



THE UNIVERSITY OF
MELBOURNE

Centre for
Excellence in
Rural Sexual
Health (CERSH)
Department of Rural Health

Cross-Cultural Sexual Health
Promotion Training:

The Northwest Victoria Roadshow Project



Table of Contents

Acknowledgements	3
Executive Summary	4
Background	5
Local Sexual Health Data	5
Aim.....	6
Objectives	6
Implementation	6
Timeline	7
Communication Strategy	8
Evaluation	9
The workshops - summaries	10
Results	15
Survey data.....	15
Recommendations	16
References	17
Appendix	18
Appendix 1 – Training Evaluation	18
Appendix 2 – Photos.....	20

Acknowledgements

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Special thanks to the Multicultural Health and Support Services (MHSS) at the Centre for Culture, Ethnicity and Health (CEH) for co-facilitating the sessions; to Women's Health Loddon Mallee (WHLM) for their valuable on-the-ground support during delivery; and to the Loddon Mallee Public Health Unit (LMPHU) for their generous funding, which made this work possible.

FINAL

Executive Summary

Sexual and reproductive health (SRH) is fundamental to individual autonomy, community well-being, and gender equity. However, individuals from culturally and linguistically diverse (CALD) backgrounds, particularly those living in rural and regional areas, face persistent inequities in access to appropriate SRH information and services. These challenges are often compounded by language barriers, stigma, geographic isolation, and limited service availability. Recognising this, the CERSH, in collaboration with MHSS and local health and community organisations, led a targeted initiative in 2024–2025 to address these gaps in northwest Victoria.

In response to identified community and workforce development needs, CERSH and its partners co-designed and delivered the *Cross-Cultural Sexual Health Promotion Roadshow*. This project focused on three key objectives: engaging CALD communities to identify SRH needs; delivering tailored, community-based education sessions; and providing workforce training to support culturally appropriate SRH conversations. The initiative aimed to strengthen the SRH capacity of both health professionals and CALD community members in Swan Hill, Robinvale, and Mildura, by offering culturally safe and responsive sexual health education.

The planning process was highly collaborative and grounded in local knowledge, with strong engagement from CALD community leaders, health services, and established networks such as CERSH's Communities of Practice. Local epidemiological data provided by the LMPHU further informed the project's direction and priorities. MHSS played a vital role in shaping culturally appropriate messaging, co-developing resources, and ensuring that the voices of CALD communities remained central throughout the initiative.

Delivered over five days in May 2025, the Roadshow included a total of nine sessions: four workforce training workshops and five community education workshops, engaging 103 participants.

Evaluation findings indicated a significant improvement in participants' confidence and capability to discuss sexual health topics. Self-reported knowledge and skill scores increased from an average of 6.96 to 8.50 on a 10-point scale. Participants also strongly agreed the sessions increased their understanding of SRH issues faced by CALD communities and improved their ability to respond sensitively and effectively in professional or personal contexts.

This initiative demonstrates the value of sustained, local partnerships and culturally responsive program design. By centring lived experience and community engagement, the Cross-Cultural Sexual Health Promotion Roadshow has contributed to building a stronger, more inclusive rural SRH workforce and empowered community members to make informed choices about their sexual and reproductive health. The outcomes of this project reinforce the importance of investing in community-led, place-based approaches to improve SRH equity across rural Victoria.

Building on this momentum, future efforts will focus on embedding culturally responsive SRH education into ongoing local service delivery and expanding workforce training across additional rural communities.

