



Background Paper
Sexual and Reproductive Health for People of Refugee Background
July 2010

The intention of this paper is to provide an overview of the key presenting issues, available data and key service responses relating to sexual and reproductive health for people of a refugee background in Victoria.

1. Overview

Whilst there have been significant gains in Victoria in developing a comprehensive approach to provision of health services for people of a refugee background, there are gaps in the research evidence base of their sexual and reproductive health concerns and the programs and services available to address these needs. Of special concern for refugee young people are experiences of torture and trauma, violence, forced migration, deprivation, and inter-generational conflict. Women have been particularly affected by war-related sexual violence including rape, torture and sexual slavery (Victorian Foundation for Survivors of Torture, 2005). Many come from countries with a high prevalence of sexual disease, for example, 59% of all adults living with HIV are women living in sub-Saharan Africa (Drummond et al., 2008; Victorian Foundation for Survivors of Torture, 2005).

Sexual and reproductive health encompasses problems such as HIV, STIs, BBVs, unintended pregnancy, infertility, contraception, sexual dysfunction, and also the ability to have a responsible, satisfying and safe sex life, maintain respectful relationships and to be free to exercise one's reproductive rights (McMichael, 2008; World Health Organization (WHO): Department of Reproductive Health and Research, 2006). It is a broad area that is influenced by a large web of factors including sexual behaviour and cultural attitudes, societal factors, biological risk and genetic predisposition. Mental health, violence, acute and chronic illnesses, alcohol, insecure housing, and unsupportive social relationships also play a significant role in sexual and reproductive health.

2. Key reports/research

The Refugee Health and wellbeing action plan 2008-10 and a number of key research reports highlight issues of sexual and reproductive health faced by people of refugee backgrounds¹. Key issues that have been identified include:

- Availability and timely access to culturally appropriate and accurate sexual and reproductive health information, sexual health clinics and practitioners.
- Increasing the level of sexual and reproductive health knowledge amongst young people.

¹ McMichael, C., "Promoting sexual health amongst resettled youth with refugee backgrounds"; Victorian Department of Human Services, "Refugee health and wellbeing action plan 2008-2010"; Paxton, G. "The health and wellbeing of children and young people of a refugee background in Victoria: a status report 2008" (draft); Refugee Health Research Centre, "Good Starts"

- Risk of unplanned pregnancies.
- Increasing health professionals' knowledge of refugee young people's understandings about their bodies and how they work.
- Increasing utilisation of GPs and other health professionals as sources of information.
- Female Genital Mutilation / Cutting (FGM/FGC).
- Counselling and support services for women and children affected by sexual violence.

3. Demographic information

There are around 3,500 newly arriving humanitarian entrants per annum to Victoria (Department of Immigration and Citizenship, 2009).

Key issues impacting on the provision of adequate health services includes:

- Changing national origin of humanitarian entrants
- Increasing proportion of children & young people in annual intake
- More dispersed settlement of newly arriving refugee populations.

3.1 Changing national origin of humanitarian entrants

As a result of changing global circumstances, the national origin of people coming to Victoria as refugees continues to change. In 2008-09, applicants from Africa (mainly Sudan, as well as Liberia and Burundi), Middle East (mainly Iraq), and Asia (mainly Afghanistan, Karen and Chin ethnic minorities from Burma/Myanmar and some Nepalese refugees living in Bhutan) will more or less evenly make up the offshore intake in Australia (Victorian Department of Human Services, 2008). Whilst there are some common factors impacting on the health and wellbeing of people of a refugee background, there are also significant differences. This includes differences in the way health services are provided in the country of origin, differing cultural understandings of health, complexity of presenting health issues and the level of understanding of these issues by Victorian health care practitioners/services.

Table 1: Changing origin of humanitarian entrants

Rank	1998 - 1999	2008 - 2009
1	Former Yugoslavia	Iraq
2	Iraq	Burma
3	Bosnia-Herzegovina	Afghanistan
4	Croatia	Thailand
5	Afghanistan	Other Southern Asia
6	Sudan	Sudan
7	Somalia	Other Central and West Africa
8	Iran	Iran
9	Sri Lanka	Sri Lanka
10	Ethiopia	Ethiopia

Source: (Department of Immigration and Citizenship, 2009, Settlement data [retrieved 21/08/09])

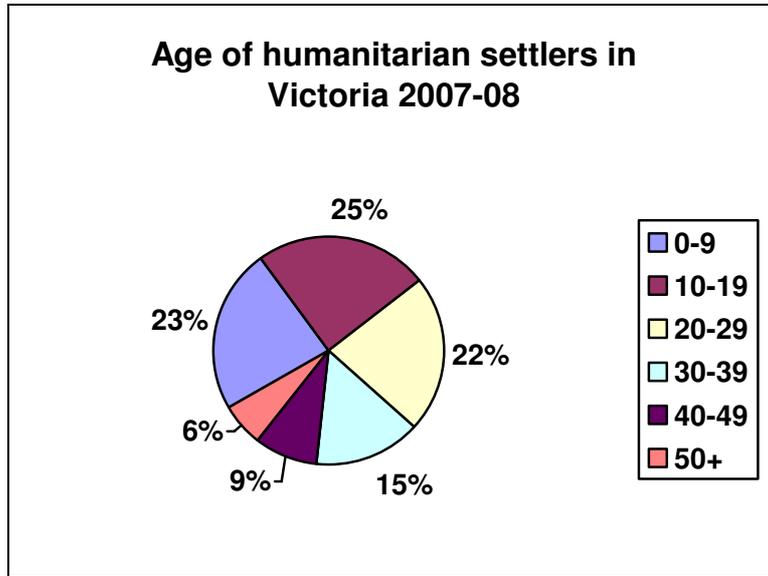
3.2 Increasing proportion of children & young people in annual intake

