

International Student Welfare Grants (ISWG) Program

Grant Recipient: Centre for Culture, Ethnicity and Health



Final Report: Sex, Study, Safety

date
September 2017



multicultural health
& support service

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Organisational description

The Multicultural Health and Support Service (MHSS) is a program of the Centre for Culture, Ethnicity and Health (CEH). MHSS works with and empowers culturally and linguistically diverse (CALD) communities to achieve better health outcomes in relation to culturally sensitive issues regarding blood-borne viruses (BBV) and sexually transmissible infections (STI).

MHSS works to achieve better health outcomes by focusing on reducing the risk of transmission of BBV/STI in CALD communities by working with individuals, families and communities, as well as ethno specific, multicultural and mainstream health and related services. MHSS does this through a partnership and capacity building approach that incorporates four key activities:

1. Our bicultural workers support individuals and families, assisting people to access health services for information, testing and treatment.
2. We offer culturally appropriate one-to-one and group education sessions on sexuality, drug use and risk behaviours to promote prevention and harm minimisation to individuals and groups in CALD communities.
3. We work with mainstream health and community service providers to ensure that BBV and STI services are culturally sensitive and responsive.
4. We raise awareness through community-based projects, campaigns, networking and lobbying.

Project summary

The Centre for Culture Ethnicity and Health (CEH), operating as part of the North Richmond Community Health Centre partnered with Deakin University and two other providers of international education and international student groups associated with these providers, to deliver the “Sex, Study and Safety” project. Clinicians and health insurers have registered concern about high rates of unplanned pregnancies, blood borne viruses (BBVs) and sexually transmissible infections (STIs) in the international student population. All these issues were addressed in the ‘Sex, Study and Safety’ project.

This project was designed to promote the sexual health and wellbeing of international students and empower them with skills and knowledge to experience healthy relationships through a peer led model, which included training international students to educate their peers about BBV/ STIs, sexual health and healthy relationships. Interested tertiary institution staff formed a part of the project, supporting students to be involved and incorporating BBV/STI awareness raising into their various roles, where appropriate.

Peer leaders were trained and supported by CEH and university staff to deliver sexual health/healthy relationships and BBV/STI messages to their peers, and through the student focused publications.

A key aspect of the project was the development of resources, led by students. Students were encouraged to develop creative resources, with essential information about sexual health, healthy relationships and available service providers. These resources have been and will continue to be available beyond the project timeline, with support from student groups who can steer students to these resources.



Project objectives

- To develop a co-designed, peer led model that is evidence based, transferable and sustainable beyond the project timeline
- Increased knowledge of BBV/STIs and safe sex practices among international students
- Increased uptake of BBV/STI testing
- Increased awareness of harm minimisation strategies, such as condom use, among students
- Knowledge of available care and support in relation to BBV/STIs and unplanned pregnancies
- Students empowered to make informed decisions about their sexual health with improved health literacy and knowledge about service navigation, BBV/STIs and contraception
- Students empowered with knowledge about laws relating to sex and information about respectful relationships
- Reduced rates of BBV/STIs among students and their networks
- Reduction of unplanned pregnancies among students
- Reduced burden on health systems through prevention of BBV/ STIs and unplanned pregnancies
- Better health outcomes for International students
- Resources developed by students for students

Progress against targeted outcomes

Target Outcome <i>What is to be achieved?</i>	Description of Activity/Undertaking	Measure	Completion Date <i>Was this completed by the agreed date?</i>	Accountability <i>Who is responsible for delivery (e.g. CFO, Operations Director etc.)?</i>	Progress
International students have increased knowledge of BBV/STI and safe sex practices	Deliver peer education workshops and resources, developed by students for students Complete "Peer to Peer Workshop", participant surveys	Survey collected at the start of peer education workshop. Follow-up (incentivized) online survey 3 months after workshop. Up to 3 resources developed. Up to 20 peer to peer workshops (face to face and on-line platforms) across a minimum of three institutions Up to 400 students participate in face to face and on-line forums	August 2017	Alison Coelho , Stream Leader Multicultural Health Improvement, Manager Multicultural Health & Support Service & Oral Health	<p>186 international students at Deakin University in Geelong have received sexual health and healthy relationships information sessions.(March 2017)</p> <p>Group surveys collected instead of individual due to limited session times.</p> <p>130 international students at Deakin University in Geelong have received sexual health and healthy relationships information session (July 2017).</p> <p>Individual evaluation forms along with online evaluation were collected from the students who participated in the training sessions.</p> <p>4 types of resources (Slogan +pictures) along with picture diagram flowchart developed by student peer educators in two all day workshops.</p> <p>The peer to peer workshop were not carried out as the</p>

					peer educators were under stress during their exam period and therefore they wanted more time and support with recruitment and to co- facilitate sessions.
International students have increased awareness of available care and support in relation to BBV/STIs and unplanned pregnancies	<p>Deliver peer education workshops and resources, developed by students for students</p> <p>Where possible, resources developed through the project are tested through the Peer to Peer workshops</p> <p>Complete "Peer to Peer Workshop" participant surveys</p>	<p>Survey collected at the start of peer education workshop.</p> <p>Follow-up (incentivized) online and face-to-face survey 3 months after workshop.</p>	August 2017	Alison Coelho	<p>One information session where the students were given an outline about the project along with four peer education workshop sessions delivered for the training of the 8 peer educators, from March to August 2017.</p> <p>The developed resources were tested against the information delivery platforms identified by peer educators during peer to peer workshops as the most appropriate platforms through which to transmit sexual health messages.</p> <p>93 final evaluation surveys were collected among the international students participating in the education sessions.</p>
International students have increased knowledge of BBV/STI and safe sex	Sexual health and healthy relationships resources developed for international students	Sexual health and healthy relationships resources are disseminated to	August 2017	Alison Coelho	4 types of resources (Slogan +pictures) along with picture diagram flowchart developed by

