



HEALTH CONSUMERS'
COUNCIL

Diversity Dialogues Forum

30 April 2021

CaLD Youth Sexual Health

Diversity Dialogues: Promoting CaLD Youth Sexual and Reproductive Health

Overview

The purpose of this forum was to increase participants (health service providers, mainly clinicians) understanding of some of the barriers CaLD youth face in regard to accessing sex and reproductive education and services. In particular, to increase participant's level of understanding of possible degrees of degree of taboo/stigmatisation and shame. The endeavour was for participants to have an increased confidence in broaching sexual health with CaLD youth in an appropriate manner and without making assumptions and feel empowered to support people from a CaLD background to access sexual and reproductive health services. We also hoped to raise profile of cultural complexities, barriers and enablers to sexual and reproductive health and the profile of the Youth Educating Peers Project, HERS project and youth peer education. As with all our diversity dialogues we hoped to promote the need for culturally competent patient centred care.

The Multicultural Youth Advocacy Network of WA (MYAN WA) partnered with HCC on this event and provided input into content and panel members. MYAN WA is an organisation auspiced by the Youth Advocacy Network of Western Australia (YACWA). It provides a voice to the unique issues faced by young people from refugee and migrant backgrounds and a forum for members to network, share information and address sector issues.

The forum took place on Friday 30th April 2021 and was conducted online via Zoom. There were 66 registrations for the event and 62 attendees (including three HCC staff and four panellists) which is a very good attendance rate compared to other similar events. The discussion was recorded due to the sensitive nature of the discussion but the low no show rate was notable.

The panellists were as follows:

- Nadeen Laljee-Curran – Cultural Diversity Engagement Coordinator, HCC (Chair)
- Fatema Shalemie – Project Officer, MYAN WA, former YEP (Youth Educating Peers) educator
- Lucy McEvoy – Youth Specialist Worker, Association for Services to Torture and Trauma Survivors (ASeTTS)
- Patrick Gunasekera – young person with lived experience, MYAN WA Shout Out speaker, interdisciplinary artist and inclusivity educator
- Najmah Adnan – young person with lived experience

Speaker biographies are available in the appendix on page of this report.

The audience acknowledged the power and impact of lived experience and really benefited from hearing from such a strong panel. Heartfelt thanks go to all panel members for their participation and invaluable input.

Content of Discussion

The session was opened with an acknowledgement of country. The HCC chair introduced the topic with comment on health inequity and poorer sexual and reproductive health being associated with migration status and ethnicity. She touched on her own experience as a child of migrants from the east, growing up in the west who was not given any sex education either at home or school. She relied on gossip and absorption from society and the world around which she noted can educate in certain aspects of sex but is not the best for sexual and reproductive health and positive relationships and noted that research shows her situation is common.

The discussion then began with each of the panellist introducing themselves and their experience. Fatema is the new project officer at MYAN WA and was previously an educator for the YEP project. Fatema explained that the YEP project aims to educate, empower and positively evolve young people's perceptions, attitudes and behaviours around sexual health & blood borne viruses. Patrick explained his passion for the topic gained through lived experience and community education. Lucy told the audience about the recent SHQ and ASeTTS collaboration pilot project HERS (Hura (free woman) Empowered Resilient Sisters) which was named by the participants themselves. The project was a weekly on a Saturday for several weeks and it aimed to increase participants confidence and understanding about sexual and reproductive right, bodies, contraception, periods and period products, consent, respectful relationship, gender roles, forced marriage and pregnancy as well as where to go for help with sexual health concerns. Najmah was a participant at HERS and explained how she enjoyed the diversity of the CaLD participants, the connectedness and sisterhood and the "no silly question" attitude.