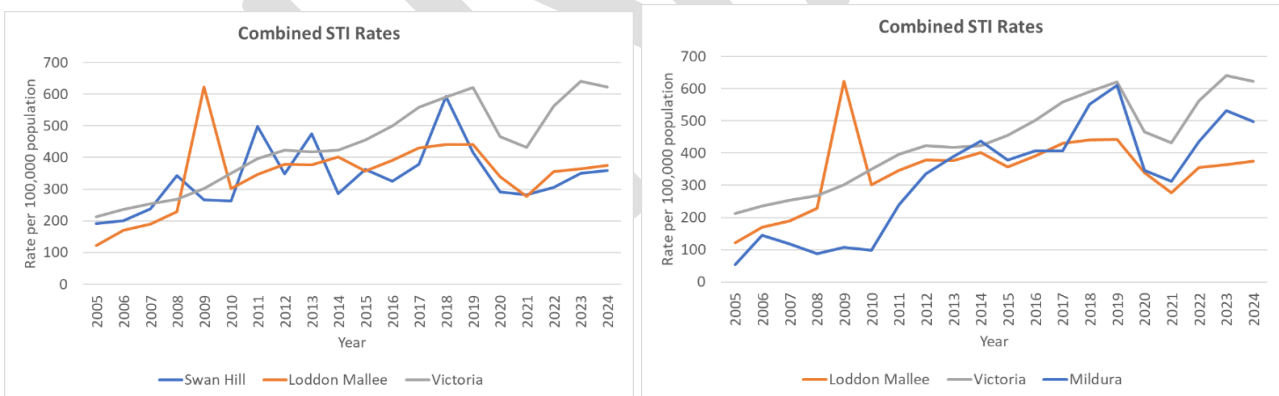
Background

SRH is essential for empowering individuals to make informed choices about their bodies, enhancing overall well-being, promoting gender equality, and contributing to healthier societies [1]. People from CALD backgrounds often experience poorer sexual health outcomes and face unique challenges, including language barriers, limited access to healthcare services, and cultural stigmas surrounding SRH topics [2-4]. In rural areas, these issues are compounded by geographic isolation and reduced availability of resources [5]. Providing culturally sensitive education empowers individuals with knowledge about contraception, sexually transmitted infections (STIs), and reproductive health, enabling them to make informed decisions [1]. It also helps to break down misconceptions, reduce stigma, and promote healthy relationships within communities [1].

At CERSH, improving rural SRH is at the heart of our mission. We work in collaboration with local community and health organisations to design, implement, and evaluate programs that deliver practical, targeted solutions to sexual and reproductive health challenges in the Hume and Loddon Mallee regions. Together with our partners, we identified a need to improve access to SRH education for CALD community groups in the northwest of Victoria [6, 7]. In response, we co-designed a 'Cross-Cultural Sexual Health Promotion Roadshow' project. CERSH collaborated with the [MHSS](#), a program of the [CEH](#), Victorian experts on working with refugee and migrant communities to promote sexual health as well as local health services and community support organisations in Swan Hill, Robinvale and Mildura to build the capacity of the local workforce to address sexual health and relationships.

Additionally, we also collaborated to identify priority populations, priority topics and appropriate times and locations for delivering face-to-face community education sessions focused on sexual health.

Local Sexual Health Data



Loddon Mallee Public Health Unit. (2025). LMPHU data for CALD Roadshow – Mildura, Swan Hill, and Robinvale

Aim

The aim of this project was to strengthen the capacity of the regional workforce to engage effectively with CALD communities on sexual health and relationships. It also supported MHSS to deliver culturally appropriate education sessions that empowered CALD community members in northwest Victoria with knowledge about contraception, STIs, and reproductive health.

Objectives

1. Partner with local health services and community support organisations to identify and engage CALD community groups in northwest Victoria with a need for education on sexual health topics.
2. Partner with MHSS and local health services to deliver a minimum of three workforce training on 'cross-cultural conversations about sexual health and relationships' in northwest Victoria.
3. Partner with MHSS to design and deliver a minimum of three culturally appropriate sexual health education sessions that address the specific needs of CALD community groups in northwest Victoria.

Partners	
AMES Australia	PALM Northern Victoria
CatholicCare Swan Hill	Robinvale District Health Services (RDHS)
Foundation House	Sunraysia Community Health Services (SCHS)
Intereach	Sunraysia Mallee Ethnic Communities Council (SMECC)
Loddon Mallee Public Health Unit (LMPHU)	Swan Hill District Health (SHDH)
Mildura English Language Centre (MELC)	Women's Health Loddon Mallee (WHLM)
Multicultural Health and Support Services (MHSS), Centre for Culture, Ethnicity and Health (CEH)	YACVIC
OurPlace Robinvale	

Table 1: List of partners

Implementation

In mid-2024, CERSH and partners identified a critical opportunity to improve access to SRH information and education in northwest Victoria. This was strongly supported and championed by CALD community leaders. CERSH leveraged existing networks and our Communities of Practice (COPs) to reach out to stakeholders and collaborate on a project with the goal of building capacity to address SRH in regional CALD communities. Initial meetings with interested organisations in Mildura, Robinvale and Swan Hill took place in December 2024 to explore gaps, identify opportunities, and align goals.

