

PROMOTING SEXUAL HEALTH AMONGST REFUGEE YOUTH

This broadsheet looks at the ways in which newly-arrived refugee youth understand, access and implement sexual health information. The evidence is derived from two studies currently being conducted with young people from refugee backgrounds living in Melbourne, Australia and with health professionals providing care to this group.

What do refugee youth know about sexual health?

The level of understanding of sexual health issues amongst refugee youth is generally low. There is a lack of knowledge about the most common infections, such as chlamydia, herpes simplex virus, genital warts and gonorrhoea. Young people are more aware of HIV/AIDS. In part this is due to the visibility of HIV/AIDS education and awareness campaigns in refugee camps and to mandatory HIV screening for resettlement in Australia. However, there is a perception that HIV is not a risk in Australia or that it is only a risk among specific subgroups (e.g. men who have sex with men). A focus group with young men aged 18 to 20 years highlighted this lack of knowledge:

The most common one is HIV. And, umm, well there are others . . .

We know there are different infections but we don't know the names. But we know there are a lot of things.

Myself, I only know HIV and AIDS. That's all. I don't know the other viruses and stuff. And I would like to know. Because

I've never talked about it. This is my first time.

Health professionals pointed to the lack of awareness of the names, modes of transmission, symptoms, and treatment options for STIs. Moreover, health care providers stressed the limited awareness refugee youth have about 'their bodies and how they work', as well as the broader dimensions of sexual and reproductive health such as strategies for negotiating safe sexual relationships.

Many refugee youth say that there are limited opportunities to learn about sexual and reproductive health prior to arrival in Australia. A few described participating in sexual health education in schools and refugee camps. After arriving in Australia, opportunities for learning about sexual health remain limited.

There is keen interest amongst refugee youth to learn more about sexual health:

For me, someone giving information about something I don't know, it's not boring. I would love to hear it. What kind of diseases you can get, how you get sick, what you can do. I want to know. (Female, 17 years old)

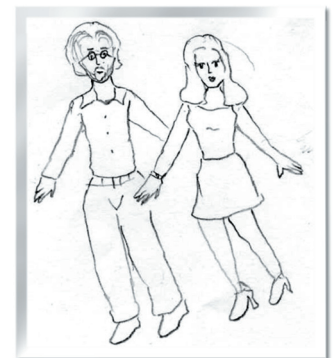
Learning about sexual health

Newly-arrived refugee youth may be exposed to information focusing on sexual health from a range of sources, but this information is not necessarily consistent and gives young people different messages. Young people's sexual health literacy is affected by availability of, and preferred ways for obtaining information, perceived credibility of the source, and mode of delivery of sexual health information. Study findings indicated that:

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- **GPs and other health professionals** are trustworthy and expert sources of advice, but are underutilised by refugee youth.
- **Friends and peers** are potential sources of information though not necessarily reliable. Relationships, rather than specific information around sexual health, are likely to be discussed with friends.
- **School-based sexuality education** is useful and valuable for those who have the opportunity to participate:

They taught us about all the disease you can get and how to avoid them and who we can talk to about it and where we can go for check-ups and stuff. (Male, 17 years old)



- **Young people who are not in school** have little opportunity to learn about sexual health:

You know because when I came here . . . my fiancée, he doesn't allow that I go to school. Just sit in the house and then he goes to work in afternoon and comes back in the morning. And then I told him 'I want to go to school, anywhere, I want to go to know anything'. He told me 'no, I don't like that'. (Female, 17 years old)

- **Parents and elders** usually play a minor role in providing information about sexual health:

You don't even tell your family you got a girlfriend, so how you can you talk about this kind of stuff? (Male, 20 years old)

- **Media**; TV, internet, movies and pamphlets are potential sources of information.

- **Verbal and group-based education** sessions were the most consistently identified method for effectively providing information.

