

# Exploring Sexual health issues of the culturally and linguistically diverse communities in Wollongong

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for



HEALTHY CITIES ILLAWARRA INC.

## Executive Summary

This report provides an over view of the sexual health research undertaken by Healthy Cities Illawarra (HCI).

The **aim** of the research was to:

- Identify sexual health needs and issues of the culturally and linguistically diverse (CALD) communities in Wollongong and provide recommendations to address these issues.

The **Objectives** of the research were to:

- Carry out a literature and program search into sexual health research and projects implemented in other communities
- Conduct interviews with key stakeholders
- Identify potential health promotion projects for Healthy Cities Illawarra to implement to address CALD sexual health issues

The study was carried out in the following stages:

### Stage 1

- Research was carried out to identify the main CALD communities in Wollongong, collate statistical data and to gain information on the CALD communities in Wollongong
- Interviews were undertaken with ten local multicultural organisations to gain an understanding of the CALD communities and their sexual health issues in Wollongong

### Stage 2

- An internet search was conducted to identify CALD sexual health projects in Australia
- Interviews were carried out with five key sexual health service providers in Wollongong
- A focus group was held with a multicultural women's group

### Stage 3

- Analysis of data and recommendations devised
- Evaluation of the project

The research drew attention to a number of interesting issues including:

- The identification of sexual health issues for CALD communities in Wollongong including:
  - barriers to accessing services and information
  - raising the awareness of HIV/AIDS in Australia amongst the newly arrived African communities
  - intergenerational issues around sexual health
  - issues among young people and safe sex awareness
- The main sexual health service referral points
- Strategies to enable multicultural workers to create a better sexual health service for CALD communities including sexual health training and site visits for multicultural workers
- Identification of potential partners for HCI to work with on CALD sexual health projects

## **Recommendations**

The recommendations are linked with the key findings from the research. The recommendations have been formed by identifying issues in line with the core work of the sexual health promotion worker at HCI.

### **Identified Sexual health issues for CALD communities**

#### Barriers to accessing information and using services

##### Recommendation 1

- Conduct further community consultations to further explore cultural beliefs and attitudes towards sexual health in order to develop more appropriate and effective sexual health social marketing/campaigns to the targeted communities

##### Recommendation 2

- Develop partnerships with CALD groups in order for them identify strategies and design projects that are meaningful to them to overcome barriers

##### Recommendation 3

- Carry out an audit of sexual health information targeted to CALD communities to identify if it is appropriate, regionally relevant and being disseminated effectively

##### Recommendation 4

- Investigate dissemination of translated sexual health information through the local Vox FM ethnic radio programs and ethnic newspapers

##### Recommendation 5

- Establish what sexual health information is given to CALD groups on arrival in the Illawarra

#### Increase the awareness of newly arrived African communities of HIV/AIDS in Australia

##### Recommendation 1

- Consult with relevant multicultural organisations to establish a project to increase the awareness of African community's understanding of HIV/AIDS in Australia

#### Intergenerational issues

##### Recommendation 1

- Liaise with potential project partners to establish the feasibility of developing a project to enhance communication about sexual health between CALD generations

#### Young people and safe sex awareness

##### Recommendation 1

- Link in with established CALD specific programs in schools in the Illawarra to promote safe sex practices among young CALD people

## **Sexual Health Referral Points**

The results showed that multicultural organisations refer CALD communities with sexual health issues to two main points, these being GP's and the sexual health clinic.

### Recommendation 1

- Investigate avenues to broaden and strengthen referral processes for CALD clients to sexual health services in the Illawarra

### Recommendation 2

- Consult with GP's and the Illawarra Sexual Health Clinic regarding working in partnership on CALD sexual health projects in the future

## **Creating a better sexual health service for CALD communities**

### Sexual Health Training for Multicultural Workers

#### Recommendation 1

- Identify the sexual health educational and training given to multicultural workers and ascertain further training if needed

#### Recommendation 2

- Arrange a site visit to sexual health services for multicultural workers and CALD community leaders

## **Project Partners**

#### Recommendation 1

- Present report findings and recommendations to the Illawarra Sexual Health Interagency Network

#### Recommendation 2

- Once future projects have been identified contact organisations that have implemented similar CALD sexual health projects (as identified in this report) that have been implemented successfully in other places

#### Recommendation 3

- Consult with local intensive English schools to explore potential partnerships for CALD sexual health projects

#### Recommendation 4

- Link in with existing CALD groups, networks and projects to work collaboratively on CALD sexual health projects

## **Conclusion**

The research carried out to explore sexual health needs and issues of the CALD communities demonstrates that the CALD communities in Wollongong do have a number of complex, cross cultural sexual health issues and there are opportunities for HCI to develop and implement health promotion projects relating to the key findings of this report to address those issues.

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## 1. Introduction

This report outlines the research carried out into the sexual health issues and needs of culturally and linguistically diverse (CALD) communities in the regional city of Wollongong, NSW. It identifies the issues that were raised by multicultural organisations, sexual health service providers and members of the CALD communities relating to sexual health. It concludes with recommendations for Healthy Cities Illawarra's future direction and action in relation to CALD communities and sexual health.

A project officer was employed by Healthy Cities Illawarra to complete the research. The research was carried out over 120 hours over a ten-week period in Wollongong, 70km south of Sydney. Due to the time restraints the research only focused on the local government area of Wollongong and not the whole of the Illawarra.

### 1.1 Aim

The **aim** of the research was to:

- Identify sexual health needs and issues of the culturally and linguistically diverse communities in Wollongong and provide recommendations to address these issues.

### 1.2 Objectives

- Carry out a literature and program search into sexual health research and projects implemented in other communities
- Conduct interviews with key stakeholders
- Identify potential health promotion projects for Healthy Cities Illawarra to implement to address CALD sexual health issues.

### 1.3 Defining Sexual Health

The research undertaken was guided by the World Health Organisation's definition of sexual health:

*“Sexual health is 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.” (WHO Technical Consultation on Sexual Health, which met in January 2002.)*

The research looked at sexual health as being a very broad topic and included:

- HIV/AIDS
- Women's health
- Men's health
- Contraception
- Sexually Transmitted Infections
- Sexuality including sexual identity
- Family Planning
- Sexual abuse

## **2. Rationale for the research**

People from CALD backgrounds are faced with various challenges in adapting to the Australian society such as language barriers, unemployment, poverty and lack of knowledge about services (including health services) and how to access them (Johnson and Phoenix, 2003 cited in Prihaswan 2004). In the areas of HIV/AIDS and sexual health, the situation is more complex. Stigma and discrimination are strongly attached to these issues and this may hinder CALD people from discussing the issues and can place barriers to accessing HIV and sexual health services.

It has been identified that sexual health and HIV/AIDS is a significant issue for culturally and linguistically diverse communities. In NSW, approximately 30% of HIV notifications in 2002 were among people who speak a language other than English at home or were born in a non-English speaking country. This is a 10% increase from figures released in the year 2000 (Consultation Draft NSW HIV/AIDS Strategy 2004).

The National HIV/AIDS Strategy 2005-2008 identifies people who are from CALD backgrounds as one of its priority areas for action. It states that people from CALD backgrounds are more likely to have a late diagnosis of HIV/AIDS and associated poorer health outcomes. There are also complexities in care and support arising from cultural and linguistic issues and their impact on health literacy, social disadvantage and social isolation.

Among some CALD communities, HIV/AIDS awareness levels are low and there are significant cultural impediments to seeking testing or information about HIV/AIDS. These issues demand a greater and more targeted response from all parts of the HIV/AIDS sector to reduce health inequalities experienced by people from CALD backgrounds. The National HIV/AIDS Strategy goes on to suggest that this response should be in partnership with the communities themselves and their representative ethnic organisations, in order to develop interventions that are relevant and culturally appropriate.

### 3. Community Profile

At the 2001 census there were 1,474,987 people born overseas in NSW, accounting for 23.1% of the NSW population (A Snapshot of NSW, ABS, 2001).

The population of the Illawarra area is 341,058, of that 19% of people are born overseas. 12% of the population live in a household where a language other than English is spoken. Of the non-English speaking countries, Macedonia was the most common country of birth (1.4% of the total Illawarra population) followed by Italy (1.3%), Germany (0.8%), Netherlands (0.5%) and the Former Yugoslavia.

The Illawarra has been chosen as a resettlement area by a small but significant number of people fleeing war and persecution since the end of World War 2. In the 1950's people came to the region from Eastern Europe under programs for displaced people. In the early 1970's many people migrated from Chile following the coup in that country but most arrived under the skills and family reunion programs rather than as refugees.

The first group to arrive in the region under refugee and humanitarian programs were the Vietnamese migrants. They arrived following the fall of Saigon in 1975 and most had spent time in refugee camps in South East Asia. Family reunion programs allowed many of the early refugees from Vietnam to sponsor family members particularly spouses or parents.

Since the 1970's, a small number of people from Lao's, Poland, Iran, Central America and China have settled in the Illawarra, but it was not until war broke out in the former republic of Yugoslavia that significant numbers of humanitarian entrants have chosen the region as their resettlement destination. The first wave of refugees fleeing that war arrived in the Illawarra in 1992 (Illawarra Health 2003).

In Wollongong 11.7% of residents were born in a non- English speaking country. This is 0.3% higher than the NSW average and 4% higher than the Illawarra average. People from over 36 countries of birth live in the Wollongong LGA with more than 30 different languages spoken and over 20 different religions practised. The majority of people from non-English speaking backgrounds reside in the south-eastern suburbs of the LGA including Lake Heights, Port Kembla, Cringila and Warrawong. Approximately 17.3% people speak a language other than English at home. Of this group the most common languages were Macedonian (3.2%), Italian (2.9%), Greek (1.2%), Spanish (1%) and Chinese languages (1%) (Wollongong City Council Social Community Plan 2003-06).

The following table shows the birthplace of residents in the Illawarra, broken into the local government areas of Wollongong, Shellharbour, Kiama and Shoalhaven (ABS 2001).

