THE UNIVERSITY OF MELBOURNE

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

Health Workforce Training:

Cross-Cultural Sexual Health Promotion

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Executive Summary

Sexual and reproductive health (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]. For refugees, the asylum-seeking journey, the challenges associated with resettlement, plus experiences of conflict, persecution, violence or natural disasters and under-resourced health systems in their country-of-origin contribute to ill-health and low engagement with health systems and services [2, 3]. These health disparities can adversely affect individual well-being and have broader health, social, and economic consequences for communities. Healthcare workers can play a crucial role in promoting SRH, particularly for migrant and refugee populations by providing culturally sensitive education, accessible services, and support that addresses unique needs and barriers. Continual professional development for healthcare workers in rural areas is essential to help them understand the sociocultural barriers to SRH and provide safe, culturally appropriate care for people from culturally and linguistically (CALD) backgrounds, ultimately improving broader health and social outcomes [4, 5].

The Centre for Excellence in Rural Sexual Health (CERSH) partnered with Primary Care Connect (PCC) and the Centre for Culture, Ethnicity and Health (CEH), with support from cohealth to deliver training on cross-cultural sexual health promotion with the aim of enhancing the capacity of the refugee health workforce in understanding, advocating, and effectively addressing culturally appropriate and safe sexual health promotion within their communities. In September 2024, CERSH and CEH facilitators delivered a 2-hour education workshop for PCC refugee, bi-cultural and healthcare workers. A Qualtrics based evaluation survey was used to assess the effectiveness of the training in achieving the project's objectives.

Participants reported an increase in knowledge, skills and confidence in engaging clients from CALD backgrounds in conversations about SRH. To build on the success of the project and continue enhancing the capacity of the refugee health workforce CERSH recommends extending the training duration and exploring opportunities to embed sexual health promotion training into induction processes for the refugee health workforce across rural Victoria. This approach would not only streamline the integration of essential skills but also enhance the accessibility of training. Additionally, extending the training duration would allow for more content, enabling participants to practically build their confidence using clinical tools for addressing SRH.

Background

Victoria is a vibrant, multicultural state, home to a diverse population, of which over 30% were born overseas [6]. Despite the valuable contributions migrant communities make to Australia, people from CALD backgrounds often experience poorer health outcomes [7]. These health disparities can adversely affect individuals' emotional, spiritual, physical, and psychosocial well-being. Additionally, poor health outcomes within CALD communities have broader health, social, and economic consequences, as they can lead to increased healthcare costs, reduced workforce participation, and greater social disparities, ultimately impacting the overall well-being of the community.

Refugees

As party to the Refugees Convention, and under the Migration Act 1958 (Cth), the Department of Immigration and Citizenship (DIAC) grants humanitarian category visas to people who are outside their own country and unable or unwilling to return due to a well-founded fear of being persecuted because of their race, religion, nationality, membership of a particular social group or political opinion [8, 9]. For refugees, the asylum-seeking journey, the challenges associated with resettlement, plus experiences of conflict, persecution, violence or natural disasters and under-resourced health systems in their country-of-origin contribute to ill-health and low engagement with health systems and services [2, 3]. Ensuring access to comprehensive healthcare for refugees is crucial not only for their immediate well-being but also for facilitating their successful integration into the Australian community, ultimately fostering social cohesion and public health resilience.

Sexual and reproductive health

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]. SRH related issues are wide-ranging, and encompass sexual orientation and gender identity, sexual expression, relationships, and pleasure [1]. They also include negative consequences or conditions such as sexually transmitted infections (STIs) and reproductive tract infections (RTIs) and their adverse outcomes (such as cancer and infertility), unintended pregnancy and abortion, sexual dysfunction, sexual violence, and harmful practices (such as female genital mutilation, FGM) [1]. Refugees often arrive in Australia with SRH complications due to a combination of factors, including limited access to healthcare services, low health literacy, and the harmful effects of trauma and displacement that hinder effective health-seeking behaviours [2, 10]. Even after settlement, refugees face ongoing barriers related to their migration, cultural taboos, and patriarchal values, which hinder their access to essential SRH services and information in their new home [2, 10, 11].