Then participants were asked where they think young people from a CaLD background go for information and where they see the gaps in this space. All panellists agreed that young people often have nowhere to turn and will often not seek information, no matter how curious they are, so they remain without it. All the young people had not gotten any form of education from their families and limited education from schools. The panel felt that some youth use the internet, social media and pop culture but that that is very difficult, particularly for younger people and privacy plus there are significant gaps and dangers. A lack of representation of people from young people's own culture was also raised as an issue. The panel discussed the belief in some communities that sex education is equivalent to corruption, lack of knowledge is associated with purity so unmarried women do not need to know anything. Lucy explained that after a long time working with a migrant woman she has found they may open up and ask questions to an SHQ GP (when she took them) but that information was often rebutted when they got home. In the group setting women could discuss and then felt stronger when their learnings were challenged by family or community. Naj confirmed that the group helped debunk misinformation and that the different backgrounds helped. The conversation then moved to a discussion about how it can be easier to discuss sex with people who understand a similar family and community structure but who aren't necessarily from the same community. From the same community there are concerns not just about confidentiality but about what other people think. Having a (health) provider who is also not from the same community can be of benefit.

On the topic of periods, panellists explained the family and community view of “you are a woman now” and the pressure that comes with that. Another panellist described a stigma and avoidance of any discussion on the topic or periods. The panel also described how boys can feel insecure not knowing things about their own bodies and about women’s bodies too which makes knowledge around respectful relationships difficult. One panellist found it difficult to manage her period in Ramadan and would eat in secret but noted that time are changing and men and boys are more acting and let women eat without comment. Tik Tok asocial media have made light of eating during Ramadan and being allowed to do so in peace. More of an issue can be non-Muslim (Caucasian) kids in school who question “are you supposed to be fasting?”.

The panellists discussed language and the importance of clinicians using non intimidating language, being careful around parents and also the use of code words (for things like periods) in the home. Participants also shared how there are some words around sex and periods which are missing in come languages (which illustrates the lack of talk around them). Yong people talked about privacy but recognised the challenges of health professionals when young people often attend appointment with patents.

Health providers should be aware without making assumptions. For example, one participant found a female doctor was called in for her because she was wearing a hijab but actually she would not have minded a male doctor.

Panellists felt that there is a single narrative of risk that is put on CaLD (and LGBTIQ+ and disabled) people. A health service provider’s own insecurities can cause them to pile on things they have learnt from training without holding space to dig deeper and find out what is actually going on. All deemed it important and effective to meet the person where they are at. Although this was not specified, it was clear that there are limitations of primary care for anything that requires more than perfunctory involvement. One panellist emphasised the danger of consumers being asked about issues that are systemic and are educating health professionals which is not their job.

The Chair queried whether panellist had experienced an imbalance of sex education between genders, particularly where young people are from cultures which are masculine dominant, as is cited in literature. Lucy, who has recently supported the starting of a group for young men which is similar to HERS felt that although there is a higher incidence of girls being pulled out of sex education in schools young men asks do not have the information that need.

On the topic of confidentiality, there can be nervousness even though confidentiality is generally well understood by young CaLD consumers. Panellists felt it was sometimes necessary to spell out steps a clinic or program could take (e.g. no letters home, a not obvious, “sex” titled course). HERS participants were let to make their own choice as to whether to tell their families about the course as families had generally consented knowing it as an AsETTS education program. Many participants wished they could tell Mums and Aunties as they highlighted parents being left being and for the next iteration, there may be a session for parents and guardians.

On the topic of consent the [“milkshake video”](#) was highlighted by Lucy as a poor example and the [Clementine Ford](#) video as a good example. One cannot use code, language needs to be clear.

