

TALKING REPRODUCTIVE AND SEXUAL HEALTH

A resource for health professionals, interpreters and clinicians
working with Aboriginal, Torres Strait and South Sea Islander people
and people from migrant and refugee backgrounds



This resource was developed in partnership with communities to assist health professionals to communicate with and improve sexual and reproductive access and health literacy within Aboriginal, Torres Strait and South Sea Islander, and migrant populations in the Far North Queensland region.

True supports better reproductive and sexual health outcomes for all people, regardless of background or ability. Please email culturallyresponsive@true.org.au with any feedback or suggestions on how this resource has improved your practice or suggestions for amendments in the next version.



DISCLAIMER

True Relationships & Reproductive Health (True) has taken every care to ensure that the information contained in this publication is accurate and up-to-date at the time of being published. As information and knowledge is constantly changing, readers are strongly advised to confirm that the information complies with present research, legislation and policy guidelines. True accepts no responsibility for difficulties that may arise as a result of an individual acting on the advice and recommendations it contains.

Acknowledgments

True acknowledges the Traditional Custodians past, present and emerging on whose land we walk, work and live.

True acknowledges the community members, interpreters and health professionals who provided their valuable feedback in the development of this resource.

Artwork by Caroline Cox

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Creating a safe and positive environment

Respect and **privacy** are key considerations when dealing with communication barriers.

Respect can be communicated by:

- using nonverbal indications of friendliness – smiling, posture, facing directly. Keep in mind that in some cultures, showing respect to authority is communicated by not maintaining eye contact. It is important not to assume dishonesty or disinterest because of lack of eye contact
- being patient when awaiting a response
- asking open ended questions instead of ‘Do you understand?’, which may receive a ‘yes’ even when understanding is not occurring
- asking for clarification
- speaking directly to the patient – not the phone, interpreter or communication assistant
- allowing enough time for effective communication to occur, generally double the time for a regular appointment
- offering email or text instead of phone call for communication (e.g. for notifying results), or using a telephone interpreter service when discussing results given over the phone

- offering to send forms to be filled out via email
- offering to audio record the appointment so instructions can be replayed or translated at a later date

Privacy can be respected by:

- using professional interpreters for all appointments with patients who do not speak English. Do not use family members for appointments
- providing continuity of health care providers
- encouraging patients to come early for their first appointment and booking interpreters to assist with registration and patient history forms
- positioning the interpreter at the patient's head instead of feet when the patient needs to be lying down



WORKING WITH INTERPRETERS

What interpreters don't do:

- interpret literally each and every word
- clarify any information after the interpreting service has ended
- give an opinion about the client's health or state of mind

What interpreters can do:

- convey an oral message or statement from one language to another
- adhere to ethical principles – which include accuracy, confidentiality, impartiality and competence
- tell the health professional if they don't think the patient understands the terminology used

Use of family or bilingual staff members as interpreters is a breach of the duty of care owed to the patient, and could result in legal action.

Gaining Informed Consent



Make sufficient time – book longer appointments

Allow re-appointment with another clinician if overly nervous or shy

Use visual resources such as this flipchart to prompt conversation

Address barriers to the consultation, such as:

- possible breaches in privacy or confidentiality
- not needing to use parents' Medicare or Health Care Card for young people
- assist with privacy concerns about getting the prescription filled if in a small community
- fears about being examined

Ask their preferred language and **arrange an interpreter**

Ask if the **same gender** is preferred

Provide the option for a health worker or other allied health professional to join in on the health consultation

Friends or family members attending might help (but don't use this person as an interpreter)

Use the patient's name when speaking to them

Listen carefully, especially about cultural differences

Provide self testing options if available if examination appears too confronting (e.g. self collected urethral, vaginal and rectal STI screening swabs)

Communication Strategies

Teach-back is a technique used to check patient understanding of what the clinician has explained.

Teach-back involves asking patients to paraphrase through explaining or showing the Health Professional what they have been told. Even if the patient asks why you are asking them to repeat things back, this can indicate true understanding and provides surety about shared meaning between patient and clinician.

Teach-back may help with:

- obtaining informed consent for procedures and treatment
- increased understanding of their options, and
- adherence to any further treatments or follow up appointments

TEACH-BACK STEPS:

1. Clinician explains to the patient a new concept, diagnosis or treatment plan in small chunks.
2. Patient explains, or 'teaches back', what was said.
3. If the patient cannot show that they have understood, the clinician explains in a different way and again asks the patient to teach-back.

Communicating via an interpreter

It is good practice to ensure that teach-back occurs between the health professional and the patient via the interpreter. Face the patient and address them directly. Proceed with the consult and teach back. Speak slowly and clearly, use short sentences, and pause to allow time for interpreting.

"How many times a day do you need to take the pill?"

"Once a day, like you told me."

"Good. What will you do if you miss a pill?"

"Take it as soon as I remember, and use a condom for extra protection."

"When else will you need to use a condom?"



Do not hand responsibility to the interpreter to practise teach-back with the patient. This can lead to inappropriate summaries ("he says he understands"), rather than real-time interpreting of what is said.

This has been adapted from the Centre for Culture, Ethnicity & Health's (CEH) resource *Using teach-back via an interpreter* available online.

How to use the Talking Reproductive and Sexual Health Flipchart

The Talking Reproductive and Sexual Health flipchart has been designed for use by health professionals who are engaging with clients and patients about their reproductive and sexual health to:

- minimise language and cultural discordance
- maximise opportunities for patients and clients to give informed consent
- increase reproductive and sexual health literacy
- provide clear visual instructions to assist interpreters and health professionals explain procedures

Additional support

Some people may have additional support needs due to their lived experiences. These may include people who:

- live with disabilities/additional learning needs
- identify as lesbian, gay, bisexual, intersex, queer, asexual, pansexual (LGBTIQ+) Sistergirl and Brotherboy
- are in out of home, foster, kinship or residential care
- have trauma or abuse histories
- have a variety of body shapes and sizes

Inclusive Language

Sometimes people may talk about women's health and men's health. Whilst this may be culturally appropriate at times, where possible inclusive language can be used and encouraged.

Inclusive language means that all bodies can be discussed, including people who may be intersex, transgender or non-binary.

People in some cultures will not want to discuss reproductive and sexual health concerns with people of genders other than their own, and this should be kept in mind when booking interpreters or making appointments with health professionals.

"You cannot fully comprehend the meanings of the cultural practices of another group.

