UNSW Centre for Social Research in Health

2024 ARTB

Chair: Dr Lise Lafferty

https://doi.org/10.26190/unsworks/30380

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Hepatitis B section:

Stigma and discrimination- CALD community knowledge & attitudes

A/Professor Loren Brener

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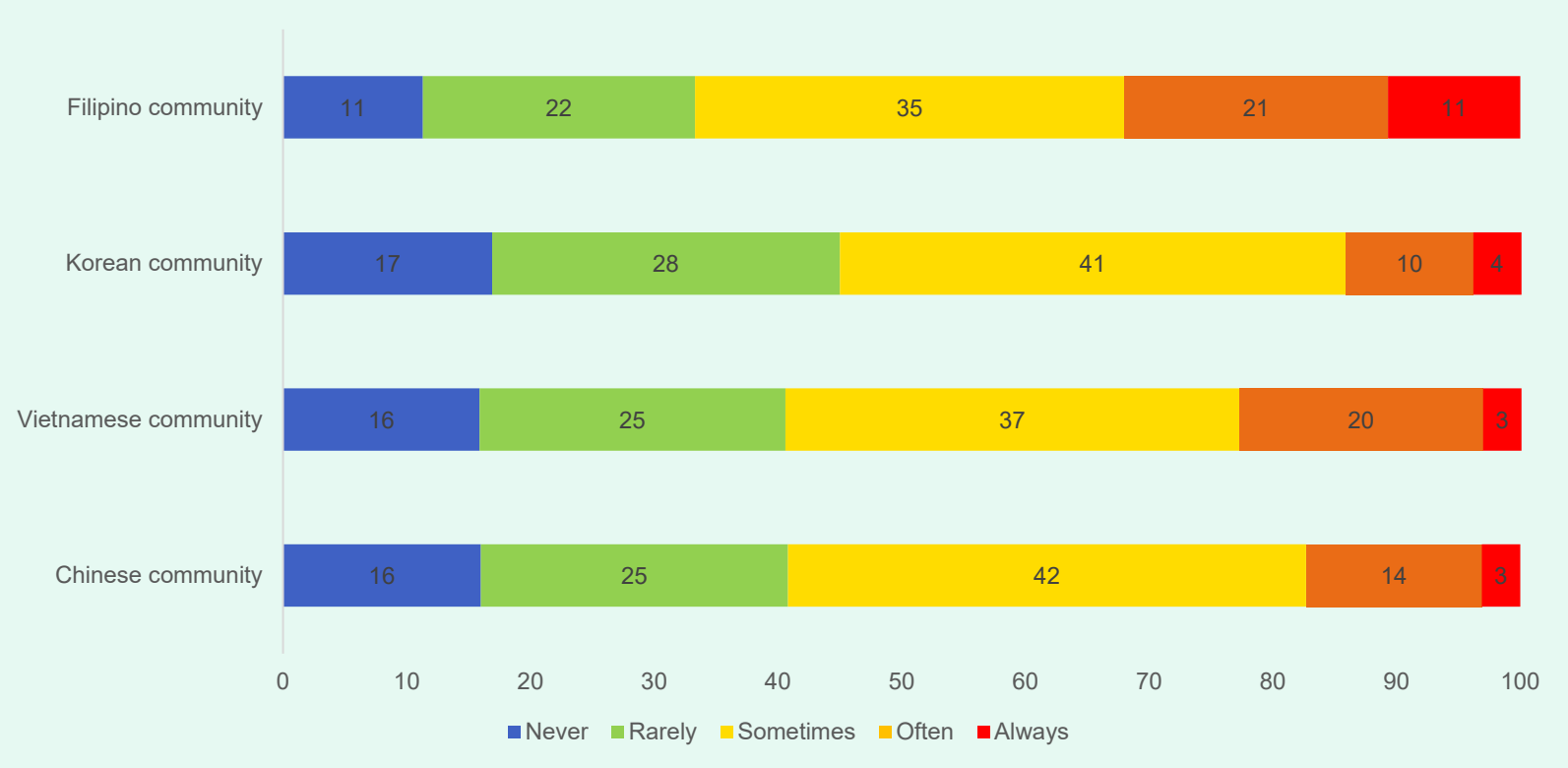
	Chinese sample (N=997)	Vietnamese sample (N=966)	Korean sample (N=599)	Filipino sample (N=579)
Age Mean (SD), Range	43.68 (14.73), 18-84	36.44 (13.21), 18-90	47.42 (16.06), 18-94	36.08 (10.66), 18-80
Gender				
Male	424 (43.8)	397 (41.5)	159 (26.9)	329 (57.9)
Female	541 (55.9)	544 (56.9)	428 (72.3)	228 (40.1)
Non-binary/different term/Prefer not to answer	3 (0.3)	15 (1.6)	5 (0.9)	11 (2.0)
Country of birth				
Australia	108 (10.9)	218 (22.6)	7 (1.2)	300 (51.9)
Outside Australia	883 (89.1)	746 (77.4)	592 (98.8)	278 (48.1)
Sexuality				
Heterosexual	818 (87.2)	835 (88.5)	515 (91.8)	551 (95.3)
Gay/Lesbian/Queer	24 (2.5)	49 (5.2)	10 (1.9)	4 (0.7)
Bisexual/pansexual	10 (1.1)	21 (2.2)	2 (0.4)	1 (0.2)
Different term/ Prefer not to answer	86 (9.2)	39 (4.1)	34 (6.1)	21 (3.6)

Stigma

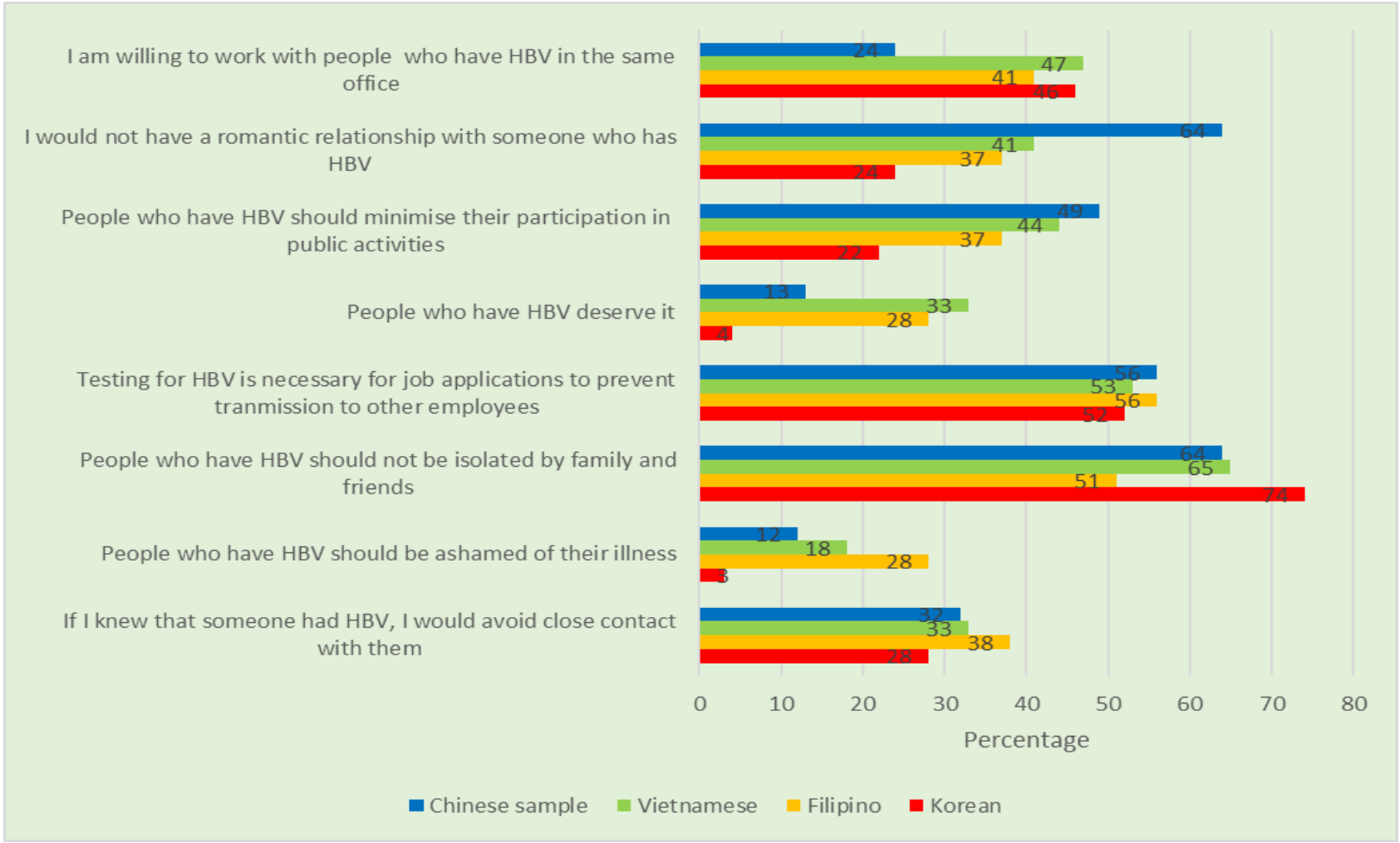
Participants were asked whether they think they would experience stigma or discrimination if they had hepatitis B