<p>practices, sexual health services and healthy relationships</p>	<p>Peer educators develops an information dissemination plan and implements the plan across a minimum of 10 tertiary providers including delivery of up to 10 sexual health information workshops delivered via digital platforms to up to 200 students</p> <p>Where possible, resources developed through the project are tested through the Peer to Peer workshops</p> <p>Peer education workshops and resources developed by students for students, are readily available</p>	<p>up to 10 tertiary institutions ,</p> <p>Delivery of up to 10 sexual health information workshops delivered via digital platforms to up to 200 students</p> <p>Student uptake of the information is recorded where possible.</p> <p>Survey of students and institutions demonstrates increased knowledge of BBV/STI and safe sex practices, sexual health services and healthy relationships</p>			<p>student peer educators in two all day workshops.</p> <p>Resource developed through social media by the peer educators in the form of pictures, diagrams and slogans will be used in the Deakin University student Association (DUSA) Facebook page. In the next term, this information will be available to almost 32,000 students who follow DUSA Facebook page.</p> <p>Students developed the content of the “personal wellbeing” section of the community of practice Masters manual at Deakin university website on sexual health. In the next term, this will be available to all Deakin University students enrolled in a variety of courses.</p> <p>CEH is currently working with Deakin University to make available free/inexpensive condoms and lubricant for students in toilets.</p>
<p>Reduced rate of unplanned pregnancies among students</p> <p>(Longer term outcome)</p>	<p>Project identifies opportunities to sustain workshop and information dissemination</p> <p>Peer education workshops and resources developed</p>	<p>Project reports on opportunities for sustainability</p> <p>Baseline data collected from student health</p>	<p>August 2017</p>	<p>Alison Coelho</p>	<p>There is a strategy currently in place, where condoms are being distributed at key sites. The social media strategy sees the distribution of key messages developed by the peer educators relating to pregnancy and international</p>

	by students for students readily available	insurance organisations Student health insurance organisations report percentage difference on online survey			students; particularly the limitations, and options, included in the OSHC policy cover for antenatal and postnatal care. Baseline data was not collected from student health insurance organisations because they were not forthcoming with the information.
Increased uptake of BBV/STI testing (Longer term outcome)	Project identifies opportunities to sustain workshop and information dissemination Peer education workshops and resources developed by students for students readily available	Project reports on opportunities for sustainability Baseline data collected from student health insurance organisations Student health insurance organisations report percentage difference on online survey	August 2017	Alison Coelho	This is a longer term outcome that is not available to be measured yet at this point. However, participating students reported very high motivation for getting tested after attending the information sessions (which was recorded in the evaluation surveys). Baseline data was not collected from student health insurance organisations because they were not forthcoming with the information.
Reduced rates of BBV/STIs among international students (Longer term outcome)	Project identifies opportunities to sustain workshop and information dissemination Peer education workshops and resources developed by students for students readily available.	Project reports on opportunities for sustainability Baseline data collected from student health insurance organisations Student health insurance organisations report percentage	August 2017	Alison Coelho	This is a longer term outcome that is not available to be measured yet at this point. However, the majority of participants (87.1%) said that they were planning to practice safe sex after attending the information session, and a further 10% said that they would “maybe” consider practicing safe sex. The only reason for not planning to

		<p>difference on online survey</p>			<p>practice safe sex was sexual inactivity.</p> <p>Baseline data was not collected from student health insurance organisations because they were not forth coming with the information.</p>
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Governance and resourcing arrangements and marketing and communications in relation to the project

2.1 Project Governance activities

The Acting Executive Manager of CEH has been following the progress of the project and monitoring for potential links for collaboration between programs at CEH and with external organisations.

2.2 Project Resources

Staff that were involved in the project are listed below.

- Manager

The main activities that took up were planning, organising, leading and keeping the project on track. This includes recruiting international students, negotiating with Deakin University, develop project plan, develop project schedule, Develop policies and procedures to support the the achievemnet of the project objective, identify services to be provided by the external serices, assign work and track project progress.

- Project officer

The main activities that took up were planning information session with the recruited peer educators, building trust with the tertiary institution and international students., developing induction and training manual for international students peer educators, Developing material for the delivery of education sessions by the peer educators, planning and delivering the peer education sessions, developing the communication resources by the peer educators.

- Research coordinator

The main activity that took up were data analysis of the evaluation collected from the international students. Equipments and facilities that were required are listed below.

Providing condoms for the distribution dueing education sessions, providing training manual for the peer educators, providing material for the delivery of the education sessions like props for condom demonstration. Use of rooms at the university for the information session. Use of meeting room at CEH for the peer education sessions, providing stationary and food during the education session for the peer educators.

2.3 Marketing and Communications

The Study Melbourne brand was acknowledged in all the presentations and the Study Melbourne brand was included in all the education and training materials used through the project.

There were two types of resources that were developed.

Appendix 1(a)

- 1) Social media messages for the Deakin University Student Association(DUSA) facebook page.

