

# Diversity in sexual health consultations

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# Why are sexual health consultations different

Content area can be seen as very sensitive and personal ( like many areas we deal with in health)

Priority groups may be very different individuals to us with different social norms and maybe different values

Need accessible services without judgement and to be aware of boundaries (professionalism)

Professional and personal boundaries and norms can be acknowledged but must not influence our practice and professional behaviours

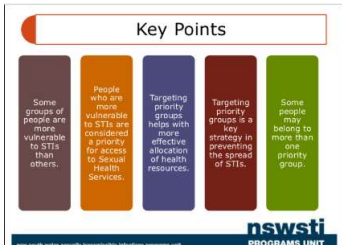


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## Individuals who need access to sexual health services include:

Young people < 25 years, sex workers, indigenous and torres strait islanders, PWIDs, gay men and MSM, transgender individuals, people with HIV infection ( PLWHIV), people with symptoms, people who are a contact of an STI,



# Stigma



Stigma is a mark of disgrace setting someone apart from others



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# Stigma

Commonly associated with STIs

We see it especially with HSV and a new HIV diagnosis

A host of negative consequences following diagnosis

- stigma / discrimination
- estrangement from family/friends, coworkers, community
- other people's fear of contagion
- fear of complications and death
- severe feelings of guilt, shame
- loss of autonomy and dignity, feeling like a burden

Psychosocial decision needs

Stigma → discrimination → isolation

"One of the first decisions that PLHIV must make is whether or not to disclose, and if so, to whom, when, why, and how. How others handle this is also important. It is unknown how many PLHIV do not disclose and therefore how many may not receive the required support."

(Brewer et al., 2016)

JOINT CONFERENCE OF BHIVA WITH BASHH

17-20 April 2018



# New South Wales Government STI program Unit

## 5 myths that stigmatise Sexually Transmissible Infections (STIs)

- Only people who are 'promiscuous' / people with 'no morals' get STIs
- Married people don't have STIs
- You can get STIs from toilet seats
- You can't get an STI through oral sex
- People usually know if they are infected

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<https://stipu.nsw.gov.au/>

Its important that our patients and clients don't feel like this and don't feel stigmatised as if they do they may not return..

## More Myths about STIs

### 4 more myths that stigmatise STIs

- Sex workers have lots of STIs
- Only gay men have HIV
- People who have an STI are 'dirty'
- You can't get an STI if you only have one partner

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Overall for all those who may be marginalised and find access difficult in  
SH

Recognising individual differences

Ensuring access without judgement

Enabling and encouraging attendance

Reducing barriers



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## Differences in

race, ethnicity, gender, sexual orientation, socio-economic status, age, physical abilities, religious beliefs, political beliefs, or other ideologies.



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## Communication: probably most important aspect of inclusivity

First impressions at reception or online really matter.

Staff who meet patients first: preferred name and pronoun: ask patient for their preference

Posters in WR and in practice demonstrating that you welcome all groups with no judgement and that this is a safe space and you can talk confidentially to health care providers are really important



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## Inclusive intake form questions re gender

**What is your current gender identity? (select all that apply )**

Male

Female

Non-binary

Different identity (eg. Sistergirl, genderfluid) \_\_\_\_\_

**What sex were you assigned at birth?**

Female

Male

**Were you born with a variation of sex characteristics? (this is sometimes called "intersex")**

Yes

No

Prefer not to say

**Pronouns: [can select more than one]**

She/Her/Hers

He/Him/His

They/Them/Theirs

Ze/Hir / Hirs

Other \_\_\_\_\_

*From a Thesis written by SJ Matthews on Checkout Clinic in NSW (FPNSW)*



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**DIVERSE  
INCLUSIVE  
ACCEPTING  
WELCOMING  
SAFE SPACE  
FOR EVERYONE**



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# Gender 101

## Gender Binary:

The categorization of gender into two distinct, opposite sexes.



## Trans/Transgender:

An umbrella term applied to those whose gender identity is not the same as the sex they were assigned at birth.



## Cisgender:

Someone who identifies exclusively as their sex assigned at birth.



## Genderqueer:

A term applied to individuals who do not identify within the gender binary.



## Transition:

The process of changing one's gender expression to match their gender identity.