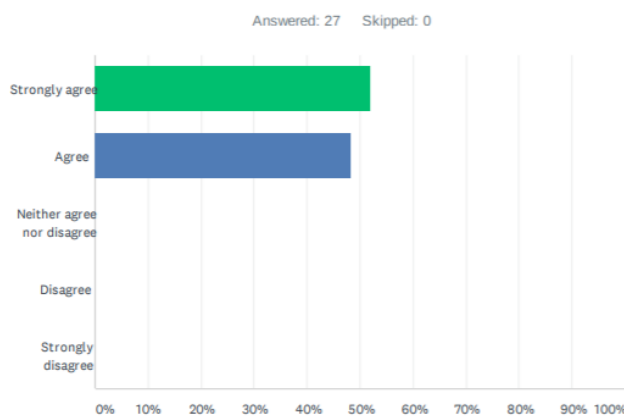
With the background of culture and attitudes changing, Lucy also shared that SHQ is developing a resource on forced marriage with input from women and about how to share in the community.

Any audience member asked about FGC and Lucy spoke about the importance of resources not “othering” those with this experience with pictures on separate pages to “normal” vulvas and being careful regarding use of images pf women of colour. The [KMEGH resources](#) was shared as being culturally appropriate.

Evaluations

There were 27 feedback survey responses. This response rate is considered high

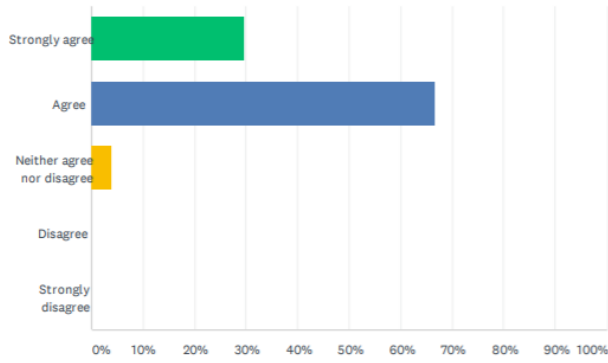
Q1 This webinar was a valuable use of my time.



ANSWER CHOICES	RESPONSES	
Strongly agree	51.85%	14
Agree	48.15%	13
Neither agree nor disagree	0.00%	0
Disagree	0.00%	0
Strongly disagree	0.00%	0
TOTAL		27

Q2 The format of the session kept me interested and engaged.

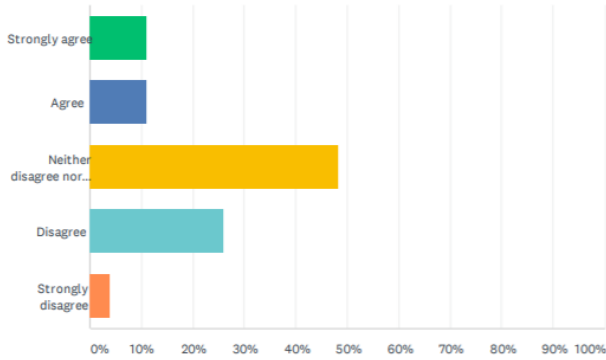
Answered: 27 Skipped: 0



ANSWER CHOICES	RESPONSES	
Strongly agree	29.63%	8
Agree	66.67%	18
Neither agree nor disagree	3.70%	1
Disagree	0.00%	0
Strongly disagree	0.00%	0
TOTAL		27

Q3 Prior to attending this webinar, my knowledge of the issues in this space were limited.

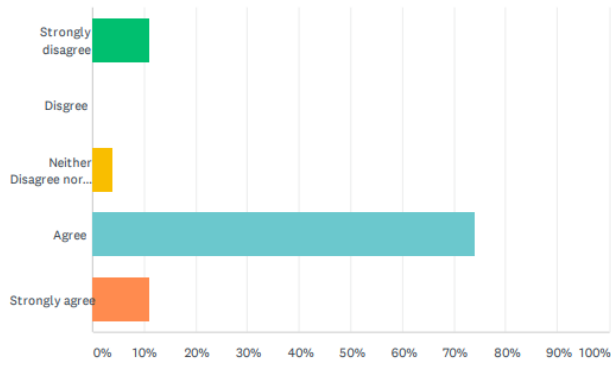
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ANSWER CHOICES	RESPONSES	
Strongly agree	11.11%	3
Agree	11.11%	3
Neither disagree nor agree	48.15%	13
Disagree	25.93%	7
Strongly disagree	3.70%	1
TOTAL		27

Q4 After the webinar, my knowledge and understanding of the issues in this space has improved.