Also of significance is the age profile of newly arriving refugees among the Humanitarian intake in recent years. Slightly less than 50% of newly arriving refugees are now children and young people. In 2007-08, 48% of new arrivals were aged less than 20 years (Department of Immigration and Citizenship, 19/2/2009). In comparison, only 19.4% of Australia's population is aged under 15 (Australian Bureau of Statistics (ABS), 2008). This high proportion of newly arrived young people has significant implications for policy and the provision of child and adolescent health services including sexual and reproductive health programs. For instance, it is argued that there is an increased need for comprehensive post-arrival screening as only those aged over 15 receive pre-arrival screening for HIV, and only unaccompanied refugee minors are screened for Hepatitis B (Johnson, 2007; Victorian Foundation for Survivors of Torture, 2007).

A number of studies, though not designed as representative population group studies, highlight particular sexual and reproductive health concerns for young people of refugee background:

- The 'Good Starts' study of refugee young people aged 12-19 years in Melbourne (85% African) found that 8/58 (14%) of the young women in the study reported a pregnancy during their first 2 years in Australia (Refugee Health Research Centre, 2008).
- A lead community organisation also noted cultural taboos around STI and teenage pregnancy and that a lack of sexual health knowledge could lead to *increased* risks with young people visiting their countries of birth (Paxton, Smith, Ho Win, Davidson, & Mulholland, 2008, p. :110).
- Studies indicate that in regard to knowledge of sexual and reproductive health issues, refugee youth are most aware of HIV/AIDS, and there is a lack of knowledge about the most common infections such as Chlamydia, herpes simplex virus, genital warts and gonorrhoea. Young people are keen to learn about sexual health (Refugee Health Research Centre, 2008). This is representative of sexual health knowledge of young people in Australia as a whole, where, HIV knowledge remains relatively high and student STI knowledge remains relatively poor (Smith et al., 2009: 12).
- Despite higher awareness of HIV/AIDS among young refugees, research has indicated that there is a false sense of security concerning HIV in Australia, and that there is a lack of knowledge about the existence of HIV prevention material available in a range of community languages (McNally & Dutertre, 2006: 3).
- In contrast to the general young population in Australia, refugee young people are less likely to discuss information about sexual and reproductive health with their parents. This is of significant concern, as mothers are seen as the most commonly consulted source of information for the general population of young people (Smith et al., 2009: 57).
- Tension and anxiety can arise for adolescents as they attempt to find some middle ground in adjusting to the culture of their country of resettlement, and maintaining their cultural and family expectations. (Paxton et al., 2008:137)

Figure 1: Age of humanitarian settlers 2007-2008



Source: Department of Immigration and Citizenship, Settlement data, 2009

3.3 More dispersed settlement of newly arriving refugee populations

In the period, 1 January 2000 and 1 January 2005, humanitarian entrants settled in more than 50 of 79 Victorian Local Government Areas (LGAs). There has also been significant resettlement as newly arriving refugees and asylum seekers seek work and educational opportunities, and affordable housing. More dispersed settlement patterns of refugees means that health services are in higher demand and may not be prepared for the complexities associated with refugee health.

The health services in many of the newer settlement areas are less aware of the needs of newly arriving refugees, and consequently services are less accessible and responsive to the particular needs of refugees. See Appendix A for settlement patterns and changes in the top 10 local government areas in Victoria.

Rural settlement

Around 10% of new arrivals arrived in rural & regional locations in 2005-08, settling in 21 out of 47 rural local government areas. Whilst Greater Geelong has 3.1%, and Greater Shepparton has 2.8% of new arrivals in 2007-2008 (Department of Immigration and Citizenship, 19/02/2009), there has also been significant settlement and resettlement in a number of other locations, as people reunite with families, and seek out work, affordable housing and country life.

4. Complexity of health needs

A significant number of newly arriving refugees are arriving with health concerns that require specialist and sometimes multiple investigations and referral. A number of studies highlight issues of sexual and reproductive health:

- Hepatitis B prevalence in cohorts from Africa is 3-8% although 69/421 (16%) of newly arrived African refugees who attended the Migrant Health Service (MHS) in Adelaide were diagnosed with Hepatitis (Johnson, 2007:4; Paxton et al., 2008).
- Hepatitis C prevalence in refugee cohorts in Australia is 1-3%, and although sexual transmission is uncommon, maternal to child transmission during pregnancy and delivery occurs at a rate of 4-7% (Paxton et al., 2008:54).
- Almost all women will not have had any preventative screening such as pap smears, breast examination or mammography prior to arrival in Australia (Victorian Foundation for Survivors of Torture, 2005).
- Women who have experienced sexual violence may be more likely to have acute injuries and gynaecological problems, STIs, HIV/AIDS, nutritional deficiencies, pregnancy and childbirth complications, psychosomatic and psychological effects, and FGM (Victorian Foundation for Survivors of Torture, 2005:4).

