

CONVERSATIONS ABOUT SEXUAL BEHAVIOURS WITH HAZARAGI AND SOMALI WOMEN: INSIGHTS

Dr Indi Pattni ¹

¹. Multicultural Services WA

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. In introducing the subject of sexual diseases to Hazara and Somali women, the infection-disease approach seemed more palatable. Their communities are known to practice strong inhibitions towards communications about sexual behaviours. Women's cultural roles are synonymous to submissiveness and sexual behaviours actually responses to their husband's demands. Helping these women take ownership and self-manage sexual and mental health required distinct analysis of barriers

Approach: 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 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. Experience and extensive literature review undertaken prior to this exercise were key to facilitating discussions of traditional understanding and practices of infections. The professional background and experience was understood to be key enabling factor.

Outcomes: The findings are unique to the program, communities and intent of interventions. Briefly:

: 1. Traditional practices are still the first choice response; 2. Treatment seeking is based on their symptoms recognitions – no symptoms – no treatment; 3. Traditional narratives of health and symptoms first choice – this needs to be weaved into any health promotional messages on sexual health; 4. Interpretations of noticeable vs unnoticeable symptoms must be considered; 5. Insights of traditional roles of sexual interactions imperative.

Innovation and Significance: community specific literature review, experience, knowledge and trust cannot be dismissed to achieve outcomes which otherwise would be challenged with barriers and gatekeepers