Rurality

Rurality significantly impacts health outcomes due to factors such as limited access to healthcare services, fewer health professionals, and increased travel distances for treatment [12]. These challenges can lead to delayed diagnoses and inadequate management of health conditions, resulting in poorer overall health among rural populations [12]. The intersection of rurality with factors such as cultural barriers, limited access to healthcare, and socioeconomic challenges exacerbates the difficulties refugees face in obtaining comprehensive sexual and reproductive health services [12].

Healthcare workers

Healthcare workers play a crucial role in promoting sexual health in rural communities, particularly for migrant and refugee populations, by providing culturally sensitive education, accessible services, and support that address their unique needs and barriers. Access to continual professional development, training and support is crucial for healthcare workers in rural areas to ensure they understand sociocultural barriers

to SRH and can provide safe and culturally appropriate SRH care for people from CALD backgrounds [4, 5]. By equipping healthcare workers with the necessary knowledge and skills, they can better address the unique needs of refugees, improve health outcomes and foster trust within these communities [13].

Location

Victoria is Australia's second largest settlement state for refugees and migrants. In Victoria's north-east, with a population of approximately 67,000, is Shepparton, an agricultural and manufacturing centre located about 180 km from Melbourne [14, 15]. Shepparton is a culturally diverse town with more affordable housing (compared to bigger cities, like Melbourne), education institutions offering services to refugees and an onshore Humanitarian Settlement Program (HSP) [15]. Shepparton's main health service providers, PCC (for community health services) and Goulburn Valley Health (public hospital) provide refugee health services [15]. A map of Shepparton and Victoria is provided in **Figure 1**.

Figure 1: Map of Shepparton and Victoria

Aim

The aim of this project was to enhance the capacity of the refugee health workforce in understanding, advocating, and effectively addressing culturally appropriate and safe sexual health promotion within their communities.

Objectives

1. Deliver a 2-hour education workshop on culturally sensitive approaches to sexual health promotion in Shepparton for refugee, bi-cultural and healthcare workers in September 2024.
2. Increase understanding of the barriers CALD communities face with accessing SRH services among participants.
3. Increase confidence in addressing SRH concerns with clients from CALD backgrounds among participants.
4. Discuss and practice using effective communication strategies tailored to diverse cultural backgrounds with participants during the education workshops.
5. Distribute and discuss clinical tools and resources to help participants engage in open discussions with their patients on sexual health topics within diverse cultural contexts.
6. Increase awareness of local and state-wide referral pathways for sexual health services among participants.
7. Increase awareness of ongoing learning and knowledge sharing opportunities and networks for participants to engage with.

Partners

Organisation	Name	Position
Primary Care Connect (PCC)	Leigh Stanbrook	Executive Manager Health Services
Primary Care Connect (PCC)	Sue Crowther	Nursing Health Team Leader
Primary Care Connect (PCC)	Freddy Thuruthikattu	Nursing Health Team Leader (Acting)
Multicultural Health and Support Service (MHSS), a program of CEH	Eudia Kipsuto	Community and Projects Officer
Multicultural Health and Support Service (MHSS), a program of CEH	Tapuwa Bofu	Community and Projects Officer

Implementation

In 2024, CERSH identified a gap in access to training on cross-cultural sexual health promotion for healthcare workers in rural and regional Victoria. To explore opportunities to facilitate access to such training, CERSH engaged cohealth, a not-for-profit community health organisation responsible for facilitating the Refugee Health Program across Victoria. cohealth sought interest from refugee health nurses to participate in cross-cultural sexual health promotion training and received a strong interest from PCC nurses in Shepparton. Given the important role the PCC workforce plays in providing healthcare for refugees settling in the Greater Shepparton area, training on providing safe and culturally appropriate SRH promotion for people from CALD backgrounds is essential. CERSH offered to support the coordination and delivery of an education workshop covering the essential aspects of cross-cultural sexual health promotion for PCC refugee, bi-cultural and healthcare workers. CEH, a multicultural health training specialising in culturally appropriate sexual health education, was engaged to facilitate the training, bringing their expertise to ensure a culturally sensitive and inclusive approach.

