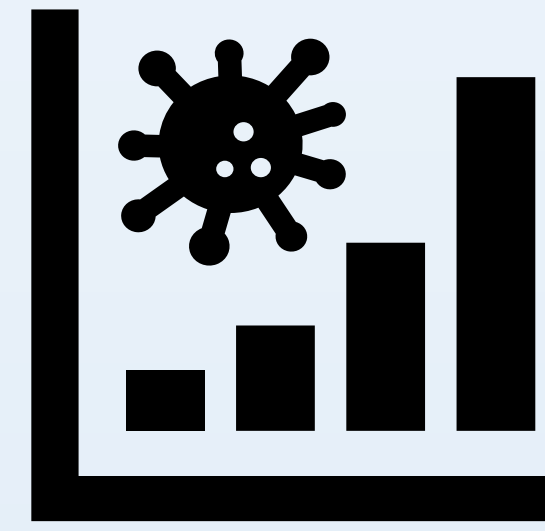
Sexually transmissible infections (STI) and HIV testing and diagnosis among Aboriginal and non-Aboriginal adolescents in contact with the Australian justice system: a cross-sectional study

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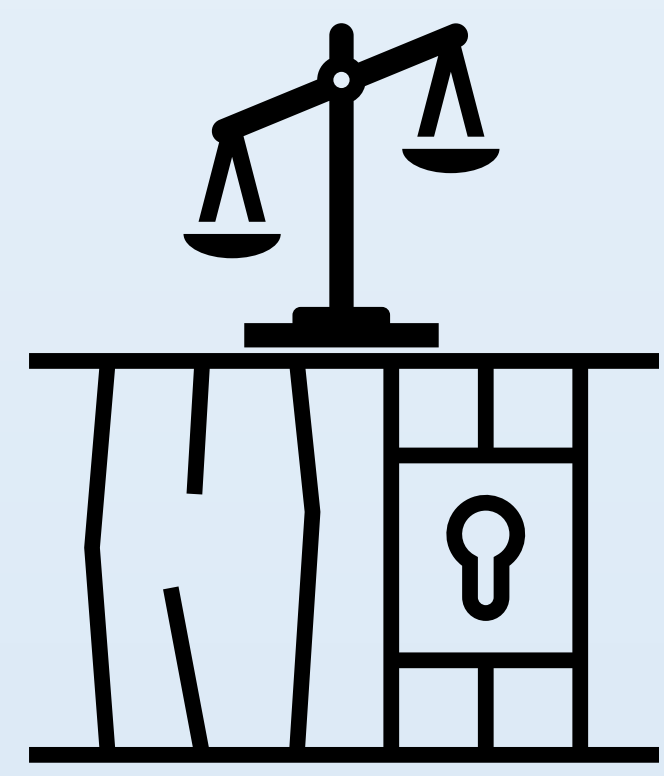


BACKGROUND

1. Young people, those in custodial settings, and Aboriginal and Torres Strait Islander peoples are priority populations in Australian STI and HIV strategies.^{1, 2}



4. Justice-involved populations are typically under-represented in, or excluded from, mainstream community sexual health surveys.



2. These populations are often intersecting as Aboriginal adolescents are over-represented in the justice system and the juvenile detention population.³