Following these discussions, a project brief was developed and shared with stakeholders. This brief outlined the project's objectives and strategies and served as a tool to support further stakeholder engagement. Upon acceptance of the brief, a detailed project plan was created, including a timeline of activities (**Figure 1**). Regular planning meetings were held to coordinate dates and times, venue selection, partner and community leader involvement, and a communications strategy.

To ensure cultural safety, CERSH engaged MHSS to guide the development and delivery of SRH messaging for refugee and migrant communities. MHSS team members participated in planning meetings and contributed insights, tools, and resources, including their *Sensitive Health Subjects with Multicultural Communities* tip sheet [8].

STI prevalence data provided by the LMPHU helped identify communities with the greatest need for targeted education. Throughout the planning process, CALD community leaders continued to provide input, helping to shape the project in line with community needs, priorities, and potential barriers to service access.

The Roadshow was scheduled for the week of 5-9 May 2025, based on partner and community availability. Once the dates were confirmed, a CERSH Project Coordinator worked closely with partners to secure suitable venues and schedule both workforce and community workshops.

In collaboration with partner agencies, we sourced culturally appropriate, accessible resources to include in 'Goodie Bags' distributed to community participants. These materials were contributed by MHSS, Health Translations, WHLM, SCHS, SHDH, and CERSH.

In total, nine workshops were delivered, four for the workforce and five for community members, reaching a total of 103 participants. A summary of workshop dates, locations, attendance, key topics, and outcomes is presented in **Table 2**.

This project was initiated through local knowledge, advocacy, and long-standing collaborative relationships between agencies. The implementation process was underpinned by a collaborative and culturally responsive approach, with the aim of building capacity to address SRH in regional CALD communities.

Timeline

Task	Nov 24	Dec 24	Jan 25	Feb 25	Mar 25	Apr 25	May 25	Jun 25
Establish connections with local organisations								
Review local STI prevalence and trend data								
Identify priority SRH topics and populations (including established community groups to participate)								
Identify potential participants for workforce SRH promotion training								
Meet with CALD community leaders								
Book dates / times to deliver SRH education sessions								
Co-develop sessions and resources								
Assemble 'Goodie Bags'								
Deliver sessions								
Evaluate and report on project								

Figure 1: Timeline of activities

Communication Strategy

To promote the workforce training workshops, CERSH developed and distributed promotional flyers (Figure 2) through its regular newsletters and a dedicated email channels. These materials were further circulated by key partner agencies and individuals, helping to broaden the reach. This ensured workforce members in northwest Victoria were aware of the opportunity to attend face-to-face Cross-Cultural Sexual Health Promotion Training – a rare offering in rural and regional areas.

Interested participants were directed to register via Eventbrite. During registration, they were invited to share any questions or concerns about discussing sexual health with clients or students, allowing facilitators to tailor the training content accordingly.

Final venue bookings and catering arrangements were confirmed based on registration numbers.



Figure 2: Promotional flyers on Eventbrite platform

To promote the community sessions, a tailored approach was applied for each group. For adult community groups, word-of-mouth promotion was the primary strategy, supported by printed flyers (Figure 3). Sessions were branded as 'Multicultural Community Health' to create a safe, welcoming environment and to avoid discomfort, as sexual health is considered taboo in some communities.

For adolescent sessions held in schools, the Assistant Principal contacted student's parents to reiterate the importance of Relationship and Sexuality Education (RSE) and inform them qualified educators would be delivering culturally safe and age-appropriate RSE workshops. Students were also informed about the upcoming RSE sessions, which were then integrated into the school's timetable without the need for additional promotion.

For community-based adolescent sessions, a respected community leader extended invitations to adolescents and engaged with parents to build trust and encourage attendance.

Community leaders provided regular updates to the CERSH Project Coordinator on expected participant numbers, cultural and linguistic backgrounds, and guidance on appropriate and sensitive topics through ongoing emails and meetings. Using this information, suitable venues and catering were arranged recognising dietary requirements such as halal. Additionally, interpreters were secured (both in-person and online), and goodie bags were prepared for participants.