Partners from CERSH, PCC and CEH met via Zoom to plan and discuss logistics including participant numbers, dates, location, key themes to be included in the training. The communication strategy, evaluation methods and potential next steps were also discussed in the planning phase.

Communication Strategy

A promotional flyer (**Figure 2**) was produced by CERSH with key information about the education workshop. The promotional flyer featured the partner organisation logos and was shared with the PCC Nurse Manager a month prior to the training. The PCC Nurse Manager used internal communication processes to disseminate the flyer and promote the opportunity for staff.

Figure 2: Promotional flyer

Evaluation

A post-workshop survey was developed on Qualtrics to evaluate the extent to which the objectives were achieved. The survey was developed based on previous evaluation surveys employed by CERSH and CEH. Care was taken to ensure the survey was easy to understand and did not take long to complete. At the end of the workshop, 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 utilised to assess participant engagement, evaluate the effectiveness of the training, and measure its impact on participants' understanding of cross-cultural SH promotion, as well as their interactions during the workshop [16]. The observations were then triangulated i) with the survey data and ii) in a debrief meeting with partners following the training workshop [17].

The Workshop

On Wednesday 11 September, the ‘Cross-Cultural Sexual Health Promotion Training’ education workshop was held at the University of Melbourne, Department of Rural Health, Shepparton from 10am – 12noon. Seven (7) nurses, bi-cultural and refugee health workers from PCC participated in the education workshop and enjoyed a light lunch with further discussion following the workshop. The workshop was delivered by facilitators from CERSH and MHSS. Facilitators used Powerpoint slides as a teaching tool and covered topics including:

Facilitator	Topics
CERSH	Introduction, Acknowledgement of Country, Housekeeping and Purpose of the training.

Facilitator	Topics
MHSS	SRH in refugee and migrant communities, Barriers to accessing SRH services, Impacts of wars and conflict on refugee women, Service responsiveness, Impacts of COVID-10, The 5 steps to asking sensitive questions, Examples of SRH conversations with refugees and CALD communities, and Further training opportunities.
MHSS	STIs (symptoms, transmission, testing, prevention, treatment), HIV, Sexual Health Month and How to access the Health Translations service.
CERSH	Ongoing learning, development and networks, Goulburn Valley SRH services and resources.

Participants were engaged throughout the education workshop with the opportunity to ask questions, recount scenarios they've experienced for group discussion, and discuss local challenges. Before lunch, participants were encouraged to complete a Qualtrics survey. A copy of the survey is available in **Appendix 1**. Results are presented below.

Results

Survey data

Participants reported an increase in knowledge and skills in engaging clients from CALD backgrounds in conversations about sensitive topics. The average score participants gave themselves for knowledge and skills in engaging clients from CALD backgrounds in conversations about sensitive topics on a Likert scale (from 0-10) before the workshop was 6.33 and after the workshop was 8.20 (**Chart 1**).