**Table 1: Birthplace of residents in the Illawarra**

Country	Wollongong	Shellharbour	Kiama	Shoalhaven	Illawarra Total
Australia	129,130	42,563	15,505	68,341	<b>255,539</b>
Canada	219	41	19	90	<b>369</b>
China (excludes SARS and Taiwan Province)	773	34	31	123	<b>961</b>
Croatia	896	233	16	137	<b>1,282</b>
Egypt	127	50	10	64	<b>251</b>
Fiji	183	22	3	43	<b>251</b>
France	183	39	10	64	<b>296</b>
Germany	1,414	705	90	548	<b>2,757</b>
Greece	964	139	24	121	<b>1,248</b>
Hong Kong (SAR of China) (a)	338	19	15	31	<b>403</b>
India	420	24	14	68	<b>526</b>
Indonesia	302	18	6	39	<b>365</b>
Ireland	384	110	40	145	<b>679</b>
Italy	3,553	479	85	323	<b>4,440</b>
Korea, Republic of (South)	203	19	10	26	<b>258</b>
Lebanon	578	41	3	31	<b>653</b>
Macedonia, FYROM (b)	3,793	884	24	12	<b>3,917</b>
Malaysia	233	29	14	44	<b>45</b>
Malta	499	282	34	181	<b>996</b>
Netherlands	1,032	333	68	420	<b>1,853</b>
New Zealand	1,671	460	214	895	<b>3,240</b>
Philippines	753	197	26	168	<b>1,144</b>
Poland	609	127	15	109	<b>860</b>
Singapore	97	15	6	28	<b>146</b>
South Africa	307	44	58	101	<b>510</b>
Sri Lanka	154	16	4	37	<b>211</b>
Turkey	643	124	3	13	<b>773</b>
United Kingdom (c)	11,876	4,674	1,226	5,170	<b>12,946</b>
United States of America	403	53	59	210	<b>725</b>
Viet Nam	662	57	6	23	<b>748</b>
Yugoslavia, Federal Republic of	1,238	301	27	82	<b>1,648</b>
Born elsewhere overseas (d)	6,937	1,949	229	1,005	<b>3,876</b>
Not stated	9,784	2,883	876	4,616	<b>18,159</b>
Overseas visitors	1,254	107	54	243	<b>1,658</b>
<b>Total</b>	<b>181,612</b>	<b>57,071</b>	<b>18,824</b>	<b>83,551</b>	<b>323,733</b>

(a) SAR is an abbreviation of "Special Administrative Region". SARs comprise 'Hong Kong (SAR of China)' and 'Macau (SAR of China)'

(b) FYROM is an abbreviation of Former Yugoslav Republic of Macedonia

(c) Includes England, Scotland, Wales, Northern Ireland, Channel Islands, Isle of Man and United Kingdom, nfd

(d) Includes 'Inadequately described', 'At sea and 'Not elsewhere classified'

### 3.1 New and Emerging Communities

Since the 2001 census, there has been an increase in refugees from the African countries. In late September 2002, the first African humanitarian entrants arrived in Wollongong. In 2004-5, the number of visas issued under the Humanitarian migration scheme was increased from 12,000 to 13,000 by the Federal Government. Of the 13,000 visas issued, 76% were designated for refugees from the African continent. Consequently this has seen an increase in the amount of permanent residents from Africa setting in Australia and in the Illawarra (Illawarra Multicultural Services 2005).

The total number of people that have arrived from African countries to the Illawarra from 1<sup>st</sup> July 2000 to 30<sup>th</sup> June 2005 is 255. This includes the local government areas of Kiama, Shellharbour and Wollongong. (DIMIA Settlement Database cited in Illawarra Multicultural Service 2005). Please note that statistics for the local government area of the Shoalhaven could not be sourced.

The following table shows the African arrivals to Kiama, Shellharbour and Wollongong local government areas from 1<sup>st</sup> July 2000 to 30<sup>th</sup> June 2005.

**Table 2: African arrivals to the Illawarra 2000-2005**

Birth Country	Kiama	Shellharbour	Wollongong	Total
Angola		1	1	2
Burundi			9	9
Cameroon Rep			1	1
Egypt Arab Rep of		5	6	11
Ethiopia			3	3
Ghana			2	2
Guinea			5	5
Ivory Coast			2	2
Kenya		2	14	16
Liberia			44	44
Malawi			1	1
Mali			1	1
Mauritius			1	1
Morocco			3	3
Nigeria			4	4
Rwanda			6	6
Sierra Leone			15	15
Somalia			7	7
South Africa Rep	14	13	44	71
St Helena			1	1
Sudan			26	26
Tanzania, United Republic of		1	1	2
Uganda			3	3
Zaire		1		1
Zambia	1		3	4
Zimbabwe	1		13	14
<b>Total</b>	<b>16</b>	<b>23</b>	<b>216</b>	<b>255</b>

## 4. Methodology

The study was carried out in the following stages:

### Stage 1

- Research was carried out to identify the main CALD communities in Wollongong, collate statistical data and to gain information on the CALD communities in Wollongong
- Interviews were undertaken with ten local multicultural organisations to gain an understanding of the CALD communities and their sexual health issues in Wollongong. Interviews were the method chosen to collect the data due to the sensitive nature of the subject.

### Stage 2

- An internet search was conducted to identify CALD sexual health projects in Australia
- Interviews were carried out with five key sexual health providers in Wollongong
- A focus group was held with a multicultural women's group. The coordinator of this group suggested to "label" the focus group as women's health rather than sexual health as the subject is very sensitive to raise on the first meeting with a group.

### Stage 3

- Analysis of data and recommendations devised
- Evaluation of the project

## 5. Key Findings

The information below is the main themes that came from the interviews conducted with key multicultural organisations and sexual health providers in Wollongong. The data that was collected from the interviews conducted was analysed by identifying common themes. They are listed in order of highest to lowest. There were 15 interviews carried out. Of these 10 were from multicultural organisations and 5 were from sexual health services. The main themes that emerged from the needs assessment were as follows. Please see Appendix 3.6 for the results of the research.

### 5.1 Sexual health issues

The common sexual health issues that came from the interviews are as follows. They are listed with the highest responses first.

#### Barriers to accessing information and using services

This issue emerged as being the major issue for CALD communities. This includes barriers such as cultural issues including language and not identifying with sexual health messages.

*“Some communities are coming from countries where they do not access doctors unless they are dying, it is hard for them to understand that it is important to access doctors regularly” (service provider).*

*“The sexual health messages do not get across, not necessarily because of the language but because they do not relate to the message or the image they have portrayed” (multicultural worker)*

#### Female Genital Mutilation

The interviewees identified this as being an issue for the newly arrived African communities.

#### Increase the awareness of newly arrived African communities of HIV/AIDS in Australia

Some of the interviewees raised concern that many African communities do not think that HIV is an issue in Australia and as such they then do not exercise safe sex practices.

#### Sexual health not ‘talked about’ in CALD communities

As in many communities talking openly about sex is often difficult and the study showed that CALD communities do not often talk about sexual health issues. This acts as a barrier to accessing information

and services regarding sexual health. It also acts as a barrier to families talking about sexual health issues.

*"It doesn't get talked about- it is kept to the family or yourself. It doesn't come up, they don't talk to me about sexual health" (multicultural worker)*

### Women's Health

Women's health emerged as an issue amongst CALD communities in Wollongong. This includes pap smears, breast checks, contraception, female genital mutilation and menopause.

### Contraception for African Women

This emerged as an issue regarding African women and that it would be beneficial to provide education to the women about contraception methods.

*"Some (African) women don't want more kids. Often they have very large families and information may be good for them regarding contraception" (multicultural worker)*

### Intergenerational issues

This emerged as an issue with particular focus on the children of the first generation migrants. Concern was expressed that these young people often have to live in two cultures- their parent's original culture and the Australian culture. Feedback from interviewees showed that sexual health issues are often hard to communicate in any family but being from a CALD background can make the issue even more complex.

*"I think that sexual health issues are not discussed across generations and it may be good to try and create communication between generations about issues such as being gay" (service provider)*

*"Parents are not usually aware that their children are sexually active. We have young females come here when their parents have no idea they are having sex. There is also peer pressure from their friends which conflicts with their parent's views, their family views. There is a gap between schools and parents" (service provider)*

*"Young people experimenting with sex can conflict with their cultural and religious norms eg Muslims. This makes the problem more complex, another layer on top of being young" (multicultural health worker)*

### Young people and safe sex awareness

This includes addressing such sexual health issues as young teenage pregnancy, sexually transmitted infections and general safe sex awareness.

### Men who have sex with men but do not identify as being gay

These men are usually married and will not identify as being gay. This impacts on the provision of services to these men to address issues such as HIV/AIDS screening, promotion of safe sex practices and STI screening.

*“The CALD communities have big issues about identifying as being gay. It is a huge barrier for them to use our service. We had a young Greek guy that took 12 months to get the courage up to come and use our service. He was scared someone might see him come in. His family would abandon him if they knew. (service provider)”*

## **5.2 Sexual Health Referral Points**

The majority of the multicultural organisations that were interviewed would refer their CALD clients with a sexual health issue to:

- The Illawarra Sexual Health Clinic
- GP

## **5.3 Creating a better sexual health service for CALD communities**

Interviewees identified the following would allow them to provide a better sexual health service:

### Sexual Health Training for Multicultural Workers

This emerged as the major strategy that would allow workers to provide a better sexual health service to the CALD communities.

*“I do not know much about sexual health so I think that it would be good to have training about services, information etc.” (multicultural worker)*

*“You asking me these questions has made me realise that I do not ask my clients as part of their needs assessment when we first see them that I do not ask them about sexual health.” (Migrant settlement worker)*

It was also suggested that an arranged visit for multicultural workers to sexual health services would be beneficial. This would assist in them being able to refer their clients to the services and being able to provide sexual health information to their clients.

## Outreach services

The research showed that better outreach services would allow workers to provide a better sexual health service.

