

# MSHN Ballarat

Multicultural Sexual Health Network (MSHN) report



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Report for the 5<sup>th</sup> MSHN forum  
21<sup>st</sup> May 2015



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& support service



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# Introduction

The Multicultural Sexual Health Network (MSHN) is an initiative of Multicultural Health and Support Service (MHSS), a program of the Centre for Culture Ethnicity and Health (CEH). MSHN is a platform that brings together stakeholders from different sectors—such as health, youth, settlement, education, employment and housing—to discuss strategies to address emerging blood borne viruses (BBV) and sexually transmissible infections (STI) affecting asylum seekers, refugees, migrants and international students.

*MSHN acts as a hub for information sharing, improving referral pathways, enhancing service coordination and multi-sectoral advocacy. The network enables a more effective and strategic approach to addressing BBV and STI in refugee and migrant communities.*

The MSHN Ballarat forum was held in the newly built Ballarat Community Health Centre on 21<sup>st</sup> May 2015. Thirty-three people attended, predominantly from Ballarat, with some state-wide agencies attending from Melbourne. The forum provided the opportunity for participants to hear about sexual health in regional areas, with a particular focus on Ballarat and the sexual health needs of people from refugee and migrant communities.

The forum was divided into two sessions:

- Session 1: Presentations on sexual health in migrants and refugees in regional areas
- Session 2: Group discussions about ways forward for improving the sexual health of migrants and refugees living in regional areas.

## Presentations

### **Improving the Sexual Health of Rural Victorians**

*A/Prof. Jane Tomnay, Director, [Centre for Excellence in Rural Sexual Health](#)*

Jane opened her presentation with the World Health Organisation (2006) definition of sexual health:

“...a state of physical, emotional, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled.”

Jane explained that for people living in rural areas Penchansky's 5A's of Access were essential considerations in order for people to live in state of sexual health.

The five A's include:

- Availability
  - o Is there a service available in your area?
- Affordability
  - o Can people from migrant and refugee backgrounds afford the service?
- Accessibility
  - o Where is the service physically located? Is it within walking distance from public transport and from where young people spend time?
- Accommodation
  - o Does the service accommodate the needs of the community you are trying to serve?
- Acceptability
  - o Do people feel comfortable with the service?

### **Workforce**

Jane discussed the overlapping relationships of people living in rural areas, people have different roles within the community (perhaps sports coach, local pharmacist and friend of one's parent) and therefore individuals need to work harder to preserve confidentiality and also need to work harder to maintain relationships across the different spheres of their lives.

Relating to the overlapping relationships in rural areas, Jane discussed team work as an essential element of working in rural areas. The workforce may be limited and professionals are not always in a position to choose who their team members are. Team member roles can be less clear as individuals may be expected to perform more generalist duties, for example when an occupational therapist (OT) goes on leave a local nurse may step in and do the OT role as well.

### **Enablers**

Jane explained some of the rural enablers for sexual health, for example, due to the connectedness of rural communities, individuals, communities and workers are well connected and mobilised to work together. Additionally, innovative models of care can be designed to respond directly to the needs of that local community.

### **Barriers to access**

Jane referred to some of the major concerns around sexual health for young people living in rural areas. These included the perception that there would be limited privacy and confidentiality in rural areas compared to urban areas and that individuals may experience greater stigma and discrimination. Further concerns around accessing sexual health services include a lack of choice of health professional or service (pharmacy and laboratory for example), and concerns around cost, travel and partner notification.

## **Rural Women's Health: Grampians Region Sexual and Reproductive Health**

*Paigen Horwood, Health Promotion Officer, [Women's Health Grampians](#)*

Paigen introduced her organisation, Women's Health Grampians (WHG), explaining that WHG is one of twelve women's health services in Victoria, having committed to the health and wellbeing of women in the Grampians region and beyond since 1991.

Paigen discussed the statistics around the sexual and reproductive health of women living in the Grampians region:

- Teenage birth rates are up to 4.4 times higher in some parts of the Grampians region compared to the Victorian average – In Ballarat specifically, the teenage (age 15 – 19) birth rate per 1,000 was 14 in 2013, compared to the Victorian average of 9
- The rate of chlamydia is one of the highest in Victoria, with a current rate of 383.1 per 100,000 in the region (with 353.7 per 100,000 in Ballarat specifically) compared to 292.4 per 100,000 in Victoria overall
- Pap screening participation in the region was the second lowest in the state, with 58.6% screening rate (in the past two years) in the 20-69 year age group compared to 60.4% Victorian average.