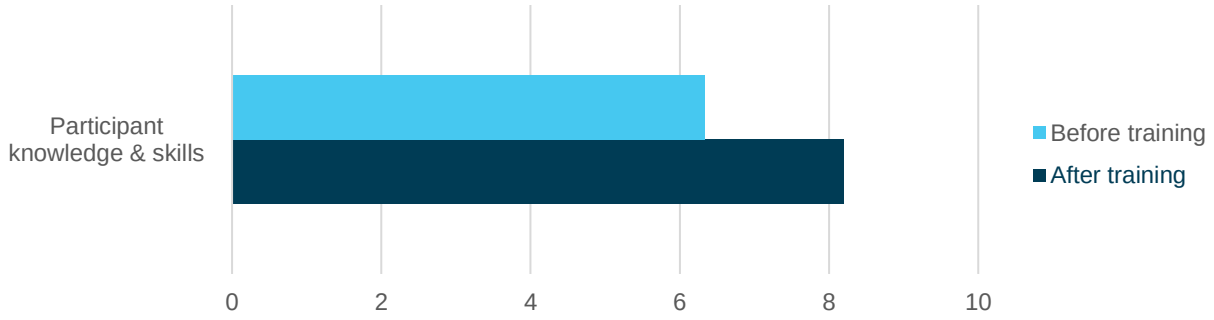

Chart 1: Participant knowledge and skills in engaging clients from CALD backgrounds in conversations about sensitive topics

Participants were also asked to indicate to what extent they agreed with statements about the workshop (on a scale from strongly disagree to agree) (**Chart 2**). The results from the survey indicate that the workshop met the expectations of participants, helped to increase their understanding of the barriers CALD communities face with accessing SRH services among participants (Objective 2), increased confidence in addressing SRH concerns with clients from CALD backgrounds among participants (Objective 3), increased awareness of local and state-wide referral pathways for sexual health services among participants (Objective 6), and increased awareness of ongoing learning and knowledge sharing opportunities and networks for participants to engage with (Objective 7).

Chart 2: Participant responses to statements about the workshop

To the statements *'I feel more confident in addressing SRH concerns with my clients from CALD backgrounds'*, *'I intend to use what I have learnt from this workshop in my professional practice*' and '*The content was relevant for my professional practice*' one respondent answered that they 'Neither agree nor disagree'. And to the statement, '*I feel more confident to start conversations about SRH with my clients from CALD backgrounds*', one respondent answered that they 'Strongly disagree'.

Participants were asked how they would apply their learnings from the workshop in their workplace. In the free-text response box, participants reflected that they would "be more considerate of CALD communities", "use sensitive wording" to address SRH topics, and focus on "building rapport and relationships with [CALD] clients". When asked if they have comments / feedback / suggestions for the training, participants reflected that "the training was well received and presented", "the topics were interesting and I learnt a lot", "more training like this for health professionals and community leaders would be more useful", and "[running] community workshops would be useful".

Observational data

Participants were engaged throughout the workshop, often asking questions and presenting scenarios for the group to discuss. Some participants took notes and / or photos of the PowerPoint slides. The most consistently raised topic for discussion was the challenges of talking about a sexual health in cultures where the subject is considered taboo. Participants emphasised, that based on their professional experience, sexual health promotion is vital for the refugee and CALD clients they work with. There were a couple of moments during the workshop where the facilitators had to pause the conversation due to lack of time.

Discussion

Based on the results from the evaluation survey, the education workshop was effective in meeting the project's objectives. Importantly, participants who attended the education workshop reported an increase in knowledge and skills in engaging clients from CALD backgrounds in conversations about sensitive topics. However, some data points from the evaluation survey and observations indicated that there are opportunities to improve the training.

Specifically, there are opportunities to increase participant confidence with *addressing SRH concerns with clients from CALD backgrounds* and *starting conversations about SRH with clients from CALD backgrounds.* This could be addressed by increasing the time allocated to the education workshop, allowing facilitators and participants time to go beyond theoretical concepts. Clinical tools could be used to start conversations about sexual health with clients (for example, the PLISSIT Model and the HEADSS Assessment) could be introduced and demonstrated by facilitators [18, 19]. Group work and role play could then be used in a 20–30-minute practical session for participants to practice using the tools and other effective communication strategies for working with CALD clients. The practical component of the training workshop could be facilitated by CERSH Health Promotion staff. These additions could help to meet Objective 5 (Distribute and discuss clinical tools and resources to help participants engage in open discussions with their patients on sexual health topics within diverse cultural contexts), Objective 4 (Discuss and practice using effective communication strategies tailored to diverse cultural backgrounds with participants during the education workshops) and may further improve the outcomes of Objective 3 (Increase confidence in addressing SRH concerns with clients from CALD backgrounds among participants).