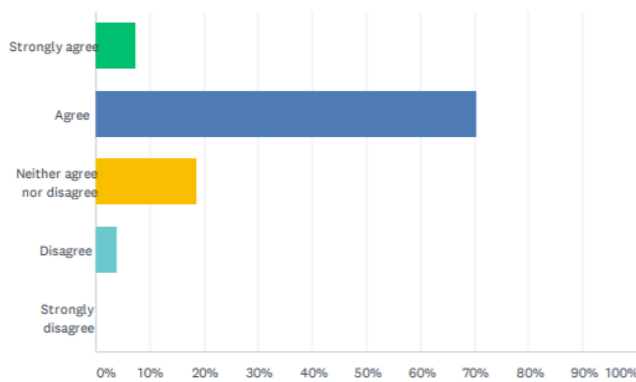
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ANSWER CHOICES	RESPONSES	
Strongly disagree	11.11%	3
Disagree	0.00%	0
Neither Disagree nor agree	3.70%	1
Agree	74.07%	20
Strongly agree	11.11%	3
TOTAL		27

Q5 I had the opportunity to ask questions and to consider how I can engage with consumers, carers, family/community members from CaLD backgrounds.

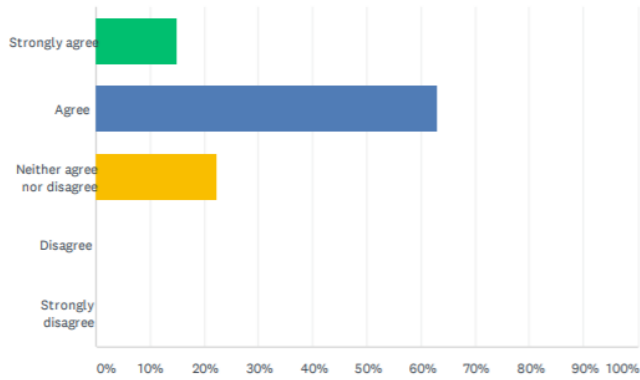
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ANSWER CHOICES	RESPONSES	
Strongly agree	7.41%	2
Agree	70.37%	19
Neither agree nor disagree	18.52%	5
Disagree	3.70%	1
Strongly disagree	0.00%	0
TOTAL		27

Q6 After the webinar I feel I have an increased confidence in engaging cross culturally.

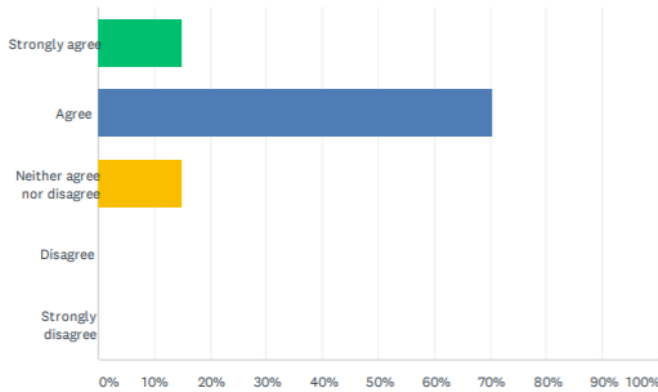
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ANSWER CHOICES	RESPONSES	
Strongly agree	14.81%	4
Agree	62.96%	17
Neither agree nor disagree	22.22%	6
Disagree	0.00%	0
Strongly disagree	0.00%	0
TOTAL		27

Q7 After this webinar I feel I have an increased confidence working in the CaLD youth sexual health space