*"It would be good to have outreach services and go into their communities. Often people do not feel comfortable going to the clinic." (multicultural worker)*

Other things that were brought up in the interviews included:

- Having more accessible low cost bilingual counsellors
- Better sex education at schools
- Better transport to get to services
- Two interviewees stated they had enough information to know where to refer people

### **5.4 Project Ideas from the Interviewees**

The following project suggestions came from interviewees when asked for ideas for health promotion projects to address sexual health issues of the CALD communities.

- The major idea for a project was to disseminate information through ethnic radio.
- Simple easy to read translated information without too much information
- Ask and consult with communities to design their own project such as getting students to design their own pamphlets so that it 'speaks' to them
- Project that focuses on different health issues such as cultural days or health information days that touch on sexual health as well as other health issues.
- Conducting projects in schools
- Engaging GP's
- Focus on African communities and raising their awareness of HIV/AIDS. It was suggested doing this through developing a DVD so that they can watch it in private or running a forum.
- Disseminating information through ethnic newspapers
- Label the project as something rather than 'sexual health' as it often puts people off
- Focus on prevention measures by implementing education and awareness campaigns.
- An electronic directory of services so that it easily updated and is relatively inexpensive
- Audit of sexual health information- is it appropriate and is it being disseminated effectively?
- Developing a Peer Educators project

Other points to remember when implementing projects that were raised by interviewees included:

- Use humour
- Bilingual information that can be downloaded
- Specific projects for specific communities rather than general
- Link with what is already existing such as men and women's groups
- It is important to combine a social aspect into a project such as a meal

## 5. 5 Project Partners

All of the organisations interviewed were willing to be consulted about becoming involved in CALD sexual health promotion projects in the future.

## 5. 6 Focus Group Results

The main themes that came from the focus group with multicultural women's group are listed below. There were 20 women in the focus group from the following countries:

Australian- 1  
China-1  
England-1  
Greece-1  
Italy-8  
Macedonia-3  
Portugal-2  
Singapore-1  
Turkey-2  
Vietnam-1

- The women felt they lacked information relating to women's health and would like more written information in their language
- Many of the women in the group did not know about health services in Wollongong and felt that it would be beneficial for them to have more information about services that are available to them
- They felt that their health issues are not taken seriously by doctors

*"There are not enough women's clinics in the area, I didn't even know there was one in Warilla."*

*"More promotion of services, I am not aware of services."*

*"I go to the doctor and I don't seem to get any real help, my health issues are not taken seriously."*

*"I go to the doctor with a problem and they say 'you are 69 you are getting old.'"*



## 6. Other CALD Sexual Health Promotion Projects

A literature and program review was carried out in order to identify other projects that had been implemented to address culturally and linguistically diverse community's sexual health issues. This is summarised below.

### 6.1 National Projects

Issue	Organisation	Project	Details	Contact
HIV/AIDS	Northern Sydney Health- HIV Sexual Health Promotion Unit	"Culturally and Linguistically Diverse Background HIV and Sexual Health Improvement Project".	This was a two year HIV/AIDS Health Promotion Demonstration Project. It was implemented in partnership with the Hornsby Kuring-gai and Ryde Division of General Practice. The project aimed to increase the capacity of GP's in managing HIV/AIDS and sexual health for CALD patients and to increase the knowledge and awareness of HIV/AIDS and sexual health among CALD communities and improve their access to general practitioners. A report was accessed by HCI summarising the project.	Sarah Yallop Acting Manager of HIV and Sexual Health Unit- Northern Sydney Health  Phone: 9858 7606 <a href="mailto:syallop@nscchhs.health.nsw.gov.au">syallop@nscchhs.health.nsw.gov.au</a>
	Multicultural Family Planning	Peer Educator Project  GP cue card	A project in partnership with Australian College of Languages. They are planning to implement HIV education into the curriculum of African classes. They carried out a needs analysis to find out the existing awareness of students and how they can implement the education to them in culturally appropriate way. They have developed a resource that will be finished at the end of June 2006. They are investigating setting up a project where they train students to be peer educators about HIV. In the future will research sexual diversity and CALD communities.  HIV Pre-test and Post-test Counselling Guide for GP's has been produced. It is a cue card for discussing HIV and testing with patients from high prevalence countries. It was distributed to GP's throughout NSW	Renee Lovell Health Promotion Worker FPA Health 328-336 Liverpool Road Ashfield 2131 Phone: (02) 8752 4309
	Multicultural HIV/AIDS	Late HIV Presentation Project	People from CALD backgrounds are more likely to present late with HIV when compared to people born in Australia. The project focused on 4 CALD communities: African communities (Eritrea, Ethiopia, Ghana, Nigeria, Sierra Leone, Somalia and Sudan),	<a href="http://www.multiculturalhivhepc.net">www.multiculturalhivhepc.net</a>

Issue	Organisation	Project	Details	Contact
HIV/AIDS			Khmer, Thai and Vietnamese. Held HIV/AIDS workshops for community workers from African Communities Council and Migrant Resource Centres. Developed an African-Australians against AIDS poster. Organised an African- Australians Against AIDS Soccer Cup. Produced a radio drama with the Vietnamese community broadcast on the Vietnamese radio station focusing on HIV awareness and testing issues. Local Vietnamese actors played characters and the campaign concluded with a talkback session for members of the public.	
	Multicultural HIV/AIDS	'Play it safe – Use a Condom' campaign	A soccer match was organised using soccer celebrities and members of refugee communities. Soccer was used as a medium to promote safe sex and with resources, such as the 'Play it Safe' video and information packages, educated people on safe sex.	<a href="http://www.multiculturalhivhepc.net">www.multiculturalhivhepc.net</a>
	Multicultural HIV/AIDS	The Spanish speaking Background HIV/AIDS Education Project (Hispanic Project)	The project "Condon-Rito... Don't forget it!" explored and implemented innovative and more effective ways of reaching and educating people from Spanish speaking communities. The program adapted a cultural icon, Condorito, a very popular comic strip folk-hero familiar to South and Central American countries. He has played a variety of social positions in his comic books. He has been a Doctor, a banker, a thief and a soccer player among others. Playing with the Spanish word condon (condom) and the character Condorito the campaign was developed.	<a href="http://www.multiculturalhivhepc.net">www.multiculturalhivhepc.net</a>
		<b>Access to HIV Prevention Information Among Selected Communities in Victoria 2004</b>	A project to ensure that CALD communities have access to material that will help them understand HIV prevention and where to find information. The study will also help health workers and community organisations to know what material is available, to make sure that it is culturally sensitive and that the information provided is accurate and relevant to the needs of the community. This project will identify available support structures and materials relating to HIV/AIDS prevention, which have been developed specifically or translated for Horn of Africa, Arabic-speaking, Vietnamese and Thai communities. The study proposes to explore how culturally and linguistically appropriate the information is, how it is understood and how to best communicate HIV-related information to the selected communities. The research	Australian Research Centre for Sex, Health and Society, La Trobe University 1st floor, 215 Franklin St Melbourne VIC 3000 <a href="http://www.latrobe.edu.au/arcs/hs/index.html">http://www.latrobe.edu.au/arcs/hs/index.html</a> Sophie Dutertre <a href="mailto:S.Dutertre@latrobe.edu.au">S.Dutertre@latrobe.edu.au</a> <b>Contact telephone</b> 03 9285 5297

Issue	Organisation	Project	Details	Contact
<b>Youth</b>	FPA Health Penrith		<p>methodology will include an audit and analysis of currently available material, Key Informant Interviews and Focus Groups. They are currently conducting research into working with youth from CALD communities regarding sexual health.</p>	Michelle Warehouse Penrith Youth Health Centre 13 Reserve Street Penrith Ph: 4721 8330
<b>Youth</b>	Family Planning Western Australia	Rockingham Adolescent Project (RAP)	<p>In 2004 from March to November, FPWA's Quarry Health Centre collaborated with Rockingham Women's Health Centre to bring a youth safe sex program to Indigenous and CALD youth in Rockingham. Fun and interactive safe sex programs were run in senior high schools and TAFEs. Participants in each of the groups were from different cultural backgrounds. Youth service providers in the area attended free training workshops, and RAP held activities at youth festivals and community events in the Rockingham and Mandurah areas. A RAP wallet card was developed, which provided information about sexual health services in the area for young people. The South Metropolitan Public Health Unit has funded RAP this year, with Derbarl Yerrigan on board alongside Quarry to implement the project from May until December. Sessions are filling up fast, and it seems that RAP is in high demand, not only to assist young people in Rockingham, but also to help service providers update their skills.</p> <p>Developed a website for international students regarding sexual health.  <a href="http://www.med.monash.edu.au/healthpromotion/pamphlets/sexualhealth/about.html">http://www.med.monash.edu.au/healthpromotion/pamphlets/sexualhealth/about.html</a></p> <p>It aims to:</p> <ul style="list-style-type: none"> <li>▪ To raise sexual health related issues likely to be encountered by international students, and thereby promoting their awareness of the importance of sexual health.</li> <li>▪ To provide the international students with basic information and other resources to increase their knowledge in the area of sexual health.</li> <li>▪ To promote the range of sexual health services available and hence encourage their utilisation as well as giving the</li> </ul>	Deborah Wright, Manager at Quarry Health Centre for under 25s Ph: (08) 9430 4544.
	Monash University	Sexual Health Awareness Amongst International Students	<p>Developed a website for international students regarding sexual health.  <a href="http://www.med.monash.edu.au/healthpromotion/pamphlets/sexualhealth/about.html">http://www.med.monash.edu.au/healthpromotion/pamphlets/sexualhealth/about.html</a></p> <p>It aims to:</p> <ul style="list-style-type: none"> <li>▪ To raise sexual health related issues likely to be encountered by international students, and thereby promoting their awareness of the importance of sexual health.</li> <li>▪ To provide the international students with basic information and other resources to increase their knowledge in the area of sexual health.</li> <li>▪ To promote the range of sexual health services available and hence encourage their utilisation as well as giving the</li> </ul>	<a href="http://www.med.monash.edu.au/healthpromotion/pamphlets/sexualhealth/about.html">http://www.med.monash.edu.au/healthpromotion/pamphlets/sexualhealth/about.html</a>