3. Chlamydia and gonorrhoea notification rates for 15 to 19-year olds are higher than for the overall population.⁴



AIMS

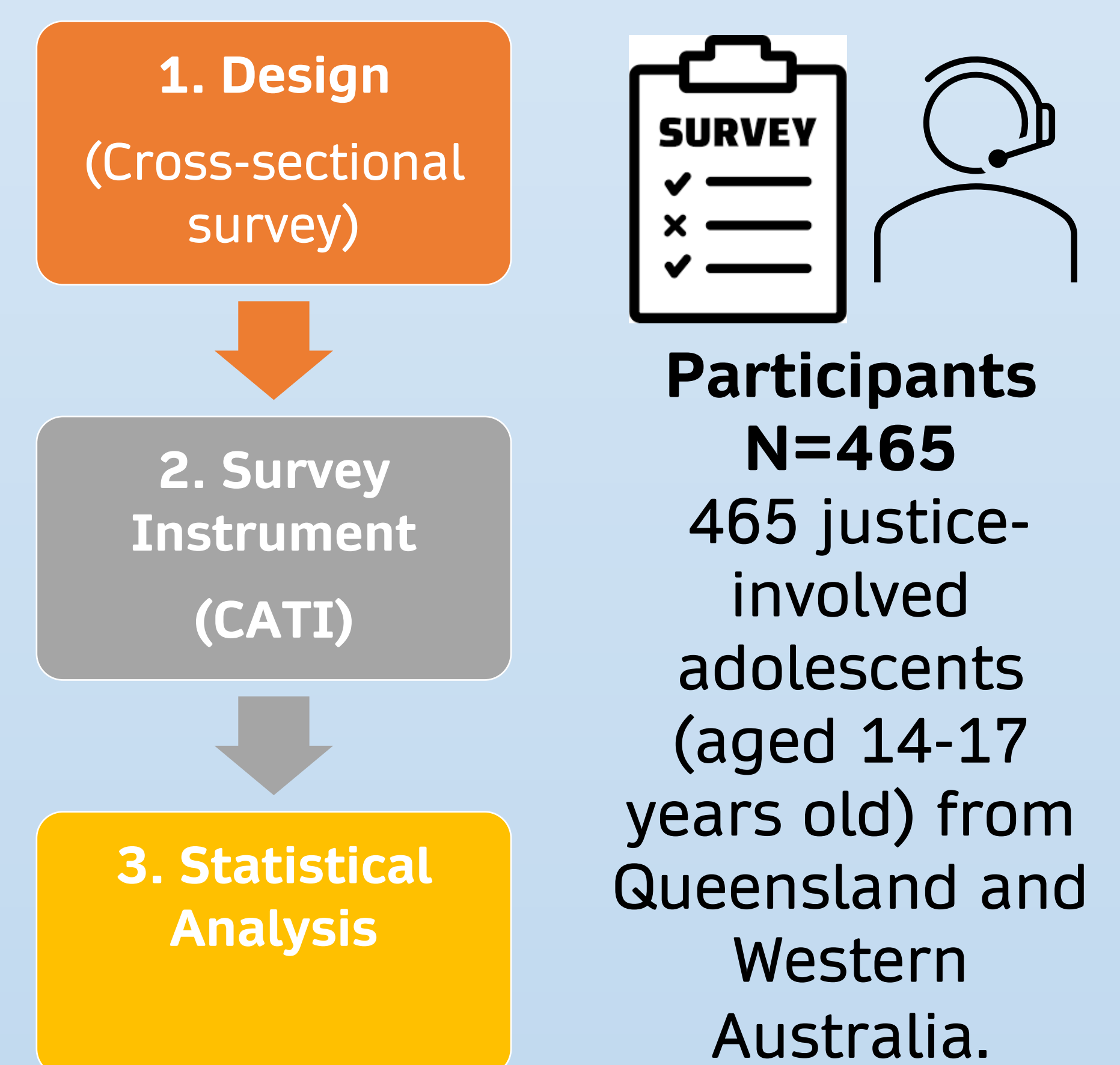
- To examine factors associated with not getting STI/HIV tested among adolescents who have come into contact with the Australian justice system.
- To examine if these factors are different between Aboriginal and non-Aboriginal justice-involved adolescents.
- To examine factors associated with an STI diagnosis among adolescents who have come into contact with the Australian justice system.

METHODS

Design: A cross-sectional survey using a non-random sampling strategy. Survey took place between June 2016 and August 2018.

Survey instrument: Computer Assisted Telephone Interview (CATI). Information collected on socio-demographics, history of contact with the justice system, mental, sexual and reproductive health, and alcohol, drug use and tobacco smoking.

Statistical analysis: Chi-square, Fisher's exact test, and logistic regression models presented with the adjusted odds ratios, 95% confidence interval and corresponding p values.



FINDINGS

Sample characteristics:

63%	Males
16	Median age
77.5%	Live in a city or major regional area
28%	Been in juvenile detention
91%	Heterosexual
76%	Ever had sex

For those who have had sex:

41%	Had sex for the first time before age 14
47%	Had three or more sexual partners in the last 12 months
42%	Used condoms all of the time in the last 12 months
6.5%	Ever had sex for drugs or money
38%	Ever had an STI/HIV test
18%	Ever diagnosed with an STI
0%	Ever diagnosed with HIV

Factors significantly associated with past STI diagnosis: non-heterosexual sexual orientation, having had sex for money or drugs, and having sought sexual health information online.

Factors significantly associated with never tested for STI/HIV:

1. For Aboriginal participants: identifying as male and having had under three sexual partners in the last 12 months.
2. For non-Aboriginal participants: identifying as male, single, attending school, not having sought sexual health information, and having a lower STI/HIV knowledge score.

KEY MESSAGES

1. Need to increase STI/HIV testing rates particularly for Aboriginal or non-Aboriginal males.
2. Need for better STI/HIV knowledge; this population should be engaged in sexual health education at first contact with the justice system.
3. Sexual health services to work collaboratively across government sectors and with the Aboriginal community-controlled sector to provide appropriate education, testing and support.

References:

- ¹ Australian Government Department of Health. Fourth national sexually transmissible infections strategy 2018-2022. Canberra: Australian Government Department of Health; 2018.
- ² Australian Government Department of Health. Eighth national HIV strategy 2018-2022. Canberra: Australian Government Department of Health; 2018.
- ³ Australian Institute of Health and Welfare. Youth detention population in Australia 2021. Cat. no. JUV 136. Canberra: AIHW; 2021.
- ⁴ The Kirby Institute. HIV, viral hepatitis and sexually transmissible infections in Australia: annual surveillance report 2021. Sydney: Kirby Institute, UNSW Sydney; 2021.

Ethical approval: University of New South Wales Sydney Human Research Ethics Committee (HC13308), the Western Australia Aboriginal Health Ethics Committee (WAAHEC 625), and Curtin University (HRE0133). Permission was also granted in Western Australia by the North Metropolitan Health Service Mental Health Research Ethics Committee (22_2016), the North Metropolitan and East Metropolitan Health Services' Research Governance, and the Department of the Justice Research Application Advisory Committee (ref 2016/02161).

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