

2. Community information and education

Key points

- ▶ The broad aim of sexual health and BBV education programs is to empower communities and individuals to make choices and behavioural changes to:
 - maintain and enhance their sexual health and wellbeing
 - avoid negative sexual health outcomes, including minimising the transmission and complications of STIs and BBVs.
- ▶ Providing specific information can increase awareness of current and emerging issues that is relevant to priority populations as well as to their clinical and non-clinical service providers.
- ▶ The content and method of delivery of STI and BBV awareness and education programs should take into account the specific needs of priority populations, the best way to engage them, and issues such as age, culture, gender and level of literacy.
- ▶ Engagement with the community is an important part of the process in developing and delivering appropriate and meaningful messages and programs.
- ▶ Different methods can be used to provide information, including peer educators, social marketing and media, text, email, internet, printed resources and radio.
- ▶ Healthcare workers should be familiar with current campaigns and programs and how they can be used or adapted both on-the-ground and to strengthen partnerships with relevant organisations.

Community information and education

Community-based education is an essential part of an effective program for the prevention, detection and treatment of STIs and BBVs. While there are many challenges to increasing awareness and providing education, a lot of work has already been done and resources developed by a range of organisations that can be used or built on.



The Meekatharra Indigenous HIP HOP Project engaged with local young people

The broad aim of sexual health and BBV education programs is to empower communities and individuals to make choices and behavioural changes to:

- ▶ maintain and enhance their sexual health and wellbeing
- ▶ avoid negative sexual health outcomes, including minimising the transmission and complications of STIs and BBVs.

Effective sexual health and BBV education programs will impart the knowledge, skills and attitudes required for people to choose healthy behaviours. The key behaviours that STI and BBV education aims to promote are condom use, safer injecting, getting tested and treated for STIs and BBVs, and HPV immunisation. Additionally, awareness and education programs should emphasise current and emerging issues relevant to the target group, such as those related to the syphilis outbreak and the availability and access to new, effective treatments for hepatitis C.

STI and BBV education programs should:

- ▶ provide clear and accurate information about the transmission, consequences and prevention of STIs and BBVs
- ▶ build the motivation and confidence to act on that knowledge
- ▶ develop the skills necessary to put the knowledge into action.

Education about contraception for the prevention of unintended pregnancy, as well as the importance of early and regular engagement of pregnant women with health services, is also vital, given the severe consequences of STIs in pregnancy.

It is important not only to engage the priority population but also the organisations that provide services to them, such as health practitioners, teachers and peer educators. Think about the aim of your program and who you need to engage beyond the target audience to make it effective.

Young Leaders¹ is a program aimed at Aboriginal and Torres Strait Islander youth in WA. The program was developed by AHCWA and funded by the Department. It aims to identify and upskill future leaders in the Aboriginal health sector and encourage young leaders to pass on relevant health information to other young people in their communities.



Youth Peer Education Sessions in Wiluna

For example, if the aim of a program is to encourage increased testing for STIs among 15 to 25-year-old people, it is important to engage the appropriate health services to ensure access and appropriate testing and management is supported by the health service and staff. There is not much point encouraging young people to attend a service if it is inaccessible, unacceptable or not offering appropriate testing and management for young people in practice.

Clear messages about STIs and BBVs

Providing clear, specific messages about risky and protective behaviours is one of the most important characteristics of effective programs. Clear, accurate information about the transmission, consequences and prevention of STIs and BBVs is an essential part of effective STI and BBV education. The focus should be on information that is practical and directly relevant to the desired behaviours.

Providing specific information can increase awareness about current and emerging issues and be relevant for priority populations as well as their clinical and non-clinical service providers. Topics may include:

- ▶ prevention and harm reduction:
 - condom use and access (e.g. health services, emergency departments, condom trees, vending machines)
 - safer injecting and access to NSPs
 - who is at risk and of what?
 - testing and treatment: how easy it is, and where and when to seek testing
- ▶ HPV vaccine:
 - benefits for reducing the risk of cervical cancer and genital warts
- ▶ availability, access to and encouraging the uptake of the vaccine
- ▶ chlamydia, gonorrhoea and trichomonas:
 - asymptomatic nature of chlamydia infection, reproductive health consequences of untreated chlamydia and gonorrhoea (e.g. PID, ectopic pregnancy, infertility)
 - adverse outcomes in pregnancy such as early miscarriage and post-partum infection/PID (chlamydia, gonorrhoea), premature rupture of membranes, premature delivery and neonatal infection
 - common symptoms of chlamydia and gonorrhoea (low abdominal pain, abnormal bleeding, discharge) and trichomonas (vaginal itch, discharge)
 - ease of testing with self-collected specimens such as urine and self-obtained vaginal swabs and single-dose treatment
 - when and how frequently testing is recommended
- ▶ syphilis:
 - current outbreak affecting primarily 15 to 30-year-old Aboriginal men and women in regional and remote communities



