

NSW Aboriginal Sexual and Reproductive Health Program

To improve sexual and reproductive health outcomes of Aboriginal young people in NSW.



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Aboriginal Health & Medical Research Council
of New South Wales

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The AH&MRC

- ❑ Is the peak representative body and voice of Aboriginal communities on health in NSW.
- ❑ Represent our Members, who are the NSW Aboriginal Community Controlled Health Services (ACCHS)



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SRH Worker MSC Story

At the beginning of the four hour program, the body language of the participants was very stiff and uncomfortable. One of the mother and daughter pairs were at first very 'shame' and were not happy about participating in the role plays. But as the program went on, the relaxed/comfortable environment helped the participants really open up and participate in the sessions.

According to the post session evaluations from the Program there has been an increase in the parents/carers discussions about SRH with their children.



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Program Background

- ❑ Funded by MOH & Implemented 2010-2014
- ❑ Targeted Group: Aboriginal young people 12-19 years.
- ❑ Strong emphasis on front-line, locally-based positions directly delivering activities
- ❑ Involved:
 - ❑ 6 > 7 NSW ACCHSs
 - ❑ 1 LHD
 - ❑ AH&MRC
 - ❑ Family Planning NSW
 - ❑ The Kirby Institute
- ❑ Was culturally appropriate, flexible, holistic and suitable for the local communities



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Program Aims and Objectives

- ❑ Aim: > access for Aboriginal adolescents to sexual and reproductive health programs and services
- ❑ Objectives:
 - Increase SRH literacy
 - Decrease unintended pregnancies
 - Increase access to/and use of contraception
 - Decrease STIs.



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SRH Worker MSC Story

A 16 year old who attended the youth group was a drug user. He was withdrawn and touchy when I first started talking about BBVs and syringes.

After the second gathering he came and talked to me. He didn't know anything about BBVs before the groups, and said after learning about it, he wanted to get tested. I organised a health check for him through my service, and it was discovered that he had Hepatitis C. I referred him to the Local Health District for treatment. The boy then talked about this experience with other friends who were also drug users and four other boys came to get tested who had not attended the youth group sessions – some of whom were also found to have Hepatitis C... Testing has helped prevent future medical issues for the boys involved. When I see the boy, we chat and he seems to be happy and grateful for the role my help had in getting him treatment.

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Program Activities

- 70+ main projects implemented
- 12,500+ Aboriginal young people reached through the program
- Range of local level programs implemented



Aboriginal Sexual Reproductive Health Workers

- role was to deliver innovative health promotion programs and activities that targeted 12-19 year old Aboriginal young people within their communities.
- have unique insights into and connections work working with Aboriginal communities.
- built capacity of ACCHSs and program / service delivery
- relationship building with key stake holders and local organisations



Aboriginal Sexual Reproductive Health Workers Continued...

- contributed to building skilled and qualified workforce
 - Certificate III or IV at the Aboriginal Health College
 - Family Planning SRH and Facilitating Groups
 - Other relevant training and professional development
- state wide role as well as local role
 - the Resource Advisory Committee.
 - promotion of program



SH Coordinator MSC Story

When the project started, I (along with the SRH coordination committee) observed a raw inexperienced workforce implementing a program that was set and structured with milestones, goals and outcomes in a highly stigmatised subject area to a marginalised population. We soon came to observe an enthusiastic and ambitious workforce eager to make changes within the community and to a greater degree improve their professional practice. There have been obvious Worker capacity improvements from ongoing training throughout the period of the project. As a result of the last four years we now see a program that has reached great height in the Aboriginal community around trust, rapport, confidentiality and family unity. And as individuals we see confidence oozing out of every worker that will have a lasting effect on their Aboriginal communities for generations to come.



Program Evaluation

- Conducted between 2012-2014
- Managed by the Aboriginal Torres Strait Islander Health Program at the Kirby Institute
- Governed by an Evaluation Reference Group
- Involved ACCHSs and partners
- Comprehensive
 - a survey of Aboriginal youth
 - clinical data from ACCHSs
 - site assessments
 - Stocktakes
 - Most Significant Change Stories



Preliminary Program Findings

- There are preliminary indications and anecdotal evidence from SRH Workers that the project has been achieving important outcomes including:
 - Increased SRH knowledge, health literacy & awareness
 - Increased Aboriginal young people accessing ACCHSs
 - Increased STI testing
 - Increased contraception use
 - Increased parent knowledge and confidence to discuss SRH topics



Preliminary Program Findings

- Increased information seeking from ACCHSs by Aboriginal young people
 - Increased ACCHSs capacity
 - Increased Aboriginal SRH data
 - Strengthened relationships with external organisations, LHDs, Sexual Health Services, Schools
- Overall that Aboriginal young people who participated in ACCHS SRH activities were better equipped to make informed choices about their own SRH



SRH Worker MSC Story



I had a young Aboriginal girl and her mum come to see me after she seen the doctor. She needed education on STIs as she was just diagnosed with two of them. She also needed education and advice on contraception. I gave them the information they needed and after I finished the mum thanked me and said I explained it in simpler terms than the doctor and they both understood what I told them.

Now I go out to the community once every three months to take the young girl for her contraceptive injection. I also pay for the injection out of my own pocket because the girl and her family are not able to afford it – a mere \$24 a year is helping prevent an unplanned pregnancy.

Her mum has told other community members that I'm her kid's nurse which makes me proud of what I do. But I always tell her I'm not a nurse I'm a Health Worker. I have also provided support to the girl's brother bringing him to the clinic now and then. I noticed he had tattoos and when I spoke to him about them he said that he got them at home. When I heard that, I encouraged him to get tested for BBVs - he listened and got tested within a week.

If my position was not funded, the girl could fall pregnant and boys like the brother will not be prompted to get BBV or STI tests when needed.

Round Up



□ Thank You!

□ For further information please contact:

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