These results are only among participants who reported that they did not have hepatitis B.

Attitudes towards HBV

Participants who agree/strongly agree



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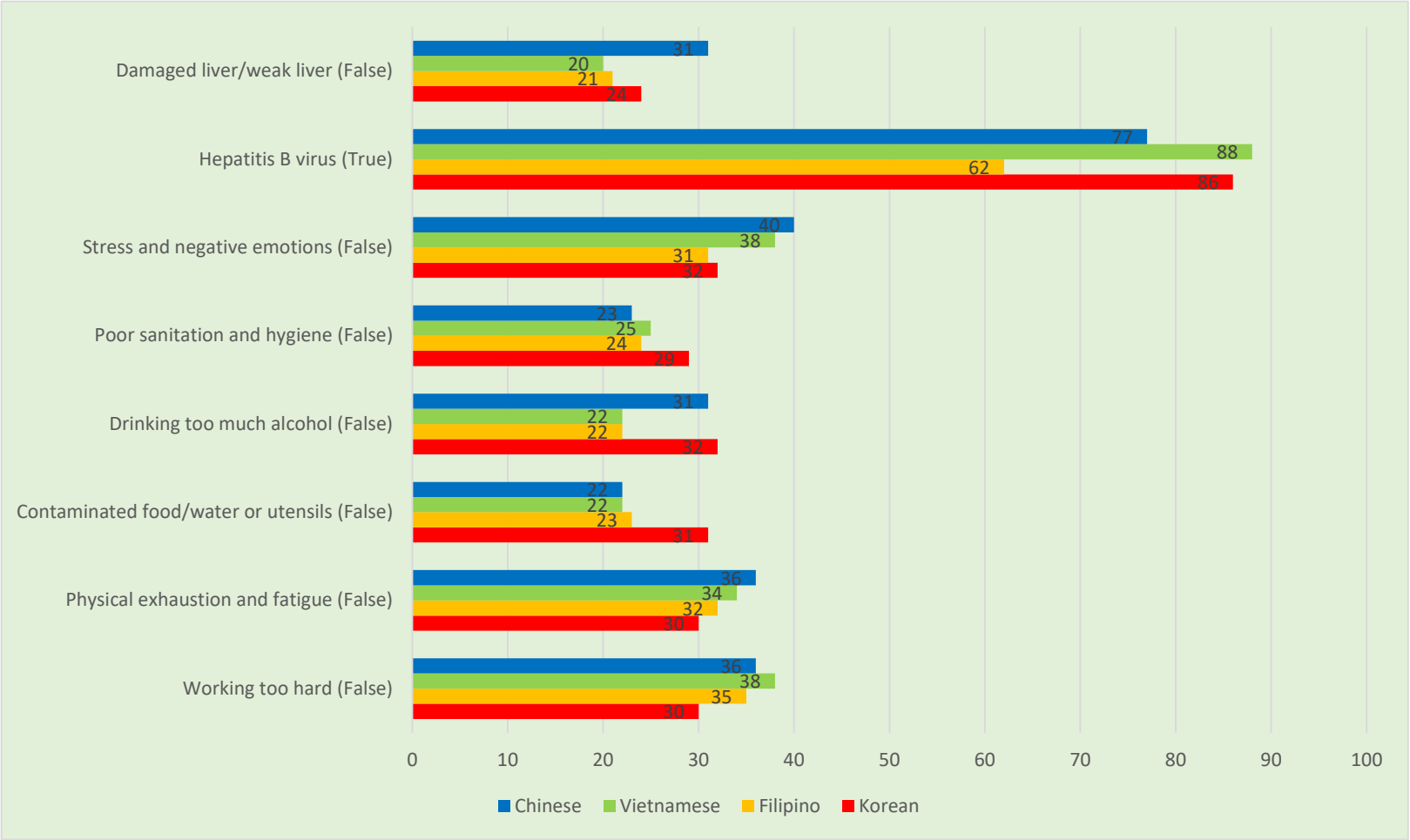
Knowledge about the causes of HBV–

Participants who agree/strongly agree



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Conclusion

- Migrant communities hold some concerning attitudes towards HBV eg, over half of all the samples felt that screening/testing for hepatitis B is necessary for job applications because it is helpful for preventing transmission to other employees.

- While the majority of all samples felt that people who have hepatitis B should not be isolated by family and friends, approximately one third of all samples reported that if they knew that someone had hepatitis B, they would avoid close contact with them

- Of concern is the inconsistent, mixed knowledge about HBV among these communities especially around causes/transmission routes

- Findings highlight the importance of understanding the differences among these migrant communities so we can target health promotion and stigma reduction interventions appropriately

- Because of elevated prevalence and burden of disease of hepatitis B among these four migrant populations, it is important to increase hepatitis B knowledge and raise awareness of the different routes of transmission

- Increased hepatitis B knowledge among these communities with higher rates of hepatitis B, can assist in increasing testing and engagement with care.

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Hepatitis C & Drug use section:

Dr Jake Rance

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- Alcohol & Other Drugs (AOD) + Harm Reduction
- Hepatitis C (HCV) Treatment, Elimination, and Cure
- HCV in the Prison Setting
- COVID-19 and AOD use

Contemporary Drug Problems
2023, Vol. 50(3) 361-380
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Lives Worth Grieving: Differential Coverage of Overdose Deaths in Australian News Media (2015–2020)

George Christopher Dertadian[1] and Jake Rance[2]

- "The differential distribution of public grieving is a political issue of enormous significance" (Judith Butler, *Frames of War*)
- Analysis of 'grievability' focused on the operations of power within mainstream newspaper coverage of drug-related overdose deaths

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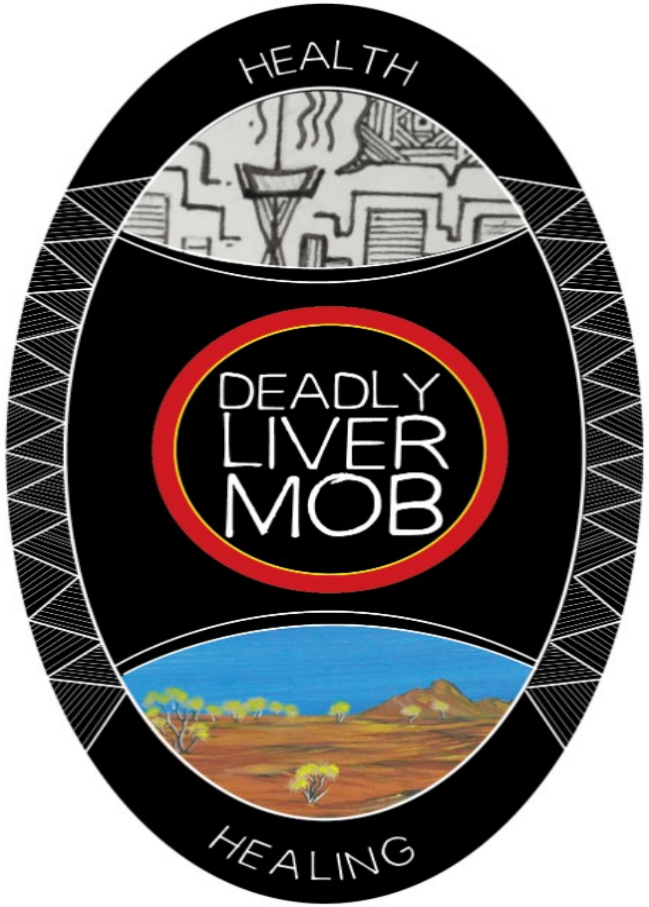
Deadly Liver Mob