A 2008 study of West African women who had settled in Perth in the five years prior to 2008 was conducted to investigate the knowledge and attitudes towards HIV/AIDS that were held by these women. Many misconceptions were uncovered in the study that need to be addressed in culturally sensitive education and health promotion programs. For example:

- Using condoms is pointless because they slip or break easily
- Having sex with a virgin is one way to get rid of HIV/AIDS
- Lack of awareness that HIV can be transmitted via oral and anal sex
- HIV can slip through tiny holes in a condom
- There are vaccines and cures for HIV/AIDS
- HIV can be transmitted by mosquito bites, sharing food with someone who has HIV, or by supernatural means.

Drummond, Mizan, & Wright, 2008:256.

4.1 Female Genital Mutilation/Cutting (FGM/C)

The practice of FGM is common in parts of Africa, Asia and in some Middle Eastern Countries. The World Health Organization defines FGM as comprising '*all procedures which involve partial or total removal of the external female genitalia or other injury to the female genital organs whether for cultural, religious or other non-therapeutic reasons*'. It could be practiced among a number of communities settling in Victoria from the African region. FGM could also be practiced among certain ethnic groups from a number of Asian countries such as India, Indonesia, Malaysia and Pakistan, as well as among some groups in the Arabian Peninsula such as in Oman, Saudi Arabia, United Arab Emirates and Yemen. It is estimated that at least 3 million girls worldwide are at risk of undergoing FGM each year (Victorian Department of Human Services: Primary Health Branch, 2009).

FGM is illegal in Australia. The performance of FGM and/or the removal of a child from Victoria to have such procedures performed are specifically prohibited in Victoria under the *Crimes (Female Genital Mutilation) Act 1996* (Victorian Department of Human Services: Primary Health Branch, 2009).

4. Policy Context

- A Fairer Victoria 2008

- Beyond Five Million: The Victorian Government's Population Policy
- Charter of Human Rights and Responsibilities Act 2006
- Cultural diversity plan 2008
- National Sexually Transmissible Infection Strategy 2005-2008
- Refugee health and wellbeing action plan 2008-2010 (DHS)
- The Refugee Health and wellbeing action plan 2008-10
- Victorian Women's Health and Wellbeing Strategy 2006-2010
- Victorian Sexually Transmissible Infections Strategy 2006-2009

5. State Government Programs

FARREP

Increasing populations into Australia from countries that practice FGM led to the establishment of the Family and Reproductive Rights Education Program (FARREP) in 1998 which provides information and support to women affected by or at risk of being affected by FGM. FARREP provides sexual and reproductive health services for women affected by female genital mutilation (FGM). See Appendix C for agency contact details for FARREP.

Task Forces

In November 2008, the Victorian Minister for Health announced the plan to establish three new taskforces in:

1. HIV prevention, treatment and care
2. Viral hepatitis
3. Sexual and reproductive health.

These taskforces will provide high-level policy advice, meeting three to four times a year with the capacity to form working groups to address specific issues. The state government allocated an extra \$16.6 million over four years that will be used to implement initiatives addressing increased rates of HIV and STIs in Victoria (State Government of Victoria, 2008).

Refugee Health Nurse Program

The Refugee Health Nurse Program began in 2005 and provides early assessment of recently arrived refugees, assisting, and referring people to other services. In 2008 the Refugee Health Nurse Program (RHNP) received an additional \$3 million over four years to continue in responding to the health care needs of newly arrived refugees. This has expanded the number of agencies with a refugee health nurse from nine in 2006-2007 to 16 in 2007-2008 (Victorian Department of Human Services, 2008:26).

Refugee Action Plan 2008-2010

The Refugee Action Plan 2008-2010 identifies five key actions areas for addressing sexual and reproductive health issues. One of the key actions is the establishment of a sexual and reproductive health working group for which this paper provides a background. The additional four key action areas are:

- Prevention of female genital mutilation (FARREP)
- Africans in regional Victorian sexual health project (MHSS)
- Hip Hop for Health (MHSS)
- Whole-School Sexuality Education (DEECD)

The state government also provides funding and support for a number of services and programs throughout the state, as detailed below.

6. Current service responses in Victoria

A number of agencies provide sexual and reproductive health services that are inclusive of, and accessible to, people of refugee backgrounds. These agencies vary in the services they provide, with some providing clinical services, some providing health promotion programs and projects, and others providing both. The table below outlines current sexual & reproductive health programs/initiatives and identification of key issues, existing activity & gaps compiled by members of the Victorian Refugee Health Network working group on sexual and reproductive health (current at July 2010).

Agency	Programs/projects/services	Research	Resources	Issues
Women's Health Information Centre (WHIC)	<ul style="list-style-type: none"> • Telephone, email, drop-in counselling & info service • access to specialist library: browse/borrow • Interpreters/block bookings • pregnancy testing & chlamydia screening • help to use public access computers to search for health information • links with community services • African women's group, • working with Oromo community 	FARREP research (RWH published)	Languages for NESB Interpreters Translated information Oromo fact sheets/audio files Better health channel – abortion services	<ul style="list-style-type: none"> * information in languages of newly-arriving communities * negotiating health systems * access * health professionals knowing about visas/eligibility
Women's Health North (WHN)	<ul style="list-style-type: none"> • established FARREP network in the north: all northern FARREP workers • developed northern region FARREP flyer on FARREP program and services • programs in schools incl. same-sex attracted • African youth health day covering FGM, STI etc) • training at Northern Hospital for all staff 			<ul style="list-style-type: none"> *no FARREP worker at Northern Hospital * information for communities on where to go
Family Planning Victoria (FPV)	<ul style="list-style-type: none"> • 11 FARREP service providers with co-ordinator located at FPV • Education and training to increase 	FAARREP Research & Evaluation	* training programs for FARREP workers with health	* as above