Additional opportunities to improve participants intention to apply the workshop content into their professional practice, and ensure relevance were also considered. During the debrief meeting following the training workshop, partners discussed the processes refugee health nurses follow with refugee clients. Further exploration of these processes and the specific opportunities to initiate a conversation about SRH with refugees could be incorporated into future training. Participants and partners noted that the content delivered in the training workshop would also be valuable if adapted for delivery to priority communities in a community education workshop format. Opportunities to deliver culturally appropriate community education workshops to priority communities in the Shepparton region could be explored further.

Recommendations

To continue to enhance the capacity of the refugee health workforce in understanding, advocating, and effectively addressing culturally appropriate and safe sexual health promotion within their communities, CERSH makes the following recommendations:

1. **Facilitate opportunities for refugee, bi-cultural and healthcare workers in rural Victoria access education and training on culturally sensitive approaches to sexual health promotion.**
   Given the success of this project in increasing participant knowledge, skills and confidence in engaging clients from CALD backgrounds in conversations about SRH, it is recommended that opportunities to embed SRH training into induction processes for the refugee workforce is explored. Online or virtual methods of delivery could be considered to ensure the training is accessible, affordable and sustainable for other participants into the future. As a first step, refugee settlement programs and health support services across rural Victoria should be mapped and engaged to assess capacity and need and agree on essential training themes.

2. **Increase time allocated for the education workshop**
   Although the 2-hour workshop allowed time for the facilitators to cover important topics and discuss examples with the group, extra time may be useful for improving or reinforcing the positive outcomes. An additional one hour (total = 3 hours) could be piloted in the next iteration of the project.

3. **Include a component in the training on clinical tools for addressing SRH**
   While the pilot workshop covered important theoretical content and stimulated valuable conversation, participants may benefit from specific content on the clinical tools that can be used to start conversations about sexual health with clients (for example, the PLISSIT Model and the HEADSS Assessment) [18, 19].

4. **Include a practical component in the workshop for practicing effective communication strategies for CALD clients**
   Further to Recommendation 3, following the introduction of content on clinical tools for addressing SRH, participants could be given time in the education workshop to practice using the clinical tools. Group work and role play could be used in a 20–30-minute practical session. The practical component could be facilitated by CERSH Health Promotion staff.

5. **Explore the processes refugee health nurses follow with refugee clients to identify specific opportunities to initiate a conversation about SRH in practice**
   To enhance the relevance of the training for participants and provide them with clear action points for promoting sexual health in practice. It is recommended a review is undertaken exploring the processes refugee health nurses follow with clients, to identify specific opportunities for initiating conversations about SRH.

6. **Consider delivering community education workshops for priority community groups**
   During the education workshop and in the evaluation survey responses, participants noted that the content would also be valuable if delivered to priority communities in a community education workshop format. CEH is well placed to deliver this recommendation.

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Appendix

Appendix 1 – Cross-Cultural SRH Promotion Training Evaluation

1. What is your role / position: _____

2. How would you rate your knowledge and skills in engaging clients from culturally and linguistically diverse (CALD) backgrounds in conversations about sensitive 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 engaging clients from culturally and linguistically diverse (CALD) backgrounds in conversations about sensitive 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 the barriers multicultural communities may have to access sexual and reproductive health services					
I feel more confident in addressing sexual and reproductive health concerns with my clients from CALD backgrounds					
I feel more confident to start conversations about sexual and reproductive health with					

my clients from CALD backgrounds					
I feel more confident in referring my clients or supporting them to access local sexual and reproductive health services and resources					
I am aware of opportunities to engage in continuous learning and knowledge sharing in sexual and reproductive health					
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 workplace?

_____

_____

_____

_____

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

_____

_____

_____

_____

Appendix 2 – Photos

Photo 1: Tapuwa (MHSS) facilitating

Photo 2: Eudia (MHSS) facilitating

Photo 3: Lunch

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