The peer educators developed 4 types of social media messages that include slogans along with pictures to deliver information on sexual health. They included:

- a) Information on emergency contraceptive pill, the cost of the pill and how to access it in Australia.
- b) The use of condoms and contraceptive pills when used together increases reliability
- c) Different types of contraception and its effectiveness
- d) Flowchart to show the use of OSHC policy cover during pregnancy and after pregnancy

Appendix 1 (b)

- 2) The content of the 'personal Wellbeing' section in the community of practice masters manual at Deakin university website, on sexual health. The topics that were included in the manual were: **(Appendix 2)**
 - a) Contraception and the use of Condoms
 - b) STI's (Sexually Transmitted Infections)
 - c) Health Services: General Information on the services in the University and outside University that the students can access.
 - a) Services Name
 - b) Link to Services
 - c) Explaining about the Services

Student Engagement in the delivery of the Project

Name/s of the international student support organisation/s or association/s that you have partnered with for the delivery and/or review of this Project.

- Deakin University (Geelong and Burwood Campuses)

- Dr Georgia Babatsikos, Lecturer in School of health and Social Development, Faculty of Health Deakin University, who provided contact details of students interested in the project.
- Deakin University Health and Wellbeing Centre, Kim Turudia, Medical Services Practice Manager.
- Peer educator advisory group formed by international students at Deakin University for the purposes of the project delivery.
- Deakin University Student Association; Peer educators have been involved developing resources in the form of pictures, flowcharts and slogans to be include in the DUSA Facebook page.

Roles and activities completed by the student groups.

The identified Peer Educator students have participated in planning and development meetings. The group has also facilitated room booking on campus for scheduled training sessions and have also provided advice to CEH on overall sexual health needs of students.

Peer educators were trained to present community education sessions to international students.

Peer educators have conducted presentation sessions for their peers (international Students) on Sexual Health, contraception and healthy relationship.

Peer educators worked to tailor the development of the induction and training manual.

Peer educators supplied CEH with research that was undertaken on the sexual health needs of international students that they participated in under the supervisor of Dr Georgia Babatsikos, Senior Lecturer in the School of Health and Social Development, Faculty of Health at Deakin University.

The peer educators and DUSA (Deakin University Student Association) disseminated resources through messages on their Facebook page.

Peer educators along with Kim Turudia, the Medical Service Practice Manager, have been working on improving presentations and information on sexual health, healthy relationships and contraception to include in the Deakin university website.

Peer educators were interested in integrating sexual health with mental health along with navigating services that were provided in the university and outside the university.

*The number of individual students and student groups involved in the **delivery** or **review** of the project and the number of activities they were involved in are:*

There were eight peer educators/ members of the advisory group. They have been involved in seven activities for the delivery of the project as mentioned in the above section.

There were two groups of international students 186 and 130 respectively involved in attending the education sessions during their orientation.

Project Outcomes and Key Findings

4.1 Project Evaluation or Review Activities

Activities/Project stages	Responsible party	Commencement Date	Completion Date
Reference Group of workers who work with international students established	CEH project worker/s (may be shared role of 2 youth ambassadors who are international students) Liaison's at tertiary institutions	April 2016	April 2016
Student Advisory groups formed at each institution with members identified by Deakin.	Reference Group members supported by CEH project worker	April 2016	May 2016
Train the Trainer Workshops held for peer educators and institutions' staff	Reference group, student advisory groups, CEH project worker	April 2017	Early August 2017
Face to Face blood borne virus (BBV) and sexually transmissible infections (STIs) and respectful relationships workshops held with international students	Peer educators supported by CEH project worker	March 2017	July 2017
Student advisory group supported to develop resources about BBV/STIs and respectful relationships	Student advisory groups, CEH project worker	August 2017	September 2017
CEH finalizes production of resources	CEH project worker in consultation with student advisory groups	Late September 2017	Early October 2017
Resources dissemination plan implemented	Reference group, student advisory groups, CEH project worker	October 2017	November 2017

Evaluation produced	CEH project worker	November 2017	December 2017
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4.2 Expected Project Outcomes

Milestone 1 and 2 and 3 activities

Project Outcomes (as per Grant Application and Project Plan)	Expected targets	Actual achieved
Reference Group of workers who work with international students established	CEH project worker/s (may be shared role of 2 youth ambassadors who are international students) Liaison's at tertiary institutions	Completed Reference group was not formally established, but it existed informally as Deakin university staff and CEH project Workers.
Student Advisory group recruitment process initiated with members identified by Deakin, the private colleges and student networks	Reference Group members supported by CEH project worker	Completed
Train the Trainer Workshops + Refreshers held for peer educators and institutions' staff	Reference group, student advisory groups, CEH project worker	The sessions were completed on: 30 th of March, 3 rd of April, 21 st April and the 5 th of May (2016)
Peer education session conducted for peer educators.	Peer educators and CEH project worker.	The sessions were completed on: 28 th April, 4 th May, 17 th July and 27 th August (2017)
Two Face to Face blood borne virus (BBV) and sexually transmissible infections (STIs) and respectful relationships workshops held with international students	Peer educators supported by CEH project worker	186 international students participated in workshops (March 2017) 130 international students participated in the workshop (July 2017)

Student advisory group supported to develop resources about BBV/STIs and respectful relationships	Student advisory groups, CEH project worker	
CEH finalises production of resources	CEH project worker in consultation with student advisory groups	Completed
Resources dissemination plan implemented	Reference group, student advisory groups, CEH project worker	Peer educators are in the process of getting the formal approval from DUSA for resource dissemination Resource Dissemination in Manual completed?
Evaluation produced	CEH project worker	Evaluation of the training for the participating students completed. Overall evaluation of the project to be completed by November 2017.