Agency	Programs/projects/services	Research	Resources	Issues
	<p>the capacity of the health and education sectors and the Victorian community to build sexual health literacy targeting</p> <ul style="list-style-type: none"> - Education and health care providers - Young people under 25 - Parents and carers - People in their reproductive years - Agencies working with vulnerable populations <ul style="list-style-type: none"> • Statewide consultation forum – evaluation committee 	<p>Committee – research & evaluation WG to oversee action research (communities & health professionals)</p>	<p>professionals (calendar will be on website)</p> <ul style="list-style-type: none"> * FGM resource manual * Pap-screen training & mental health training * FGM Awareness-raising Day: Feb 6 – activities, symbol, radio * Action Centre 25 youth * Website * Library * E-Newsletter * Fact sheets * FAQ * Conferences eg DIH * Pictorial resources * FPV/disabilities 	
Foundation House – UCAN2	<ul style="list-style-type: none"> • Program for establishing pathways for older students • Work in English Language Centres/schools/AMES 			* pregnancies
Centre for Multicultural Youth (CMY)	<ul style="list-style-type: none"> • Youth support & reconnect programs 		* 2008 statewide forum & report	* awareness to access information a priority for youth
Multicultural Health Support Services (MHSS)	<ul style="list-style-type: none"> • Hip Hop & Health • African Youth Day • BBV & STI working group • CALD MSM consultation 		* Bridging Differences DVD resource kit including facilitators	* drug & alcohol issues

Agency	Programs/projects/services	Research	Resources	Issues
	<ul style="list-style-type: none"> • Sister to sister project & evaluation • Community education in schools/TAFE/unis • Health promotion programs with a number of communities 		manual * Hip Hop Health resources * transmission DVD & manual * Double Trouble Report * Info on STIs & BBVs in languages * library * website * Training on sexual health at Melbourne university	
Women's Health West (WHW)	<ul style="list-style-type: none"> • Health promotion priority • 2 FARREP workers P/T – FGM, health professionals & women's groups, MCH nurses • Community education programs WELS/VU • Adapting resources for ESL • Girls talk/Guys talk – School SRH program: Year 9 whole school approach with 2 schools so far 		* Mama & Nunu for professionals, pregnancy & childbirth updated * brochures *Core of life (adapted) * FPA & FPV resources Pictorial resources * MHSS comprehensive resource ARCH's resources	* focus on groups (refugee young people) in the west
Barwon Health Corio	<ul style="list-style-type: none"> • Refugee Health Clinic • Refugee Health Nurse – Men's health • Women's health : 6 weeks for the Karen • Women's health: 1 day per week 		Audio – relaxation Spreading the Word	* gaps in Geelong *access to resources in Karen * unwanted pregnancies – where to go; what to do

Agency	Programs/projects/services	Research	Resources	Issues
Western Region Health Centre	<ul style="list-style-type: none"> • Refugee health team including refugee health nurse, access worker • Information sessions on how to navigate the health system • On-site Dinka interpreter • Cultural competence facilitator • Project looking at culturally competent service provision within WRHC (May/June) • Sexual & reproductive health integrated into health promotion plan • Sexuality education program – WELS – evaluation • Outreach youth refuge (90% refugee background) ; 6-8 weeks directive • FARREP worker increasing capacity among GPs, health practitioners • River Nile learning program (Debney park) women • Refugee Minor program Victoria Uni • Phoenix Centre: Youth Drop-In 		Manual - WELS	<ul style="list-style-type: none"> * access to programs eg Hip Hop Health * disengaged young fathers * intervention at crisis stage * refugee background young people – housing big issue, many couch-surfing * education & information * the status of being a mother
Secondary School Nursing Program DEECD - Southern Metro, Adolescent Health Nurse Dandenong High	<ul style="list-style-type: none"> • Programs in secondary schools and with MRC in city of Dandenong • DHS sexual health program for African Young Women (newly-arrived) • Noble Park Secondary College and English Language School: sexual health for all new arrivals - trained male staff for boys • Dandenong High School 5 weeks program • FPV working with CALD communities delivering training, engaging communities, parents and other people 		<ul style="list-style-type: none"> • limited resources available • Manual developed by Claire used in training • Presentations to Refugee Health Nurse training & other forums 	<ul style="list-style-type: none"> • Interest of school nurse a factor • Relationship-building and activities to find out what people know, and explore their cultural values and beliefs • Needs are high in newer settlement areas eg: 80 boys from Xmas island