- A health promotion program by & for Australian First Nations peoples focusing on blood-borne viruses + sexually transmitted infections
- Series of papers reported on different aspects of the CSRH evaluation of the program
- The process of constructing a culturally appropriate evaluation framework
- Importance of a strengths-based approach which foregrounds social relations & collective practices

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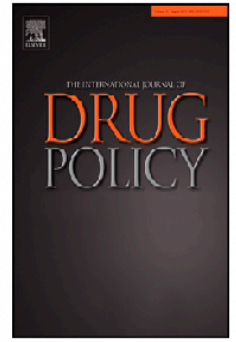
Contents lists available at ScienceDirect

International Journal of Drug Policy

journal homepage: www.elsevier.com/locate/drugpo



Research Paper

Trust and service engagement among people who inject drugs after release from prison

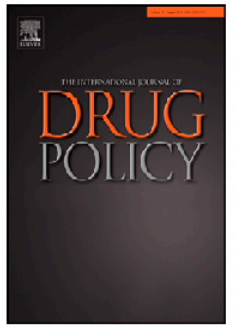
L. Lafferty[a,b,*], S. Schroeder[c,d], A.D. Marshall[a,b], K. Drysdale[a], P. Higgs[c,e], M. Stoové[c,d], E. Baldry[f], P. Dietze[c,d,g], C. Treloar[a]

- Qualitative interviews with participants regarding post-release service engagement
- Analysis conducted via a framework of 'trust' found consistently negative experiences with trusting relationships rarely described

Contents lists available at ScienceDirect

International Journal of Drug Policy

journal homepage: www.elsevier.com/locate/drugpo



Research Paper

"You'll come in and dose even in a global pandemic": A qualitative study of adaptive opioid agonist treatment provision during the COVID-19 pandemic

Anna Conway[a,b,*], Carla Treloar[b], Sione Crawford[c], Louisa Degenhardt[d], Gregory J Dore[a], Michael Farrell[d], Jeremy Hayllar[e], Jason Grebely[a], Alison D. Marshall[a,b]

- Examined the provision of opioid agonist treatment (OAT) during the pandemic
- Persistent rigidity *versus* examples of flexible, enabling environments

HIV section:

Dr Timothy Broady

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GBQ+ Community Periodic Surveys

Main data source on sexual, drug use, testing and prevention practices

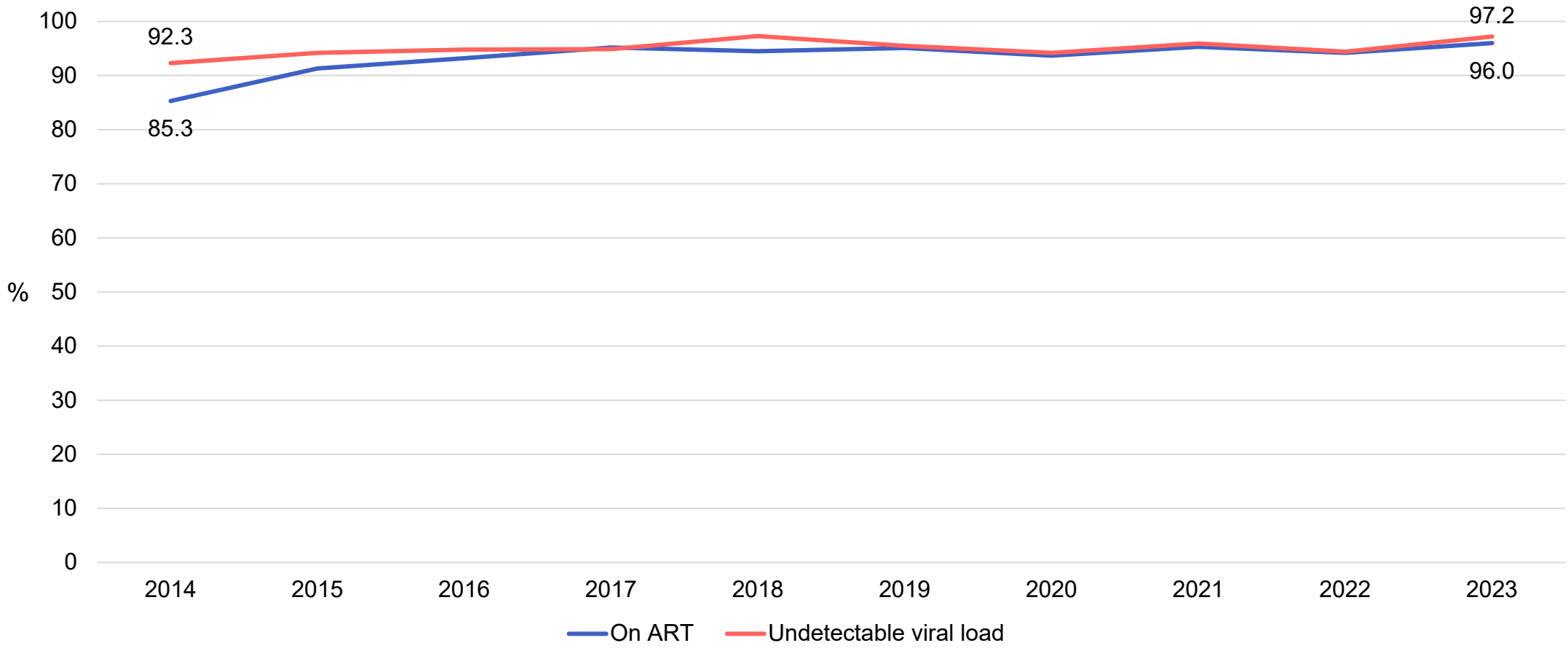
- Related to transmission of HIV and other STIs
- Gay, bi+, and queer (GBQ+) men and non-binary people who have sex with GBQ+ men

COVID-19 impacted participant recruitment between 2020-2022

- 2023 closer to pre-pandemic efforts

In 2023: Increased bi+, increased cultural diversity, older age, decreased % living with HIV