4.3. Key Findings

Key findings in regard to the project delivery approach and outcomes

- Whilst the target number of students were recruited for train the trainer workshops, only eight completed the training. The students reported that the timing of the training had interfered with the end of the semester responsibilities and some students were just not able to take on the extra responsibility.
- The participants in the train the trainer workshops reported that they learned a lot from the training and would like more training. They were so happy with the training and work of CEH that a number of the peers have expressed an interest in volunteering with CEH.
- CEH provided an additional training session as requested, which was held at the start of Semester 2 as a “refresher” for the peer educators.
- Sexual health sessions conducted by the peer educators to their peers took place on the 8th of September 2017. This additional training session for

students to practice their presentation skills proved important information to student peer educators.

- Resources were developed on sexual health through social media by the peer educators in the form of pictures, flowchart diagrams and slogans. These will be used in the Deakin University student Association (DUSA) Facebook page.
- Development of resources in a collaborative team environment, facilitated by the CEH project worker, proved very successful
- Peer educators together with the CEH staff worked on the development of the content of the “personal wellbeing” section of the community of practice Masters Manual at Deakin University on sexual health. This has led to a partnership with Deakin University and a broader reach of the project had been achieved through incorporating the information developed into the mainstream university website publication.

Data collection as part of this Project

Peer education sessions for the eight peer educators were conducted in North Richmond Community Health. Paper based evaluation forms were given to the eight peer educators.

Evaluation summary of peer educators’ training sessions

The evaluation conducted among eight peer educators confirmed that they were extremely happy with the training they received. Seven participants rated the training as ‘excellent’, and one as ‘good’. They thought that the training environment was supportive, safe and open for discussion. They particularly enjoyed the practical demonstrations, the games and activities that formed a part of the training. One participant in the workshop commented also on the interesting composition of the group, which was diverse in regards to cultural backgrounds and prior experiences.

All of the participants reported being extremely confident in being able to deliver the sessions to their peers. They appreciated the time taken to practice facilitation as part of the training workshops. Further evaluation however showed that some of them required further practice and guidance. It proved difficult to get a consensus about whether the peer educators were prepared for facilitating their own sessions. The overall evaluation of the project shows that more focus could be placed on facilitation/presentation models. More focus and more time could also be given to the possible ways, sites and modes of transmission of the messages in peer educators’ face-to-face facilitations. Some peer educators felt that there were not able to understand how to structure the information included in the training and that it would be good to receive more training on what topics to include and what not to, such as contraceptive methods or STIs.

Results from the evaluation of the Deakin university education sessions

The education session for 130 international students was conducted at Deakin University Geelong campus in July. Individual evaluation forms were distributed to all the students via paper and online.

Ninety-three of the 130 session participants responded to the evaluation conducted at the end of the last session. Gender, country of birth and cultural backgrounds were not collected on this occasion. The evaluation was conducted on the 3rd and the 6th of July 2017. The students had various prior knowledge of sexual health/BBV transmission and care.

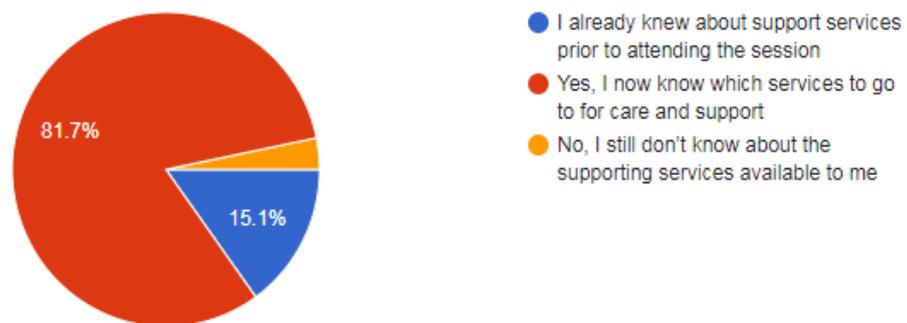
The majority of students had a very good understanding of the main sexual health/BBV messages that were covered in the sessions. For example, 82 out of 93 respondents knew that sexually transmissible infections can be caused by bacteria, viruses or parasites. Eighty-eight recognized that the claim ‘You will not contract BBV/STIs from oral or anal sex thus you do not have to wear condoms’, was false. Eighty-eight correctly responded ‘true’ to the claim that ‘You have the right, under legislation, to say no and stop being sexual with a partner at any point.’ The questions that the least number of people answered correctly, but were still answered correctly by 82% and 84% of respondents respectively, ‘You have to be married or over 18 years old to buy condoms in Australia’(false) and ‘There is no vaccination for hepatitis B infection’ (false), demonstrate the high level of knowledge the students retained from the sessions. The overall knowledge related to the main messages was therefore very high. On this basis it can be concluded that the sessions were very successful in communicating basic sexual health/BBV knowledge.