Agency	Programs/projects/services	Research	Resources	Issues
	<ul style="list-style-type: none"> • Clinical education and counselling - non-threatening & low-key 'bits and pieces' work approach, and prevention • uptake of HPV vaccine - everyone • Noble Park GPs 			<p>in Dandenong</p> <ul style="list-style-type: none"> • Changing groups • Increasing number of pregnancies for African girls – need to promote sexual health • Parents: how to overcome resistance & engage with sexual health literacy
Cancer Council of Victoria Cancer Prevention Centre-Community Health Professionals Program	<ul style="list-style-type: none"> • Education and training for health professional's working in the primary health sector around womens and mens cancer prevention • Breasthealth Training for health professionals (metro and regional) • Looking to pilot a womens health/cancer prevention project- training health professionals who work with CALD communitites. • Member of the Victorian hepatitis b alliance • 		<ul style="list-style-type: none"> * Breast Awareness Brochure (updated 2010 , translated) * Common Breast problems (updated 2010 , translated) 	<ul style="list-style-type: none"> * Trying to increase screening rates in underscreened groups * Engaging health professionals across the primary health sector
Pap Screen Victoria	<ul style="list-style-type: none"> • Education and training for GPs, nurses and community health professionals • Partnership with statewide FARREP officers • Partnership with NMIT bilingual health students - train the trainer model • A&TSI / CALD identifier project • CALD communication strategies • Community education in partnership 	Evaluation of the impact of PapScreen's campaign on Culturally and Linguistically Diverse Women (2006)	<ul style="list-style-type: none"> * Translated resources * Educational resources and teaching aids available for loan (free of charge) 	Lack of CALD specific data

Agency	Programs/projects/services	Research	Resources	Issues
	with CALD focused organisations eg Asylum Seekers Resource Centre			
DoH- Integrated Health Promotion Women's Health	<ul style="list-style-type: none"> • FARREP: Victoria is the best-resourced state • Health promotion Plan • FPV as facilitating agency • Regional sexual & reproductive health plans (on hold) 			
DoH: NW Metro	<ul style="list-style-type: none"> • Women's health programs/agencies • What's happening in particular communities? 			
DoH Social Policy	<ul style="list-style-type: none"> • Men's health & well-being strategy • Taskforces • Graduate recruits to work on sexual & reproductive health projects 		AMES health resource DEECD	
Multicultural Centre for Women's Health	<ul style="list-style-type: none"> • Program of health & community education and training working closely with industry • 20 bilingual health workers in sexual and reproductive health, diabetes and occupational health and safety • Seminar series: eg Sexual & Reproductive Health for Young Immigrant & Refugee Women • FARREP worker • Cross cultural training(March to November 1 or 2 sessions weekly sometimes 3-4) in rural, metro and outer metro areas • Cross-cultural training with maternal and child health carers • Participatory approach, peer education, women share their experiences - access 	Current research on diabetes and international students	Multilingual library and resource centre (free)	How to engage Bicultural Health Workers in new arrival communities such as the Burmese, Karen, Chin, Assyrian-Chaldean backgrounds

Agency	Programs/projects/services	Research	Resources	Issues
	issues, STIs, reproductive health, mental health eg Iraqi womens support group for PND			

Other Sexual and Reproductive Health programs for refugee background people	
Youth ConneXions	Youth ConneXions is a refugee and migrant youth support program for 12 – 25 year olds that aims to create links and provide opportunities to become involved in community activities. This agency provides information and referral; life skills programs and assistance with relationship problems, family conflict, sexual health, study, employment and internet access.
Health services that also cover sexual and reproductive health for refugees	
Asylum Seeker Resource Centre Health Centre	A range of GP, allied and specialist health services.
Barwon Health Refugee and Immigrant Health Clinic	Uses a family centred approach providing a 'one-stop' health service such as comprehensive health assessments, assessments, and immunisation. The clinic welcomes referrals from GPs and other healthcare providers.
Dandenong Refugee Health Service	An asylum seeker clinic runs ever second Monday afternoon. A specialist and multidisciplinary tertiary referral clinic which seeks to meet the Infectious Diseases, Maternal and Child Health, and Psychiatric needs of the refugee population in the Greater Dandenong region.
ISIS Primary Care – St Albans	Provides health assessments, support, counselling, education
Marie Stopes International	Provides sexual health information via their website in Vietnamese, Korean, Chinese and Arabic.

Royal Children's Hospital Immigrant Health Service	The Immigrant health clinic is run at the green desk outpatients on Monday afternoon between 1:30-5:30 pm. It provides a multidisciplinary assessment service for recently arrived children of a refugee background. The Immigrant health clinic utilises the expertise of RCH interpreter service and runs alongside the infectious diseases, travel medicine and immunisation clinics.
Royal Melbourne Hospital – Immigration/Refugee Clinic	Victorian Infectious Disease Service (VIDS) operates an Immigration/Refugee clinic every Tuesday.
Western Region Health Centre	Western Region Health Centre provides a range of services to newly arrived refugees. The Refugee Health access team includes Refugee and Women's Health Nurses, Access Workers, African Community Development Worker and a Dinka/Arabic Interpreter.
Royal Women's Hospital	The Royal Women's Hospital provides comprehensive services ranging from health promotion to clinical expertise and leadership in maternity services, gynaecology, cancer services and specialist care of newborn babies.
Well Women's Clinic	Offers free confidential service provided by experienced Women's Health nurses. Clinical services include: pap testing, teaching breast self-examination and STI testing. Also offers health information and advice on sexuality and safe sex practices and preparing for pregnancy.
Women's Health Information Centre (WHIC) More info on WHICH - see above	Experienced women's health nurses and midwives provide free confidential state-wide health and on-line service including information in a range of languages, individualized support and referral options. Available by telephone, email or drop-in. Interpreters are available. Also offer pregnancy testing & chlamydia screening, access to a specialist library to browse or borrow books and DVD's, help to use public access computers to search for health information.
Sexual and Reproductive health services in Victoria	
Bendigo Community Health Service	Services provided include: young pregnant and parenting program; options clinic; blood borne virus and sexually transmissible infection clinic; sexual health and family planning service; men's health clinic, women's health clinic.
Family Planning Victoria (FPV)	FPV's Sexual Health Clinics offer clients a confidential and safe setting in which to discuss sexual