Participants living with HIV



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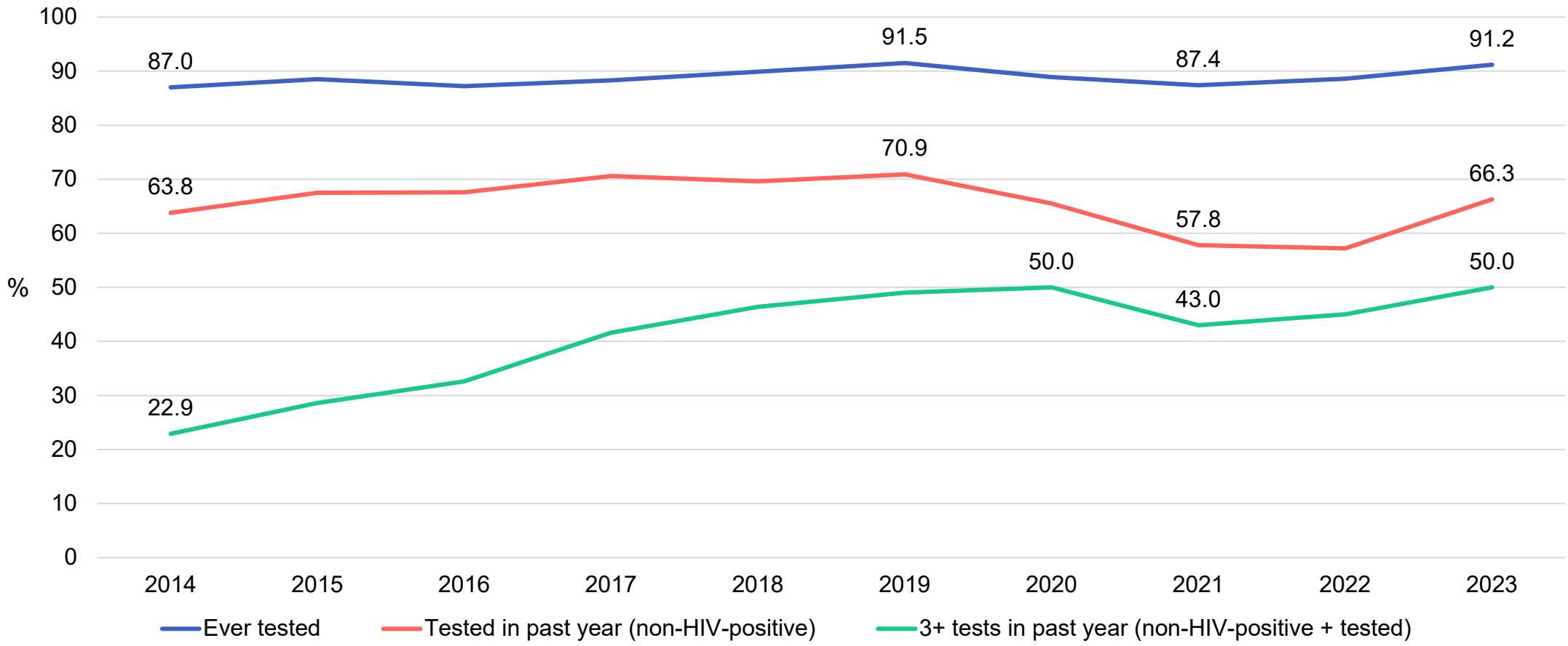
HIV testing



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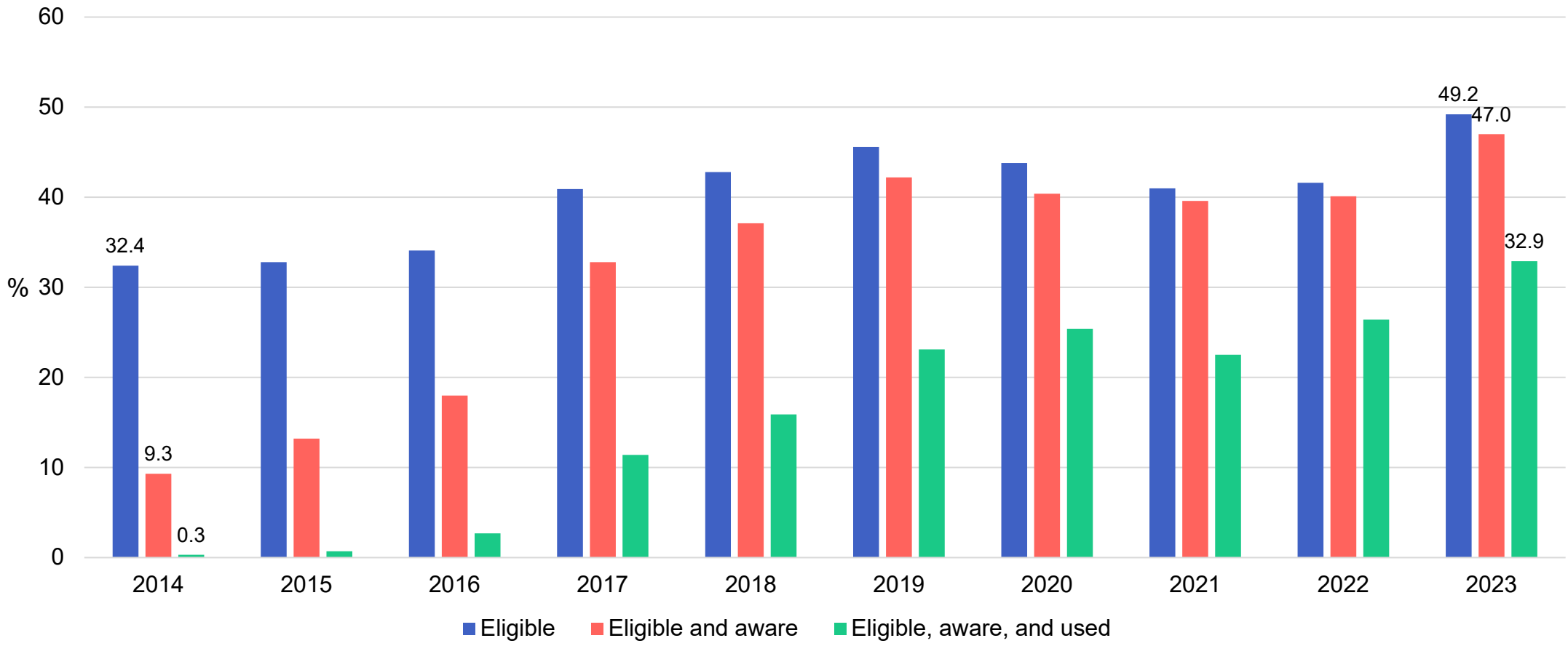
PrEP cascade