Evaluation Questions:

Chart 1

☞ The education session provided me with information about care and support services available for international students 📄

93 responses

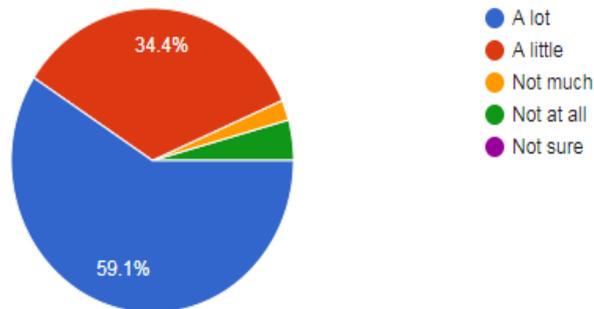


A majority of international students (81.7%; see Chart 1) also confirmed that the education session provided them with the knowledge about care and support services available to international students in the area of sexual health. 15.1% of participants already knew about such services, and only 3.2% of them were still not sure about the support services available to them.

Chart 2

The education session has improved my confidence in discussing BBVs/STIs and making informed decisions about my sexual health

93 responses

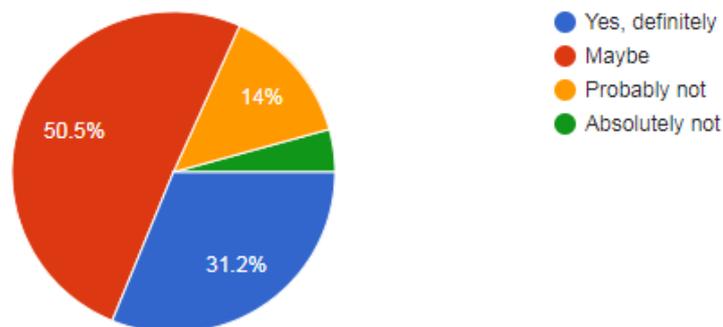


A majority of participants (59.1%, see Chart 2) also agreed that the education session has improved their confidence in discussing BBVs/STIs and making informed decisions about their sexual health ‘a lot’. Another 34.4% thought that their confidence was improved ‘a little’.

Chart 3

After attending this education session, I will get tested for BBVs/STIs:

93 responses



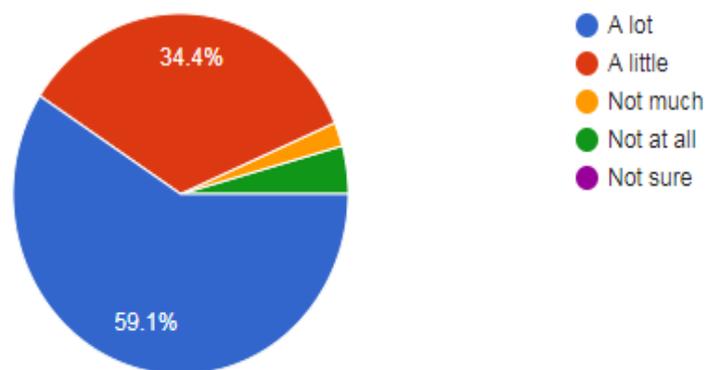
The education session also had an extremely positive outcome in increasing the motivation of young international students to get tested for BBV/STIs (see Chart 3). 31.2% of them said that

they will 'definitely' get tested after attending the session, and the following 50.5% said that they will 'maybe' get tested. Only 4.3% were absolutely against the idea of getting tested. The main reasons for not getting tested were that they were not sexually active (41.2%) and that they had only one sexual partner and they had both been tested (23.5%). Nobody responded that they would not consider getting tested because they did not know where to get tested.

Chart 4

The education session has improved my confidence in discussing BBVs/STIs and making informed decisions about my sexual health

93 responses



A great majority of participants (87.1%; see Chart 4) said that they were planning to practice safe sex after attending the session, and a further 10.8% said that they would 'maybe' consider practicing safe sex. The only reason for not doing so was sexual inactivity.

Based on the feedback, the sessions were very successful and useful for participants. Since the participants were relatively diverse, in terms of their cultural backgrounds as well as the level of knowledge of sexual health issues beforehand, it might be good to explore further possibilities of how to manage this diversity even more successfully, by perhaps introducing some smaller group work into the sessions, or having a discussion about their prior knowledge (for this, however, the sessions would need to be longer to what they currently are).

Issues identified

The project was originally designed with a project timeline designed to fit neatly into the university semester so as to avoid having project activities adding extra pressure during the lead up to the exam period. As the project timeline was delayed during the application and signing-off period, and then with the loss of the project officer, the timing became less convenient for the students involved.

Maintaining the timing of the project has been challenging. During the summer break a number of students engaged in 2016 returned overseas to visit family for extended periods. In addition, the staff member that was driving the project left the organisation to take up another role elsewhere. In the interim other CEH staff have continued to roll out the project: securing the Peer Educators, delivering sexual health and healthy relationship information sessions to 186 and then 130 international students at Deakin University in Geelong and developing a manual for peer educators.

Conclusions

Even though the project had a tight timeline for reasons mentioned above and many project activities were put on hold during the exam and break period, the target outcomes were met by the scheduled end of project. This includes:

- Increased sexual health and healthy relationship knowledge and capacity to deliver community education sessions for peer educators.
- Increased BBV/STIs knowledge, uptake of harm minimization strategies, screening, testing and treatment and use of relevant care and support services for international students. Even though we can't support this with data, we can support it with data that there was intention to do so in the long term outcome.
- Sexual health and healthy relationships resources available beyond project timeline for wider reach.
- Students empowered to make informed decisions about their sexual health with improved health literacy and knowledge about service navigation, BBV/STIs and contraception.

