

CONVERSATIONS ABOUT SEXUAL BEHAVIOURS WITH HAZARAGI AND SOMALI WOMEN: INSIGHTS

MSCWA – MHOH would like to Thank all participants and community members who have helped us get better insights.

Disclosures: None

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BACKGROUND/ METHOD

➤ **Background:**

- Practice and research suggests that it is easier to talk about Infections and diseases than behaviours when talking about sensitive health subjects especially to communities from refugee and migrant background.
- CaLD communities are known to practice strong inhibitions towards communications about sexual behaviours. Women's cultural roles are synonymous to submissiveness and sexual behaviours actually - often responses to husband/ partner's demands.

➤ **Importance of this study:**

- Identification of community specific enablers and barriers to help women take ownership and self manage sexual and often co-existing mental health concerns
- Community specific literature review, experience, knowledge and trust cannot be dismissed to achieve outcomes which otherwise would be challenged with barriers and gatekeepers

➤ **Method:**

- In introducing the subject of sexual diseases to Hazara and Somali women, the “**infection-disease**” approach seemed more palatable
- Our experiences suggested that an easier entry into a facilitated discussion with the women was to talk about **urinary infection** (disease model) as a starting point. Focus was on good health related to pregnancy and wellbeing of the child and infections.
- 3 Group discussions of 8-10 women each were held. Discussions all began with talking about their experiences being pregnant and delivering the babies and changes they experienced.
- It was followed by talking about infections and gauging their understanding together with knowledge of symptomology and treatment.



Outcomes

- The findings are unique to the program, communities and intent of interventions
- **It was noted that:**
 - Traditional practices are still the first choice of response
 - Treatment seeking is based on their symptoms recognitions - **No symptoms No treatment**
 - Traditional narratives of health and symptoms is the first preference of approach - this needs to be weaved into any health promotional messages on sexual health
 - Interpretations of **Noticeable vs Non - noticeable** symptoms must be considered
 - Insights of traditional roles of sexual interactions imperative – such as
 - Who Initiates sexual activity
 - Gender roles in the activity
 - Cleansing and general hygiene – some communities use dried flowers to cleanse and remove odour for example



CONCLUSION/IMPLICATIONS

- Experience, professional approach of the facilitator and extensive literature review undertaken prior to this exercise were key to facilitating discussions of traditional understanding and practices of infections.
- Community specific literature review, experience, knowledge and trust cannot be dismissed to achieve outcomes which otherwise would be challenged with barriers and gatekeepers
- Insights from these 3 groups have helped us encourage and enrol several hundred community members to testing and treatment.
- We have ongoing requests from community groups to run sessions and this includes high school students. We have run over 14 sessions in the last 8 months.



Thank you!

Also visit our website for the Community based Videos (by the communities and for the communities) on Hepatitis .

Available in

- **Acholi**
- **Hazaragi**
- **Karen**
- **English**