Issue	Organisation	Project	Details	Contact
			international students guidance in making informed decisions on where to seek help.	
	Shine SA		SHine SA worked with young multicultural people to develop a poster on relationships and sexual health. The message they came up with was <b>Enjoy healthy relationships. Show respect. Know how to protect.</b>	<a href="http://www.shinesa.org.au">www.shinesa.org.au</a>
<b>Female Genital Mutilation</b>	Family Planning Queensland	Multicultural Women's Health Education Project on Female Mutilation	Aims to support women and communities affected by the practice of female genital mutilation (FGM) improve health providers' services to the women and facilitate a coordinated community response to the occurrence of FGM in Queensland. There are currently seven community educators who speak different languages. Their role is to promote health awareness and the illegality of FGM practice in Australia. Languages include Somalian, Amharic, Harari, Arabic, Tigrinia, Tigre, Tigrinya, Farsi, and Philippine	Multicultural Officer Ph: (07) 3250 0240 <a href="http://www.fpq.com.au">www.fpq.com.au</a>
	South Western Sydney Area Health Service		Developed a FGM Media Communication Strategy	<a href="http://www.swsahs.nsw.gov.au/healthser/main.asp">www.swsahs.nsw.gov.au/healthser/main.asp</a>
<b>Staff Training</b>	South Western Sydney Area Health Service		Female Genital Mutilation (FGM) workshop and training for service providers treating women affected by FGM	<a href="http://www.swsahs.nsw.gov.au/healthser/main.asp">www.swsahs.nsw.gov.au/healthser/main.asp</a>
<b>Staff Training</b>	Multicultural Health Communication Service		Evaluation of Multicultural Skills for Health Staff in South Western Sydney AHS.	Manager, Peter Todaro <a href="mailto:TodayP@sesahs.nsw.gov.au">TodayP@sesahs.nsw.gov.au</a> 02 9382 7516
	Multicultural HIV/AIDS		Developed a Training and Educational Package targeting health professionals and newly arrived and refugee communities.	<a href="http://www.multiculturalhivhepc.net">www.multiculturalhivhepc.net</a>
	Shine SA	Cross Cultural Sexuality Workshop	Shine SA run a 2 day workshop for people who work with migrants and refugees. It aims to: <ul style="list-style-type: none"> <li>begin discussion about culture, oppression and racism and their impact on the sexual health of people</li> <li>be able to identify a range of cultural perspectives in relation to sexuality and sexual health</li> <li>build partnerships and networks with workers that work with people from diverse cultural backgrounds</li> <li>be equipped with a range of strategies, resources and</li> </ul>	<a href="http://www.shinesa.org.au">www.shinesa.org.au</a>

Issue	Organisation	Project	Details	Contact
			<p>techniques that address sexual health for migrant and refugee people</p> <ul style="list-style-type: none"> <li>• explore and identify participants' values in relation to cross-cultural issues and sexuality.</li> </ul>	
<b>Communication Strategies</b>	Multicultural Health Communication Service		Development, implementation and evaluation of a communication strategy on Cervical Screening to Arabic, Cantonese, Korean, Mandarin and Spanish speaking women	<p>Manager, Peter Todaro  <a href="mailto:TotaroP@sesahs.nsw.gov.au">TotaroP@sesahs.nsw.gov.au</a>            02 9382 7516</p>
	Multicultural Family Planning	Health Care Interpreter Forum	FPA Health Multicultural Services Fairfield was the lead agency in a South West Sydney forum for health service providers. The forum aimed to improve the capacity of interpreters to deal with reproductive and sexual health terminology.	<p>356 The Horsley Drive, Fairfield 2165            Phone 9754 1322  <a href="http://www.fpahealth.org.au">www.fpahealth.org.au</a></p>
<b>Men's Health</b>	NSW Refugee Health Service	Men's Health Initiative	Funding was successfully sought from NSW Health to meet the health information needs of men from various communities. The need for this was identified through consultation with refugee men from these communities. It is envisaged that men will be given information on a range of health information, including sexual health, smoking, heart disease etc. A steering committee is about to be formed to oversee this project.	<p><a href="http://www.swsahs.nsw.gov.au/areaser/refugeehs/main.asp">http://www.swsahs.nsw.gov.au/areaser/refugeehs/main.asp</a>            Phone 61 2 8778 0770  <b>Email:</b>  <a href="mailto:refugeehealth@swsahs.nsw.gov.au">refugeehealth@swsahs.nsw.gov.au</a></p>
	Multicultural Family Planning		A project partnership with NSW Multicultural Communications and Andrology Australia to produce multilingual resources for men from CALD backgrounds addressing reproductive and sexual health issues in 12 community languages	<p>356 The Horsley Drive, Fairfield 2165            Phone 9754 1322  <a href="http://www.fpahealth.org.au">www.fpahealth.org.au</a></p>
	Victorian AIDS Council/Gay Men's Health Centre	Changing Communities	Cultural and Linguistic Diverse Communities and Gay Men HIV Prevention Education.	<p><a href="http://www.vicaids.asn.au/">www.vicaids.asn.au/</a>            6 Claremont Street            South Yarra Victoria 3141            Phone: (03) 9865 6700            Free-call: 1800 134 840</p>
<b>Women's Health</b>	South Western Sydney Area Health Service		<ul style="list-style-type: none"> <li>▪ Multicultural Women Health Expo</li> <li>▪ Recruitment of older women peer educators for the SWAHS Cervical Screening</li> </ul>	<p><a href="http://www.swsahs.nsw.gov.au/healthser/main.asp">www.swsahs.nsw.gov.au/healthser/main.asp</a></p>

## 6.2 Local Illawarra

Issue	Organisation	Project	Details	Contact
<b>General Health</b>	Illawarra Health	Health Information Days	Illawarra Health in partnership with the Illawarra Multicultural Services, STARRTS run regular health information days for CALD groups. They recently ran one looking at Sex and Drugs for the new African communities in the Illawarra.	Franca Facci Coordinator Multicultural Health Ph: 4274 6233 <a href="mailto:faccif@iahs.nsw.gov.au">faccif@iahs.nsw.gov.au</a>
<b>Youth</b>	Ethnic Communities Council	School Program for young ethnic females	The Ethnic Communities Council runs a program in high schools for young CALD girls relating to women's health and touches on sexual health. They have been very successful.	Terrie Leoleos- Manager Youth Services Aanya Roennfeldt- Youth Worker Ph: 4229 7566 16 Stewart Street Wollongong <a href="mailto:aanya@iecc.ngo.org.au">aanya@iecc.ngo.org.au</a> <a href="mailto:terrie@iecc.ngo.org.au">terrie@iecc.ngo.org.au</a>

## 7. Evaluation of the Project

The project ran to plan and met all the performance indicators set out in the action plan (please see Appendix 1). Some of the positive aspects of the project included:

- All local organisations that were contacted were willing to be interviewed and willing to receive follow up information about the project and possible involvement in future projects.

Some of the aspects that could have been improved include:

- It was suggested by a number of multicultural organisations and sexual health service providers that were interviewed that due to the sensitive nature of the research it is important to build up trust with groups before broaching the subject of sexual health. Since the research was carried out over a short period of time it was impossible to build up that trust and therefore it was difficult to carry out extensive community consultation with CALD community members.
- Due to the time frame of the project, it was not possible to carry out consultations with bilingual GP's which would have been valuable to the research.
- Due to the time frame it was not possible to carry out consultations throughout the whole Illawarra and as such Wollongong was only focused on.
- The focus group that was carried out with the multicultural women's group was labelled as 'women's health' rather than sexual health (as advised by the coordinator of the group) and as such did not gain as much information regarding sexual health as desired.
- The availability and documentation of sexual health needs and issues of CALD groups was hard to access.

## 8. Recommendations

The recommendations are linked with the key findings from the research. The recommendations have been formed by identifying issues in line with the core work of the sexual health promotion worker at HCI.

### **Identified Sexual health issues for CALD communities**

#### Barriers to accessing information and using services

##### Recommendation 1

- Conduct further community consultations to further explore cultural beliefs and attitudes towards sexual health in order to develop more appropriate and effective sexual health social marketing/campaigns to the targeted communities

##### Recommendation 2

- Develop partnerships with CALD groups in order for them identify strategies and design projects that are meaningful to them to overcome barriers

##### Recommendation 3

- Carry out an audit of sexual health information targeted to CALD communities to identify if it is appropriate, regionally relevant and being disseminated effectively

##### Recommendation 4

- Investigate dissemination of translated sexual health information through the local Vox FM ethnic radio programs and ethnic newspapers

##### Recommendation 5

- Establish what sexual health information is given to CALD groups on arrival in the Illawarra

#### Increase the awareness of newly arrived African communities of HIV/AIDS in Australia

##### Recommendation 1

- Consult with relevant multicultural organisations to establish a project to increase the awareness of African community's understanding of HIV/AIDS in Australia

## Intergenerational issues

### Recommendation 1

- Liaise with potential project partners to establish the feasibility of developing a project to enhance communication about sexual health between CALD generations

## Young people and safe sex awareness

### Recommendation 1

- Link in with established CALD specific programs in schools in the Illawarra to promote safe sex practices among young CALD people

## **Sexual Health Referral Points**

The results showed that multicultural organisations refer CALD communities with sexual health issues to two main points, these being GP's and the sexual health clinic.