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For more information,  
go to [transstudent.org/graphics](http://transstudent.org/graphics)

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Design by Lindsay Pao

# Gender Grammar

| Problem  | Correction   | Reason  |
|--|--|---|
| "transgendered"<br>(adjective)   | transgender  | Only adjectives that are derived from nouns and/or verbs (unlike transgender) end in "ed."  |
| "intersexed"   | intersex   | Only adjectives that are derived from nouns and/or verbs (unlike intersex) end in "ed."   |
| "transgendered"<br>(verb)  | transition   | Only verbs can have "ed" added onto the end of the word to become a participle. Transgender is an adjective, not a verb. One does not "transgender," they transition. |
| "a transgender,"<br>"transgenders"   | a transgender person,<br>transgender people  | Transgender is not a noun. "Jake is a transgender" is not only grammatically incorrect, but can be offensive.   |
| "sex change,"<br>"sex reassignment surgery," "gender reassignment surgery" | gender affirming surgery, genital reconstruction surgery, genital reassignment surgery | Surgery does not change one's sex or gender, only genitalia.  |

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# Gender Pronouns

Please note that these are not the only pronouns. There are an infinite number of pronouns as now ones emerge in our language. Always ask someone for their pronouns.

| Subjective | Objective | Possessive | Reflexive           | Example  |
|------------|-----------|------------|---------------------|--|
| She        | Her       | Hers       | Herself             | She is speaking.<br>I listened to her.<br>The backpack is hers.      |
| He         | Him       | His        | Himself             | He is speaking.<br>I listened to him.<br>The backpack is his.        |
| They       | Them      | Theirs     | Themselves          | They are speaking.<br>I listened to them.<br>The backpack is theirs. |
| Ze         | Hir/Zir   | Hirs/Zirs  | Hirself/<br>Zirself | Ze is speaking.<br>I listened to hir.<br>The backpack is zirs.       |

[transstudent.tumblr.com](http://transstudent.tumblr.com)  
[facebook.com/transstudent](https://www.facebook.com/transstudent)  
[twitter.com/transstudent](https://twitter.com/transstudent)

Design by Laniya Poo

For more information,  
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Training and education for GPs on trans health and inclusion of trans individuals in your general practice

North West Primary Health Care

<https://nwmpnhn.org.au/for-primary-care/clinical-support/lgbtiq-support/>

Survey results ( trans and gender diverse health) from Kirby Institute University NSW

<https://kirby.unsw.edu.au/report/2018-australian-trans-and-gender-diverse-sexual-health-survey-report-findings> -



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## Challenging issues

26 year old bisexual man

On PReP ( to prevent HIV)

Third attendance this year for urethral and pharyngeal gonorrhoea

Syphilis diagnosed 1 month ago

Married and having sex with his wife regularly as well as sex with men in saunas

Not using condoms with male partners

What can you do?

*May be thinking why don't you just use a condom? May disapprove of multiple partners and his deceit to his wife but we need to provide a health service without judgement .....*



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## Reasons people have sex

People may have sex for different reasons – for example - pleasure, relaxation, pregnancy, money or other forms of exchange, power, commitment or love. Sex is generally considered a personal and a private matter and is usually not communicated about openly or explicitly.

Sex is also confined by norms, which are considered acceptable or not acceptable. The interpretations of this can vary between individuals and groups.



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Fundamental to the concept of sexual health is the right for individuals to receive sexual health information, the right to pleasure and the right to accessible sexual health services without judgement

### Personal and Professional Boundaries

- In sexual health, it is not voyeuristic to ask certain questions as long as there is a clear professional reason for asking them. There is a clear distinction between personal and professional boundaries.
- For your professional development, it is helpful to be aware of your personal boundaries and how they may impact on your professional life.