As a result of the project one of the peer educator was able to get a full time employment in the sector.

A radio interview was conducted with the two young women from CALD communities. An international student who was a peer educator from the project volunteered to participate in the interview and another person from the South Sudanese community, to discuss stigma and sexual health in their communities. Please find link below.



<http://www.abc.net.au/radio/programs/the-hook-up-podcast/migrant-sexual-health/8957530>

A YouTube video was developed to have a look at the importance of the Health Translations Directory and its importance for young people in the community. This video was provided to the peer educators whose health literacy was improved and they could distribute it among their peers who could therefore, access health related information in different languages.

<https://www.youtube.com/watch?v=ux946H479ao&feature=youtu.be>

Appendix 1(a)

DISH Social Media Plan

1.



Whoops! Condom broke? Forgot to use one?

The Morning After Pill/ Emergency Contraceptive Pill is effective for up to 72 hours, but you want to ensure that you take it as soon as possible. This can be taken in case of emergencies, but should not be used on the regular. This pill usually costs around \$16-20.

Head to your local pharmacy, talk to the pharmacist and you can get your pill. Make sure you follow the instructions!

For more information, visit <http://www.deakin.edu.au/students/health-and-wellbeing/counselling/topics-to-explore/healthy-relationships>

And consult your Doctor to discuss other contraception options.

#safe sex #use protection

?

IT TAKES TWO TO TANGO!

?

?

?

Using a **CONDOM** will help to prevent STIs and lowers the risk of unplanned pregnancy (82% effective) by creating a physical barrier (FPV, 2016)

?

The **CONTRACEPTIVE PILL** uses hormones to prevent fertilization and unplanned pregnancy (92% effective) (FPV, 2016)



?

When used consistently and safely, both methods are effective on their own, but are even more reliable when used together!!

??



?

For more information, visit <http://www.deakin.edu.au/students/health-and-wellbeing/counselling/topics-to-explore/healthy-relationships>

?

Sources

<http://www.fpv.org.au/for-you/contraception/barriers-you-will-need-to-use-every-time-you-have-sex/condom-male> accessed 02/08/2017

Image <https://justaskshawna.wordpress.com/tag/talking-about-sex/> accessed 02/08/17

Know Your Contraceptives

How familiar are you with contraceptive options? Knowing what's available to you can be the difference between planned and unplanned pregnancy.

According to the *National Center of Health Statistics*, **10** percent of women ages 15 to 44 have used emergency contraception, such as the *morning-after pill*.

17 percent of women between the ages of 15 and 44 use the birth control pill.

10 percent of women rely on their partner to **use a condom**.

+ Planning ahead can prevent the need for *emergency measures*.

Common Types of Birth Control

HORMONAL

VAGINAL RING

+ Flexible ring (NuvaRing) is placed in the vagina and releases progestin and estrogen.

✓ **99 percent effective** + Works for three weeks and is removed for one week to allow for menstruation.

PROGESTIN INJECTIONS

+ Depo-Provera is the most commonly known.

+ One shot works for 90 days.

✓ **99 percent effective**

PROGESTIN IMPLANTS

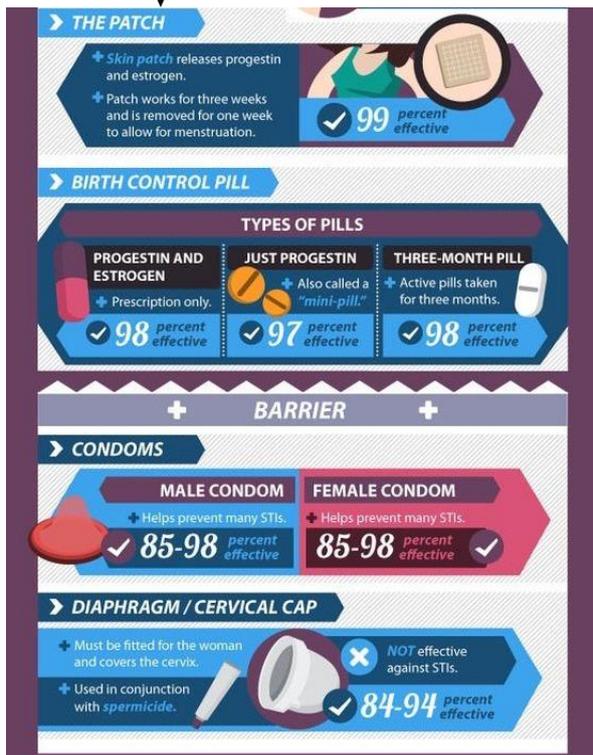
+ Small rod is implanted in the upper arm and releases progestin.

+ Good for 3 years.

✓ **99 percent effective**

3.