### Recommendation 1

- Investigate avenues to broaden and strengthen referral processes for CALD clients to sexual health services in the Illawarra

### Recommendation 2

- Consult with GP's and the Illawarra Sexual Health Clinic regarding working in partnership on CALD sexual health projects in the future

## **Creating a better sexual health service for CALD communities**

### Sexual Health Training for Multicultural Workers

#### Recommendation 1

- Identify the sexual health educational and training given to multicultural workers and ascertain further training if needed

#### Recommendation 2

- Arrange a site visit to sexual health services for multicultural workers and CALD community leaders

## **Project Partners**

### Recommendation 1

- Present report findings and recommendations to the Illawarra Sexual Health Interagency Network

### Recommendation 2

- Once future projects have been identified contact organisations that have implemented similar CALD sexual health projects (as identified in this report) that have been implemented successfully in other places

### Recommendation 3

- Consult with local intensive English schools to explore potential partnerships for CALD sexual health projects

### Recommendation 4

- Link in with existing CALD groups, networks and projects to work collaboratively on CALD sexual health projects

## **Conclusion**

The research carried out to explore sexual health needs and issues of the CALD communities demonstrates that the CALD communities in Wollongong do have a number of complex, cross cultural sexual health issues and there are opportunities for HCI to develop and implement health promotion projects relating to the key findings of this report to address those issues.

## 10. References

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Consultation Draft NSW HIV/AIDS Strategy 2004. Available: [www.ashm.org.au/uploadFile/HIV\\_strat\\_NSW\\_draft2004.doc](http://www.ashm.org.au/uploadFile/HIV_strat_NSW_draft2004.doc) Accessed: 15th September 2005

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Illawarra Multicultural Services (2005) *Profile African Communities in the Illawarra 2005*

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Wollongong City Council (2003) *Wollongong City Council Social Community Plan 2003-06*

World Health Organisation (2002) *Definition of sexual health WHO Technical Consultation on Sexual Health*. Available: [www.who.int/reproductive-health/gender/sexual\\_health.html](http://www.who.int/reproductive-health/gender/sexual_health.html) Accessed 20th September 2005

## 11. Appendices

### Appendix 1. Action Plan

Objective	Strategy	Task to be completed by	Performance indicator
Identify CALD communities	Consult ABS statistics Consult with the Illawarra Multicultural Service	6 <sup>th</sup> September	Statistics collected
Research CALD communities	Carry out internet research	13 <sup>th</sup> September	Information collected regarding CALD communities
Identify key informants	Consult community directories Consult with HCI team	6 <sup>th</sup> September	List of key informants collated
Interview multicultural organisations	Develop interview questions Contact organisations and organise times to interview	21 <sup>st</sup> September	Interviews collated
Interview Sexual Health Service Providers	Develop interview questions Contact and organise times to interview	26 <sup>th</sup> September	Interviews completed
Carry out consultations with CALD community members	Organise focus group	12 <sup>th</sup> October	Interviews completed
Analyse data	Identify major themes	18 <sup>th</sup> October	List of common themes
Evaluate project	Evaluate the project in accordance with the performance indicators Qualitative feedback from project officer completing the research	18 <sup>th</sup> October	
Write report		25 <sup>th</sup> October	Completed report

## Appendix 2. Key Informants and contact details

### Multicultural Organisations

Organisation	Contact Person	Contact Details	Meeting Date	Comments
Illawarra Ethnic Communities Council	Terrie Leoleos/Aanya Roennfeldt Youth Workers	4229 7566 16 Stewart Street <a href="mailto:aanya@iecc.ngo.org.au">aanya@iecc.ngo.org.au</a> <a href="mailto:terrie@iecc.ngo.org.au">terrie@iecc.ngo.org.au</a>	Wednesday 31 <sup>st</sup> August 2pm	
	Darinka Radonvic CALD Disability Project Worker		Wednesday 31 <sup>st</sup> August 9am at Healthy Cities	
NSW Ethnic Communities Council	Nicole Schelderer	<a href="mailto:css@eccnsw.org.au">css@eccnsw.org.au</a> 221 Cope Street (Corner of Wellington Street) Waterloo NSW 2017 tel : 02 9319 0288		
Illawarra Multicultural Services (Migrant Information Centre)	Ansu- African Worker	4229 6855 21-29 Atchinson Street	Tuesday 30 <sup>th</sup> August 2pm	
	Hadijat- CDW Jasminka- Former Yugoslavia Virginie- Small & Emerging		Monday 12 <sup>th</sup> September 3pm	
Illawarra Health- Multicultural Health Service	Franca Facci Coordinator Multicultural Health Service	4274 6233  32-40 Lake Avenue Cringila	Tuesday 6 <sup>th</sup> Sept 1.30pm	
Multicultural Health Workers				
Wollongong City Council	James Verdell Multicultural Officer	422 77238	Tuesday 6 <sup>th</sup> September 3.30pm at Council	
Centrelink	Peter Bessman		Monday 12 <sup>th</sup> September 10am	
Multicultural Family Planning	Leissa Marceau Pitts Centre Coordinator FPA Health Multicultural Services	356 The Horsley Drive Fairfield NSW 2165 <a href="mailto:leissap@fpahealth.org.au">leissap@fpahealth.org.au</a> 9754 1322	Contacted 31 <sup>st</sup> August	sent information regarding other projects
	Renee Lovell- Health promotion worker	8752 4309		

Organisation	Contact Person	Contact Details	Meeting Date	Comments
Anglicare Illawarra Humanitarian Settlement Worker	Djurdjica Trifunovic	4229 7911	7 <sup>th</sup> September	Djurdjica finishes her job end of the week. The settlement services have been taken over by ACL
STARTTS- Early Intervention Program (NSW Service for the Treatment of Rehabilitation of Torture and Trauma Survivors)	Angela (works Wed and Friday)	422 92755	7 <sup>th</sup> September 9.30am	
NSW Refugee Health Improvement Network	Marisa Salem NSW Refugee Health Service	8778 0770		
Refugee Health Research Centre		<a href="mailto:rhrc@latrobe.edu.au">rhrc@latrobe.edu.au</a>		
NSW Multicultural Health Communication Service		9382 7516		

### Sexual Health Service Providers

Organisation	Contact Person	Contact Details	Meeting Date	Comments
Illawarra Sexual Health Service	Katherine Brown Robyn Langlands	4276 2399 Port Kembla Hospital Warrawong	22 <sup>nd</sup> September 9.30am	
Men's Sexual Health Education Officer	Damien Feeney	4223 8331 <a href="mailto:feeneyd@iahs.nsw.gov.au">feeneyd@iahs.nsw.gov.au</a>	5 <sup>th</sup> October 3pm	
AIDS Council of NSW (ACON)	Peter Irons- manager	42261163 47 Kenny Street Wollongong  9206 2000	Tuesday 13 <sup>th</sup> September 2pm	
Family Planning Australia- Illawarra	Tracey Spark	4225 3574	Tuesday 13 <sup>th</sup> September 10am	Focuses on disability and sexual health
Multicultural HIV/AIDS Service		9515 3098 Level 5 Queen Mary Building Grose Street Camperdown		
Darcy House	Sheryl Wiffen	42763900 Lot 1 Old Port Road Port Kembla	22 <sup>nd</sup> Sept 10.30am	

## CALD Community Informants

Organisation	Contact Person	Contact Details	Meeting Date	Comments
Illawarra Muslim Women's Association		4274 6122 25-27 Lake Avenue Cringila	Completed interview 27 <sup>th</sup> Sept by phone	
Multicultural Women's Network	Therese Quinn	4228 1499 70 Corrimal Street Wollongong <a href="mailto:wwc@ihug.com.au">wwc@ihug.com.au</a>	11 <sup>th</sup> October 10am focus group 21 <sup>st</sup> October 12pm	

## **Appendix 3 Interview questions, Transcripts of Interviews & Results**

### **Appendix 3.1 Multicultural organisations questions**

1. What are the main CALD communities in the Illawarra?
2. What do you think are the main sexual health issues are for the CALD communities? (STD's AIDS/HIV, sexual abuse).
3. Are there different issues for different communities? What?
4. Are there different issues for women/men/age groups/particular suburbs? What?
5. Where would you refer someone that came to you with a sexual health issue/problem? Where do you get your information from?
6. What do you think would help you to provide a better sexual health service to the CALD communities?
7. Can you think of any health promotion projects that may assist in addressing these issues? Would you be interested in working in partnership with Healthy Cities Illawarra on projects?
8. How do you think it is the most appropriate way to access these communities in terms of finding out about sexual health issues? (One on one interviews?).
9. Do you know of any CALD groups/individuals that may be willing to be consulted about sexual health issues?
10. Do you know of any similar studies that have been carried out elsewhere? Do you know of any projects that have been carried out in other areas relating sexual health and CALD communities?
11. Can you think of any other organisation/s, people that would be beneficial to speak to about this project?