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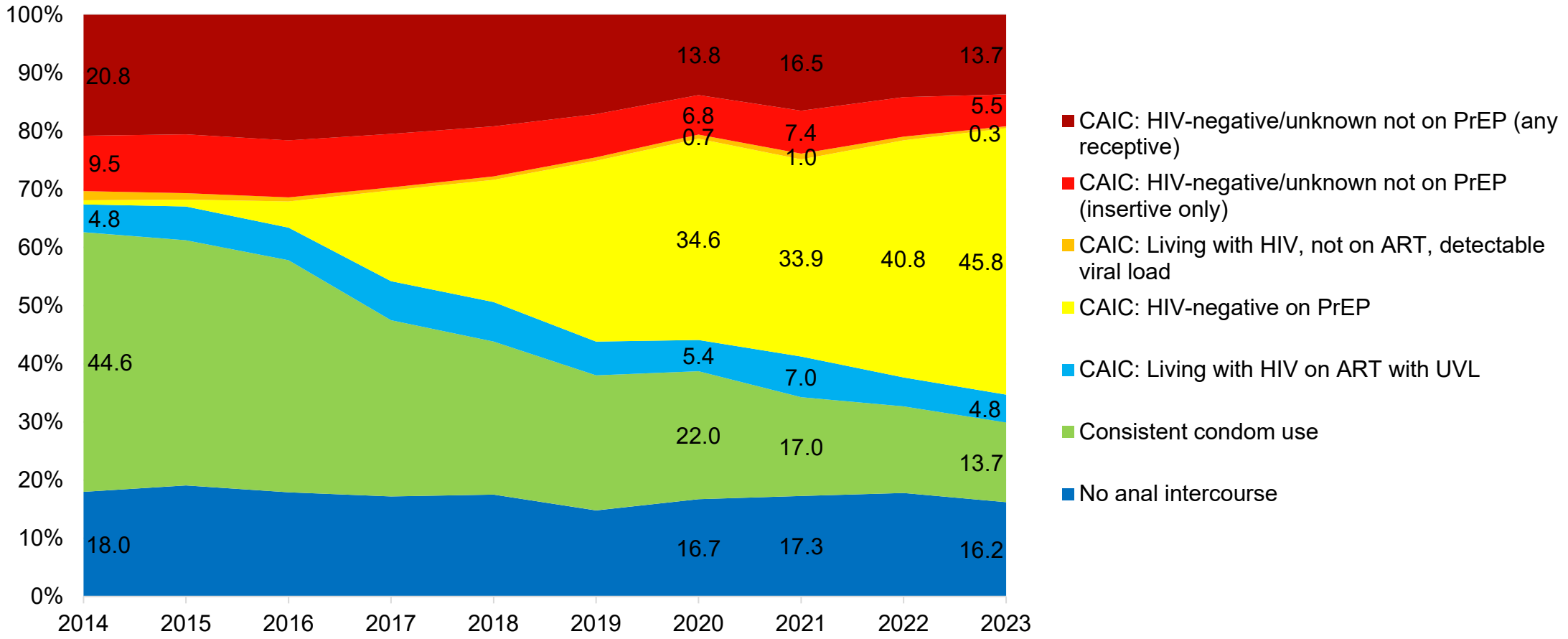
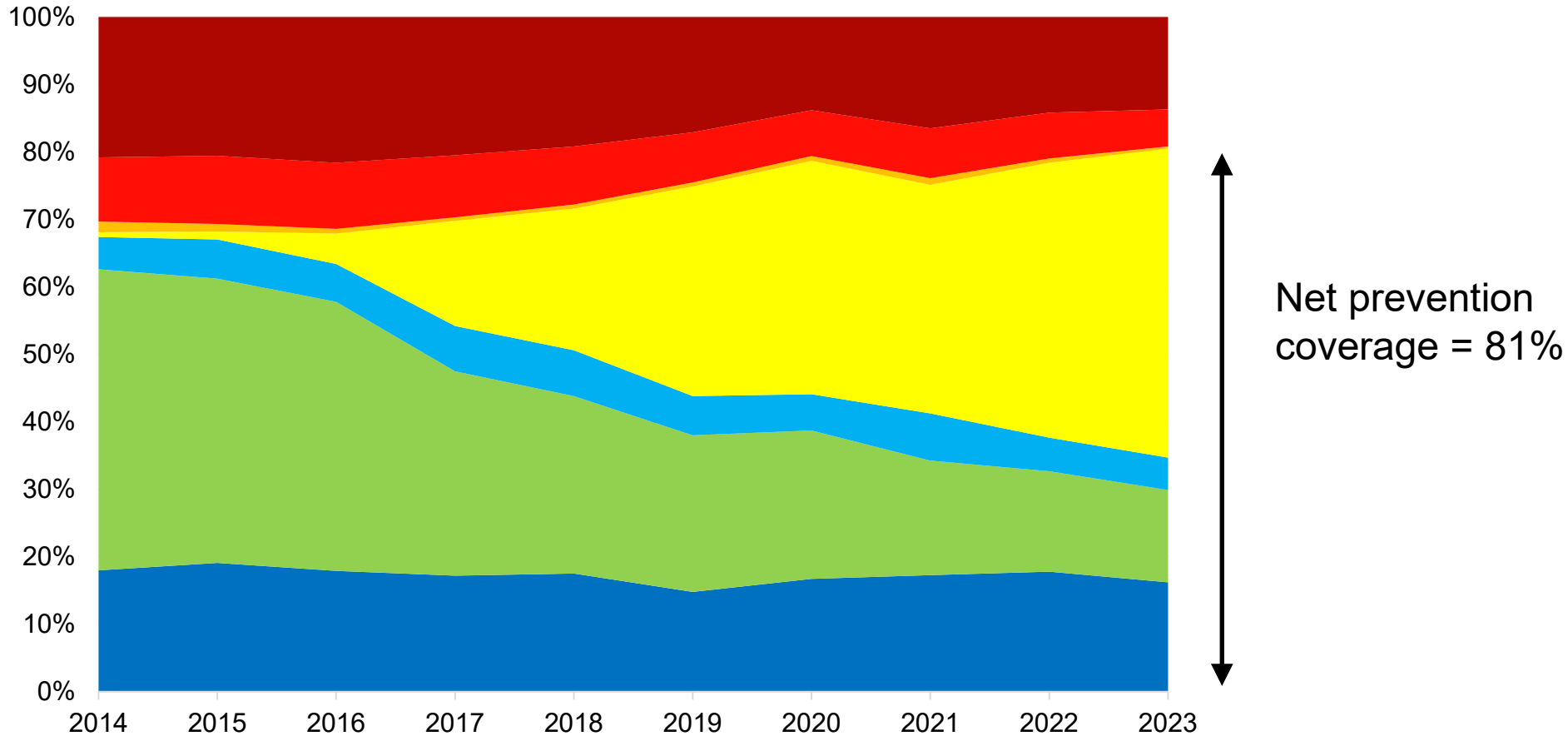
Net prevention coverage: Casual partners



Net prevention coverage: Casual partners



Summary

In 2023, return to pre-pandemic recruitment

- Reflected in testing, sexual behaviour, PrEP use

Continued high levels of HIV treatment and viral suppression

HIV prevention coverage with casual partners exceeded 80% for the first time

- % reporting casual sex with risk of HIV transmission continued to decrease

STI & Sexual health section:

Professor Limin Mao

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STI & Sexual health section:

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CSIRO PUBLISHING

RESEARCH PAPER
https://doi.org/10.1071/SH23047

SEXUAL HEALTH

Mpox (monkeypox) knowledge, concern, willingness to change behaviour, and seek vaccination: results of a national cross-sectional survey

James MacGibbon[A,*], Vincent J. Cornelisse[B,C], Anthony K. J. Smith[A], Timothy R. Broady[A], Mohamed A. Hammoud[B], Benjamin R. Bavinton[B], Dash Heath-Paynter[D], Matthew Vaughan[E], Edwina J. Wright[F,G,H] and Martin Holt[A]

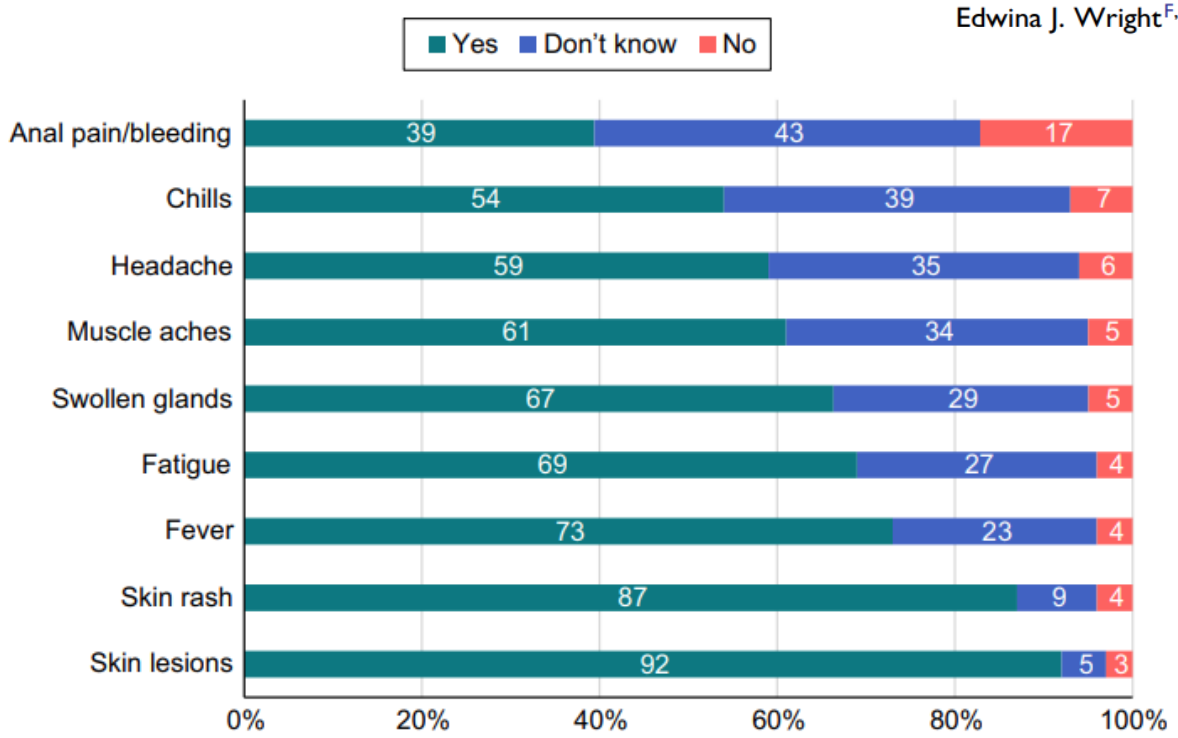

Fig. 1. Mpox symptom identification by 2268 participants who had not been diagnosed with mpox. All potential mpox symptoms were presented in random order. Three 'decoy' symptoms were included in the survey but are not reported here, e.g. 'loss of taste or smell'.