STUDY MELBOURNE



Sources

- <http://www.cdc.gov/std/>
- <http://m.cdc.gov>
- <http://www.nlm.nih.gov/medlineplus/teensexualhealth.html>
- http://www.k-state.edu/counseling/student/date_rape_drugs.htm#stats
- <http://www.nytimes.com/2011/01/25/health/research/25stats.html>
- <http://www.cdc.gov/reproductivehealth/unintendedpregnancy/contraception.htm>

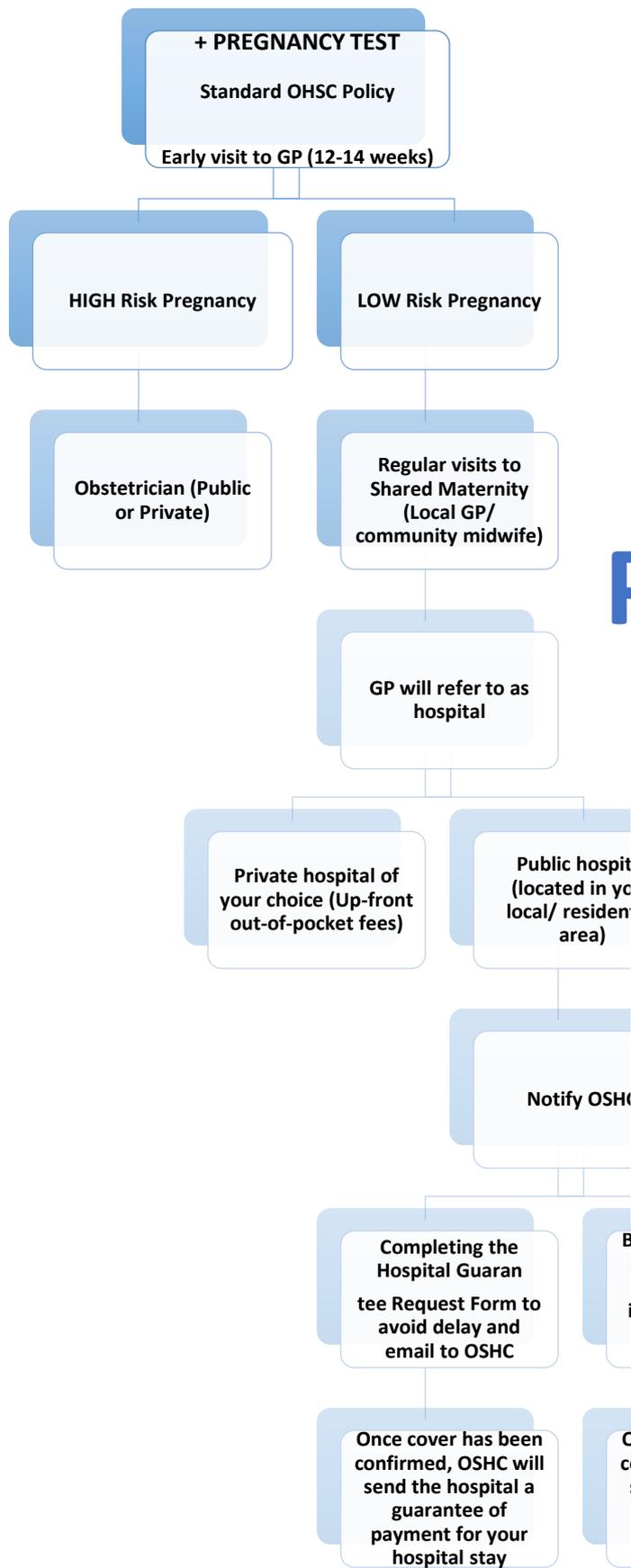
Infographic design by:



For more information, visit <http://www.deakin.edu.au/students/health-and-wellbeing/counselling/topics-to-explore/healthy-relationships>

And consult your Doctor to discuss other contraception options.

#safesex #useprotection



Appendix 1(b)

DURING PREGNANCY



You must hold a valid family policy for your child to have health cover. If you not hold family policy at the time of birth treatment for your baby is not covered. Upgrade to family policy before delivery date.

Students have choice to shop around for the insurance (get insurance from other sources)
Advice: Search before buying insurance.



POST DELIVERY

Appendix 2

Contraception

Contraceptives are a way to prevent pregnancy. There are different types of contraceptives, which act in different ways to stop pregnancy. **Condoms are the only contraceptive that act to prevent sexually transmissible infections (STIs).** The following list are examples of more common types of contraceptives available in Australia.

Barrier Contraceptives

What they are: Condoms, female condoms

What they do: Condoms are the only contraceptives that can protect you and your partner from STIs, as they provide a physical barrier between your genitals. They can be used for vaginal, anal and oral sex to prevent STIs and pregnancy.

More info: Condoms come in different sizes, textures and materials to make sure they are most pleasurable for everyone. You can get them from supermarkets, convenience stores, pharmacies and sometimes in public toilets.

Oral Contraceptive Pills

What they are: Pills swallowed by a woman, at about the same time every day.

What they do: Contraceptive pills have hormones in them. Different pills have different hormones, which do different things. Most commonly, they do either or both of the following: they either stop a woman from releasing eggs (ovulating), or they make the fluids at the opening of a woman's uterus thicker so that sperm can't get through to the egg.

More info: Your doctor needs to prescribe oral contraceptive pills and will talk to you about the options that are best for you.

Contraceptive Implants or Injections

What they are: The contraceptive implant is a very small rod with hormones, which is injected into a woman's arm and can last for three years. Contraceptive injections are hormone injections that need to be given by a doctor every 3 months.

What they do: The hormones work in the same way as the hormones given in the oral contraceptive pill, by stopping ovulation or making the fluid in the opening of the uterus thick to stop sperm.

More info: Talk to your doctor about the best contraceptive for you.

Intrauterine Devices (IUD)

What they are: The IUD is a small piece of plastic that has either copper or hormones on it and is inserted into a woman's uterus by a doctor. It can last for 10 years, but can be removed if a woman wants to get pregnant or has unwanted side-effects.

