

LETTER

Effect of swimming pools on antibiotic use and clinic attendance for infections in two Aboriginal communities in Western Australia

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TO THE EDITOR: Silva and colleagues examined the effects of swimming pools on antibiotic use and clinic attendance for infections in two Aboriginal communities in Western Australia from 1998 to 2005.¹ They concluded that swimming pools led to large decreases in clinic attendances for skin infections, respiratory tract infections, and antibiotic use.

The huge health and social disadvantage suffered by Indigenous children is well documented, and any interventions that demonstrate health gains should be recognised. This study highlighted important issues and the results suggested some positive outcomes. However, two weaknesses of the study deserve comment — the lack of a control community without a pool, and the selective use of baseline years.

In the absence of a control community (without a pool), these results could reflect documented secular trends in Aboriginal child health overall. For example, there was a 48% overall decline in hospitalisations for childhood pneumonia in four jurisdictions, including WA, between 1998 and 2005.² This is not significantly different from the 52% reduction reported by Silva and colleagues.

Second, the selective use of baseline years potentially obscures more modest results. The authors use 1998–1999 data for the figure (Box 3) and 1999–2000 as the baseline in the main results table (Box 4). The use of the second time period (1999–2000) gives more favourable results than if the previous year had been used. By interpolation, using the first period as baseline would reduce the effect size from 68% to 35% reduction for skin infections in one community (Jigalong). In the second community, rates of skin infections were actually increasing after 2002.

Swimming pools in remote Aboriginal communities appear to have many benefits, including increased showering, school attendance and

enjoyment among children. We believe that this study has not demonstrated a health impact of swimming pools in these communities that is different from trends elsewhere.

That said, swimming pools are a “public good” that should be available to all Australian children, especially those living in very hot places where there are few alternative recreational opportunities. Arguments about direct health benefits should not be a requirement for one group of disadvantaged Australians when we do not feel we need to make the same arguments for other Australian children.

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1 Silva DT, Lehmann D, Tennant MT, et al. Effect of swimming pools on antibiotic use and clinic attendance for infections in two Aboriginal communities in Western Australia. *Med J Aust* 2008; 188: 594-598.

2 Australian Institute of Health and Welfare. Aboriginal and Torres Strait Islander Health Performance Framework 2008 report: detailed analyses. Canberra: AIHW, 2008. (AIHW Cat. No. IHW 22.) □