	health issues and receive specialist sexual health care. In July 2009, the Department of Health appointed FPV as host agency for the FARREP Facilitation role for 2009 – 2011. The purpose of this role is to develop, implement and evaluate the Victorian FARREP Integrated Health Promotion plan.
Frankston Hospital - Sexual Health Clinic	Small service providing diagnosis, treatment and counselling for patients with sexually transmitted diseases.
Frankston Hospital - Women's Health Clinic	Peninsula Health's free Women's Health Clinic at Frankston Hospital is available to women of all ages and staffed exclusively by women. Services include preventative health screening, pregnancy testing, referral and advice, menopausal health issues and sexual and reproductive health issues. The clinic is open every Monday between 9 a.m. and midday.
Melbourne Sexual Health Centre (MSHC)	Victoria's leading clinic for the testing and treatment of sexually transmissible infections. MSHC operates as a walk-in clinic and no appointment is necessary. All services provided by MSHC are free of charge.
Victorian Women's Health Program	To improve the health and well being of all Victorian women (with an emphasis on those most at risk), through the development and dissemination of health information and research and through the provision of community and professional education. These activities take place directly with women and in partnership with the health and community sectors.

Hip Hop for Health Project (HHHP) run by the Multicultural Health and Support Services (MHSS) targeted recently arrived African and Arabic speaking young people (under 25) in a project aimed at reducing the risk of BBV and STI. The project involved health education sessions conducted by the HHHP male community worker, and an MHSS female community worker. The sessions covered basic information about STI and BBV, how to practice safe sex, where to get tested and some information on treatment. Each session was followed by a performance by A.R.A.B. (Anti-Racism Action Band) that included beat boxing and dancing. 13 education sessions were provided, and over 100 outreach services performed. Learning from the project included that hip hop was an effective medium for delivering sensitive information, time is needed to engage with African and Arabic speaking communities, and outreach activities are most effective when rapport and trust are first established with target groups (Brough, 2008).

In November 2008 the **Centre for Culture, Ethnicity and Health** released a new health promotion resource about Hepatitis C and STIs. They made clear that it is important to provide this information in culturally appropriate ways as some mainstream campaigns can be too confronting for many communities. Because it is not culturally appropriate to talk about these issues in some families, an approach that is too direct may lead to the denial of high-risk behaviours in the community.

8. Gaps and barriers

Agencies face a number of difficulties in providing sexual and reproductive health services to refugee background people:

- Early intervention
- Lack of resources and visual and audio information in different languages
- Communication – language and timely access to interpreters and translation services
- Understanding of differences between communities and particular needs of individuals and communities which require different approaches to be taken when providing information and clinical services
- Targeting services/programs to accommodate intergenerational issues
- Refugee access to mainstream programs, eg immunisation
- Peer support programs
- Programs in relevant settings, eg schools, language centres/youth centres
- Training for service providers to deliver culturally appropriate programs and services
- Consultation with communities.

9. Recommendations from the research:

A range of responses at the policy, program, and service delivery levels are essential for responding effectively to the identified sexual and reproductive health issues for young people of a refugee background. There are very few refugee specific sexual health services therefore, making existing sexual health services more accessible is important.

The 'Refugee young people sexual health information project' (McMichael, 2008:11) defines seven broad strategic areas in which the sexual health of young people with refugee backgrounds can be strengthened:

1. Policy and program development: ensuring sexual and reproductive health programs and services effectively target young people with refugee backgrounds
2. Health promotion and community-based interventions to increase awareness of STIs, unplanned pregnancy and the importance of protective behaviours, and to increase access to health care services.
3. Development and delivery of school-based sexuality education programs for newly-arrived young people with refugee backgrounds.
4. Professional development: strengthening the capacity of general health and welfare services to meet the sexual and reproductive health needs of young people with refugee backgrounds.
5. Supporting resettled youth to access healthcare services and screening. Support services for young people are essential, unfortunately many youth services have a cut off age of 18 which means that many recently arrived young people are ineligible to access these services (O'Sullivan, 2006).
6. Integration of sexual health programs with broader policy and programmatic initiatives that focus on the health and well-being of young people with refugee backgrounds.
7. Further research around unprotected sex and unplanned pregnancies, family and community level concerns around education, and how to best support young (particularly single) mothers.

In addition to the strategic areas highlighted above it is also important that:

1. The role of GPs is given special consideration given that they are seen to provide the most reliable source of information, but continue to remain underutilized (McMichael, 2008:11; Smith et al, 2009: 57).
2. Other avenues where young people can access information are explored, given that mothers may not be available or utilized as sources of information.
3. Information is not only produced in community languages, but that consideration is given to how the information is disseminated in accessible and appropriate ways.

See Appendix E for an outline of cultural competencies for Health Promotion Initiatives.