## Appendix 3.2 Multicultural Organisations Interviews

Name of Organisation: Illawarra Multicultural Services

Name of interviewee: Ansu Kamara

Position title: African CSSS Worker

Date of Interview: 30<sup>th</sup> August 2005

1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.
The main African communities are Liberian, Sudanese, Congolese, Somali, Sierra Leone. There are approx 100-164 Africans in the Illawarra. It is hard to say exactly as people move and we have no record of their move	I have never had anyone with sexual health issues/needs. All the Africans in Australia have been screened for HIV before coming here, so that it not really an issue. The only thing is that not think that HIV is an issue in Australia and therefore do not know about safe sex practices.	N/A	N/A	I would refer them to Illawarra Health- the sexual health officer there (Mick Fernandez). They have 'Health in Australia' meetings for us. I would also refer them to Multicultural Health		Prevention measures are the best thing. Education and Awareness Campaigns. Perhaps a video/DVD about HIV so that they can watch it in privacy. I would be willing to work on projects. With a sensitive subject such as this it would be better to give people the opportunity to talk one on one to be able to ask questions confidentially. If you were to run a forum, it would be important to have a session at the end where people can ask questions privately.	Contact one on one or over the phone	I can ask my clients if they would be willing to speak to you. I would have to get their consent first	Wollongong City Council held Drug and Alcohol seminars for service providers which I went to and it was good	Angela Lubic-STARRT Virginie Schmelitschek, CDW, Small and Emerging Communities Project Jasminka Cicic Former Yugoslavia CSSS Worker Hadjit Lawal-CDW. Mick Fernandez 0411408719 <a href="mailto:fernandezm@iahs.nsw.gov.au">fernandezm@iahs.nsw.gov.au</a>

Name of Organisation: Illawarra Ethnic Communities Council

Name of interviewee: Darinka Radonvic

Position title: CALD Disability Project Worker

Date of Interview: 31<sup>st</sup> August 2005

1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.
Northern African communities. There will be an influx of these communities in Oct/Nov 2005. The Australian College of Languages have taken over from Anglicare for	I think that sexual health issues are not discussed across generations and it may be good to try and create communi	There needs to be awareness raising for both the new emerging CALD communities and the existing communities. The younger generation	I think it would be good to target older men and women. Although they will be hard to target as they have always had the attitude that "I haven't needed to know about sexual health	There needs to be trust in the referral process. I would first get in touch with a service and see whether they are the right service for the client. I would also offer to go with the client. The client trusts me and that is important. There also need to be follow through, services usually don't have any		Simple, easy to read translated written information with not too much information. I get information that my clients cannot read even when it is their own language. You would also have to look at the dissemination process. Such as putting in bilingual GP's waiting areas. It is also important to look at disseminating information through the community radio programs and	I think it is first important to consult with the groups to find out how they think would be the best way to gather information	My group is booked up for the next couple of months	Family Planning is conducting a needs analysis into sexual health needs of people with disabilities from CALD communities.	-Mick- Port Kembla Hospital is conducting a project called Sex and Drugs in the Suburbs - Australian College of Languages -Illawarra Refugee Issues Forum- IMS contact -Zaga- Multicultural Health-Serbian, Croatian, Bosnian Health Worker, Picadilly Community Centre -Family Planning -Migrant Services Network next meeting in October (full program) contact Virginia- IMS

1.	the settlement process. Former Yugoslavian countries- Serbian, Croatian, Bosnian. Greek, Macedonian, Italian, Arabic speaking countries	2.	cation between generatio ns about issues such as being gay. Female circumcis ion is also an issue.	3.	gets education at school but the older generation don't	4.	so I don't need to know now. I'll just deal with it". Also to raise the sexual awareness of the older generation about the younger generation.	5.	follow through because they don't have the resources. Services need to factor follow through in their budget.	6.	through ethnic newspapers. These are under utilised in terms of getting information out there.	7.		8.		9.		10.		11.	-DEET- Multicultural Liaison Officer- Daniel Brankovic, also involved in Serbian Youth. -Police Multicultural Liaison Officer- Stella- Croatian. -Muslim Women's Association Macedonian Welfare association- Mendo Greek- 2 groups- 1 in Atchison Street, 1 in Stewart Street -Multicultural Liaison Officer at Council - Multicultural Health -Warrong High School- high % of CALD students -Division of GP's -Centrelink Multicultural Network -Shellharbour Council- Multicultural Officer- Anna -Community Nurses- Warrilla
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**Name of Organisation:** Illawarra Ethnic Communities Council  
**Name of interviewee:** Aanya Roennfeldt, Terrie Leoleos  
**Position title:** CALD Youth Worker & Manager of Youth Services  
**Date of Interview:** 31<sup>st</sup> August 2005

2.	The fact that they don't tend to talk about sexual health is an issue. Pregnancy with young girls is an issue. Their parents are not usually aware that their children are sexually active. They also don't generally talk about sexual abuse. Young people are not aware of the consequences of their actions.	3.	Rape for refugees. It depends on the community. I suggest you speak to the community leaders	4.	Older communities don't tend to open up. Younger groups will.	5.	Family Planning	6.	Having more accessible, low cost bilingual counsellors. Having outreach services. Often people won't go to the clinic but if they went to their school or youth group they may. Better sex education at schools	7.	Look at different phrasing instead of sexual health. It sometimes puts people off. Sexual health awareness/education needs to be delivered differently. -A project utilising radio. I also think it is important to try and make people laugh. -Ask communities to design their own sexual health information pamphlets. - Get students to write their own pamphlets. We would love to work on projects with HCI	8.	Groups are Ok for youth. Ask them what are the sexual health issues for someone of your age group to make it less personal	9.	Can recommend community leaders/youth groups to consult with. "links to Learning' program for young people may be a possibility	10.	Young CALD Women's Forum run by Women's Health Centre. It has a component covering sexual health. It has been very successful and would be great to build on	11.	-Therese Quinn- Women's Health Centre re Young Women's Forum and Multicultural Women's Group -Peter Bessman- Centrelink
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**Name of Organisation:** Illawarra Health

**Name of interviewee:** Franca Facci

**Position title:** Coordinator Multicultural Health Service

**Date of Interview:** 6<sup>th</sup> September 2005

2.	3.	4.	5.	6.	7.	8.	9.	10.	11.
<p>The same as always-men who have sex with men but do not identify as being gay. -the sexual health messages do not get across, not necessarily because of the language but because they do not relate to the message or the image that may be portrayed. –new arrivals experience sex in their countries and often think that it will be different in Australia. They don't think that HIV is an issue in Australia. Then because for instance the African communities are going to have sex with other people in their community more so than others, the rate of spread is much quicker is someone has HIV. – I think people have become complacent as HIV/AIDS is not in the media so much anymore, they don't think it is so much an issue. Female genital mutilation is an issue and general women's health.</p>	<p>I think in the past we have targeted the biggest language group which may not be the best group to target or the one with the issues. We need to target people who have unsafe sex. We need to target the message better. I just read that the rate of ghonerra has double in the Illawarra.</p>	<p>There are different perceptions. The African communities live with AIDS? But other communities do not know anything about it. In Thai culture homosexuality is much more accepted. More women are catching HIV and presenting later. Often it is because they are hiding it and don't want to tell people about it. They are often carers and want to make sure their family is safe. Young people experimenting with sex can conflict with their cultural and religious norms eg Muslims. This makes the problem more complex, another layer on top of being young.</p>	<p>Sexual health services. It doesn't happen very often. Multicultural HIV/AIDS</p>	<p>Multicultural health workers in Illawarra do not know a lot about HIV. The people would probably not approach the health workers but rather the sexual health clinic or medical centres</p>	<p>It is important to spread the word through ethnic radio stations. An email directory would be good so that you don't have to spend dollars and it is easily updateable. It could be a HIV/AIDS or sexual health directory. Information re sexual health could be made available at GP's. The engaging of GP's is important. Bilingual information that can be downloaded.</p>	<p>I don't think it is appropriate to consult with 'real' people. Community stakeholders would be better. It is a sensitive subject and you need to build up a relationship before delving into sexual health. It is important to be part of a more in depth investigation. They are often over consulted.</p>	<p>Consult with sexual health workers they may know</p>	<p>Multicultural HIV/AIDS have done some projects in Sydney such as soccer project promoting safe sex messages. Sexual Health and Multicultural HIV/AIDS had a project "Protect your Tool" which targeted the workplace promoting men's health checks. We would be willing to work on projects relating to newly arrived communities.</p>	<p>Women's Centre Tadgh McMahon Multicultural HIV/AIDS. Dept of Health- Victor Tawil. Division of GP's. Wollongong Medical Centre. Mick Fernandez- Needle Exchange- Port Kembla Hospital</p>

**Name of Organisation:** Wollongong City Council

**Name of interviewee:** James Vidal

**Position title:** Multicultural Services Officer

**Date of Interview:** 6<sup>th</sup> September 2005

2.	3.	4.	5.	6.	7.	8.	9.	10.	11.
Female mutilation is a major issue for women from African communities. Substance abuse for people from Former Yugoslavian communities	?	?	Sexual Health Clinic		Audit of sexual health materials/information would be a start. Looking at whether it is culturally appropriate, is the information in their place and space. Then looking at how the information is disseminated and organising it so that they are properly distributed. Asking whether they do have identified people from their communities that they can go to. Doing specific projects for communities rather than general across the board projects. The community radio station is a great way to get information out there. There is no need translate, you just give them the information and they will translate it. We would be happy to work on projects with HCI	It depends on the community. It maybe better to ask what are the themes? (eg access to information, interpreters) rather than asking what are the sexual health issues. Separate men and women. Different age groups	We are doing a consultation in October for our plan if you would like to tap into that group. Playgroups at IMS		Sexual Health Clinic Warrawong Intensive English School Darcy House Therese Quinn-Women's Centre

**Name of Organisation:** STARTTS- (NSW Service for the Treatment of Rehabilitation of Torture and Trauma Survivors)

**Name of interviewee:** Angela Lubjic

**Position title:** Early Intervention Program

**Date of Interview:** 7<sup>th</sup> September 2005

2.	3.	4.	5.	6.	7.	8.	9.	10.	11.
I see people from Croatia, Serbia, Bosnia and I am starting to get people from Serra Leone, Liberia, Burandi – 3 families, Sudan, South Sudan. There have been about 500 refugees in the last few years. From the war torn countries rape is a huge issue. Hepatitis from blood transfusions is also an issue. African's do not think that there is HIV is Australia so that is another issue. Contraception is another issue for African communities. Their views are different and the women do not know much about contraception. Things like pap smears, breast checks and even skin checks. Prevention information would be good. With young people safe sex awareness such as condoms would be useful	Prevention health overall is an issue. Coming from an environment where they don't access dr's unless they are dying, it is hard for them to understand that it is important to access doctors regularly		We do a health assessment when they arrive and if they had a sexual health problem I would refer them to a GP or the sexual health clinic	They don't respond to written material. They respond to outreach services where they go into their community. No transport to get to services they often live far from services. Lack of finances. It si important to introduce a social component to any project such as a meal	Projects in schools would be good to reach the children TAFE (they already do some stuff). I think an ongoing program which focused on different health issues would be good	Separate men and women. Focus groups. Offer food! Use interpreters. Contact key people in the community such as churches	We (Multicultural Health and IMS) are holding a Health Information Day next week for African communities and we will be holding a focus group at the end which will focus a little bit on sexual health. Ask Franca if you can get that information.	No	Mick Fernandez Sexual Health Clinic Zaga Multicultural Worker Serbian Djurdica- Angicare settlement worker Ramilda- Multicultural Health Worker new communities Robert Sanes- General Services Counselling (he stays with the person for 5 years where as I only stay with them for 1 year)