Staying safe, staying healthy

The major factors identified as contributing to sexual health problems include:

- alcohol consumption
- insecure housing situations
- lack of supportive family and social networks.

The most widely cited contraceptive method was the condom. Also mentioned were ‘pills and tablets’, Implanon, the rhythm method, and abstinence. Some of the women discussed the difficulty of negotiating the use of contraception with men:

It's not hard you know. If you decide to do it, it's easy. If the person don't like it you stop. But some people are really – they don't like to use condom. Some men. (Female)

Unplanned pregnancy

Unplanned pregnancies are a key concern for refugee youth. In the Good Starts Study for Refugee Youth, 8 of the 58 (14%) females in the study reported a pregnancy during their first two years of settlement in Australia. One was 19 when she became pregnant, four were 18, one was 17 and two were 15 years old. Seven of them had their babies and one had a termination. One young man in the study (out of 62 males) confirmed that he fathered a child in the first two years in Australia.

Young women worry that they are too young to become a mother and fear the reactions of family and community

members (especially if they are unmarried). Some are concerned that they might be unable to care adequately for the baby and that having a baby will prevent them from doing other things with their lives.

The first time I had sex I got pregnant. I didn't know how it happened. It wasn't a serious relationship. I didn't know anything, I was a virgin. I was feeling sick and I told the family doctor. I didn't think I would get pregnant, but I was really sick. I didn't eat, I felt bad. The doctor said I should do a blood test and he said I was pregnant. I was scared. I felt like the world was ending. I was 16. I just thought, 'what happened to me, why has this happened to me?' I told [case-worker], and she helped. I just said I didn't want it. I had an abortion. I told the boy and he was angry, he wanted to keep the baby. (Female, 19 years old)

Accessing services

Refugee youth and health professionals reported a number of barriers to accessing health services in relation to sexual concerns:

- social stigma and embarrassment
- issues around confidentiality
- lack of awareness of health and sexual health services or familiarity with how to access them
- lack of knowledge about STIs
- language barriers
- lack of transport
- attitudinal issues

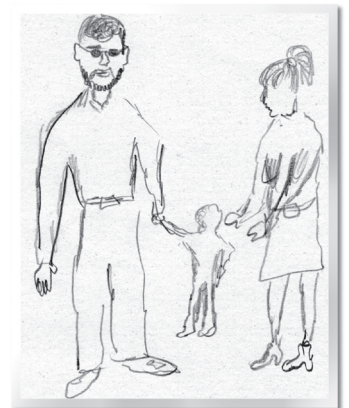
However, young people who have attended health services for issues relating to sexual health indicated they

were happy with the service provided.

Some health professionals said young people may not prioritize sexual health, particularly because they are focused on other issues during resettlement:

These guys have just come over, they are settling into the country, we diagnose syphilis, we want to talk syphilis, they aren't interested: 'get me a job, I don't want to sleep with anyone, I know I have syphilis, I have had it for years, it is not a problem.' (Nurse)

However, many refugee youth say that sexual health is one of their key concerns. Some stressed that sexual health was their major concern. ■■



LESSONS and INSIGHTS

- Sexual health is a major concern for newly arrived refugee young people.
- Unplanned pregnancies and unsafe sex are key health issues for these young people.
- Alcohol, insecure housing and unsupportive social relationships are key risk factors to their sexual health.
- Knowledge about sexual health is low.
- There are few opportunities for refugee youth to acquire accurate sexual health information.
- Health care providers are a trusted source for advice and help.
- Refugee youth prefer information to be delivered verbally and in a group context.
- There are opportunities for early resettlement services, English Language Schools and health care workers to play a key role in sexual health promotion for refugee youth.

ABOUT THE STUDIES

Details about the research studies can be accessed at the following websites:

Good Starts Study for Refugee Youth:
www.latrobe.edu.au/rhrc/refugee_youth.html

Promoting Sexual Health Amongst Refugee Youth:
www.latrobe.edu.au/rhrc/projects.html#sexual

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