Aboriginal and Torres Strait Islander HIV Awareness Week

- increasing rates among men who have sex with men (MSM) in urban areas
- common signs and symptoms of primary and secondary syphilis (genital sores, unexplained rashes, hair loss)
- consequences of syphilis in pregnancy and prevention of congenital syphilis through regular screening and prompt management of women and their partners
- ▶ hepatitis C:
 - new treatments with effective cure rates, single dosing and fewer side-effects
 - easier criteria for accessing treatment
 - treatment available through primary healthcare services
- ▶ hepatitis B:
 - hepatitis B immunisation recommended in high-risk groups
 - new, more effective treatment available
- ▶ HIV:
 - increased risk of HIV transmission in the presence of STIs, particularly those causing ulcers
 - importance of early treatment for preventing transmission and limiting progression of the disease
 - new antiretrovirals (ARV), which have fewer side-effects and can be given as a daily dose
 - rising incidence of HIV in Aboriginal populations in regional areas
 - availability and access to preventive methods including pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP)
- ▶ prevention of mother to child transmission:
 - Importance of appropriate testing and management of STIs and BBVs in pregnancy to prevent transmission of infection to the baby

- Importance of engagement with health services early and throughout pregnancy.

The content and method of delivery of STI and BBV awareness and education programs will vary depending on the specific needs of priority populations and the best way to engage them. Information must be relevant and appropriate, taking into account issues such as age, culture, gender, level of literacy and risk factors specific to the community or individual. The diversity of people in the community must be recognised and respected. In particular, information and the way it is delivered must address the needs and be inclusive of all people, regardless of sexual orientation or gender identity. Engagement with the community is an important part of the process in developing and delivering appropriate and meaningful messages and programs. Advice from local Aboriginal staff is essential to understanding cultural protocols when planning community engagement or community education programs. Further opportunities to talk to community leaders about health problems might include requesting a meeting with the boards of Aboriginal health services, land councils, language centres, or arts and culture centres.

There are many ways to provide information and different methods can be used, including peer educators, social marketing and media, text, email, internet, printed resources and radio. Be familiar with current campaigns and programs. What can you use or adapt? How can you develop or strengthen partnerships with relevant organisations to assist? Examples of current campaigns and resources include:

- ▶ *Young Deadly Free*² campaign: <https://youngdeadlyfree.org.au>
 - one-stop shop for resources about STIs and BBVs affecting young people in regional and remote Aboriginal and Torres Strait Islander communities (video clips, animations, TV and radio ads, infographics and posters)

- ▶ *Better to know*: <http://www.bettertoknow.org.au>
 - provides information about common STIs for Aboriginal and Torres Strait Islander people, including separate men's and women's business sections (includes anonymous partner notification)
- ▶ *U and me can stop HIV*: <http://www.atsihiv.org.au>
 - HIV health promotion resources for Aboriginal communities, including infographics, posters, animations

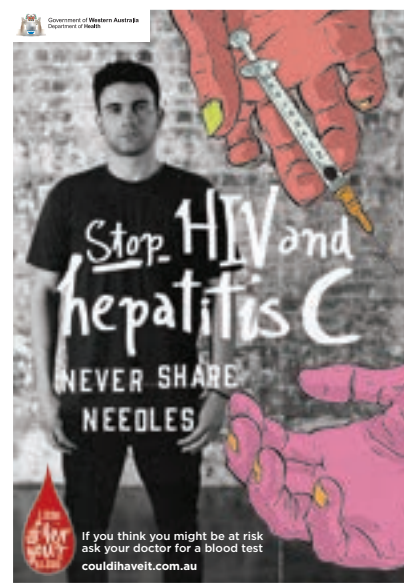
- ▶ *Let's Yarn!* <https://letsyarn.health.wa.gov.au>
 - learning activities, student resources, information on culturally appropriate sex and relationship education
 - information for parents on how to talk to kids as they grow up
 - *Kaiyai girl* – interactive film about alcohol and other drug use and its impact on safe decision-making around STIs and pregnancy

- ▶ *Stay Safe You Mob* campaign: https://ww2.health.wa.gov.au/Articles/A_E/Campaign-Aboriginal-sexual-health

- social marketing campaign that encourages young Aboriginal people to wear condoms and get tested for STIs (videos, poster and radio clips)

- ▶ *Look After Your Blood* campaign: https://ww2.health.wa.gov.au/Articles/A_E/Campaign-sexual-health-Aboriginal-BBV

- social marketing campaign that promotes the importance of prevention, testing and treatment of BBVs (videos, poster and radio clips)



Look After Your Blood Campaign



Stay Safe You Mob Campaign

- ▶ condom game (available from SHQ)
- ▶ *Live deadly stronger and longer* posters: <http://biblio.healthinonet.org.au/key-resources/promotion-resources?lid=31170>
 - posters from WA AIDS Council that encourage testing.