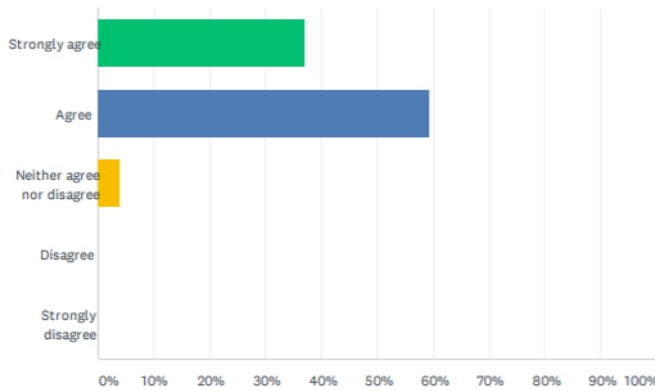
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ANSWER CHOICES	RESPONSES	
Strongly agree	14.81%	4
Agree	70.37%	19
Neither agree nor disagree	14.81%	4
Disagree	0.00%	0
Strongly disagree	0.00%	0
TOTAL		27

Q8 The webinar was well facilitated and organised.

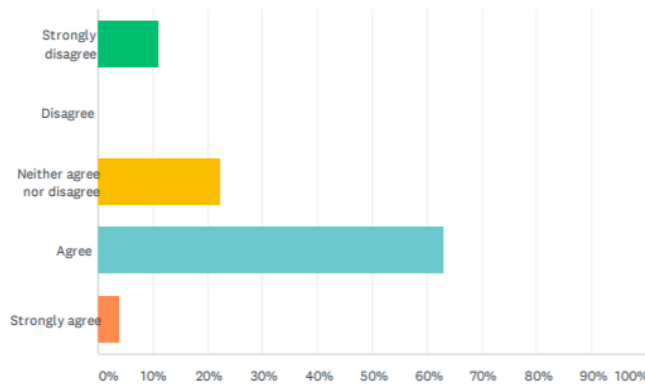
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ANSWER CHOICES	RESPONSES	
Strongly agree	37.04%	10
Agree	59.26%	16
Neither agree nor disagree	3.70%	1
Disagree	0.00%	0
Strongly disagree	0.00%	0
TOTAL		27

Q9 After attending this webinar, I will be better able to engage and work effectively in my role.

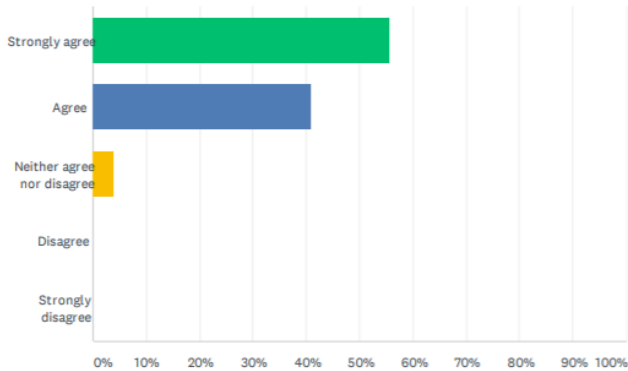
Answered: 27 Skipped: 0



ANSWER CHOICES	RESPONSES	
Strongly disagree	11.11%	3
Disagree	0.00%	0
Neither agree nor disagree	22.22%	6
Agree	62.96%	17
Strongly agree	3.70%	1
TOTAL		27

Q10 I am likely to pass on something I have learnt today to my colleagues and/or recommend them to these events in future

Answered: 27 Skipped: 0



ANSWER CHOICES	RESPONSES
Strongly agree	55.56% 15
Agree	40.74% 11
Neither agree nor disagree	3.70% 1
Disagree	0.00% 0
Strongly disagree	0.00% 0
TOTAL	27

In the comments section participants said how much benefit hearing lived experience is / can be. Some said they heard community insights they had not thought of before (e.g. periods in Ramadan) and others felt the best thing was reminder HSP about the dangers of assumptions. Many appreciated the reference sand resources. One participant felt that a clinician / service provider could have been added to the panel to provide information on sensitive topics. A couple of people commented that the Q&A was not long enough. All respondents expect one who commented that staff who were not panellists should not have been pinned on zoom said how well organised the webinar was. 11 people asked to be added to HCC’s monthly newsletter distribution list.