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CULTURE, HEALTH & SEXUALITY
2024, VOL. 26, NO. 7, 871–886
https://doi.org/10.1080/13691058.2023.2258948

Taylor & Francis
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OPEN ACCESS Check for updates

Yarning as a method for building sexual wellbeing among urban Aboriginal young people in Australia

Joanne Bryant[a*], Reuben Bolt[b], Kacey Martin[a], Mitchell Beadman[a], Michael Doyle[c], Carla Treloar[a], Stephen Bell[a], Dean Murphy[d], Christy Newman[a], Annette Browne[e], Peter Aggleton[a,f,g], Karen Beetson[h], Megan Brooks[h], Jessica Wilms[i], Bronwyn Leece[i], Linda Stanbury[i], Jessica Botfield[j], Ben Davis[j] and Simon Graham[k]

A lot of kids could confide in me because I was – I wasn't that typical like oh yeah goody two shoes. I was a loud mouth. Didn't like authority figures which is something I've worked along with. But um you know when I used to do programs at school and that they used to come up and ask me questions.

Conclusion

Findings from this study suggest that future programmes and interventions that draw directly on cultural practices of oral communication and yarning could be well-received and valued by Aboriginal young people, given this is a valued cultural method of pedagogy already used to manage sexual relationships, identities and wellbeing. Such approaches should acknowledge the important cultural role of yarning, as an opportunity to share and pass on sexual health knowledge, and be transformative in building strong identities as proud and self-determining.

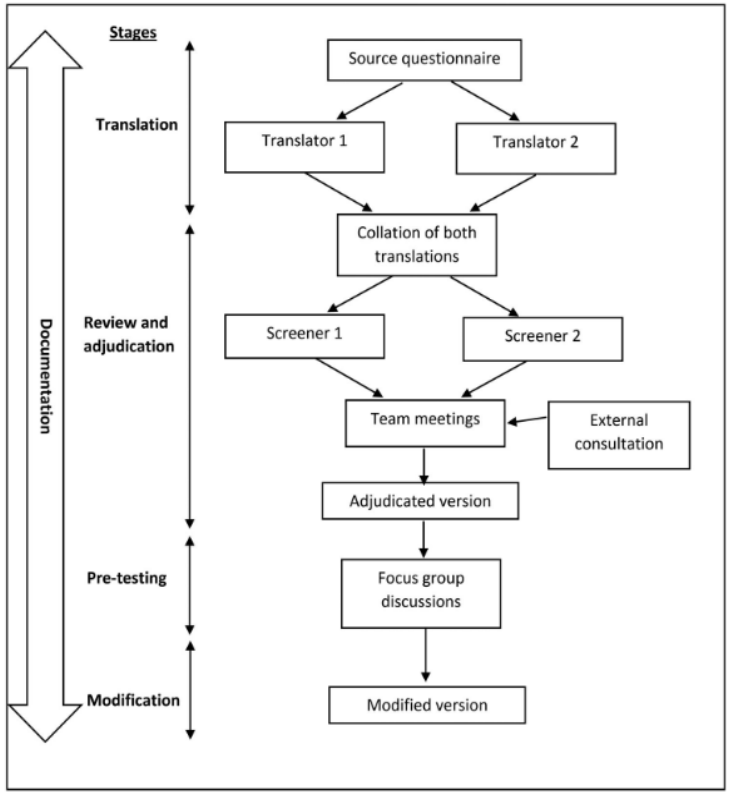

Figure 1. The translation process.

CULTURE, HEALTH & SEXUALITY
2023, VOL. 25, NO. 1, 1–17
https://doi.org/10.1080/13691058.2021.2016975

Taylor & Francis
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Check for updates

Is sex lost in translation? Linguistic and conceptual issues in the translation of sexual and reproductive health surveys

Horas T. H. Wong[a,b], Pan Wang[c], Yingli Sun[c], Christy E. Newman[b,d], Daniel Vujcich[e], Cathy Vaughan[f], Catherine C. O'Connor[a], Defeng Jin[b], Erin Ogilvie[a], Ye Zhang[a], Limin Mao[b] and Allison Carter[a,d,g]

Table 1. Common Chinese translations of the term 'sex' and their connotations.

Chinese language term	Literal translation	Connotation reported by focus group participants
性行为 *xìngxíngwéi*	Sexual behaviour(s)	A conceptually broad term which encapsulates any types of 'sex' (defined individually)
性关系 *xìngguānxì*	Sexual relationship(s)	Connoting the person whom you have sex with has some sort of relationship with you
性接触 *xìngjiēchù*	Sexual contact(s)	Sex that are considered somehow more 'superficial'
性交 *xìngjiāo*	Sexual intercourse	Sex involving penetration of a penis
做爱 *zuòài*	(to) make love	An informal and casual term for having sex (usually involves intercourse)

Drysdale, K. and Lupton, D. (2023) *Assessments of public health and community organisation responses to COVID-19 and other infectious diseases by LGBTIQA+ people and those living with blood-borne viruses*. Sydney: Vitalities Lab, UNSW Centre for Social Research in Health.

Accessibility and acceptability of public health initiatives

"I think it's a difficult situation, because it is a situation where I believe the majority would prefer not to be following [COVID protections]. And because it's the majority that don't feel like they are going to be as affected. But if you have people with disabilities or who have compromised immune systems, like they are the people and the families of those people who would want protections. … And I feel like the people in the majority who would not want to wear masks and stuff would feel like personally slighted against for having to follow health recommendations, which would actually, like, save the lives of people."

"Unequal exposure, unequal transmission, unequal susceptibility and unequal treatment"

Connection and support

"So one of the things I think that people learnt about [the AIDS response] is you have to temper the message. You can't sort of wag your finger and say 'No, you must not have sex.' Because that just sounds too preachy and people are just going to rebel against that – especially gay men who may have this history of being repressed and being, you know, ostracised. So it just needs to be more, 'What's in it for me, what's the win-win in doing this?'

BROWSE PUBLISH

PLOS DIGITAL HEALTH

OPEN ACCESS PEER-REVIEWED

RESEARCH ARTICLE

Knowledge of Australia's My Health Record and factors associated with opting out: Results from a national surv of the Australian general population and communities affected by HIV and sexually transmissible infections

Martin Holt, James MacGibbon, Anthony K. J. Smith, Timothy R. Broady, Mark D. M. Davis, Christy E. Newman

Author summary

My Health Record is Australia's national personal health record system. Concerns about data privacy, security, and misuse have affected engagement with the system. Members of communities affected by bloodborne viruses and sexually transmissible infections may have increased concerns about sharing personal health information due to stigma and discrimination. In 2020, we surveyed the Australian public and members of communities affected by HIV and sexually transmissible infections about their engagement with digital health systems like My Health Record. We found low levels of knowledge of My Health Record and over a quarter of the sample had opted out of the system. Those in more challenging circumstances (e.g. people who were unemployed, receiving government benefits, or who had poor self-reported health), knew less about My Health Record. Participants who had opted out of My Health Record were more likely to have a university degree, one or more health conditions, or to be a member of a community affected by HIV or sexually transmissible infections. These results are concerning, given that My Health Record is supposed to improve health care, particularly for people with chronic health conditions and members of marginalised communities. We recommend investment in community education to address concerns with the My Health Record system. Opting out or deleting one's record is understandable for people who perceive more risks than benefits from the system.

Stigma section:

Professor Carla Treloar

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Strategic purpose of stigma monitoring

Objectives within each Australian national strategies - addressing HIV, viral hepatitis, and sexually transmissible infections:

“eliminate the negative impact of stigma, discrimination, and legal and human rights issues on people’s health”.