### **Access**

Paigen identified key issue impacting women's access to family planning, these included issues such as: access to GPs and female GPs in particular, with waiting times and opening hours of medical clinics and pharmacies noted as a main barrier; distance and lack of public transport to services were considered as travel issues and; fear of being seen or having services provided by someone known to the client raised issues of confidentiality. Broken down, the key issues identified by women in accessing specific services included:

- To access condoms, privacy, availability and travel were key issues
- To access contraception, availability, travel and cost were key issues
- To access emergency contraception, availability, privacy and travel were key issues
- To access pregnancy counselling, availability, privacy and travel were key issues
- To access abortion, travel, availability and privacy were key issues.

Paigen explained that the passion and willingness to do more in order to address the sexual and reproductive issues in the region was high, but the capacity of workers to be able to put the time into this was limited, so a focus of WHG is to develop partnerships to improve access to timely and appropriate sexual and reproductive health services and information.

## Practice Experience in Ballarat

### Challenges in Sexual Health for Immigrant Populations

*Dr Claire Pickett, Manager, Sexual Health Clinic at [Ballarat Community Health](#)*

#### Journey Experience

Claire opened her presentation with a discussion about the situations that migrant and refugees in Australia may have experienced before arriving in Australia. Many countries have a higher burden of STIs than Australia, these include: HIV, HPV, Syphilis, Gonorrhoea, Trichomonas and chlamydia. There may be a good level of knowledge about HIV, however many migrant and refugee communities believe that HIV is not present in Australia. Formal sex education may have not existed or may have been missed due to upheaval during schooling years, when safety, food and shelter were the main priorities for families. Claire stated that sexual violence may be a part of many refugees history.

#### Sex Education

Claire explained that families with refugee and migrant backgrounds may experience intergenerational clash as young people become more integrated with their new peer group in Australia, whilst elders in the community want to continue to hold the values of their culture. Sex education provided by families is often limited to messages around abstinence and advice from peers may be incorrect.

#### Challenges

Claire highlighted the challenges that people from refugee and migrant backgrounds face navigating Australia's health system. While GPs are considered a reliable source of information, they are infrequently used, and few refugees are aware of sexual health clinics. Issues around confidentiality is a major concern for many people from migrant and refugee backgrounds, especially when an interpreter is required, who, in smaller communities may be known to the patient.

Claire stated that refugee women are less likely to have information about the latest contraceptive methods and are also less likely to commence timely antenatal services. Claire highlighted that it has been shown that empowering women in sexual and reproductive health leads to improved family well-being.

#### Cultural Competency

Claire quoted a woman from a West African refugee background: "Well they won't understand what I believe in because they will always bring in what they believe." In response to this, Claire's advice to service providers is:

- Be careful about making assumptions based on race or culture

- Be careful not to allow your own beliefs and values to interfere with you providing care. Remember the patients beliefs and perspectives are the important factor
- There is no place for judgement of others in health care provision
- Remember that even if people do come from similar cultural backgrounds, their individual experiences mean they will have different attitudes and beliefs about sexual and reproductive health.

## **Addressing Issues around Sexual Health in Migrant and Refugee Communities in Ballarat**

**Akua Ed-Nignpense, Refugee Health Nurse, [Ballarat Community Health](#)**

Akua opened with the question: *“How comfortable are you talking about sex?”*

### **Workforce**

Akua highlighted that many people are uncomfortable talking about sex, that it can be hard for health workers, let alone community workers and community members to start a conversation about sex. Akua made the point that for many migrants and refugees, their first point of contact is a community worker, but community workers are often not sensitised or comfortable talking about sex. Consequently, communities may not be aware of where to go to seek help or information about sexual health, as their first point of contact has not been educated around the issues.

