



Migrant Blood-borne Virus and Sexual Health Survey (MiBSS) Study

The problem

BBVs and STIs affect all groups of people living in Australia. However, we currently don't know much about the knowledge, attitudes, behaviours or practices of migrant populations living in Australia. This makes it difficult to know whether current policies and services are meeting their needs.

We're trying to change that, but we need help from the community, particularly members of the South-East Asian, North-East Asian and Sub-Saharan African communities, service providers, academics and policy makers and key decision makers.

The story so far

The Migrant Blood-borne Virus and Sexual Health Survey (MiBSS) study is a national project to assess the knowledge and practices of South-East Asian, North-East Asian and Sub-Saharan African migrants in relation to sexually transmissible infections (STIs) and blood-borne viruses (BBVs).

The project is funded by the Australian Research Council with contributions from state-based stakeholders. In Queensland, supplementary funding was received from the Queensland Health Sexual Health Research Fund Grant. Steering group members include representatives from Queensland University of Technology, the University of Southern Queensland, the Ethnic Communities Council of Queensland, Metro North Public Health Unit, Queensland Positive People and Curtin University (Perth).

In Queensland, 454 surveys were completed between September 2020 and April 2021 with the sample evenly distributed between regions of birth.

Preliminary analysis is concerning and reveals the following results:

There are high levels of familiarity with HIV, but lower awareness of chlamydia, gonorrhoea, hepatitis B and hepatitis C. Many respondents did not know:

- HIV is not included in all adult blood tests in Australia (54% did not know this);
- there are medicines that can be taken before sex to protect against HIV (PrEP) (84% did not know this);
- a person can have an STI without any symptoms (44% did not know this);

- a person with only one sexual partner can get an STI through sex (45% did not know this);
- there is no vaccine to prevent hepatitis C (65% did not know this);
- a cure is available for hepatitis C (72% did not know this); and
- the differences between hepatitis B and other types of hepatitis, despite having heard of hepatitis (77% did not know this)

Many respondents reported condom use at last sexual encounter was low (fewer than one-third of sexually active respondents), and just over one-third reported having been tested for an STI/BBV in the last two years.

There were some statistically significant differences in responses by region of birth, gender and age, emphasising the need for health promotion responses that reflect the diversity of the population.

What's next?

A report detailing the findings will be released mid-2021. We plan to share the report at the end of July in a series of workshops. These workshops will be an opportunity to discuss findings and develop policy and service-improvement recommendations.

We can't do this alone. To ensure our recommendations and follow up advocacy are relevant, we're inviting members of the South-East Asian, North-East Asian and Sub-Saharan African communities, service providers, academics, policy makers and key decision makers to join us and provide insights and stories of your experiences.

How can I help?

We are seeking stakeholder input on policy development and service improvement recommendations, in relation to the recent [Migrant Blood-borne Virus and Sexual Health Survey \(MiBSS\) Study](#). To register your interest or find out more, send an email to [Dr Joanne Durham](#) and include "MiBSS" in the subject line, or fill out this [short online form today](#), and we'll get back to you with more details about how you can be a part of this important work.

For more information about the survey visit: <https://www.aushsi.org.au/mibss/>