



multicultural health
& support service



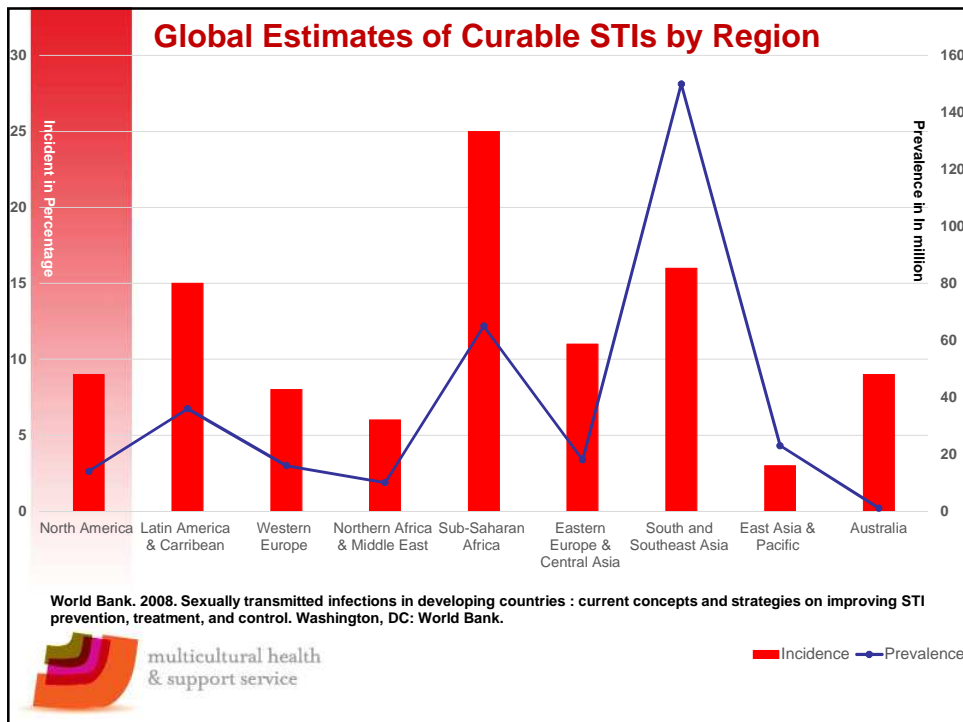
Sexual Health in migrant and refugee communities

Social context

- Loss of social networks/capital
- Loss of cultural & religious elements
- Talking about sexuality and sexual health is Taboo among many communities
- Only 2.2% Australian research on multicultural health



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Personal Challenges

- Difficulties navigating health system
- Pre-migration information and understanding experience of Healthcare services
- Low health literacy
- Difficulty understanding law, consent and negotiating sexual relationships

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Structural Challenges

- Stigma and discrimination
- ↓ Cultural Competency of system
- ↓ Responsiveness of mainstream services to the needs of CALD communities
- Social determinants of health



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Structural Challenges

- Rapport building- time constraint for GPs
- Complex healthcare systems and processes
- Cost of services



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Community Challenges

- Stigma and discrimination
- Health belief system
- Peer Pressure/learning- misinformation
- Cultural norms around relationships and sexual behaviour
- Changing family dynamics and intergenerational conflict



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Community Challenges

- Young people: sex education → parents → abstinence before marriage.
- Girls in particular
- Young women sexually active → considered 'tainted'
- Inherent social risk for young women in unplanned pregnancy.



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Very few young refugees are aware of Sexual health Clinics and where to find them



Person-focused Interventions

- Good evidence on Health education
- School/family planning based clinics
- Community based programs
- Peer Education model



Interventions at structural level



**Language
Services**



**Cultural
Competence**



**Health
Literacy**



Language Services



Language services

- Accredited interpreters: oral or sign information from one language to another
- Translated written information in languages other than English
- Multilingual staff: in low-risk communication encounters



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Language barriers

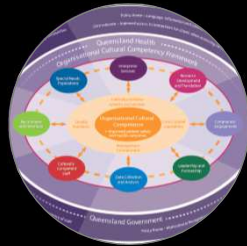
- Interpreters can be problematic in sexual health. Using them for such private matters requires sensitivity.
- Same gender interpreters if available are preferred. Avoid use of family members.
- Languages which are spoken by smaller communities often means the patient is known to the interpreter.



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You and interpreters

- Assessing the need for an interpreter
- Booking – getting the right interpreter
- Briefing – your return on investment
- Communicating effectively
 - Orientation and address to the client
 - Make one point at a time
- De-briefing – comments, compliments and complaints



Cultural Competence



Cultural competence

Cultural competence is a set of congruent behaviours, attitudes and policies that come together in a system, agency or among professionals; enabling that system, agency or those professionals to work effectively in cross-cultural situations.

Cross TL, Bazron BJ, Dennis KW, Isaacs MR (1989), *Towards a Culturally Competent System of Care*, Vol. 1, Georgetown University Child Development Centre, Washington DC



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Why is a cultural competence framework important?

It enables an organisation to help ensure that all consumers from refugee and migrant backgrounds receive high quality appropriate care.



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An organisational cultural competence framework

- Organisational values
- Governance
- Planning, monitoring and evaluation
- Communication
- Staff development
- Organisational infrastructure
- Service & intervention



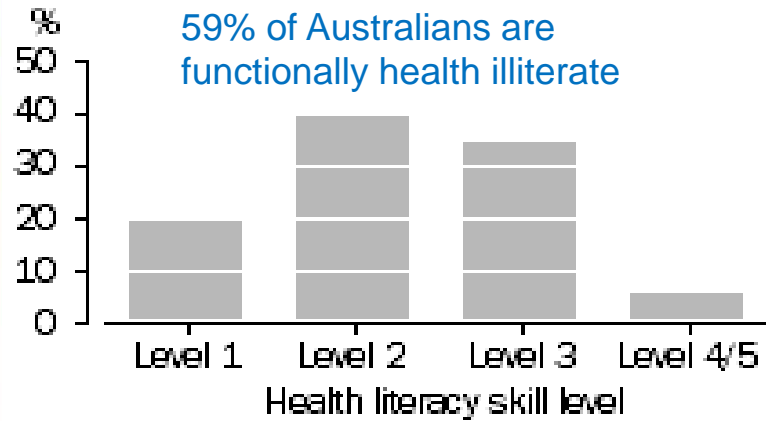
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Health Literacy



Health literacy Levels



Skill levels 3, 4 and 5 represent adequate or better health literacy.

Source: Health Literacy Australia (ABS cat. no. 4233.0)



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Levels of health literacy

- **Functional health literacy:** Early concept of health literacy → individual's ability to understand and comply with health instructions
- **Critical health literacy:** Advanced levels of knowledge and skills that support greater autonomy and personal empowerment in health related decision-making and management
- **Population critical health literacy:** Capacity to act politically to address social and economic determinants of health



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Guzys, D et al.; licensee BioMed Central.

Teach-back

- Ask patient to say back what has taken from the conversation
- Find the gap in understanding → provide further information
- Repeat the process → 'shared understanding'
- Say "I just want to make sure I've explained it well because I've covered so many things"
- Do not ask 'do you understand what I said?'
- Avoid jargon- use plain language
- Focus on few points → chunk info for points



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http://www.who.int/reproductivehealth/topics/sexual_health/sh_definitions/en
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