*“Many people don’t know where to go for sexual and reproductive health information – they think you only go to the GP when you are sick, you don’t go to tell them what’s happening in your bedroom. Why would you talk about sex to someone you don’t know – you need to trust someone before you talk to them about sex because it’s private and it’s important.”*

Akua discussed cultural sensitivity, suggesting that service providers should try to understand their client’s culture, while they do not have to agree with beliefs or practices, they should show respect for their clients beliefs. Using appropriate language was also a key factor Akua mentioned, as some words, such as ‘penis’ may not be acceptable in some cultures, there may be more casual words that are more acceptable: *“the moment you use a word which is not acceptable, then the ear is blocked.”*

Akua discussed the importance of involving whole communities in sexual health education – explaining to parents what will be taught to their children. She explained that if you educate communities and build trust, community leaders and parents will reinforce the education, but if you don’t, they may think you are scandalising their children.

Akua concluded with a story highlighting the importance of clear communication and building trust:

“I went to meet a group of refugees to discuss health issues with them and the first thing one person asked me was, “who sent you to us?” and I said “no one sent me, I thought ‘we are all migrants’ so I want to share what I have learnt”. He was really mad and he said, “I know why you’re here, they asked you to come and talk to us because they think we are full of diseases”. He said “when I went to the GP he said he will check my blood and see what is wrong with me but then they took four bottles of blood, they took all of my blood, because they think I’m full of diseases”. He didn’t understand why those samples should be taken. It took me meeting that man more than four times before he would smile to me, now when he sees me he says, “hello my sister”. So it takes quite a long time to build trust.”

## Group Discussions

The group discussions, were prompted by two questions:

- How can our services better respond to the sexual health and wellbeing needs of migrant and refugee communities in regional areas?
- What needs to happen at the local and state level to improve the sexual health and wellbeing of refugee and migrant communities in regional areas?

The following were consistent themes across the groups:

### **Enablers**

Improve access to services, by:

- Considering the geographic position of services and public transport options to access services
- Ensuring access to phone interpreters to discuss sensitive issues
- Providing outreach services for young people through schools
- Providing culturally appropriate and inclusive sex education in the school curriculum
- Employing male and female sexual health workers/ nurses with refugee and migrant backgrounds
- Developing culturally appropriate resources about sexual health
- Engaging men through men’s health talks which include sexual health as a topic.

Engage community leaders, community members, parents and young people to develop trust and gain buy-in from the whole community for sexual health education.

Recognise the intergenerational gap in refugee and migrant communities and facilitate forums and the development of resources for young people and older community members to discuss and manage issues arising from the differing values in the

cultures of people's ethnic background and those of the communities in the Australia communities they are a part of.

Provide sexual health education to young people who are not engaged in school, such as International Students, recognising that they are a population with specific health needs, may not been engaged with larger social groups and are disproportionately same sex attracted with unique needs.

Undertake service mapping in rural areas to identify sexual health services, migrant resource centres and training opportunities.

### **Workforce**

Build the capacity of the workforce, by:

- Educating settlement workers about sexual health and accessing sexual health services
- Training health service providers in cultural competency
- Training university health workers in cultural competency
- Training interpreters in medical language and appropriate sexual health terminology
- Developing networks of support for service providers, particularly in rural areas in order to foster knowledge sharing and learning.

Develop a welcome kit with municipal associations targeted at regional local Government workers.

## **Recommendations**

-  Providing culturally appropriate and inclusive sexual health education in the school curriculum. Including strategies to engage refugee and migrant parents and communities.
-  Educate key groups, such as settlement workers and community leaders on how to access sexual health services and information.
-  Provide sexual health education to young people who are not engaged in school or who have missed sexual education in school, for example, international students and disengaged young people, particularly young men from refugee and migrant backgrounds.
-  Provide specific support to enable culturally competent sexual health service delivery in regional areas, such as training, mentoring and regional outreach.

**MHSS acknowledges the support of the Department of Health and Human Services and the participation of the following organisations at the forum:**

Ballarat Community Health  
Centre for Excellence in Rural Sexual Health  
Women's Health Grampians  
City of Whittlesea  
Federation University  
Mount Clear College  
Family Planning Victoria  
Victorian AIDS Council  
Asylum Seeker Resource Centre  
Victoria Police Ballarat  
Centre for Multicultural Health  
Ballarat Regional Multicultural Council  
Nightingale Clinic  
Straight Arrows  
Positive Women