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Why one size does not fit all, working with CALD MSM: acknowledging intersectionality

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 CEH
Provides support to agencies in Victoria and across Australia on developing culturally competent service systems. This is undertaken via training, capacity building, research, resource development, project management and consultancy.

- Multicultural Health & Support Service
- Multicultural Drug Support





multicultural health & support service

MHSS

 Aims to address the highly complex and culturally sensitive issues involving HIV, viral hepatitis and STIs.

 partnerships with the community, cross sectors and ethno specific organisations





So, why multicultural communities?

- HIV affects all communities worldwide
- however, in Australia the largest affected community are MSM
- mainstream communities have a higher uptake for the services and treatment options provided
- most multicultural communities find it hard to access these services because of various reasons
- experiences of stigma, media and legal issues including migration status
- targeted information is critical

multicultural health & support service

migrant & refugee health issues

prolonged camp experience - poor nutrition/oral health low literacy/health literacy *perceptions of authority* reconfigured families loss/grief - experiences of torture and trauma journey experience - visits home isolation/discriminationservice sector navigation





refugee young people





Acculturation process - Dual cultures - Parental expectations – Bullying -Institutional racism -Reconfigured families -Puberty /adolescence -Gendermasculinity/femininity -Identity development - Preliterate – Housing -Disengaged Education/JJ/Corrections -**Confidentiality/safety**

international students and sexual health



STI & HIV rates indicate low level awareness of sexual health-Australian context

little or no sexual and reproductive health education in their countries of origin

Post colonial gender norms

- institutional racism-accessing services
- Sexuality/exploration



Why?



- first encounter as an individual-away from home-culture/religion
- o explore/express their sexuality- SSA
- Lack understanding of consent and Australian law
- increased risk of exposure & transmission
- experience isolation, homesickness, racism, housing, financial issues-

individual factors cultural factors

social & political factors

environmental & geographic factors

age, sex, sexuality, poverty, health literacy, BBV/STI status, education, employment, migration history/journey experience, risk taking, help seeking, lifestyle factors, sexual violence, parental status, relationship status, sexual violence, family/networks

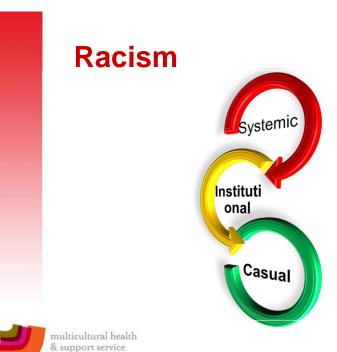
cultural norms/beliefs/practices, patriarchy, post-colonialism, faith beliefs, health belief systems, intergenerational factors, BBV/STI prevelance, participation in community life

institutional racism. discrimination, service access, poverty, homophobia, misogyny, institutional racism, migration/visa status, peer influence, media/multi media, eroticization/exoticism, access to culturally competent services, public policy & the law, settlement factors, structural factors

social isolation, social infrastucture & public amenity, health risk exposure, service access/availability



multicultural health & support service





Intersectional oppression

- religious diversity
- sex
- socioeconomic status
- sexuality
- disability
- age

Not just RACE. People can be oppressed in a multitude of ways