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## Differences in

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# FGM or genital cutting



Gender based human rights violation

No health benefits just harm

Although illegal in Australia may be seen in some women from countries where FGM is common



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# FGM: WHO

who.int/news-room/fact-sheets/detail/female-genital-mutilation



Health Topics ▾

Countries ▾

Newsroom ▾

Emergencies ▾

3 February 2020

## Key facts

- Female genital mutilation (FGM) involves the partial or total removal of external female genitalia or other injury to the female genital organs for non-medical reasons.
- The practice has no health benefits for girls and women.
- FGM can cause severe bleeding and problems urinating, and later cysts, infections, as well as complications in childbirth and increased risk of newborn deaths.
- More than 200 million girls and women alive today have been cut in 30 countries in Africa, the Middle East and Asia where FGM is concentrated (1).
- FGM is mostly carried out on young girls between infancy and age 15.
- FGM is a violation of the human rights of girls and women.
- WHO is opposed to all forms of FGM, and is opposed to health care providers performing FGM (medicalization of FGM).
- Treatment of health complications of FGM in 27 high prevalence countries costs 1.4 billion USD per year.

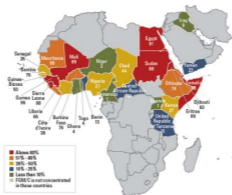


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Source: UNICEF, 2013

Figure 2 - Percentage of girls and women aged 15 to 49 years who have undergone FGM, by country



Source : UNICEF, 2013



# Harm only, no health benefits

## No health benefits, only harm

FGM has no health benefits, and it harms girls and women in many ways. It involves removing and damaging healthy and normal female genital tissue, and interferes with the natural functions of girls' and women's bodies. Generally speaking, risks of FGM increase with increasing severity (which here corresponds to the amount of tissue damaged), although all forms of FGM are associated with increased health risk.

Immediate complications can include:

- severe pain
- excessive bleeding (haemorrhage)
- genital tissue swelling
- fever
- infections e.g., tetanus
- urinary problems
- wound healing problems
- injury to surrounding genital tissue
- shock
- death

Long-term complications can include:

- urinary problems (painful urination, urinary tract infections);
- vaginal problems (discharge, itching, bacterial vaginosis and other infections);
- menstrual problems (painful menstruations, difficulty in passing menstrual blood, etc.);
- scar tissue and keloid;
- sexual problems (pain during intercourse, decreased satisfaction, etc.);
- increased risk of childbirth complications (difficult delivery, excessive bleeding, caesarean section, need to resuscitate the baby, etc.) and newborn deaths;
- need for later surgeries: for example, the sealing or narrowing of the vaginal opening (Type 3) may lead to the practice of cutting open the sealed vagina later to allow for sexual intercourse and childbirth (deinfibulation). Sometimes genital tissue is stitched again several times, including after childbirth, hence the woman goes through repeated opening and closing procedures, further increasing both immediate and long-term risks;
- non-therapeutic problems (haemorrhoids, anal fistula, rectovaginal cross-fistula, low calf, ectopic, etc.).

# Australian Response to FGM

- All state territories have laws that prohibits the practice
- There has been commonwealth funds to support action to end FGM/C in 2012
- National compact has been developed in all states and territories and signed to eradicate FGM/C



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# Legal status in Victoria

Relevant Victorian legislation:

1. Crimes (Female Genital Mutilation) Act 1996

- Legal status of FGM/C

2. Children, Youth and Families, Act 2005

- Mandatory reporting



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## What can we do?

Ask which country

Ask if ever had an examination

Ask if ever had any genital cutting etc

Explain that its Ok you understand and can refer to others more expert if necessary

Culturally and Linguistically Diverse:

Centre For Ethnicity and Health:

<https://www.ceh.org.au/> and also

Multicultural Centre For Women's Health:

<https://www.mcwh.com.au/about-mcwh/>

[www.cohealth.org.au/health-promotion/fgc/](http://www.cohealth.org.au/health-promotion/fgc/)

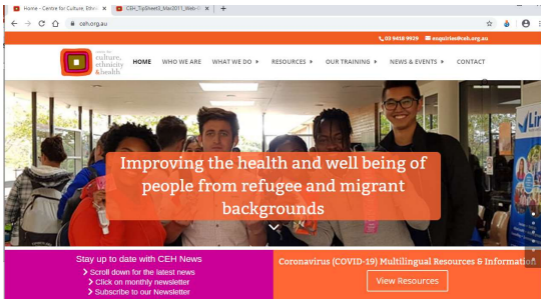


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# Centre For Ethnicity and Health