10. Purpose of the working group

Key issues that the working group aims to address are:

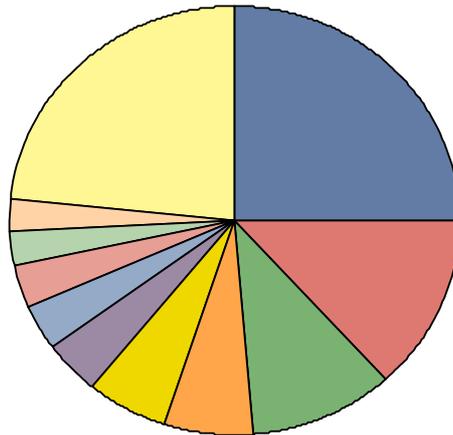
- Build a stronger understanding and sharing of available resources and information, and identify information gaps.
- Explore how to strengthen service responses through collaboration and partnerships and sharing of good practice. It is important to work with families and service providers to understand how best to educate refugee background people about sexual and reproductive health.
- Document referral pathways and look at models of improving access.
- Disseminate information and resources on the Refugee Health Network website.

Appendices

Appendix A:

Settlement in top 10 LGAs 2002-07

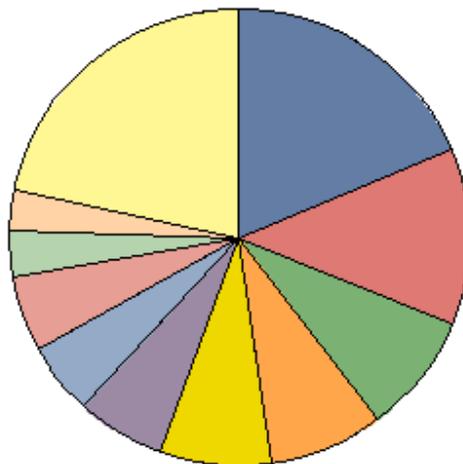
(Department of Immigration and Citizenship, 06/07/2007)



Greater Dandenong (C)	24.9%
Brimbank (C)	13.5%
Hume (C)	10.2%
Casey (C)	6.5%
Maribymong (C)	5.8%
Wyndham (C)	4.2%
Darebin (C)	3.2%
Whittlesea (C)	3.2%
Moreland (C)	2.6%
Maroondah (C)	2.5%
Others	23.3%
Total:	100.0%

Table 4: Settlement in top 10 LGAs 2007-08

(Department of Immigration and Citizenship, 19/2/2009)



Greater Dandenong (C)	18.6%
Wyndham (C)	12.4%
Hume (C)	8.7%
Maroondah (C)	8.1%
Brimbank (C)	7.7%
Casey (C)	6.1%
Hobsons Bay (C)	5.4%
Maribymong (C)	5.2%
Greater Geelong (C)	3.3%
Greater Shepparton (C)	2.9%
Others	21.6%
Total:	100.0%

Appendix B – Victorian Public Sexual Health Clinics.

Source: Victorian Department of Health

http://www.health.vic.gov.au/ideas/diseases/gr_sti/sti_furtherinfo

All services at the Centre are free and confidential. Staff can give you up-to-date advice on the phone, advise on the best times to attend the clinic to see a nurse or doctor, or give you a referral to doctors in your area who are able to help you.

Metropolitan centres	
<p>Melbourne Sexual Health Centre 580 Swanston Street, Carlton 3053 Tel: (61 3) 9347 0244 (including TTY), 1800 032 017 www.mshc.org.au</p>	<p>Well Women's Clinic First Floor Women's Health Clinics Royal Women's Hospital CNR Grattan St & Flemington Rd Parkville 3052. Tel: (61 3) 8345 3037 or 8345 3032 www.thewomens.org.au</p>
<p>Access Information Centre at The Alfred Fairfield House Moubray Street, Prahran 3181 Telephone: (61 3) 9276 6993 Email: access@alfred.org.au Web: www.accessinfo.org.au</p>	<p>Infectious Diseases Service Royal Melbourne Hospital Grattan Street, Parkville 3052 Tel: (61 3) 9342 7000</p>
<p>HIV/Sexual Health Connect Telephone: 1800 038 125</p>	<p>hepC infoline Telephone: 1800 703 003</p>
<p>Australian Sports Medicine Federation Victorian Branch Level 1, 120 Jolimont Round Jolimont 3002 Tel: (61 3) 9654 7733</p>	<p>Hepatitis C Council of Victoria Suite 5, 200 Sydney Road Brunswick 3056 Telephone: (61 3) 9380 4644 Country freecall: 1800 703 003 Email: hepcvic@vicnet.net.au Web: www.hepcvic.org.au</p>
<p>Family Planning Victoria Clinic and Education 901 Whitehorse Road, Box Hill 3128 Telephone: (61 3) 9257 0100 Email: fpv@fpv.org.au Web: www.sexlife.net.au</p>	<p>Action Centre (for Youth 25 and under) Clinic and Education First Floor, 94 Elizabeth Street, Melbourne 3000 Telephone: (61 3) 9654 4766 or Freecall: 1800 013 952</p>
Gay men's health	
<p>Victorian AIDS Council/Gay Men's Health Centre 6 Claremont Street, South Yarra 3141 Telephone: (61 3) 9865 6700 Freecall: 1800 134 840 TTY: (61 3) 9827 3733</p>	<p>The Centre Clinic C/- Northcote Community Health Centre 42 Separation Street, Northcote 3070 Telephone: (61 3) 9481 7155 Also located at: The Centre Clinic (St Kilda) The rear 77 Fitzroy Street, St Kilda 3182 Telephone: (61 3) 9525 5866</p>