Every interaction with another person is cross-cultural.

Cross cultural communication is about reciprocity and a willingness to engage in unfamiliar discussions."

Multicultural Centre for Women's Health

Cultural Humility

Talking about reproductive and sexual health with members of diverse communities requires cultural humility.

To be culturally humble, we must understand that:

- we can't know everything about everyone's cultures
- one size does not fit all
- we need to maintain an interpersonal stance that is open to the other
- culture includes gender, age, education, economic status, sexuality, disability, etc.
- self evaluation and critique, and lifelong and reflective learning are required
- the health professional often has power but the client is the expert on their own life, symptoms, and strengths
- advocacy is needed amongst colleagues and within systems

Empowering your patients

Looking after your reproductive and sexual health is not just for when someone is pregnant.

We need to protect our reproductive organs by:



Stopping infections
and treating them
if we get one



Protecting ourselves
when using chemicals
(e.g. pesticides and
cleaning chemicals)



Limiting drug and
alcohol use



Eating healthy food



What happens at an appointment? Information for patients



Everyone needs to talk about their sexual and reproductive health all through their lives.

Check-ups

Going for a check-up is what happens when you are well. You might not think there is anything wrong with you, but there are some problems that can happen without you knowing that could be serious later. It's important to go for check-ups at least once or twice a year.

When something might be wrong

You also might need to go to a doctor, nurse, or health professional when something does seem wrong. You should do this whenever you think there is a problem, even if it doesn't seem serious. It is good and healthy to ask questions about your reproductive and sexual health.

Your rights

If you need to have a procedure where a doctor, nurse, or health professional needs to touch your body, this might be uncomfortable, but shouldn't be painful. You can say no at any time, and stop the procedure, even if it has started. The health professional should always ask if you are okay with them going ahead with the procedure.

You should always ask for an interpreter if you don't understand something. You can also bring family or friends with you to help you feel safe. It is not okay for health professionals to ask your family to interpret – they should book an interpreter if needed.

The health professional may also bring an assistant into the room during a procedure. You can say no if you don't want them there, but you then may need to see a different health professional. This is okay. It is your choice.

All bodies are unique

We all have reproductive and sexual organs inside and outside our bodies.

Everyone needs to take care of their reproductive and sexual health through life.

Talking about reproductive and sexual health will help us to stay healthy for longer.

We need to talk to health care providers about our reproductive and sexual health to:

- have healthy bodies
- have healthy sexual relationships
- have healthy babies

All people's bodies are different. Some may be larger, smaller or look very different.

Intersex people are born with physical sex characteristics that don't fit medical and social norms for female or male bodies. 1.7% of the population have an intersex variation*.

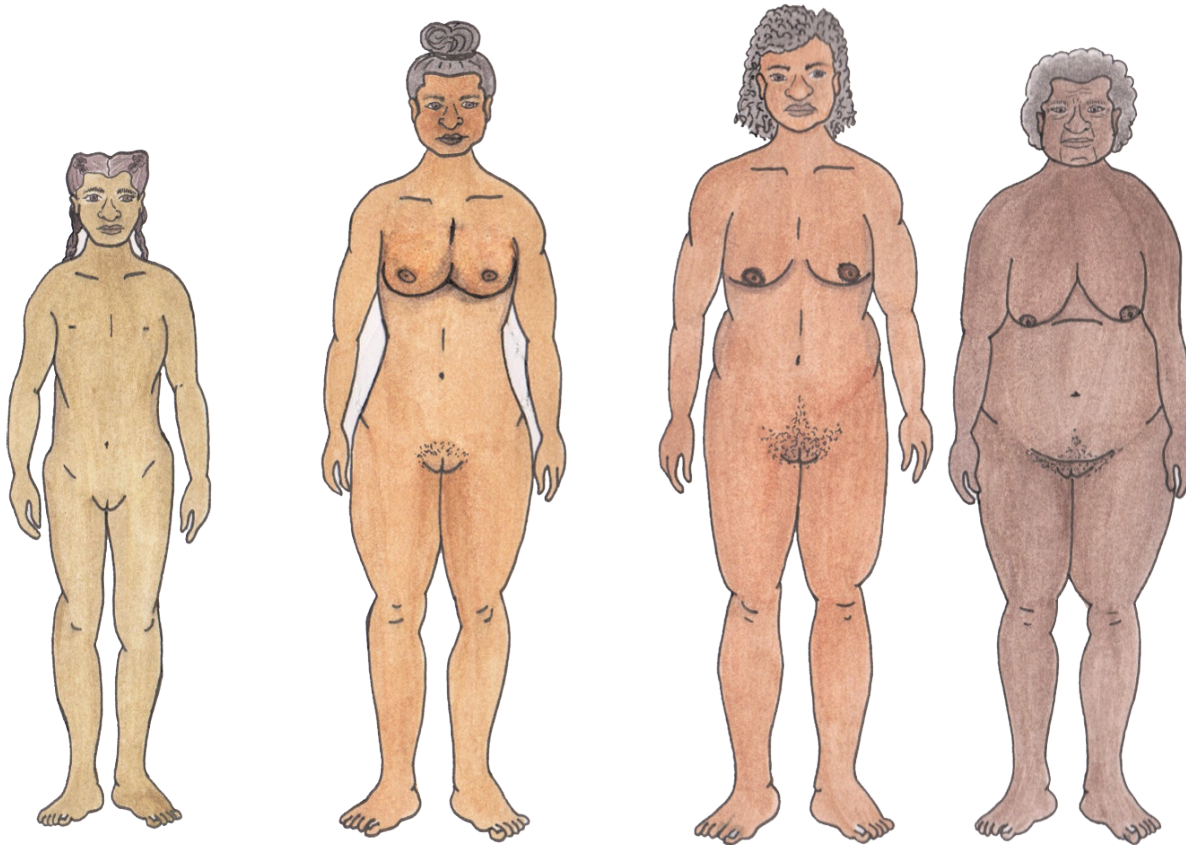
Transgender people have a gender identity that does not match their sex assigned at birth. Some transgender people may access hormones or sex affirming surgery, some do not.

Everyone's body is unique, like their fingerprints.



* Intersex Human Rights Australia (www.ihra.org.au) cites this figure as a mid-range estimate based on the systematic review of medical literature conducted by Blackless, Fausto-Sterling et.al published in the American Journal of Human Biology

People with a vulva, vagina, uterus and ovaries



There are lots of parts of our bodies that we might need to talk to a health professional about.