Young Deadly Free campaign

These resources have been developed and collated by the South Australian Health and Medical Research Institute (SAHMRI) as part of two initiatives funded by the Australian Government Department of Health:

- ▶ the Remote STI and BBV Project – Young, deadly, STI and BBV free
- ▶ the Young, deadly, syphilis free campaign

The project comprises a set of interrelated activities that aims to substantially increase STI and BBV testing and treatment rates for Aboriginal young people living in remote communities across Queensland (Qld), Northern Territory (NT), Western Australia (WA) and South Australia (SA).

Sexual health and BBV education programs

STI and BBV education is most effective when provided within a broader sexual health education program. Providing clear and relevant information is a vital part of sexual health education. As well as providing information, effective programs develop the attitudes to motivate healthy behaviours, and the skills required to put those behaviours into practice. Promoting respectful relationships is vital, as unequal power in a relationship will limit a person's capacity to negotiate sexual behaviour and safer sex.

Attributes of effective sexual health education programs:

- ▶ based on respect for human rights and diversity
- ▶ focus on addressing gender expectations and developing gender equality in relationships
- ▶ culturally relevant and context appropriate
- ▶ enable the development of the life skills needed for respectful relationships and to support healthy behavioural choices.

There are a range of resources available to assist with the planning and delivery of sexual health education programs. These include:

- ▶ *The Practical Guide to Love, Sex and Relationships*: <http://www.lovesexrelationships.edu.au>
 - teaching resource for Years 7 to 10 from the Australian Research Centre in Sex, Health and Society, La Trobe University – explores relationships, sexual consent, equity and sexual and reproductive health
- ▶ *Resilience, Rights and Respectful Relationships*: <http://fuse.education.vic.gov.au>
 - learning materials that cover eight topics of social and emotional learning across all levels of primary and secondary education – emotional literacy, personal strengths, positive coping, problem solving, stress management, help seeking, gender and identity, and positive gender relationships

- ▶ *Growing and Developing Healthy Relationships*: <https://gdhr.wa.gov.au>
 - GDHR website designed to support and assist WA teachers, school nurses and schools to provide positive and comprehensive sexual health education
- ▶ *RELATE. Respectful Relationships Education*: <https://shq.org.au>
 - comprehensive, evidence-based, respectful relationships and sexual health program for Years 7 to 10m – an easy to use three-stage program with eight sequential session plans in each stage
- ▶ *Djijadi – Can we talk?*³ <https://www.ashm.org.au>
 - Resource manual to promote positive sexual health among Aboriginal and Torres Strait Islander young people. Chapter 3 titled 'Educating about sexual health' discusses formal and informal sexual health education for young people in schools and other settings.

Sexual health education programs should be delivered by well-trained and supported staff. When planning programs, ask yourself:

- ▶ Does your organisation have staff with sound skills to plan and deliver sexual health education?
- ▶ Who are the people and organisations in your community that have these skills?
- ▶ Can you work in partnership to ensure people in your community have access to comprehensive sexual health education?

Organisations that deliver education and could be engaged in partnerships include:

- ▶ AHCWA
- ▶ SHQ
- ▶ regional sexual health teams
- ▶ PHUs
- ▶ youth agencies
- ▶ schools
- ▶ TAFE colleges
- ▶ Inclusive Education WA



Education stall, Great Southern

Workforce development

Courses to develop knowledge and skills to provide sexual health education include:

- ▶ Mooditj Leader training (SHQ)
- ▶ Nuts and Bolts of Sexual Health (SHQ)
 - three-day course to develop the core knowledge, attitudes and skills required to provide information and support for young people around respectful relationships and sexual health issues (designed for youth and community workers)
- ▶ Tools of the Trade (SHQ)
 - two-day course that builds on Nuts and Bolts to develop the skills required to plan and deliver sexual health education
- ▶ Sexuality and Relationships Education (SRE) in schools
 - two-day course offered by the SRE Teacher Training Project (Curtin University) for teachers and school health nurses to improve their capacity and confidence to teach relationships and sexuality education in a school environment.

Case study

Mooditj program

Mooditj is an interactive education program for Aboriginal young people aged 10 to 14 years. It was developed by SHQ in consultation with Aboriginal people from across WA. The aim of the program is to help build strong young Aboriginal people who can make positive and informed choices about their relationships and sexual health.

The full program is 10 sessions of one hour each. Young people learn about:

- ▶ identity – growing a strong sense of themselves
- ▶ respectful relationships
- ▶ understanding feelings
- ▶ speaking up
- ▶ goals and staying on track
- ▶ puberty
- ▶ what becoming a young parent might mean to both families
- ▶ making decisions about sex, consent and their rights
- ▶ contraception and STI prevention.

Mooditj is designed to be taught by Aboriginal community workers. It can also be run by non-Aboriginal people in partnership with community members. People who want to run a Mooditj program for young people in their community need to attend training.

Mooditj Leader training is a four-day, hands-on course run by SHQ in Perth and in regional WA by negotiation. The training is culturally safe, fun and interactive. A Mooditj manual, which provides all the information and session plans needed to run a Mooditj program, is provided.