Figure 3: Promotional flyers on a fridge in a church in Swan Hill

Evaluation

To evaluate the effectiveness of the workforce training, a post-workshop survey was developed on [Qualtrics](#). The survey was designed based on previous evaluation tools developed by CERSH and MHSS, with a focus on clarity, simplicity, and time efficiency. At the end of the workshops, participants were asked to complete the survey to help us understand what worked well and what could be improved for future trainings.

Participants were given the option of scanning a QR code to complete the survey on a personal device or to complete a hardcopy version of the survey. A copy of the survey is available at **Appendix 1**.

Observation methods were also used to assess participant engagement, evaluate the effectiveness of the training, and measure its impact on participants' understanding of cross-cultural sexual health promotion, as well as their interactions during the workshop [9]. The observations were then compared with the survey data and discussed during debrief meetings with partners following the training workshop. Observations are provided as 'key learnings' in **Table 2**.

During community sessions, MHSS educators employed observational methods and documented reflections, key learnings, and recommendations on completion of the session.

The workshops - summaries

Time / date / location	Participants	Key topics	Key partners	Key learnings / Next steps
2:00-4:00pm Monday 5 May SCHS Mildura	Workforce 17 participants	Sexual health promotion 101, local data, engaging with refugee and multicultural communities, local sexual health services, tools and resources, group reflections and Q&A	MHSS SCHS WHLM	<ul style="list-style-type: none"> Participants were highly engaged and demonstrated a strong understanding of the importance of providing culturally sensitive sexual health education. Many participants had prior experience working in sexual health with diverse communities. The workshop was well received, with positive feedback and reported increases in knowledge and awareness (see results). Involving local clinicians in facilitation added value. Future workshops could be improved by allocating more time and going beyond the basics, incorporating practical elements such as role plays and scenario discussions. Providing catering supported a comfortable environment for discussion and feedback.
1:00-3:00pm Tuesday 6 May MELC Mildura	Students Adolescent girls 4 participants	Puberty, menstrual health, hygiene, growing bodies, respectful relationships	MHSS SCHS WHLM MELC	<ul style="list-style-type: none"> The girls were curious and eager to learn, especially on topics such as vaginal discharge and STIs. Visual aids and simple analogies (e.g. "discharge is like the tears from your eyes") were highly effective in simplifying complex topics. A culturally sensitive presentation on tampons using cartoons and gentle language to destigmatise the topic provided an opportunity for the girls to discuss something that had previously been avoided or considered taboo in this school setting. Additional content on Female Genital Mutilation (FGM) and Urinary Tract Infections (UTIs) would be useful. Goodie bags, which included period underwear, were well received by participants. Interpreters attended the workshop in person, translating the content into two languages. This helped to ensure participant understanding and engagement. The session received strong praise from the school nurse, who found it fun, engaging, and empowering especially the icebreakers, interactive format, and relatable language.

Time / date / location	Participants	Key topics	Key partners	Key learnings / Next steps
				<ul style="list-style-type: none"> The school nurse will host a Training of Trainers (ToT) session with fellow school nurses and teachers in Mildura to guide them on incorporating MHSS strategies and activities in their classrooms, with support from CERSH and MHSS. The school nurse will invite MHSS to co-deliver future puberty and Q&A sessions, potentially using videoconferencing.
1:00-3:00pm Tuesday 6 May MELC Mildura	Students Adolescent boys 2 participants	Puberty, menstrual health, hygiene, growing bodies, respectful relationships	MHSS SCHS MELC	<ul style="list-style-type: none"> The topics resonated strongly with the boys as it reflected the changes they were currently experiencing. The boys were particularly interested in the discussion about wet dreams and were reassured this is a normal part of puberty. The visual aids were highly effective, and the boys responded well to pictures illustrating bodily changes. The interactive elements of the workshop, such as identifying body parts where changes occur, were engaging and well received. The hygiene kit was valuable for teaching about personal care and highlighting items that should not be shared to prevent the spread of BBVs. Coordinating interpreters via videoconferencing proved challenging due to IT issues, requiring the facilitator to proceed without interpreter support. Fortunately, the boys had a strong understanding of English, so the learning experience was not significantly affected. To prevent similar issues in future sessions, partners agreed interpreter supported workshops should be delivered either entirely in person (preferred) or fully online, with all participants including trainers, interpreters, and students joining via videoconferencing. The in-person format is recommended for quality and engagement, while the online option may help extend reach and reduce costs.
3:00-4:30pm Tuesday 6 May MELC Mildura	Workforce 24 participants	Sexual health promotion 101, local data, engaging with refugee and multicultural communities, local sexual health services, tools and	MHSS SCHS WHLM MELC SMECC AMES	<ul style="list-style-type: none"> Participants primarily included teachers and community workers who support refugees and migrant communities. The workshop was well received, with positive feedback and reported increases in knowledge and awareness (see results) Some participants (particularly primary teachers) felt the information was less relevant for them. Participants also expressed “they didn’t come away with any practical skills, only tips and information to be aware of”.