The screenshot shows a web browser displaying the homepage of the Centre for Ethnicity and Health (CEH). The browser's address bar shows the URL 'ceh.org.au'. The website has an orange header with the CEH logo on the left and navigation links: HOME, WHO WE ARE, WHAT WE DO, RESOURCES, OUR TRAINING, NEWS & EVENTS, and CONTACT. Below the header is a large banner image of a diverse group of people. Overlaid on this image is a white text box with the text: 'Improving the health and well being of people from refugee and migrant backgrounds'. At the bottom of the page, there are two main sections: a purple box on the left with the heading 'Stay up to date with CEH News' and three bullet points: '> Scroll down for the latest news', '> Click on monthly newsletter', and '> Subscribe to our Newsletter'; and an orange box on the right with the heading 'Coronavirus (COVID-19) Multilingual Resources & Information' and a 'View Resources' button.

Home - Centre for Culture, Ethn... CBH\_TipSheet\_Mar2011\_Web-0...  
ceh.org.au 03 9418 9929 enquiries@ceh.org.au

Centre for culture, ethnicity & health

HOME WHO WE ARE WHAT WE DO RESOURCES OUR TRAINING NEWS & EVENTS CONTACT

Improving the health and well being of people from refugee and migrant backgrounds

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# cultural considerations in health assessment

This tip sheet lists issues that should be considered when conducting health assessments with clients from migrant and refugee backgrounds. These issues can affect a client's health status and their understanding of health and illness, and also impact on future care plans.



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| What you need to know                        | Why you need to know it  |
|--|--|
| <p><b>Ethnicity and country of birth</b></p> | <ul style="list-style-type: none"> <li>This information can be an indicator of the client's culture, traditions, customs, health beliefs and preferred languages.</li> </ul> <p><b>Remember that:</b></p> <p><i>Ethnicity may be more significant than country of birth. For example, clients may have been born in a country where their parents lived briefly.</i></p>   |
| <p><b>Preferred language</b></p>             | <ul style="list-style-type: none"> <li>May indicate the need for an interpreter</li> </ul> <p><b>Remember that:</b></p> <ul style="list-style-type: none"> <li>Preferred language may not be related to country of birth.</li> <li>It is the health professional's responsibility to ensure that communication is conducted in the preferred language of the client, and can be understood by the client. This is a Victorian Government requirement at critical points of communication.</li> </ul>                                 |
| <p><b>Literacy</b></p>                       | <ul style="list-style-type: none"> <li>May affect the client's capacity to respond to written information provided during the assessment.</li> <li>May indicate the client's social status and education level in their previous country of residence or origin.</li> </ul> <p><b>Remember that:</b></p> <ul style="list-style-type: none"> <li>Clients may rely on family members to read and explain written information.</li> <li>Clients and their families may not be literate in the language they prefer to speak.</li> </ul> |

[https://www.ceh.org.au/wp-content/uploads/2017/07/CEH\\_TipSheet3\\_Mar2011\\_Web-002.pdf](https://www.ceh.org.au/wp-content/uploads/2017/07/CEH_TipSheet3_Mar2011_Web-002.pdf)