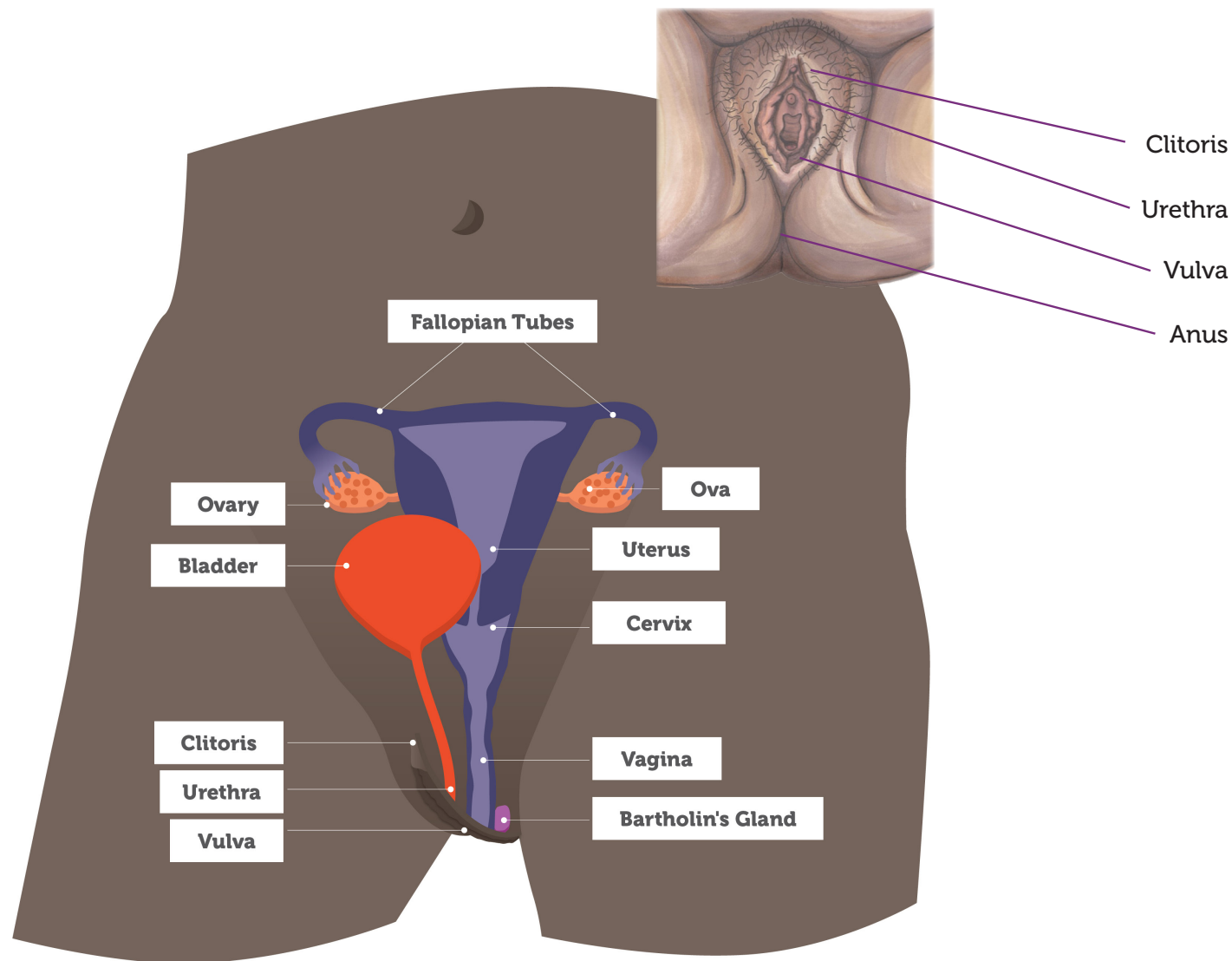
They might use names for these body parts you haven't heard before.

Knowing about our bodies is important.

Our bodies have special parts that help to make babies.

These are called our reproductive organs.

People with a vulva, vagina, uterus and ovaries



Knowing about our bodies helps us to make healthy babies and experience healthy and pleasurable sexuality.

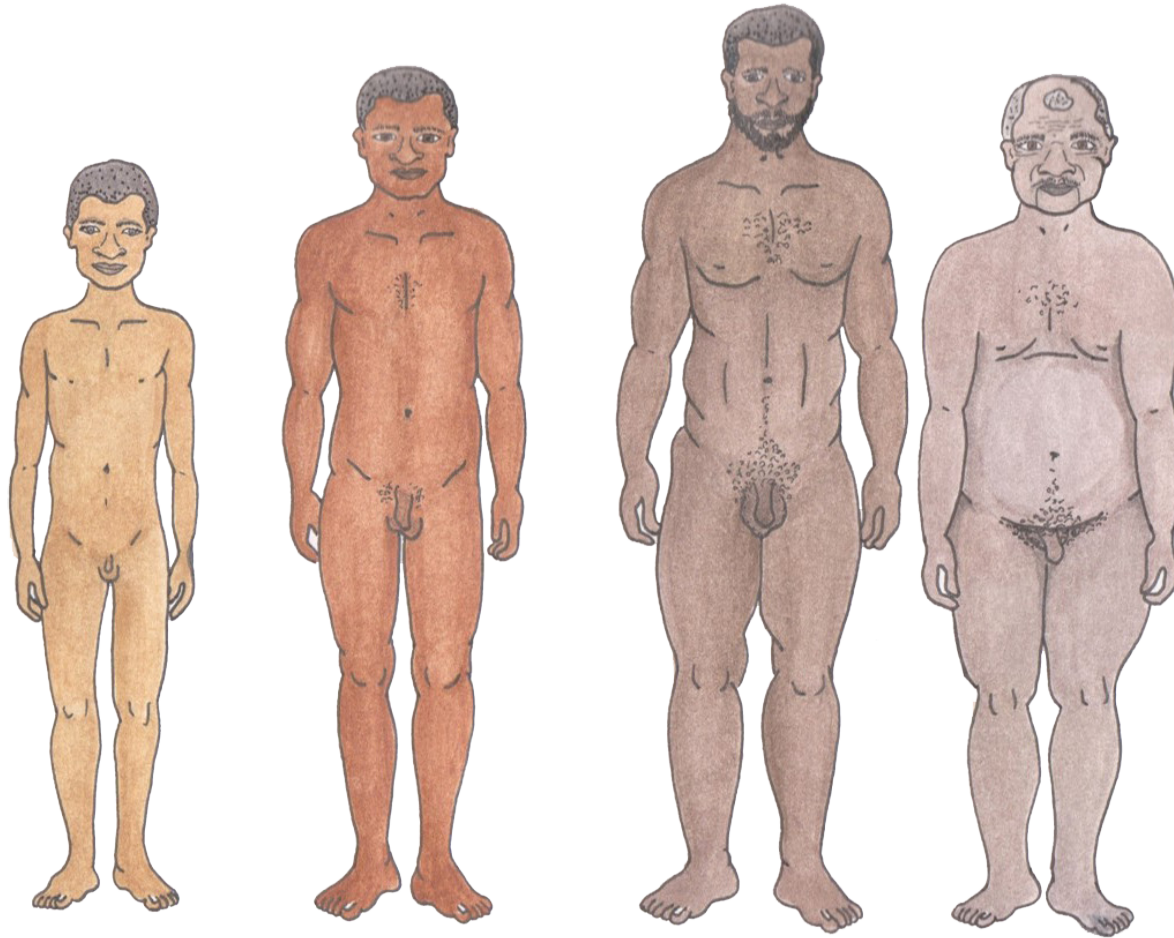
The clitoris is bigger on the inside than the outside. It helps feel pleasure when having sex.