Time / date / location	Participants	Key topics	Key partners	Key learnings / Next steps
		resources, group reflections and Q&A		<ul style="list-style-type: none"> • Future workshops could be improved by allocating more time and going beyond the basics, incorporating practical elements such as role plays and scenario discussions. • Providing catering supported a comfortable environment for discussion and feedback. • Participants expressed a critical need to engage and share this information with parents. • Participants were given goodie bags, these were well received but not essential for workforce.
12:00-2:00pm Wed 7 May RDHS Robinvale	Workforce 1 participant	Sexual health promotion 101, local data, engaging with refugee and multicultural communities, local sexual health services, tools and resources, group reflections and Q&A	MHSS RDHS WHLM	<ul style="list-style-type: none"> • Only one participant was able to attend the Robinvale workforce workshop; likely due to the smaller workforce and the taboo nature of the topic. Others expressed interest but were unavailable. • The session was adapted into a meeting style collaborative conversation, in which we explored opportunities for more culturally safe, engaging and appropriate sexual health promotion in Robinvale; with a particular focus on how to engage school teachers and community workforce. • The Robinvale participant shared valuable local insights and connected us to other local workforce, with whom we scheduled videoconference meetings to further discuss workforce capacity, readiness and needs. • CERSH will maintain ongoing support and involve MHSS where appropriate.
4:30-6:30pm Wed 7 May Swan Hill Uniting Church	Men's Group Afghani + Pacifica 25 participants	Using condoms – preventing STIs & pregnancy, sex work – safe practices, polyamory laws, age of consent, domestic violence, respectful relationships, consent (discussing contraception), accessing support / services.	MHSS SHDH Intereach SMECC CatholicCare Foundation House	<ul style="list-style-type: none"> • The workshop was well received by community members, workforce, and community leaders, with positive feedback across the board. • Hosting the session at a local church and community space created a safe, welcoming environment for discussing sensitive topics. • A co-facilitator from Foundation House provided Hazaragi interpretation and included valuable content on mental health, safety, and stress. • A sexual health nurse practitioner (NP) co-facilitated by sharing information about local services, strengthening connections between the community and SHDH. • In response to the positive feedback, community leaders and partners have recommended holding regular community-based sessions to deliver essential health information in trusted and culturally familiar settings.