|   |   |
|---|---|
| <b>Interpreter preferences</b>            | <ul style="list-style-type: none"> <li>Identifying an appropriate interpreter, and ensuring that the client is comfortable using an interpreter, is essential for clear and appropriate communication.</li> </ul> <p><b>Remember that:</b></p> <ul style="list-style-type: none"> <li>The client may not be familiar with using an interpreter: you may need to explain the process.</li> <li>Clients may have concerns about the confidentiality of interpreters.</li> <li>There is a small chance that the client may know the interpreter, which may raise privacy concerns.</li> <li>Consider client preferences regarding the gender and ethnicity of the interpreter, and whether an on-site or telephone interpreter is preferred.</li> <li>Only qualified interpreters should be used: the client's family members should not be used as interpreters.</li> </ul> |
| <b>Migration status and experience</b>    | <ul style="list-style-type: none"> <li>Stress and trauma resulting from pre-migration, migration or post-migration experiences can greatly affect a client's health and wellbeing.</li> <li>Visa status can affect access to subsidised health services.</li> </ul>   |
| <b>Beliefs about health and illness</b>   | <ul style="list-style-type: none"> <li>Clients' beliefs and past experience affect the way they view health, causes of illness and treatment.</li> <li>Understanding and acknowledging the client's health beliefs and practices is an important step in creating a mutually acceptable care plan.</li> </ul>   |
| <b>Understanding of the health system</b> | <ul style="list-style-type: none"> <li>Clients may not be familiar with the structure of the health service system or how to access various services.</li> <li>Clients may not be familiar with health system processes (eg waiting lists for hospitals, Medicare support, etc)</li> </ul>  |
| <b>Family and social support</b>          | <ul style="list-style-type: none"> <li>The responsibility for care may not lie only with the client: other people, including extended family, may assume responsibility for care</li> </ul> <p><b>Remember that:</b></p> <ul style="list-style-type: none"> <li>In some cultures, 'family' may include non-related individuals.</li> <li>A client's social support networks may be limited.</li> <li>A client may be able to access support through community organisations.</li> </ul>   |
| <b>Religious practices</b>                | <ul style="list-style-type: none"> <li>Clients may wish to access spiritual or religious leaders</li> <li>Particular times for prayer may be important</li> <li>Religious practices may occasionally conflict with treatment plans.</li> <li>Particular customs may need to be followed during birth, illness and death and dying</li> </ul>  |
| <b>Dietary practices</b>                  | <ul style="list-style-type: none"> <li>There may be religious restrictions on food consumption</li> <li>Some foods may have cultural meanings for clients (eg the belief that certain foods are beneficial or harmful to health)</li> </ul>   |

#### Further information

The Centre for Culture, Ethnicity & Health runs workshops on conducting health assessments and understanding health beliefs. Visit [www.ceh.org.au](http://www.ceh.org.au) to view our training calendar or book a workshop for your organisation.



# Specific issues in sexual Health

Treat everyone the same, providing health care that is accessible and appropriate and evidence based

*Adolescents: specific areas of knowledge needed*

*Sex workers: non judgemental and access: law*

*Gender diversity: respect own choices and disclosure and reducing barriers to make*

*Intake forms, general attitudes, posters, etc*

**Cultural awareness and competency:**

<https://www.cohealth.org.au/health-promotion/fgc/>



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# Resources

Young people: previous teaching session: <https://www.fpv.org.au/http://youthlaw.asn.au/about-youthlaw/>

Gender diversity: Mark's talk, also Thorne Harbour as a resource <https://thorneharbour.org/>

Sex workers: teaching session and also RhEd ( resourcing health and education in sex industry) : <https://sexworker.org.au/>

Culturally and Linguistically Diverse: Centre For Ethnicity and Health: <https://www.ceh.org.au/> and also Multicultural Centre For Women's Health: <https://www.mcwh.com.au/about-mcwh/>

Disability and SRH: <https://www.wdv.org.au/our-work/our-work-with-organisations/sexual-and-reproductive-health-2/>  
and for Health Professionals' training in SRH and Disability  
<https://www.fpv.org.au/communities/services/supporting-people-with-cognitive-disability> -



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# Particular issues for cultural diversity

FGM

Brochures and info in different languages

Interpreting services available

Privacy and confidentiality ( young)

Cultural Competence

Open and welcoming to all groups



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# Ideas from our staff

1. North West Primary Health Care Network Transgender training
2. Signage *"We know that LGBT+ people don't always feel safe disclosing information about their sexual health for fear of discrimination and seeing a rainbow flag at the front door or in the waiting room can have a significant effect."*
3. *Aboriginal Health Inclusivity: Including indigenous health: so encouraging STI screening in any aboriginal person attending practice: need to be able to record that they have identified ie recorded in their intake forms*
4. Admin staff: I think a the most important lesson I have learnt here is to never assume someone's gender preference from their appearance and always to ask either 'what gender do you identify with' or 'what pronouns do you prefer.'



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## Ideas from our staff

Admin staff: A lot of people are very anxious about coming here and embarrassed about what they are going to be asked to talk about. If I notice this, I help them out with registration and reassure them that all the doctors and nurses are really nice here. If anyone is very young, extremely anxious or upset, I always ring through to the triage nurse to ask for them to be seen as soon as possible. “

–” friendly reception staff are key to helping people feel comfortable and welcome and not just walking out” senior nurse

“ Top Tips are having an inclusive intake form and being careful about inclusive and respectful language.”



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