What they do: The copper or hormones change the fluid in the uterus so that sperm cannot survive.

More info: Talk to your doctor about the best contraception for you.

Emergency Contraceptive Pill (morning after pill)

What they are: A pill with hormones that is taken by a woman as soon as possible after having sex, if a condom has not been used or has broken and the woman does not use other contraceptives.

What they do: The hormones in the pill can delay or stop a woman's egg from releasing, so that it cannot be fertilised.

More info: The emergency contraceptive pill is not 100% effective and should not be used as a regular form of contraception. It is most effective when used as soon as possible (within 24 hours of having sex). It is generally not effective if taken after 4 days. In Australia you can get the emergency contraceptive pill at your pharmacy without a doctor's prescription.

Talk to your doctor about the best form of contraception for you.

SOURCE:

<http://share.ceh.org.au/fact-sheet/contraception/>

Sexually transmitted infections (STI's)

Sexually transmissible infections can be caused by bacteria, viruses or parasites and can be passed on from one person to another during sex.

Depending on the type of STI, STIs can be passed on through:

- Skin to skin contact
- Sexual fluids, like from the vagina, penis or anus
- Blood to blood contact

Some people with STIs may feel well for many years before the infection affects their health, but they can still pass on the STI to other people, even if they feel well.

To reduce the risk of passing on an STI or from getting an STI, it is important to always use condoms or dams and lubricant when having any kind of sex, and to never share sharp objects like needles (from tattoos or injecting drugs) or razors or personal hygiene items like toothbrushes.

Different STIs affect your body in different ways, the most common symptoms of STIs are:

- Discharge from penis, vagina or anus
- Pain in the genital area
- Itching in the genital area
- Fever or flu-like symptoms
- Warts, rashes, blisters or sores in the genital area
- Pain when urinating (weeing) or during sex.

The most common STIs are:

- Chlamydia
- Genital Herpes
- Genital Warts – HPV
- Gonorrhoea
- Hepatitis B
- HIV

- Syphilis

STIs can be treated, and many can be cured, however, some STIs can do permanent damage to your reproductive organs, which cannot be reversed. It is therefore important to have regular STI testing at your doctors.

SOURCE:

<http://share.ceh.org.au/fact-sheet/sexually-transmissible-infections/>

Testing for STIs

When attending a clinic to test for a blood borne virus or sexually transmissible infection, the doctor or nurse might ask you a few questions to help them understand your risk of infection. These may include questions about the gender of your sexual partners, sexual practices, number of sexual partners, history of drug use, body piercing and tattooing. This information is important to help doctors and nurses provide you with the right medical advice. They are required by law to keep your information confidential.

Some tests that might be conducted are:

Urine sample, where you pee in a small jar provided.

Swab sample, where a long cotton bud is used to swab the affected area.

Blood sample, where blood is collected in small tubes.

Physical examination of the affected area.

These samples will be sent off for testing and can take up to a week for results to be returned to the clinic.

Most clinics will not provide you the result over the phone and will ask you to come back for your test result.

Sometimes you may be required to come back to do another test to confirm your result.

It is important you come back for your result so that the doctor can provide you useful advice about treatment or future prevention. If you are having sex, it is

recommended that you have a check-up at least once a year. You may be asked to test more regularly depending on your sexual practices.

SOURCE:

<http://share.ceh.org.au/fact-sheet/testing-for-stis/>

General information on health services outside university

Family Planning Victoria

Sexual and reproductive health services for people under 25

Location: Level 1, 94 Elizabeth St, Melbourne, VIC

Phone: (03) 9660 4700 or visit [Family Planning Victoria Action Centre](#)

Relationships Australia

Provide relationship support services for individuals, families and communities

Phone: 1300 364 277 or visit [Relationships Australia](#)

Action Centre

Sexual and reproductive health services for people under 25. Free condoms available

Location: Level 1, 94 Elizabeth St, Melbourne, VIC

Phone: (03) 9660 4700 or visit [Family Planning Victoria Action Centre](#)

National Health Service Directory

Directory to find a doctor in your local area

Visit [National Health Services Directory](#)

Dr Marie

Sexual health and unplanned pregnancy services

Phone: 1300 003 707 or Visit [Dr Marie](#)

Melbourne Sexual Health Centre

Free sexual health clinic, offering free condoms and testing and treatment including post-exposure prophylaxis if you think you have been exposed to HIV, walk-ins welcome.

Location: 580 Swanston St, Carlton, VIC

Phone: (03) 9341 6200 or visit [Melbourne Sexual Health Centre](#)

General information on health services in the university

- 1) Service Name – **Deakin University Medical Centre**
- 2) Link to Services <http://www.deakin.edu.au/students/health-and-wellbeing/medical-centres>
- 3) Explaining a bit about the Service - Providing accessible and confidential medical services to all current students, the Deakin Medical Centres are located on each campus, they are staffed by qualified and experienced medical doctors and nurses. Consultations are free for students with a valid Overseas Health cover card or a Medicare card.
- 4) Services Provided include – general physical examinations, prescribing of medicines, sexual health, women’s health, men’s health, dietary advice, help to QUIT smoking, assistance with managing mental health,
- 5) Free health coaching to improve overall health and wellbeing and achieve health goals ie. Increasing activity, managing weight, improving sleep this service is available face to face at Waterfront campus or Warrnambool or via SKYPE or phone for all other students.
- 6) Online appointment making – convenient and can be done via phone app or through the webpage.