Time / date / location	Participants	Key topics	Key partners	Key learnings / Next steps
				<ul style="list-style-type: none"> Local leaders also identified the need for more information on the risks and safety precautions for CALD men engaging with sex work services. Providing halal catering for dinner after the workshop contributed to a culturally safe environment and encouraged open, ongoing discussions between community members and supportive service providers.
10:00am-12:00pm Thurs 8 May Swan Hill Uniting Church	Women's Group Afghani + Pacifica 16 participants	Sexuality, STIs, contraception, family planning, consent + respectful relationships, women's rights + safety, accessing support / services.	MHSS SHDH Intereach SMECC WHLM CatholicCare Foundation House	<ul style="list-style-type: none"> The workshop was well received by community members, workforce, and community leaders, with positive feedback across the board. Hosting the session at a local church and community space created a safe, welcoming environment for discussing sensitive topics. A co-facilitator from Foundation House provided Hazaragi interpretation and included valuable content on mental health, safety, and stress. A sexual health Nurse Practitioner (NP) co-facilitated by sharing information about local services, strengthening connections between the community and SHDH. In response to the positive feedback, community leaders and partners have recommended holding regular community-based sessions to deliver essential health information in trusted and culturally familiar settings. Providing halal catering for lunch after the workshop contributed to a culturally safe environment and encouraged open, ongoing discussions between community members and supportive service providers.
3:00-4:30pm Thurs 8 May Swan Hill Uniting Church	Adolescent girls 6 participants	Puberty, menstrual health, hygiene (NO sexual relationship or STI content).	MHSS SHDH Intereach SMECC WHLM	<ul style="list-style-type: none"> The session took place after school in a community space, where the girls felt comfortable, relaxing on lounges and engaging in open conversation. Due to parental concerns, content on STIs and sex was excluded; the session instead focused on puberty, growing bodies, hormones, and menstruation. Although we did not cover the sexual health content we intended to, this approach was important to build trust. A sexual health (NP) co-facilitated by sharing information about local services and encouraging the girls to book an appointment with her at SHDH if they want to discuss anything related to puberty or menstruation. The girls were extremely supportive of one another. They embraced the conversational, peer-led style of the workshop in a way they said they 'never would'

Time / date / location	Participants	Key topics	Key partners	Key learnings / Next steps
				<p>in school. The girls empowered each other and showed empathy, humour and maturity.</p> <ul style="list-style-type: none"> • The participants mentioned they would never talk about periods or puberty with their mothers or other relatives, describing it as “too embarrassing.” • During a peer-led conversation about menarche, the younger participant (Year 9), who was initially shy, gained confidence with peer encouragement and shared her experience. • Participants noted that the venue helped them to feel more comfortable and able to share openly, compared to a school classroom. • Participants expressed strong interest in attending future sessions, indicating the value of ongoing, trust-building conversations. The positive response creates an opportunity to deliver similar sessions using the same format to introduce additional health topics with support from CERSH, MHSS, and SHDH.
10:00am-12:00pm Fri 9 May SHDH Swan Hill	Workforce 8 participants	Sexual health promotion 101, local data, engaging with refugee and multicultural communities, local sexual health services, tools and resources, group reflections and Q&A	MHSS SHDH YACVIC WHLM	<ul style="list-style-type: none"> • Participants included school nurses, health promotion and youth workers, and mental health practitioners. • The workshop was well received, with positive feedback and reported increases in knowledge and awareness (see results). • Future workshops could be improved by allocating more time and going beyond the basics, incorporating practical elements such as role plays and scenario discussions. • Providing catering supported a comfortable environment for discussion and feedback. • A topic of particular interest was how to discuss porn with CALD youth. The MHSS team will continue to explore culturally appropriate approaches to address this issue.

Table 2: Workshop summaries

Results

Survey data

Participants reported an increase in knowledge and skills in talking about sexual health topics. The average score participants gave themselves for knowledge and skills in engaging in these conversations on a Likert scale (from 0-10) before the workshop was 6.96 and after the workshop was 8.50 (**Chart 1**).

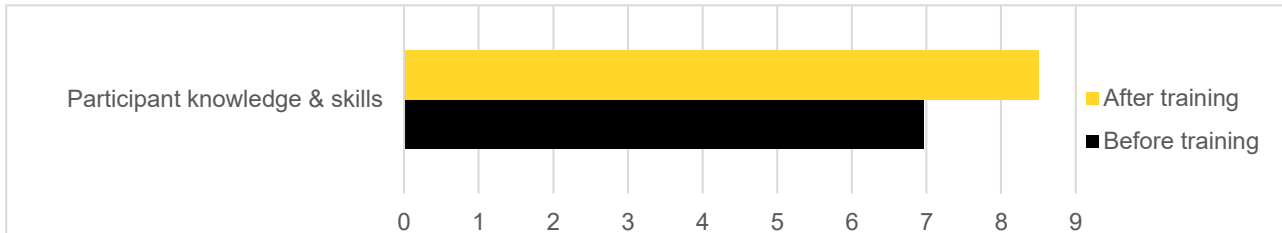


Chart 1: Participant self-reported score in addressing sexual health issues.