**Name of Organisation:** Anglicare & Illawarra Health

**Name of interviewee:** Djurdjica Trifunovic (finishing work this week and the program is being handed over to ESL) & Radmila Sukara

**Position title:** Case Manager Humanitarian Settlement Program & Multicultural Health Worker Newly Arrived Communities

**Date of Interview:** 7<sup>th</sup> September 2005

2.	3.	4.	5.	6.	7.	8.	9.	10.	11.	
Not enough information regarding safe sex. Younger people need more education. Women also need more information about contraception, some women have 5 to 13 kids. You asking these questions has made me realise that I do not ask my clients as part of their needs assessment when we first see them that I do not ask about sexual health. Djurdjica- I have worked with 21 families since December 2004.				To the doctor or STARTTS	To ask them about sexual health as part of their needs assessment at the beginning. I don't know much about sexual health so I think it would be good to have training about services, information etc. I have also never visited any sexual health services so that would be good	Being able to give them information				

**Name of Organisation:** Illawarra Multicultural Service

**Name of interviewee:** Jasminka Cicic- Former Yugoslavian CSSS Worker

**Date of Interview:** 12<sup>th</sup> September 2005

2.	3.	4.	5.	6.	7.	8.	9.	10.	11.	
Pap smears, pregnancies, mammograms, women's health. They wouldn't come to me if they had a problem. They would not be comfortable with me.	?	?	Medical centre	I am not a health worker, so I would refer them to the right service. I have enough information to know where to refer them	Schools programs are good. My daughters learnt everything through the school. They would not speak to me about it. It is a cultural issue, they would not be comfortable to discuss this with me. In my country we never had education in schools. Advertise on community radio and ethnic newspapers	Through multicultural health and community workers			no	Zaga, Youth Centre, STARTTS, Pacific Islander Worker- Sarah she has just started.

**Name of Organisation:** Illawarra Multicultural Service

**Name of interviewee:** Virginie Schmelitschek, Community Development worker, Small and Emerging Communities Project

**Date of Interview:** 12<sup>th</sup> September 2005

2.	3.	4.	5.	6.	7.	8.	9.	10.	11.	
Hep C. Males not aware of women being able to say 'no' to sex. Where they come from it is expected their wife will have sex with them. They are also use to have more than one wife so they don't understand our culture of only having sex with the one person. Girls in Wollongong being attracted to the African men and throwing themselves at them. Safe sex awareness. Family Planning, some women don't want more kids. Often they have very large families and information may be good for them regarding contraception etc.				Sexual Health Clinic	I don't provide a sexual health service. I have enough information to be able to refer them to appropriate service. I am also happy to bring up the subject and speak about it	We are holding a Health Information day with Multicultural Health. We would be happy to work in partnership with HCI	Wait to get the information from the Health Day. If you were to run focus groups label them as something else. Through the community workers		No	Multicultural health workers

**Name of Organisation:** Illawarra Multicultural Service  
**Name of interviewee:** Hadijat Lawal- Community Development Worker  
**Date of Interview:** 12<sup>th</sup> September 2005

2.	3	4.	5.	6.	7.	8.	9.	10.	11.
<p>It doesn't get talked about- it is kept to the family or yourself. It doesn't come up, they don't speak to me about sexual health. Language barriers.</p> <p>For the older groups literacy skills even in their own language</p>	?	?	<p>Depends on their age. I would probably refer them to their GP who would then refer them to a specialist</p>	<p>I think that it would help when people contact services that help is there. That there is not a huge big long waiting list. It is very hard for someone to take that 1<sup>st</sup> step but then when they are faced with a couple of months wait, it is too much. The system needs changing, we need to influence the system</p>	<p>More community education, information and information about where people can get support. There was good project which was run targeting the Chinese community. Serviettes in Chinese restaurants were printed with a HIV message. Which was subtle and still got the message across.</p> <p>Kids in schools is a good way to get information out there. They will also take it home to their parents and grandparents. Develop something simple.</p>	<p>I do not think that it is appropriate I think that they will be polite and listen to you and respect you but I do not think that they will give you any information that you need. If you do consult Muslim men and women are separated. Single sex groups. Older groups will probably just laugh and say that they are over that stage of life.</p>		<p>We run a project in 2 schools for year 10 girls from CALDB. We run workshops around health and wellbeing. We build up trust and then talk about sexual health. Some girls are sexually active and some are not. We create an environment where they are comfortable in receiving information about sexual health. The girls can ask questions.</p>	<p>Illawarra Muslims Association. Maha Community Worker, Malika- Youth Worker based at 25-27 Lake Ave Cringila 4274 6122 Tues, Wed, Thurs.  Eman Baghdadi- Arabic Multicultural Health Worker Bahtisen (is Turkish) 0413637603</p>

### **Appendix 3.3 Sexual Health Service Providers Questions**

1. What do you think are the main sexual health issues for CALD communities in the Illawarra?
2. What proportion of your clients are from CALD communities?
3. Which communities?
4. Is there any aged group/s that you can see that has particular sexual health issues?
5. What are the main services that are accessed by CALD clients?
6. Are there any issues/problems you have in delivering services to the CALD communities?
7. Are there any gaps that you can see?
8. What do you think are the main barriers for CALD communities in accessing sexual health services?
9. How do you think these barriers may be overcome?
10. What guides your work with CALD communities?
11. Can you think of any health promotion projects that maybe effective in addressing barriers/issues? Do you know of any projects that are happening (locally or otherwise)?
12. Would you be willing to work in partnership with Healthy Cities Illawarra in the future on projects to address these issues?
13. Is there anything that you can identify that would make your job easier in terms of delivering services to the CALD communities (such as cultural awareness training, access to interpreters, more translated written material for CALD communities)?
14. Any other comments

## Appendix 3.4 Sexual Health Service Providers Interviews

**Name of Organisation:** Tracy Spark

**Name of interviewee:** Senior Health Promotion Officer, Illawarra

**Date of Interview:** 13<sup>th</sup> September 2005

1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.	12.	13.
Access to information. They have to know that information is available. Promotion of what is available. Carers of people with disabilities. Cultural barriers make it hard	I don't deal with people direct, I deal with the disability service providers and I am unsure of what proportion they would have		All stages of life. Puberty and menopause for people with intellectual disabilities		How to be clear with messages regarding sexual health whilst remaining culturally sensitive. It is a double barrier having a disability and being from a CALD background	Promotion of our services. CALD communities do not know about our website and phone line (which has interpreters). The web is an ideal way of maintaining privacy	Cultural sensitivities. As a sexual health organisation we forget how sensitive the subject is, we become desensitised. We have to make little steps and not rush in.	Take little steps, get their trust first.  Multicultural FPA I would go there first		To link in with already existing men and women's groups and promote services through those communities.	Yes, so long as it had a disability focus or component.	

**Name of Organisation:** AIDS Council of NSW (ACON)

**Name of interviewee:** Peter Irons, Manager

**Date of Interview:** 13<sup>th</sup> September 2005

1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.	12.	13.
Our clients have HIV or AIDS, they are mainly gay or lesbian. The CALD communities have big issues about identifying as gay. It is a huge barrier for them to use our service. We had a young Greek guy that took 12 months to get the courage up to come and use our service. He was scared that someone might see him come in. His family would abandon him if	Not a lot due to a lot that won't access the service in a small town. We have had a few. We don't ask for cultural background. Probably around 15-20%. The Aboriginal community is almost 0%. We have a youth group that has a few CALD kids. The younger ones are more comfortable	Italian Greek Palestinian. We have a sex worker outreach program that has a huge Asian population Thai and Cambodian	Whole gambit. Men who are married and have sex with men who don't identify as being gay and then don't use condoms. 75% of beat users are married men	Clinics, general information around sex, info to sex workers	Getting them in here. Issues around sexual identity. Ignorance around HIV. Not accessing literature. Stigma surrounding HIV AIDS	Don't know the extent of need in the community around HIV, sexuality. It is hard to consult with the groups. There is a barrier to get the message out	Fear	Education. Internet, chat rooms.	We are more centred around sexuality rather than CALD. Sex workers we liaise with Sydney ACON workers	We have a safe sex pack we give out.	Yes, we are missing people	Access to interpreters is fine. GP's are hard to reach

1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.	12.	13.
they knew. It inhibits them accessing our services	talking about sex. Sexuality is not taboo for them. The parents are totally different, some families down kids because of their sexuality. Strong religious backgrounds make it hard as well.											

