



SIREN

WA Sexual Health and Blood-borne Virus
Applied Research and Evaluation Network

Rapid Literature Review for SHABBV Consumer Evaluation Advisory Group

The purpose of the review was to identify evidence related to:

1. Consumer evaluation of current SHABBV services in Western Australia (either NGO or government/hospital)
2. Consumer insights as to why they do not access SHABBV services.

SEARCH STRATEGY

Inclusion criteria: Australian study, sexual health or blood borne virus (SHBBV) access/experience to/with services, 2007-2020, peer-reviewed articles and grey literature.

Exclusions: nil

Search terms: please see Appendix 1

Databases searched: Medline, Web of Science, Google Scholar

Number of articles retrieved: please see Appendix 1

Thirty studies met the inclusion criteria for the literature review.

However due to a dearth of resources, four international scoping reviews were also included. These are high level systematic review studies about western or high-income countries that include Australia. We did not search extensively for these, and as a result, not all of them are included here.

Table 1: Characteristics of all studies

	Characteristic	Number of studies
Location	Western Australia	7
	Victoria	1
	Queensland	1
	New South Wales	1
	Northern Territory	3
	Tasmania	2
	Australia-wide	11
	Global	4
Data collection type	Focus group discussions	3
	In depth Interviews	10
	Combination of focus group discussions and interviews.	1
	Survey/questionnaire	6
	Scoping or systematic review	8
	Mixed-method	3
Gender of participants	Male and female participants	18
	Female only participants	10
	Male only participants	3



	Characteristic	Number of studies
Specific participant focus (can be more than one)	Aboriginal and/or Torres Strait Islander people	6
	International Students	1
	People born overseas	14
	LGBTQI+	3
	Sex workers	1
	Young people	9
	Older people	2
	People with a disability	1
	Women (not specific to any previously mentioned focuses)	2

TRENDS IN STUDY DESIGN/FOCUS

Most studies explored experiences of and access to SHBBV services for people born overseas.

Mainly qualitative studies.

Of the 7 WA studies found, the focus was on the following participant groups:

- people born overseas (n=4)
- Aboriginal and/or Torres Strait Islander People (n=1)
- sex workers (n=1)
- young people (n=1)

No relevant studies found related to LGBTIQ+, older people or people with disabilities in WA. Research was mainly done by academics at universities. Peer reviewed articles only.

TRENDS IN FINDINGS

For populations that we were able to source multiple relevant articles, some trends in why consumers in this group don't access SHBBV services were evident.

Table 2: Reasons consumers do not access SHBBV services - main findings by population group

Population	Trends in findings
Aboriginal and/or Torres Strait Islander people	Individual, social and health service level barriers: <ul style="list-style-type: none"> - gender and kinship systems are significant cultural barriers to sexual health - unaffordability of services and treatments - culturally inappropriate or otherwise 'neutral' services - lack of services in more remote communities - community members' lack of knowledge around use and availability of health services



Population	Trends in findings
Participants with a CaLD background	<ul style="list-style-type: none"> - fear of disclosure and discrimination/stigma - shame or fear of what family and friends might think/ cultural and religious influences - fear of being judged by the treatment provider, trust or mistrust in healthcare system, confidentiality concerns - stigma and discrimination - fear of hospitalization - logistical difficulties (navigating healthcare system, language barriers, cost)
LGBTQI+	<p>A more thorough review of literature is needed. This is a diverse population. Some general barriers:</p> <ul style="list-style-type: none"> - a lack of LGBTI-inclusive service providers and professionals - a perceived lack of professionals adequately trained and competent to work with LGBTI individuals
Sex workers	<p>Only looked for WA studies. More studies can be found globally with search terms such as “stigma” and “discrimination” which are known to be barriers to healthcare access.</p>
Young people	<p>Young people are not a homogeneous group, and it is widely recognised that diverse cultural, religious and social contexts and beliefs influence their health and the ways they access and use health information.</p> <p>However, some common themes include:</p> <ul style="list-style-type: none"> - many young people will not use a sexual or reproductive health clinic if they feel well, or do not believe they are ‘at risk’ - unfamiliarity with the health system - confidentiality - Structural factors such as transport, cost and service operating hours
People with a disability	<p>More studies can be found with search terms such as “stigma” and “discrimination” which are known to be barriers to sexual healthcare access for this population.</p>

What are common findings between all population groups?