Participants were also asked to indicate to what extent they agreed with statements about the workshop (on a scale from strongly disagree to strongly agree) (**Chart 2**). The results from the survey indicate that the workshop met the expectations of participants, helped to increase understanding of the issues and challenges CALD people face when it comes to SRH and increased confidence in addressing SRH concerns with clients from CALD backgrounds.

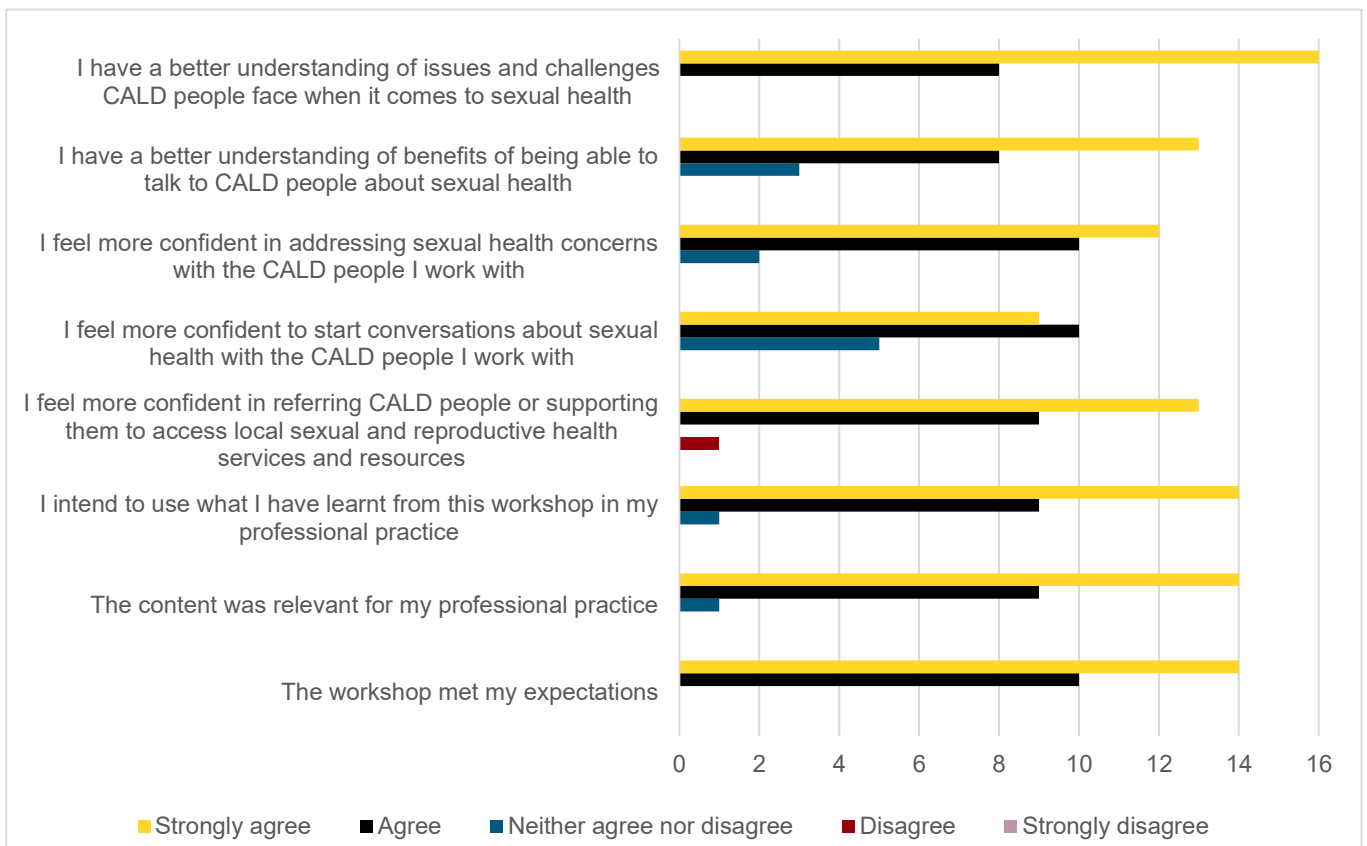


Chart 2: Participant responses to statements about the workshop

Recommendations

1. Enhance training models extended workforce capacity building

CERSH, in partnership with MHSS and local health and community services, should continue to lead the Sexual Health Roadshow initiative. This initiative remains a critical vehicle for workforce development and health equity, equipping health and community professionals with the knowledge and skills required to provide culturally responsive sexual and reproductive health care.