Everybody's body parts are slightly different. Some people are born with hymens, which bleed the first time they have vaginal sex, and sometimes people are not born with a hymen. They are still virgins if they haven't had sex, even if they aren't born with a hymen.

Some people's bodies may look different to this, for example if they are intersex or transgender.

Talking openly about our bodies makes it easier to ask for help and stay healthy.

People with a penis and testicles



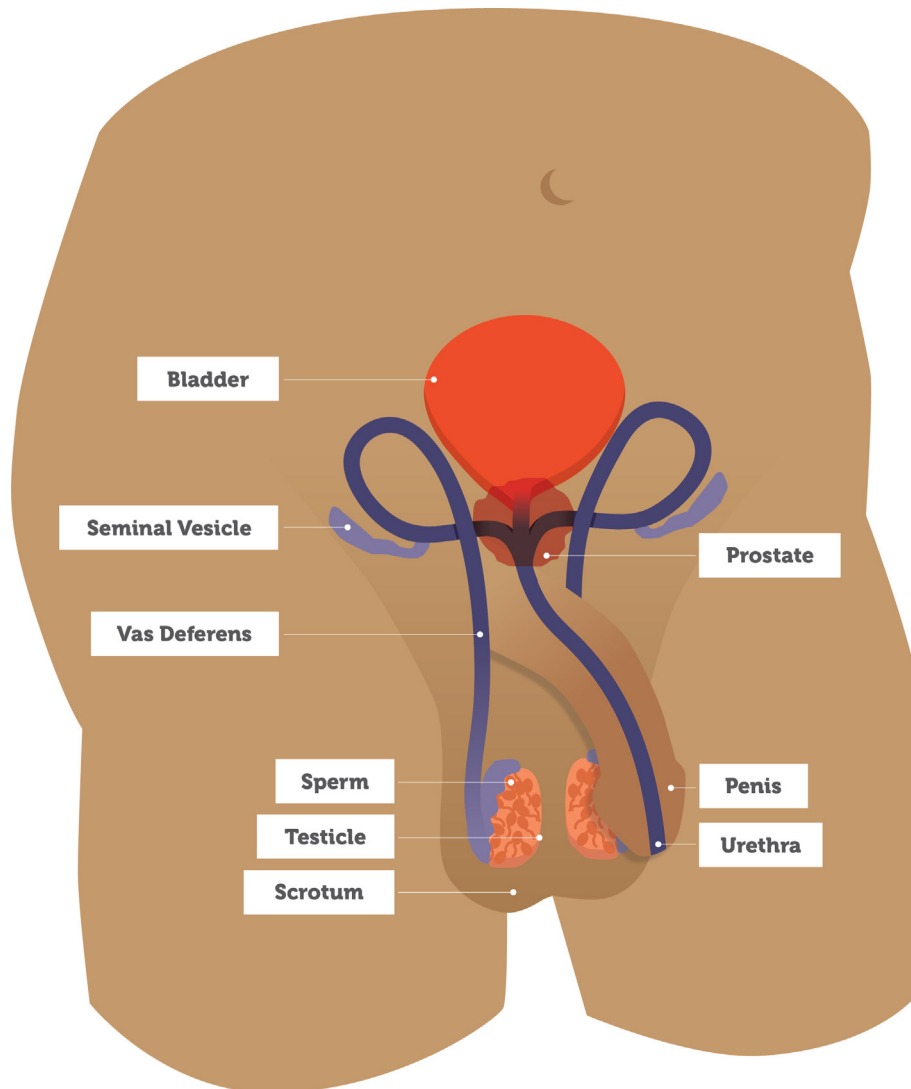
There are lots of parts to our bodies that we might need to talk to a health care provider about.

They might use names for these body parts you haven't heard before.

Knowing about our bodies is important.

Our bodies have special parts that help to make babies. These are called our reproductive organs.

People with a penis and testicles



Knowing about our bodies helps us to make healthy babies and experience healthy and pleasurable sexuality. By learning about different body parts, we can have healthier relationships.

Everybody's body parts are slightly different. These are names health professionals will use.

Some people's bodies may look different to this, for example if they are intersex or transgender.

Talking about bodies helps us to ask for help and stay healthy.

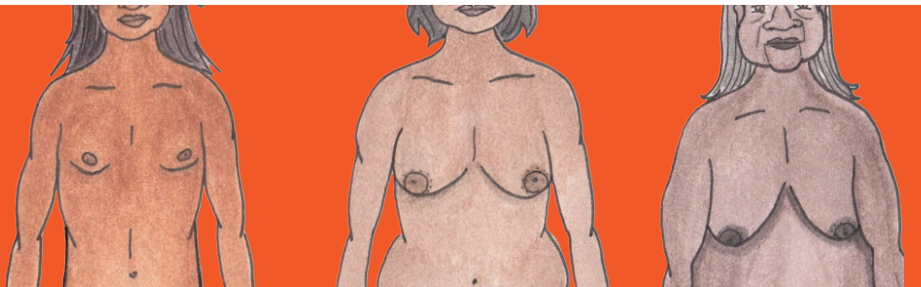
Breast exams

Visiting a health professional for a check-up if you are well, or if you think something is wrong, is important. People who do not have breasts still have breast tissue and should also talk to a health professional if they notice any lumps or changes around their chest.