For all articles, the most common reasons people may not access sexual health and blood borne viruses were:

- Difficulty navigating health care system
- Affordability
- Stigma
- Desire for confidentiality



SIREN

WA Sexual Health and Blood-borne Virus
Applied Research and Evaluation Network

What do we still want to know?

To understand why people do not access SHBBV services, and what consumers' experiences of SHBBV services have been, first it has to be understood that there is no simple answer, or 'one size fits all' way to improve access.

As this brief literature scan has shown, barriers to accessing services can vary between populations, and even within populations.

It should also be noted that recommendations/interventions for improving access for consumers to SHBBV services were not explored in this review.

More specific research questions and associated search terms e.g. by population group, by reason for not accessing, by specific location (rural/remote), and searching additional databases may yield more studies. This piece of work would entail a suite of scoping reviews and would need to be resourced adequately.

Other context:

Sexual health clinics are attracting higher populations of priority populations [SOURCE: Hammad, Donovan, Fairly, Ryder et al. *Sex Health* 2013 Nov;10(5):456-9. DOI: [10.1071/SH13066](https://doi.org/10.1071/SH13066)]

From 2008-2017, late diagnosis of HIV accounted for 31.8% of HIV diagnoses. (SOURCE: Kirby Institute). Late diagnoses of HIV can reflect people not accessing SHBBV services. If they did attend these services regularly, it is likely they would have been tested for HIV earlier on in their disease. A significant proportion of Australia's late HIV diagnoses occur through heterosexual sex. In 2017, of the 238 people reporting heterosexual sex as their exposure risk to HIV, 48% were late diagnoses, this compares with 31% among men reporting male-to-male sex as their exposure risk. Late diagnoses are higher in people born overseas and highest in those born in Sub-Saharan Africa, South East Asia, and Central America (SOURCE: AFAO Research Brief 01: Late HIV Diagnosis).

APPENDIX 1: SEARCH TERMS USED

Concept 1 AND Concept 2 AND Concept 3

Concept 1: seven different concepts, each searched with Concept 2 AND Concept 3

Concept 2 and 3 alone: 5,482 articles

Concept 2 alone: 430,787 articles



	CONCEPT 1	CONCEPT 2	CONCEPT 3
Key Terms	“Ethnic group*” OR “Culturally and Linguistically Diverse” OR “Non-English speaking” OR “Ethnic minority*” OR “Transient*” OR “migra*” OR “Immigra*” OR “International student*” OR “Migrant worker*” OR “Labour migra*” OR “Minority group*” OR “Asylum seeker” OR “Displaced people”	family planning* OR sexual and reproductive health OR sexual health OR Reproductive health OR	Western Australia OR Australia
	lesbian OR gay OR homosexual OR bisexual OR queer OR intersex OR sexual and gender minorities	Contraceptive OR Sexually transmitted infection OR	
	Young people OR Adolescen* OR Teen	Sexually transmitted disease OR Blood borne viruses OR	
	Sex workers OR Prostitution OR sex work	“Sexual behavio*” OR “Sexual risk behavio*” OR	
	“Aboriginal and Torres Strait Islander Peoples” OR “Aboriginal or Torres Strait Islander Peoples” OR Indigenous OR Aborigin* OR aborigin* adj3 australia* OR torres strait islander* OR indigenous adj3 australia*	“Sexual practice*” OR “HIV infection*” OR	
	People with a disability OR Disabled Persons OR Disabled OR Disability	“Sexually transmitted disease*” OR “Genital disease*” OR “Sexually transmitted infection*” OR	
	Older people OR Older adults OR Elder*	“Unsafe sex” OR STI OR STD OR HIV	