Once again, thanks to all who participated.

Should you be interested in further workshops or forums held by HCC please visit the website at: <https://www.hconc.org.au/> to see what is available or call on 9221 3422. Sessions can also be tailored to the needs of individual agencies and departments.

Appendix I – Resources Shared

The following resources were shared with registrants after the webinar.

- Flyer about the HERS Project (see Appendix)
- Periods in my Ethnic Home <http://theyeproject.org.au/blog/periods-in-my-ethnic-home/>
- An article on consent <http://theyeproject.org.au/blog/yep-crew-blog-post-habiba-asim-just-for-zainab-and-her-army-of-angels/>
- Newly released “milkshake” video on consent (which panellists did not rate highly) <https://www.abc.net.au/news/2021-04-20/nsw-premier-state-politicians-slam-milkshake-consent-video/100081296>
- Clementine Ford video on consent <https://www.youtube.com/watch?v=03xITp9WvrE>

- List of youth friendly sexual health clinic in Perth Metro, with a key that tells you if they focus on CaLD <http://theyeproject.org.au/resources/referral-resource-2020/>
- KEMH clinical practice guideline of FGC <https://www.kemh.health.wa.gov.au/~media/Files/Hospitals/WNHS/For%20health%20professionals/Clinical%20guidelines/OG/WNHS.OG.FemaleGenitalMutilationFGM.pdf>

Appendix 2 – Speaker biographies

Fatema Shalemie

Fatema is the Project Officer at the Multicultural Youth Advocacy Network of Western Australia at the Youth Affairs Council of Western Australia . She was a YEP Crew Peer Educator from 2016 to 2019, which was aimed at educating and advocating for sex positivity, and had a particular interest in CaLD sexual health. She is of Afghan heritage and has lived as a multicultural young person in Australia for the majority of her life. With that, has come the struggle of navigating her way around sexual health topics. Having never received “the talk” from her parents, she has lived off of Dolly Doctor and the not so accurate, word of mouth.

Patrick Gunasekera

Patrick is a writer and performer working from Sinhala diaspora on Whadjuk Noongar boodjar. He has educated and collaborated widely across the public sector on inclusivity, access, and peer-led community organising.

Lucy McEvoy

Lucy is a Specialist Youth Worker for the Association for Survivors of Torture and Trauma (ASeTTS) in Perth Western Australia. She holds a Bachelor of Arts from Monash University with a major in politics and minor in Indigenous Studies, as well as a Master of Social Work from the University of Western Australia and a Certificate IV in Relationship Education.

Lucy has always been concerned in social justice and inequality. Her interest in the plight of refugees, and particularly those who have experienced torture, began in 2000. Her current work involves engagement with young trauma survivors from various African nations, the Middle East and Burma. Her thinking and practice are informed by the Circe of Courage Model, Social Learning Theory, Psychodynamic Theory and Anti-Oppressive Practice. Lucy co-developed the HERS project, a reproductive health program for young women from migrant and refugee background.

Najmah Adnan

Najmah is a dedicated mental health nurse working in Perth. Najmah was a participant of the HERS project. She works actively in the community to engage youth from Multicultural backgrounds and create activities them to create a sense of belonging. In her free time, Najmah promotes beauty and make up in her community and many others whilst simultaneously tackling the Australian exclusionary brands by creating her own cosmetic line and producing what wasn't available for her and others alike growing up in Australia.

Appendix 3 – Photos