If your health professional thinks you need this exam, it is a very good idea to have one.

It is normal to feel embarrassed during these exams. Tell your health professional if you feel this way.

1. LYMPH NODES

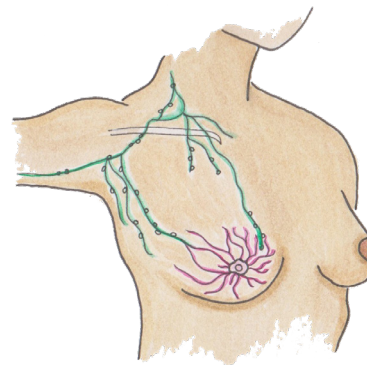


Sometimes this exam can be uncomfortable but it should not be painful.

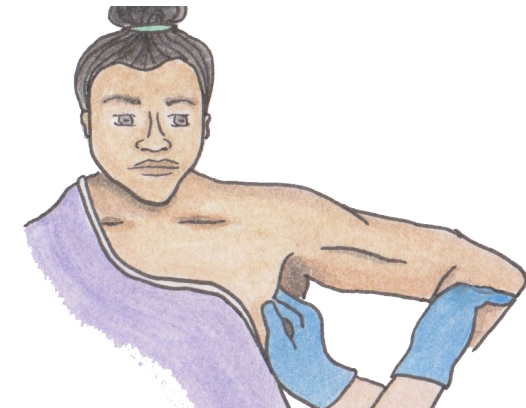
You can say "NO" or "STOP" at any time.



The health professional may ask you to undress from the waist up

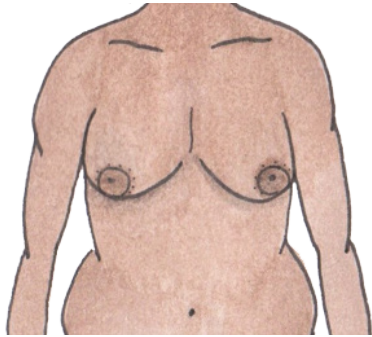


The health professional will press along top of chest, neck and arms

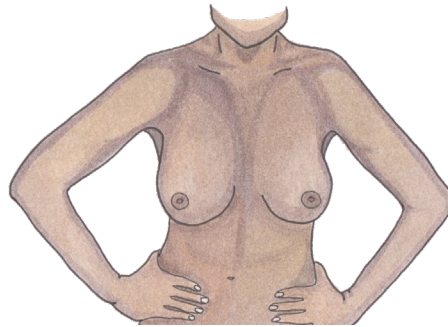


The health professional will feel around the armpit

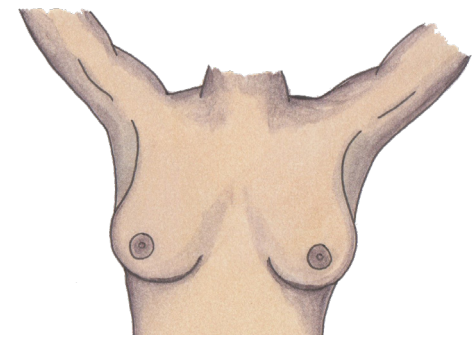
2. VISUAL



If they have not already, the health professional will ask you to undress from the waist up



Arm movements are done quite a few times while the visual check is done

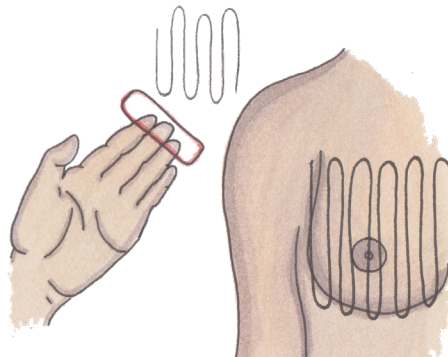


Looking for: discolouration, change of shape, change in skin, rash

3. PALPATE



Lie down with an arm behind your head. The health professional might ask you to move slightly to one side and keep one breast covered



The health professional will press across the breast with their fingers with the nipple pressed last because it is more sensitive. They may tell you how to check yourself at home, for example when you're having a shower



The health professional will then feel the other breast. Change arms behind your head and you might be asked to move slightly onto one side

Pelvic exams

Seeing a health professional for a check-up if you are well, or if you think something is wrong, is important.

If your health professional thinks you need this exam, it is a very good idea to have one.

It is normal to feel embarrassed during these exams. Tell your interpreter or health professional if you feel this way.

1. LOOKING



Sometimes this exam can be uncomfortable but it should not be painful.

You can say "NO" or "STOP" at any time.



Heels to bottom
Relax knees apart
Pull sheet up when ready
May need pillow under bottom