Stigma Indicators Monitoring Project

Key populations – experienced

Men who have sex with men

Ppl living with HIV

Ppl who inject drugs

Ppl living with hepatitis C

Sex workers

Expressed stigma

Health workers

General public

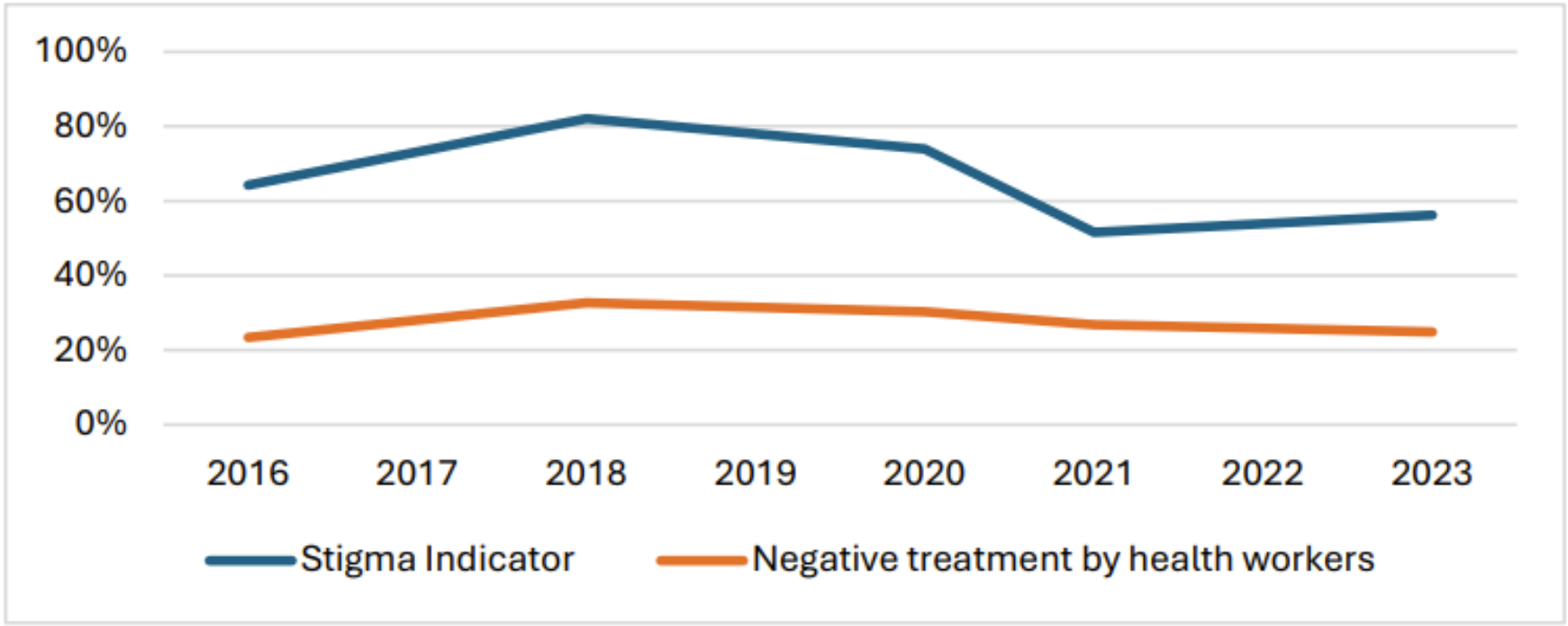
Key community groups re hep B

Young people re STIs

	2016	2017	2018	2019	2020	2021	2022	2023	2024
People living with HIV	N=181		N=847			N=707			TBC
Men who have sex with men	N=339		N=1,280		N=1,114	N=1,280		N=2,046	
People who inject drugs	N=124		N=592			N=607		N=612	
People living with hepatitis C	N=108		N=274			N=272		N=267	
Hepatitis B						Chinese Vietnamese	Korean Filipino		Middle Eastern African Living with
Sex workers					N=633		N=689		TBC
People with STIs			N=30					N=66	
Health care workers	N=353		N=550			N=907	N=1993		N=992
General public		N=1,001			N=2,010	N=2,251			N=1,905

2023 – Men who have sex with men

Stigma-Figure 1: Self-reported past-year experiences of stigma or discrimination and negative treatment by healthcare workers among men who have sex with men

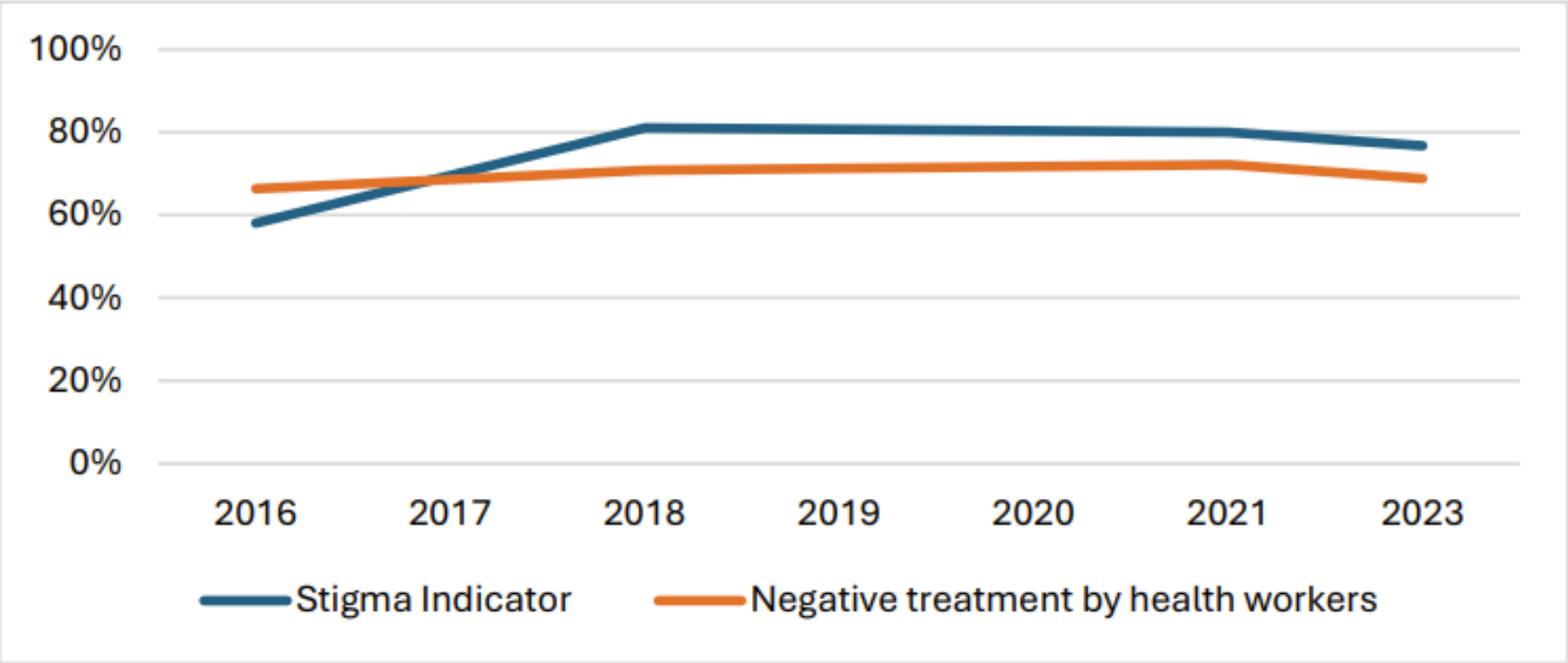


Source: Broady, T., MacGibbon, J., Brener, L., Cama, E., Holt, M., & Treloar, C. (2024). *Stigma snapshot: Men who have sex with men 2023*. Sydney: Centre for Social Research in Health, UNSW Sydney. https://doi.org/10.26190/unsworks/30074