**Name of Organisation:** Sexual Health Clinic

**Name of interviewee:** Robyn Langlands, Counsellor

**Date of Interview:** 22<sup>nd</sup> September 2005

1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.	12.	13.
Access to information, access to services. Youth with parents from CALD background- no sex before marriage. We have young females come to our clinic where their parents have no idea they area having sex. There is also peer pressure from their friends which conflicts with their parent's views. Their family views. There is a gap between schools and parents. STI's and pregnancy is also a big issue	Quite a lot, half or maybe more	From Asia-Chines, Vietnamese, Taiwanese, Macedonian, Greek, Italian. A small proportion from Arabic countries. Not a lot from Africa	Younger ones 18-35	Clinical services	Yes our outreach services. We go to the uni which has a lot of Asian students whose English is poor as well as ACON which has a lot of Asian sex workers and we do the parlour rounds which have a lot of Asian sex workers whose English is poor. We must have interpreters in our clinic but in our outreach clinics we do not have interpreters. Illawarra Health do not provide interpreters off site and the other organisations do not seem to provide them. It is a big issue	Interpreters for outreach services. More multicultural sexual health workers would be good	Health workers need to be educated about other cultures in order to give a better service. We need more training about African countries	Training for health workers. More interpreters. More multicultural sexual health workers	Sexual Health Strategy	Information printed in different languages. We have brochures in Cantonese and Thai. Cultural Women's Day with dancing, food and touch on women's health/sexual health. Target different communities to have 'special days'	yes	Access to interpreters for outreach services

**Name of Organisation:** Darcy House  
**Name of interviewee:** Sheryl Wiffen  
**Date of Interview:** 22<sup>nd</sup> September 2005

1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.	12.	13.
Attitude, power and gender issues. Religion	ATSI- About 70%. Of the 30% left, about 15% would be CALD	Greek, Italian, European n ATSI	Men think that the sexual health clinic is only for women. Young people have become a bit desensitised about sex. Older men who are clients of sex workers they don't get sexual health check ups. A lot of these men are from CALD backgrounds		Convincing older men to take care of their sexual health	Biggest gap is the older men. They won't admit that they are accessing sex workers. Often in their culture it is not culturally acceptable to remarry so they access sex workers and don't tell anyone. A lot of services are not aware of referral points for their clients when it comes to sexual health	Cultural stuff. The multicultural health workers not knowing a lot about sexual health. Religion is also a barrier.	I don't know. Perhaps men's groups. But is more about trying to access those people that would never access services etc. Trying to target the inaccessible groups. Perhaps more support in the sex industry for sex workers	We generally respond to the persons needs regardless of their background	Girls Pamper Day. Need to build trust and a relationship with people first. We have enough glossy resources and written material translated! We need more engaging of people and building trust and relationships. Any project that engages communities where they are at. Important to consult with the communities	yes	

**Name of Organisation:** South Eastern & Illawarra Area Health Service  
**Name of interviewee:** Damien Feeney  
**Date of Interview:** 6<sup>th</sup> October 2005

1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.	12.	13.
We have a male focus so I would say males accessing health services. That is men in general and then I would say that if they are from CALD communities it is doubly harder. That is the challenge to get men to access services	I have a health promotion job so I don't really have clients as such	N/a	Surprisingly there is a higher number of HIV % in older people. There is a higher % of STI's in younger people.	N/a	Not coming to our health service. How to encourage them to use the health service. We do not have the resources to go to them so we have to work out a way for them to come to us. Brochures and posters that have been translated have been evaluated and proven to be ineffective so we don't need more of those. We have to look at other avenues	There are lots. There is a high incident of STI's. There is a under representation of men using services and an over representation of HIV		Resources, not brochures or posters. There needs to be an internal change in the communities. The younger males seem to be accessing services more, there has been a bit of a cultural change. The change has to be driven by men but supported by the health services. The same pattern has to happen with CALD groups. We have to reorientate health services so they are more comfortable for men and appropriate. Focus on empowering them, they need to be in a position where they can change their health and take ownership of their health. You need to identify their motivation for change- could be family, children etc rather than an individualistic approach	The community guides me. I try to reach the whole community. I am guided by basic promotion principles. The Ottawa Charter	Signage in other languages. Simplify the literature we produce, have a really simple message so that people with limited English can read it. Peer educators in a group is a good way to get messages out there. Incorporate sexual health into something else, don't just label it as sexual health as it is off putting to some people.	Yes, defiantly	1 3 .

### **Appendix 3.5 Focus group questions**

Multicultural Women's Group

Focus Group

21<sup>st</sup> October 12pm- Cringila Community Hall Lake Avenue

Introduce myself and background to the project

Ice breaker- what is the best thing that has happened to you in the last week?

1. Where were you born?
  
2. What are the main health concerns for you as a woman living in the Illawarra?
  
3. Do you think that some of these affect other women in your cultural community? E.g. daughters, mothers, friends
  
4. How have your health priorities changed over your life? Eg. youth, child bearing years
  
5. Do you find women's health services adequate in the Illawarra?
  
6. If you wanted information regarding women's health matters for you or a family member or friend, where would you access it? And what sort of service may you be interested in?
  
7. Do you have any ideas for projects to improve the health of women from culturally and linguistically diverse backgrounds?
  
8. Any other comments you would like to add regarding women's health?

Thank you very much for your time

## Appendix 3.6 Results of Interviews and Focus Group

### 3.6.1 Results of interviews with multicultural organisations and sexual health providers

1. What do you think are the main sexual health issues for the CALD communities in Wollongong?
  - The cultural barriers to accessing and using services-3 responses
  - Female genital mutilation-3 responses
  - African and new communities do not think that HIV/AIDs is an issue in Australia and therefore do not practise safe sex practises-3 responses
  - Sexual health is not talked about in a lot of CALD groups-3
  - Women's health-3
  - Contraception for African communities, the women do not know a lot about it-3
  - Intergenerational issues such as youth with CALD parents, sex not being discussed across generations, parents not aware their children are sexually active -2
  - Access to information- 2
  - Young people and safe sex awareness, there needs to be more education-2
  - Men who have sex with men but do not identify as being gay-2
  - Pregnancy with young girls
  - The sexual health messages do not get across, not because of language barriers but because CALD communities do not relate to the message
  - With some communities coming from countries where they do not access dr's unless they are dying, it is hard for them to understand that it is important to access doctors regularly
2. Are there different issues for different communities?
  - There needs to be awareness raising for both new and emerging communities and existing communities
  - The younger generation get sex education at school but the older generation don't
  - Rape for refugees
  - In the past we have targeted the biggest language group which may not be the best group to target or the one with the issues. We need to target people who have unsafe sex.
  - We need to target the message better
  - Prevention health is an overall issue
3. Are there different issues for men/women/age groups/particular suburbs?
  - Older men and women
  - Raise awareness of the older generation about the younger generation
  - Older communities do not tend to open up
  - More women are catching HIV and presenting later
  - Young people experimenting with sex can conflict with cultural and religious norms
  - All stages of life
  - Younger ones 18-35
  - Men think the sexual health clinic is for women only
  - Older men that are clients of sex workers, they don't get sexual health check ups
  - More STI's in younger people
  - Higher number of HIV in older people
4. Referral
  - Sexual Health Clinic-4
  - GP-3
  - Illawarra Health

- Multicultural Health
  - Family Planning
  - Multicultural HIV/AIDS
  - STARTTS
  - The Medical Centre
5. What would help you provide a better sexual health service to CALD communities?
- Having more accessible low cost bilingual counsellors
  - Having outreach services- go into their communities. Often people do not want to go to the clinic-2
  - Better sex education at schools
  - Multicultural health workers in Illawarra do not know a lot about HIV
  - Better transport to get to services
  - I do not know much about sexual health so I think it would be good to have training about services, information etc
  - Visits for workers to sexual health services so that they know who they are referring clients to
  - I have enough information to know where to refer people-2
  - It would help if there was not a waiting list when people rang for appointments (quote)
6. Health promotion projects
- Prevention measures, education and awareness campaigns- 2
  - Video/DVD about HIV- African communities, watch privately
  - African communities- run a forum on HIV
  - **Simple** easy to read translated information, not too much information-3
  - Disseminating information through ethnic radio-5
  - Disseminating information through ethnic newspapers-2
  - Label as something else rather than sexual health as it puts people off-2
  - Use humour
  - Ask communities to design their own project
  - Youth- get the students to design their own pamphlets so it 'speaks' to them
  - An electronic directory of services so that it could be easily updated and is cheap
  - Engaging GP's-2
  - Bilingual information that can be downloaded
  - Audit of sexual health information- is it appropriate and then is it being disseminated properly
  - Specific projects for specific communities rather than general
  - Projects in schools-3
  - Project that focused on different health issues
  - Information of sexual health written, where to get support-3
  - Health information days
  - Link with what already exists such women's and men's groups
  - Cultural days that touch on sexual health as well as other health issues
  - Consult with the communities
  - Peer educators
7. Are you willing to work with HCI

All interviewees stated that they would be willing to work with HCI on projects to address sexual health issues and CALD communities. Some interviewees specified that they would have to be consulted further

### 3.6.2 Results of focus group

20 participants all female

#### 1. What country were you born in?

Australian- 1  
China-1  
England-1  
Greece-1  
Italy-8  
Macedonia-3  
Portugal-2  
Singapore-1  
Turkey-2  
Vietnam-1

#### 9. What are the main health concerns for you as a woman living in the Illawarra?

- Menopause, there is not enough information
- There are not enough women's clinics in the area, I didn't even know there was one in Warilla
- Regular pap smears
- Abortion issues
- More promotion of services, I am not aware of services
- The services are too far away
- I go to my GP
- I would not go to my GP because he is Male
- For Turkish women, there is not enough information about menopause, things like how it effects your sexual health
- Menopause is important to us
- We need information about things like menopause
- Depression from menopause. I didn't know anything about it and I felt isolated. It effected my mental health
- Depression and anxiety
- Menopause
- Information on alternative medicines
- Counselling helped with my depression
- Period pain when I was younger. I went to my Dr and he said I am fine. I then went to my hairdresser and she told me to take these vitamins and then I was fine.
- Self esteem issues
- Everyone is different, you cannot generalise
- I find it difficult when you have to make an appointment and when you do you have to wait 3-4 weeks
- I go to the doctor and I don't seem to get an real help, me health issues are not taken seriously (Greek lady)
- I go to the doctor with a problem and they say you are 69 you are getting old
- You have to ask the doctor, they do not tell you.
- A second opinion is really important
- It depends on your GP
- The young ones know more than us

**10. If you wanted information regarding women's health matters for you or a family member or friend, where would you access it? And what sort of service may you be interested in?**

- a. GP
- b. Family doctor
- c. Cultural welfare groups
- d. Italian welfare they give information about screening and health matters
- e. Talk to other women
- f. Support group

**11. Do you have any ideas for projects to improve the health of women from culturally and linguistically diverse backgrounds?**

- a. An establishment of a network for support so that we can share experiences and where we can get information and direction to services
- b. More women's health centres
- c. Support groups

**12. Any other comments you would like to add regarding women's health? N/A**