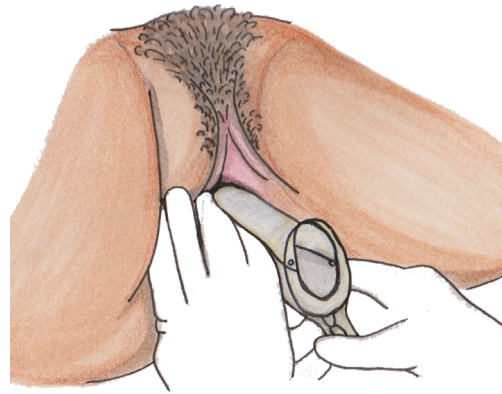


Looking for: sores, discolouration,
discharge, rash

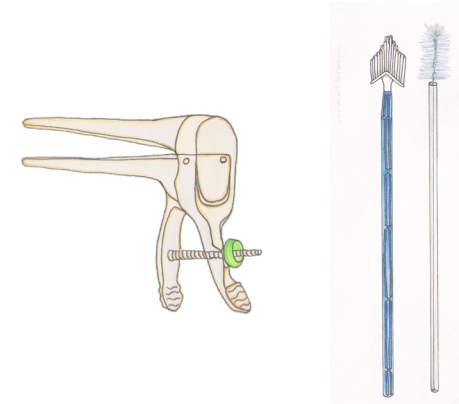
2. LOOKING INSIDE



Heels to bottom
Relax knees apart

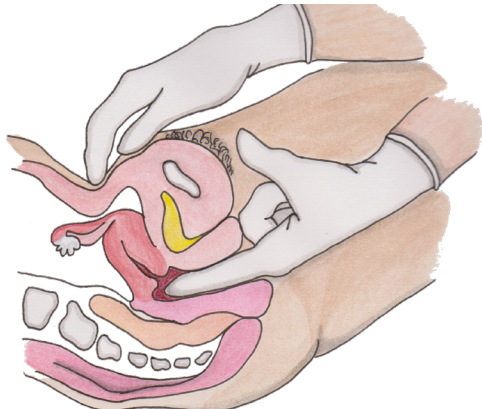


Breathe out to relax
Speculum and swab are inserted



Speculum and swabs used

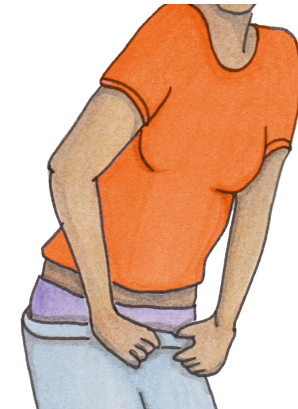
3. FEELING



The health professional will place two fingers into your vagina (with lubricant) and their other hand on your belly to feel your uterus and ovaries



The health professional will press on the pelvic area including ovaries, fallopian tubes and uterus. If painful, please tell them



Finish — clean with tissues
Get dressed
Sit to hear about next steps and results

Your health professional might ask you about whether sex ever hurts. Sex is not meant to hurt. Talk to your health professional if it does. There are things such as lubricant which can help sex not be painful. Your health professional will use lubricant if they are doing any internal exams.

STI screening procedure



SEXUAL HISTORY

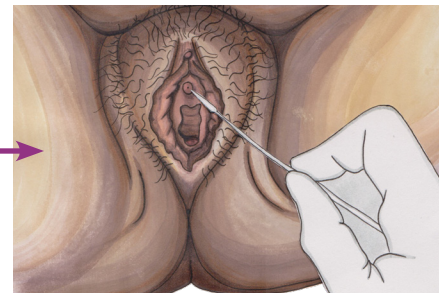
Health professional will ask:

- Sexual activity
- Risky sexual behaviour
- How many sexual partners



BLOOD SAMPLE

Doctor, nurse or health worker

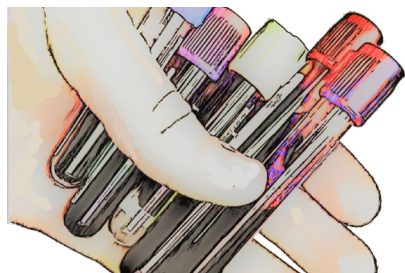


SWAB

Doctor, nurse, health worker,
or self collected



URINE SAMPLE



SAMPLES SENT TO LAB FOR TESTING



RESULTS WITHIN 7 DAYS

How do you want to receive
results?

- Phone
- SMS/text
- Email
- Letter in mail



MEDICINE

Doctor, nurse or health worker



APPOINTMENT TO CHECK IF CLEAR OF INFECTION

- May need to come back up to 3 times for extra medicine (e.g. syphilis)
- May need to change medicine if infection is resistant (e.g. gonorrhoea)

STI screening procedure



SEXUAL HISTORY

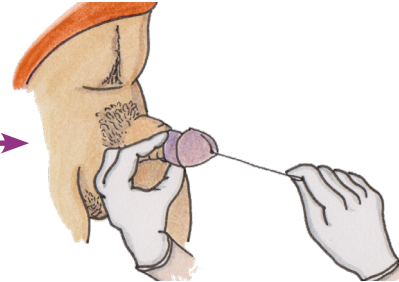
You will be asked:

- Sexual activity
- Risky sexual behaviour
- How many sexual partners



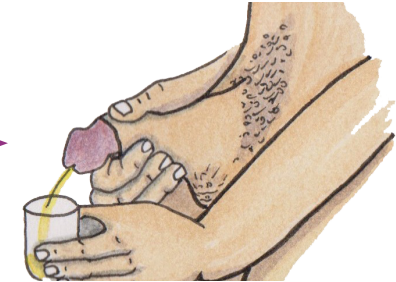
BLOOD SAMPLE

Doctor, nurse or health worker

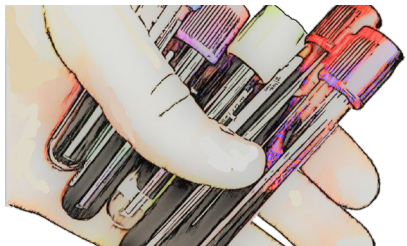


SWAB

Doctor, nurse, health worker,
or self-collected



URINE SAMPLE



SAMPLES SENT TO LAB FOR TESTING



RESULTS WITHIN 7 DAYS

How do you want to receive
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MEDICINE

Doctor, nurse or health worker



APPOINTMENT TO CHECK IF CLEAR OF INFECTION

- May need to come back up to 3 times for extra medicine (e.g. syphilis)
- May need to change medicine if infection is resistant (e.g. gonorrhoea)

STIs and Contact Tracing

If you are having sex, it is important to always use condoms unless both you and your partner have been tested for sexually transmitted infections.

Talk to a health professional about getting a check-up for infections. There are many types of infections you can get, some from having sex, and others that happen without having sex. You might not even know that you have an infection. You can have an infection for years without showing any problems.

