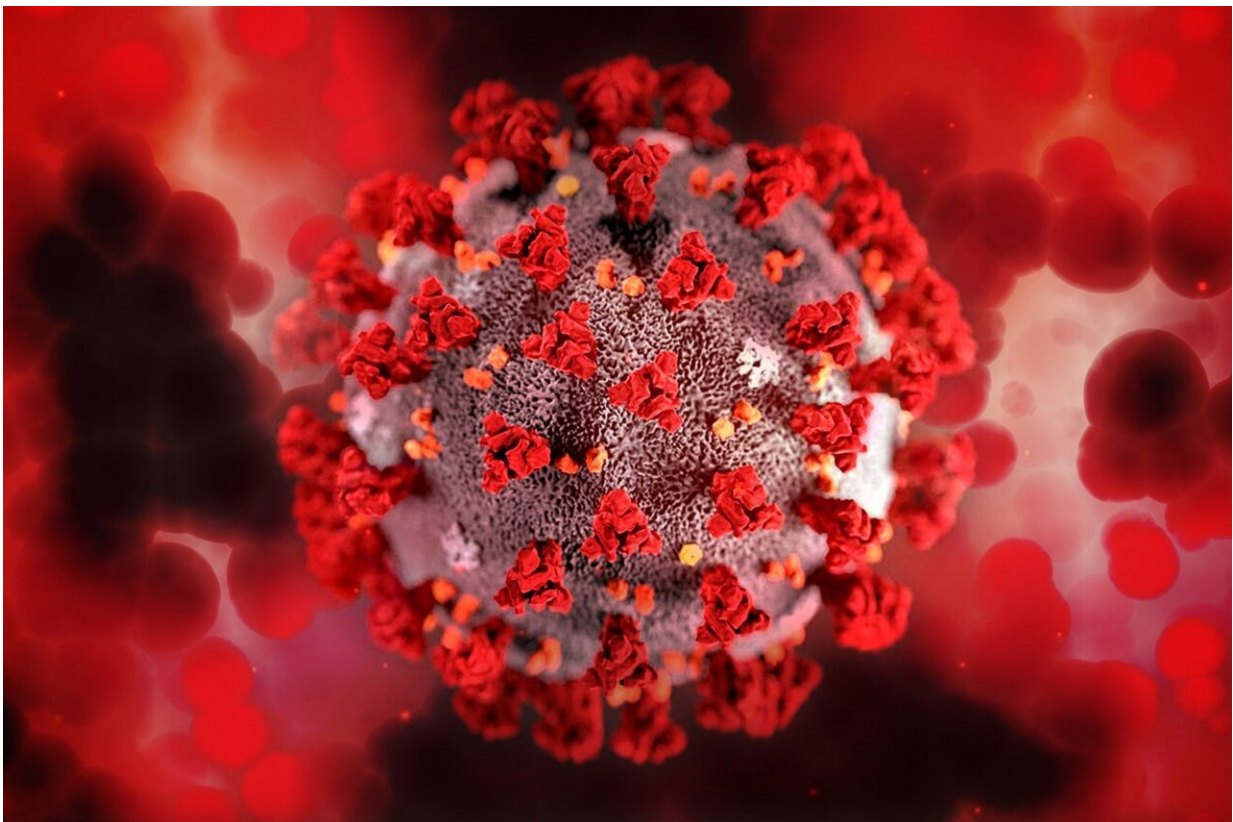


First Nations people in rural NSW lived with more anxiety and fear about COVID-19 than non-First Nations people

July 15 2022, by Julaine Allan, Azizur Rahman, Jayne Lawrence, Jodie Kleinschafer and Mark Lock (Ngiyampaa)



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At the beginning of the COVID-19 pandemic, the federal government's

pandemic response struggled to include the country's most minoritized groups, including First Nations people.

Daily press conferences were broadcast, but the messages were not delivered or received equally across the country. Trust in the people delivering the messages and ability to follow [health](#) advice varies according to [personal, social and cultural experiences](#).

Our [study](#) found First Nations people in rural NSW experienced significantly more anxiety and fear about COVID-19 than non-First Nations Australians.

Australia's bungled response to communities hit hard by COVID

[At the beginning of the pandemic](#) Australia's strategy resulted in low numbers of infected people until the delta variant emerged. Then First Nations rural and remote communities were essentially left to fend for themselves. Even though First Nations people were found to be at [greater risk](#) of death and illness during past influenza pandemics.

The Aboriginal community-controlled health sector's strengths based communication strategy led to culturally appropriate [responses](#) including the creation of pandemic tool kits and infection control advice. In some places this included [closing](#) remote communities and developing localized social media campaigns for these sites.

However, the delta variant's spread through Western NSW revealed limited access to vaccination and government's failure to consult with hard-hit communities. These problems were compounded by complicated messages and limited attention to [rural communities](#) that has been a feature of [pandemic communications](#) in Australia.

Research limited with structurally marginalized communities

The [research community](#) responded rapidly to the need to investigate and inform responses to the pandemic. However, there was [limited](#) research about rural First Nations people's perceptions of COVID-19 risks, or their information or communication [needs](#).

There was also limited attention to the community needs in NSW where the [largest population](#) of First Nations peoples live in Australia.

Study reveals how concerning COVID was for rural NSW First Nations communities

In our [study](#) we tested the links between age, sex, First Nations status, access to health care and family situation. We also asked how often First Nations people felt fearful about COVID-19, and how harmful they thought the virus was.

First Nations peoples felt afraid more often than non-First Nations people did. They also felt it was highly likely they would catch the virus, and that it would be very harmful to them and their community.

Nearly 60% of First Nations peoples thought there was nothing they could do about COVID-19, and only 11.6% of the rest of the sample agreed with this statement. This is interesting because when vaccines were first made available in Australia, First Nations people were identified as a [high priority group](#).

Their fears were justified because the [delta variant](#) of COVID-19 quickly took hold in [small communities](#) that have limited [health care services](#). The availability of services needed to provide vaccinations was

not taken into account in [vaccine rollout plans](#).

Fear and mistrust stem from historical trauma

Our survey results of fear and perceptions of harm from COVID-19 is understandable when previous poor health care experiences and past harmful government practices has to led to distrust in health care by many First Nations Peoples.

Notably, two things that predicted high levels of anxiety in survey respondents were common to First Nations people in rural NSW—living with children under 18 years of age and living in small rural towns more than 20 kilometers away from the nearest health service.

One quarter of the First Nations population in Australia already experienced [anxiety and depression](#) before the pandemic. Lack of confidence in health services and health communications have been [identified](#) as things that will make anybody's existing mental health conditions worse.

Fear of COVID infection has been [linked](#) to long-lasting post-traumatic stress symptoms. Combined with a shortage of mental health services in rural areas, there is an urgent need to consult with communities about how best to support them.

The Australian Indigenous Doctors Association (AIDA) says an Aboriginal patient in NSW was denied testing, with the health practitioner claiming priority treatment was only given to "real Aborigines." <https://t.co/Mx5VQrj2Pk>

— NITV (@NITV) [March 27, 2020](#)

Co-designed health communication necessary

There were no First Nations representatives in daily government press conferences delivering health advice even though there were frequent [mentions](#) of [risks](#) to First Nations communities.

Different populations require nuanced communications that address their fears and concerns. To overcome distrust of government and poor [health care](#) experiences, including First Nations Australians in health communication design and delivery is essential.

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