To strengthen its impact, the training model should evolve beyond short, didactic sessions. A more effective approach involves full day, in person workshops or a blended series that combines online and face to face components. These formats allow for deeper engagement through practical exercises such as role plays, scenario workshoping, and group discussion. Involving local clinicians and facilitators with lived experience enhances the cultural relevance of the training, while embedding knowledge within the communities where it is most needed.

2. Continue to strengthen partnerships, local service integration and visibility

The sustainability of sexual health education initiatives is closely linked to their integration with local services and sector partners. Having visible, culturally safe, and approachable SRH service providers in the community builds trust, supports workforce referral confidence, and fosters long-term engagement. Strategic partnerships with Public Health Units, Women's health organisations, and other community-based services can further enhance coordination, increase program reach, and support the planning and delivery of future initiatives.

3. Engage communities continuing to build trust and cultural understanding

Community engagement efforts must be grounded in trust and cultural sensitivity. Involving respected local leaders as advocates can significantly increase the credibility of sexual health messaging, encourage participation, and help normalise conversations within communities. In some communities, particularly when working with adolescents, a gradual approach may be required. Parents and caregivers also play a vital role in supporting youth SRH education. Actively engaging them through culturally appropriate information sessions, tailored resources, and opportunities for discussion can foster a supportive environment both at home and in educational settings, reducing resistance and promoting consistent messaging.

4. Prioritise accessibility and program delivery logistics

Attention to logistical and communication factors is essential to ensuring program accessibility and effectiveness. Providing food at sessions helps create a welcoming and inclusive environment that encourages participation. While small incentives such as goodie bags are appreciated, they are not essential. When interpreters are required, they should be briefed in advance and given time to prepare for the use of culturally and linguistically appropriate terminology, particularly for sensitive topics. To maintain effective communication and avoid technical difficulties, interpreter supported workshops should be delivered using a consistent format. Wherever possible, in-person delivery is preferred for the quality of engagement it offers.

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Appendix

Appendix 1 – Training Evaluation



Cross-Cultural Sexual Health Promotion Training Evaluation – May 2025

1. What is your role / position:



2. How would you rate your knowledge and skills in talking about sexual health topics BEFORE this workshop? (Score out of 10)

1 2 3 4 5 6 7 8 9 10

3. How would you rate your knowledge and skills in talking about sexual health topics now that you've completed the workshop? (Score out of 10)

1 2 3 4 5 6 7 8 9 10

4. Using the ratings below, please indicate to what extent you agree with the following statements about today's workshop. (Tick the relevant box).

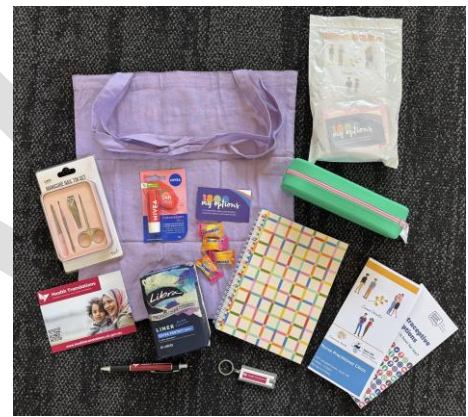
Statements	Strongly disagree 	Disagree	Neither agree nor disagree	Agree	Strongly agree 
I have a better understanding of issues and challenges CALD people face when it comes to sexual health					
I have a better understanding of benefits of being able to talk to CALD people about sexual health					

I feel more confident in addressing sexual health concerns with the CALD people I work with					
I feel more confident to start conversations about sexual health with the CALD people I work with					
I feel more confident in referring CALD people or supporting them to access local sexual and reproductive health services and resources					
I intend to use what I have learnt from this workshop in my professional practice					
The content was relevant for my professional practice					
The workshop met my expectations					

5. How will you apply what you have learnt today in your work / life?

6. Do you have any other comments / feedback / suggestions for the training?

Appendix 2 – Photos



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