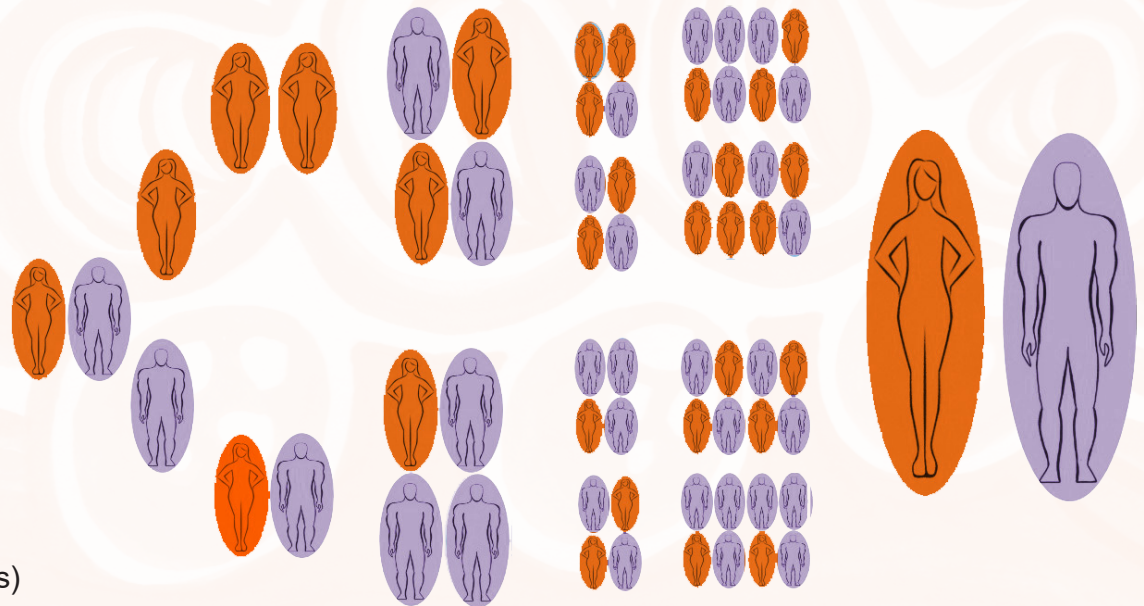
If you do get an infection from having sex, your health care provider will want to try to contact people you have had sex with – and then everyone they have had sex with – to make sure all the infections are treated and don't spread across the community. **This can be confidential.**

Infections that you get from having sex can affect your reproductive and sexual organs, your mouth (if you have oral sex), anus, and other parts of your body, including your brain. If you have an infection that you got from having sex, it might stop you from having babies, or you might pass it onto your baby during a pregnancy. Babies can die from infections that you caught from having sex.

You can ask your health professional about infections like:

- Syphilis
- HIV (human immunodeficiency virus)
- Gonorrhoea
- HPV (human papillomavirus)
- Chlamydia

If you are worried about confidentiality you can ask for a telephone interpreter from another state or territory.



Follow up treatment

There are some medicines you can take to stop you catching certain infections, and some that you take after you have been infected that will make you well again. Some medicine may be need for illnesses other than infections (e.g. during pregnancy or for illnesses other than STI's.)

- PrEP (Pre Exposure Prophylaxis) Pill — taken once daily if risk of contracting HIV is high
- PEP (Post Exposure Prophylaxis) course of medication — taken after being exposed to risk of HIV
- Needle and tablets to get well again from diagnosis

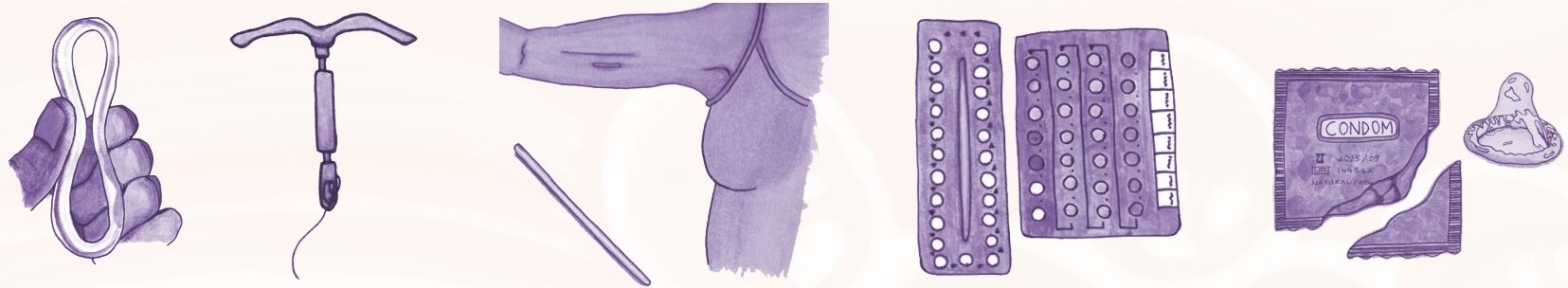
It is very important to follow the health professional instructions about any medicine you are supposed to take. They might ask you to come back to see them again for more medicine, at a very specific time. Ask your health professional for more information if you don't understand what you are supposed to do or why you are supposed to take the medicine. Any information sheets or brochures can be translated for you.

Sometimes you might need to have further tests after your appointment, like an ultrasound scan or x-ray. It is important to ask questions about any procedures you might need to know about before you go. Some scans might involve not eating, or drinking a certain amount of water beforehand. Sometimes scans involve having an instrument inserted into the vagina or anus. Ask questions about bringing someone with you to the appointment, and ask for an interpreter at the scan if you need one.

Your health professional will also talk to you about tests to check that you are healthy. Having these tests are important, even if you feel healthy and don't think anything is wrong.



Contraception consult



Bodies with a vulva, vagina, uterus and ovaries can make babies from the time of their first period (age 8 - 16) to when their periods stop at menopause (age 45 - 55).

If semen from a penis enters the vagina (usually through sexual intercourse when a penis enters the vagina) then a person might get pregnant.

Contraception can stop you getting pregnant. It doesn't kill a baby. It stops a baby being made.

All of these contraception options will stop working when you stop using them, and then you can get pregnant again. Some methods take longer to wear off than others. It is important to talk to your health professional about what will suit you best.

All of these contraceptive options are safe to use, and are government approved. Millions of people around the world use them. Some contraceptives might have side effects for you: it is important to talk to the health professional to see which is best for you.

Ask your health professional about any questions you have about any method of contraception. They can answer your questions.

There are also natural methods of contraception that can be used which need you to know your body very well. These methods can be unreliable so it is important to talk to your health professional to get more information.

If you don't want to get pregnant and have a baby, or if you would prefer to be pregnant at a later time in your life, it is important to talk to a health professional about contraception if you are having sex where a penis enters a vagina.