Rural services

Rural STD clinical services	
<p>The Annexe Sexual Health Clinic Ballarat Community Health Centre 710 Sturt Street, Ballarat 3350 Telephone: (61 3) 5338 4540 Email: info@bchc.org.au</p>	<p>STD Clinic Bendigo Community Health Services Seymour Street, Eaglehawk 3556 Tel: (61 3) 5434 4300</p>
<p>Geelong Sexual Health Clinic Barwon Health Sexual Health Clinic Geelong Hospital Outpatients Level 3 Bellarine Centre Clinic 4, Room 15 Bellarine Street Geelong 3220 Tuesdays 2-7pm : Drop in clinic - no appointment necessary Telephone: (61 3) 5226 7254 Fax: (61 3) 5246 5143</p>	<p>STD Clinic Vermont Street Health Clinic 4 Benson Court, Wodonga 3690 Tel: (61 2) 6056 1589</p>
<p>STD Clinic - Latrobe Regional Hospital Outpatients Department Consulting rooms 3 & 4 Cnr Princes Highway and Village Way Traralgon 3844 Tel: (61 3) 5173 8000</p>	

Appendix C: Victorian FARREP Service Providers

Source: http://www.fpv.org.au/pdfs/FARREP_INFO.pdf

There are currently 11 FARREP service providers working in Victoria. Family Planning Victoria contributes to the monitoring of FARREP through its overarching management of the statewide FARREP health promotion plan. FPV will provide advice to the Department about the progress of relevant agencies against this plan, aligning with the new health promotion reporting arrangements between community health services, Primary Care Partnerships and the Department of Health.

Banyule Community Health

21 Alamein Rd
West Heidelberg 3081
www.bchs.org.au

City of Darebin

274 Gower St
PO Box 91
Preston 3072
www.youthdarebin.vic.gov.au

Doutta Galla Community Health Service

12 Gower St
Kensington 3031
www.dgchs.com.au

Greater Dandenong CHC (Southern Health)

229 Thomas St
Dandenong 3175
www.southernhealth.org.au

Mercy Hospital for Women

Level 3
163 Studley Rd
Heidelberg 3084
www.mercy.com.au

Multicultural Centre for Women's Health Carringbush Bldg

Suite 207, Level 2
134 Cambridge St
Collingwood 3066
www.mcwh.com.au

North Yarra Community Health

365 Hoddle St
Collingwood 3066
www.nych.org.au

The Royal Women's Hospital

CNR Grattan St & Flemington Rd
Parkville 3052
www.thewomens.org.au

Western Region Health Centre

72 – 78 Paisley Street
Footscray 3011
www.wrhc.com.au

Women's Health in the North

680 High Street
Thornbury 3078
www.whin.org.au

Women's Health West

317 – 319 Barkly Street
Footscray 3011
www.whwest.org.au

Appendix D: Visa types

(Victorian Department of Human Services, 2008)

Refugee Program (visa numbers **200, 201, 203 and 204**) – for people who are subject to persecution in their home country and who are in need of resettlement. The majority of applicants considered under this category are identified by the UNHCR and referred by UNHCR to Australia. The Refugee visa category includes 'refugee', 'women at risk', 'in-country special humanitarian' and 'emergency rescue' sub-categories.

Special Humanitarian Program (SHP) (visa number **202**) – for people outside their home country who are recognised as having a refugee-like experience and have the support of a proposer (sponsor) who is an Australian citizen, permanent resident or eligible New Zealand citizen, or an organisation that is based in Australia. The proposer must support applications for entry under the SHP.

Appendix E: Cultural Competencies for Health Promotion Initiatives

Partnering with Ethnic Communities

Cultural Competencies for Health Promotion Initiatives



Culture is a unique and important part of a person's identity. Just as sedentary lifestyles, smoking and socio-economic factors such as poverty and unemployment impact on our health and health outcomes, so too does culture.

Culture influences:

- Understandings of health and illness
- Views about the causes of illness
- Views about the way in which illness should be managed
- Views about how illness can be prevented
- Views about the relationship between the practitioner and the client

The considerable influence of culture on health highlights the necessity for partnerships with culturally and linguistically diverse (CALD) communities to ensure cultural competence in health promotion initiatives and successful health outcomes.

Cultural Competencies in Health Promotion		
PLANNING	IMPLEMENTATION	EVALUATION
Demonstrate ongoing networks and relationships with CALD community groups and agencies that provide services to CALD communities	Support partnerships with CALD community leaders and representatives through training and mentoring strategies integrated into program design	Establish timelines and performance indicator measures based on community expectations and goals
Research target groups based on community demographics and keep regular CALD population statistics as part of demographic profile	Select and use culturally sensitive strategies in partnership with ethnic communities	Ensure evaluation methodologies are formulated in consultation with CALD community leaders and representatives
Consult or seek feedback and information from targeted CALD communities and consumers	Ensure linguistic needs of CALD target group are met via use of accredited interpreters and in-language or translated resources where appropriate	Implement evaluation procedures in partnership with CALD community representatives and leaders
Problem definition, direction of program planning and strategy selections incorporate community consultation findings and demographic profile of CALD target group	Use culturally appropriate promotional strategies and media for program recruitment and social marketing campaigns	Demonstrate that initiatives, work practices or achievements meet the needs expressed by CALD communities



CENTRE FOR *culture*
ethnicity & health

23 Lennox St Richmond VIC 3121 AUSTRALIA (Author: Eleni Karantzias BSc, MPH)
ph: +61 3 9427 8766 www.ceh.org.au

CEH works with the Victorian Health Sector to develop solutions that improve responsiveness to cultural and linguistic diversity.

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