CSRH UNSW Centre for Social Research in Health

2023 – People who inject drugs

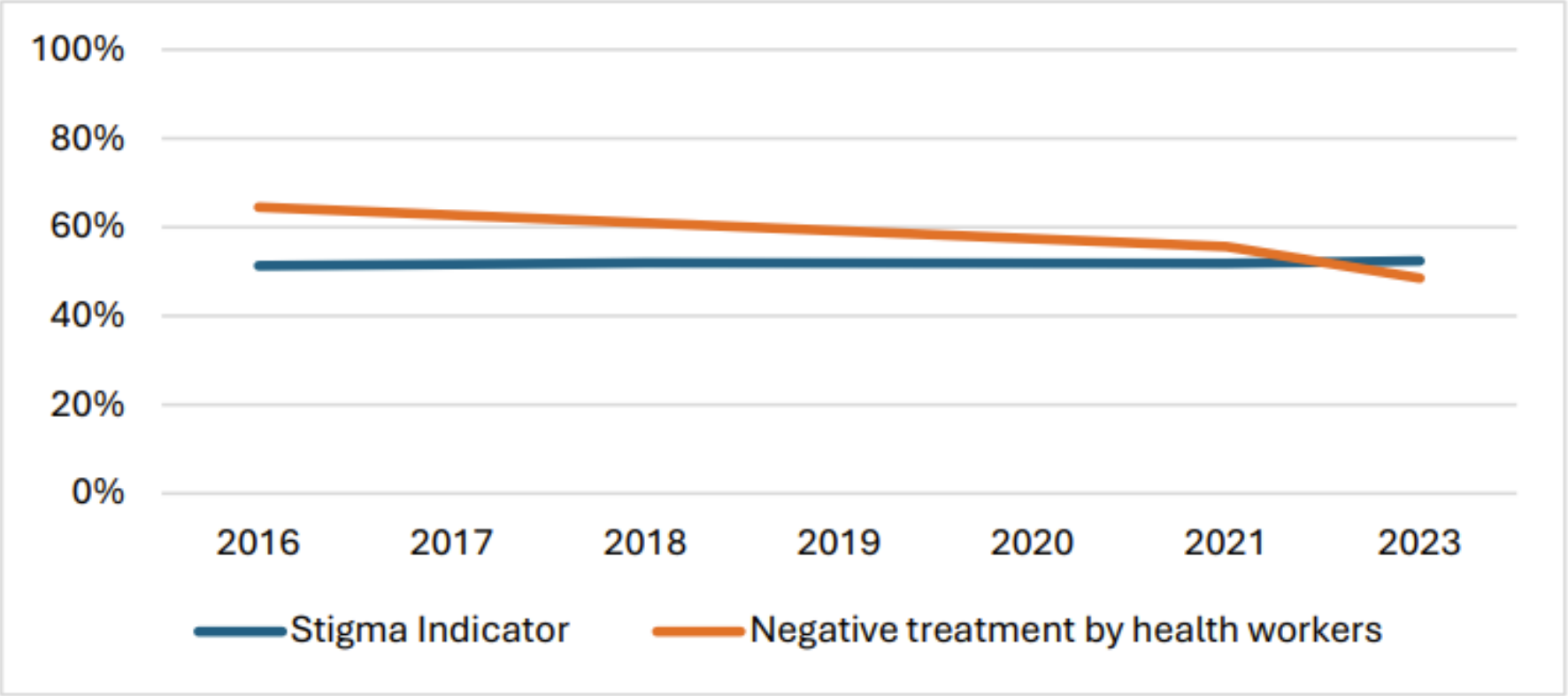
Stigma-Figure 2: Self-reported past-year experiences of stigma or discrimination and negative treatment by healthcare workers among people who inject drugs



Source: Broady, T., Brener, L., Cama, E., & Treloar, C. (2023a). *Stigma snapshot: People who inject drugs 2023.* Sydney: Centre for Social Research in Health, UNSW Sydney. http://doi.org/10.26190/cpyt-yz29

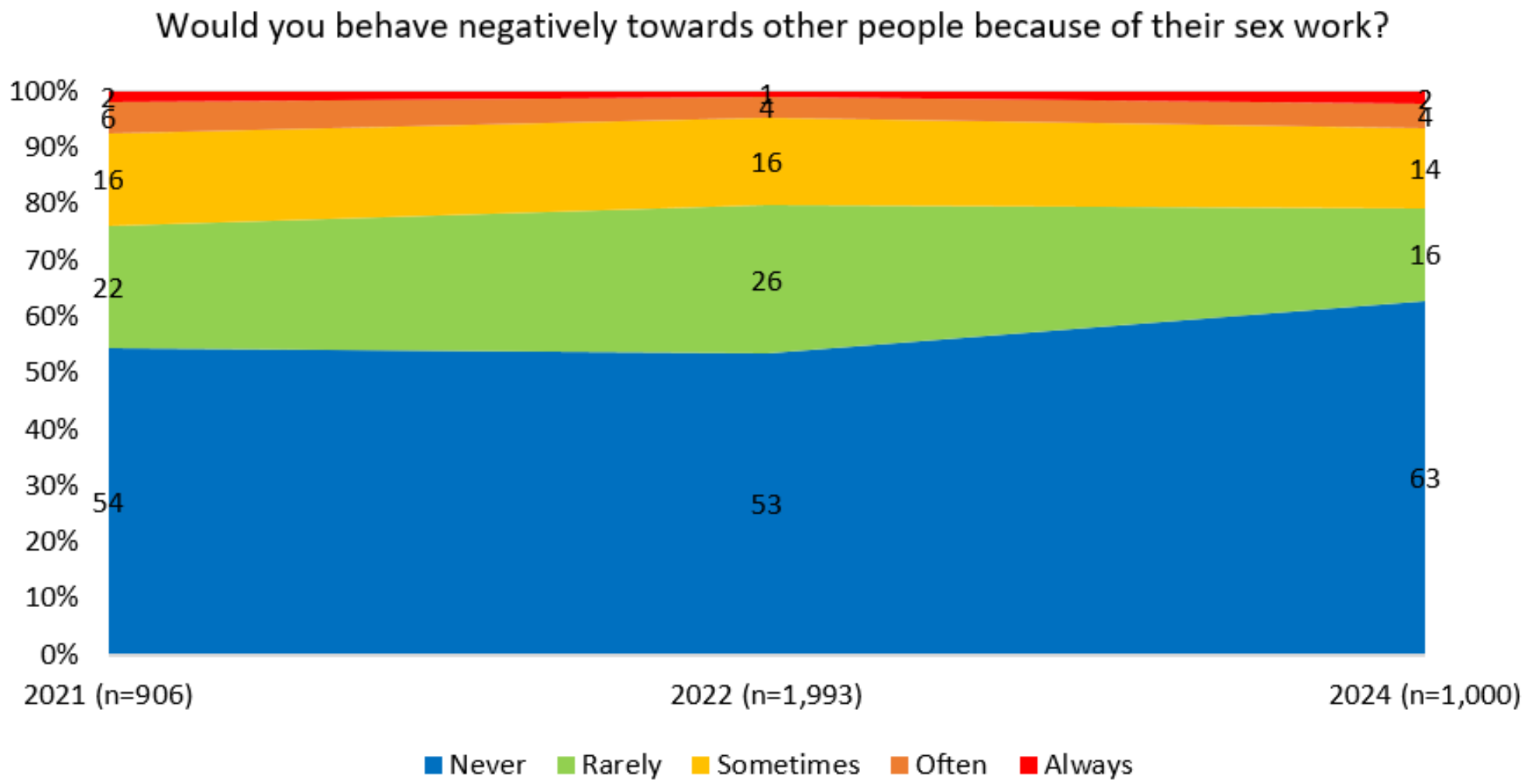
2023 – People living with hepatitis C

Stigma-Figure 3: Self-reported past-year experiences of stigma or discrimination and negative treatment by healthcare workers among people living with hepatitis C



Source: Broady, T., Brener, L., Cama, E., & Treloar, C. (2023b). *Stigma snapshot: People living with hepatitis C 2023.* Sydney: Centre for Social Research in Health, UNSW Sydney. http://doi.org/10.26190/svt5-dk21

Sneak preview – Health care workers, 2024



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Exploring other aspects of stigma

Interventions:

Broady et al: Reducing stigma towards people living with HIV and people who inject drugs using social norms theory: An online study with Australian health care workers.

Drug and Alcohol Dependence 2023.

Data justice:

Smith et al: Engaging stigmatised communities in Australia with digital health systems: Towards data justice in public health.

Sexuality Research and Social Policy 2023.