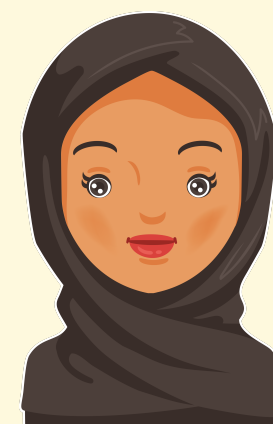


Diversity Dialogues 2021 - CaLD sexual health

Key points from our 2021 panel discussions on Culturally and Linguistically Diverse (CaLD) sexual health



CaLD by its very definition refers to a very broad and diverse population. Language spoken or country of birth do not define culture and/or familial or personal preferences. Health professionals need to be culturally aware without making assumptions. Care needs to be person centered and **not based on stereotypes**.

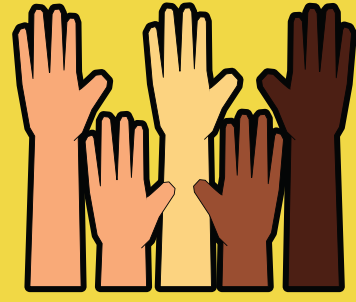


In many cultures sex is seen as sensitive, private, dirty or even taboo. Some cultures see sex education as unnecessary, particularly for unmarried women. There may be immense stigma associated with HIV and other STIs.

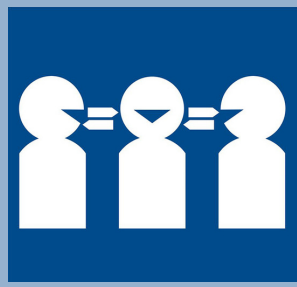
To combat the above, the following tips may help:

- Remember, language is important. Health professionals should choose words carefully, particularly in front of parents. Education sessions do not need to be titled "sexual health", "healthy relationships" or similar can work.
- Community, peer led education works. Although engaging the right people may initially be tough, community champions or leaders are trusted and understand cultural nuances so can connect with community.
- However, individual service providers from a different community or cultural background may sometimes be better in order to alleviate concerns about embarrassment and or confidentiality.
- It may sometimes be necessary to explain confidentiality.
- Do not assume same anatomical or biological knowledge from someone educated overseas as what you would expect from someone educated here or someone who did not get the opportunity to finish education.
- A mixed gender environment may not be suitable for sexual and reproductive health treatment or education initiatives.



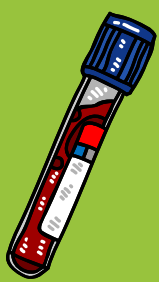


- Staff (clinical and non-clinical) can benefit from cultural sensitivity training.
- Also try to make spaces and resources inclusive by making them representative when writing text and selecting images. Patients feel excluded and like a service cannot help them when they cannot see themselves and this happens a lot when it comes to sexual and reproductive health materials.



Using an interpreter when necessary is critical but be aware of issues such as:

- Patients being worried about confidentiality with interpreters from their own community. For some communities a workaround might be an (out of state) phone interpreter but in small communities people may be recognisable by their voice.
- Interpreters not knowing medical terminology.
- Languages not having words for particular anatomical or sexual terms.
- Interpreters being embarrassed so leaving out or mis-translating sexual terminology.



When testing for STIs use a universal approach to prevent patients from particular parts of the world feeling targeted.



Consider logistics, getting to and from services. Cost of medications and treatment may be difficult for some families to manage or prioritise. Effect on visas may also be a concern to those who are not permanent residents.

Resources, referrals and getting involved



Event Partners:

- Multicultural Youth Advocacy Network of Western Australia ([MYAN WA](#))
- Community of Practice for Action on HIV and Mobility ([CoPAHM](#))
- [YEP Project](#) around sexual health and blood borne viruses
- [SHQ](#) (Sexual Health Quarters, partner on HERS project discussed in Webinar 1)
- [AsETTS](#) (The Association for Services to Torture and Trauma Survivors, partner on HERS project discussed in Webinar 1)

- [Periods in my Ethnic Home](#) blog
- An [article on consent](#) by a young CaLD person
- [Video on consent](#) by Clementine Ford
- List of [youth friendly sexual health clinics](#) in Perth Metro, with a key that tells you if they focus on CaLD
- [KEMH clinical practice guideline of FGC](#) (Female Genital Cutting)
- [Australian STI Guidelines](#) for treating refugees and newly arrived migrants
- Short video around seeing culture - [Your Cultural Lens](#), WA Health
- Online [cultural sensitivity training](#) from the Centre for Culture, Ethnicity and Health
- Face to face [cultural sensitivity training](#) for health staff by Health Consumers' Council
- [Road Map for Action on HIV](#) and Mobility
- ["It is not an acceptable disease": A qualitative study of HIV-related stigma and discrimination and impacts on health and wellbeing for people from ethnically diverse backgrounds in Australia](#), research by Ziersch and colleagues
- [Srikandi: co-designing an intervention to increase HIV testing uptake with women from Indonesia at-risk of HIV](#), as discussed in webinar 2
- More about the [Multicultural Community Action Network](#) in VIC (to build community capacity around STIs and BBVs)

Webinar 1 (30 April 2021) - Promoting CaLD Youth Sexual & Reproductive Health

Webinar 2 (29 July 2021) - Barriers & enablers to CaLD population blood borne virus & sexually transmitted disease diagnosis & treatment

Full reports and video of webinar 1 are available [here](#).

Thank you to all who participated.