Questions you might have about contraception:

- *What happens to my periods? Will they stop? Where does the blood go?*
- *How much will it cost?*
- *What are my options if I do get pregnant?*
- *Will it prevent STIs?*

Procedures when choosing to terminate a pregnancy

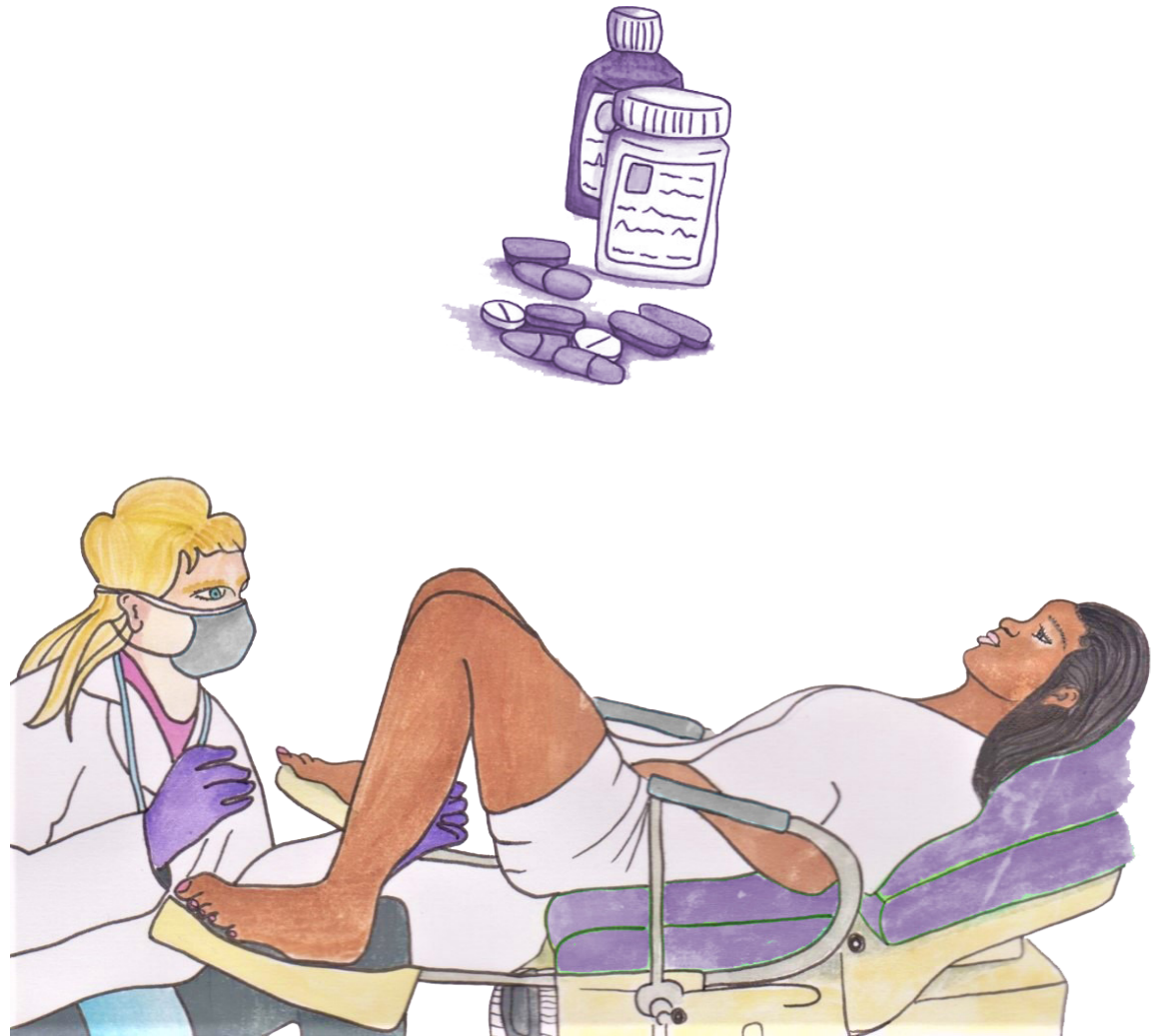
Sometimes people get pregnant when they don't plan to have a baby. Half of those people will choose to continue with the pregnancy and give birth. The other half of these people will choose to terminate the pregnancy.

Sometimes the health professional might tell you there is something wrong with the baby or your health may be severely affected if you have the baby.

If you are unsure of your decision, you can discuss your options with a counselor who will keep the conversation confidential. There are two ways to terminate a pregnancy – with medicine or by having surgery.

It is important to talk to your health professional as soon as possible if you think you might want to terminate a pregnancy. If your doctor does not provide an abortion, they must refer you to someone who can.

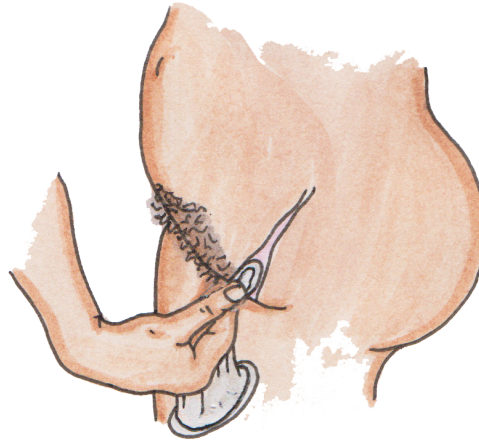
Medical termination can only be done if you are under 9 weeks pregnant but surgical termination can be carried out up to 22 weeks of pregnancy.



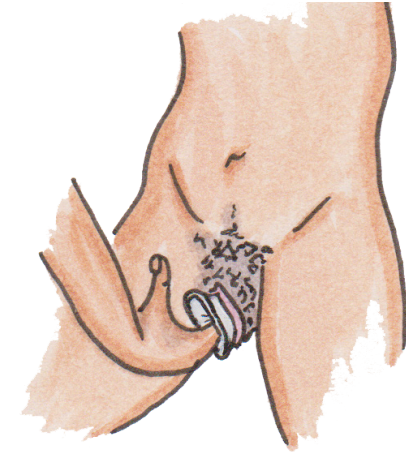
Vaginal condom



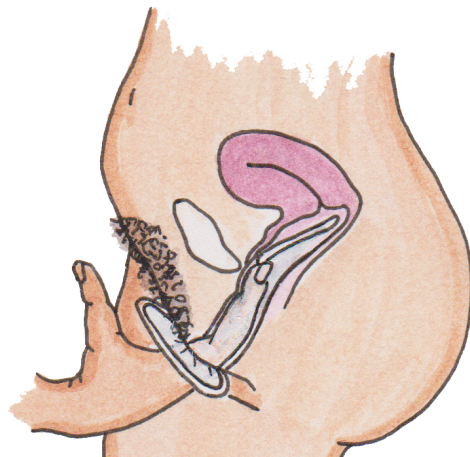
Squeeze inner ring with thumb to make figure 8



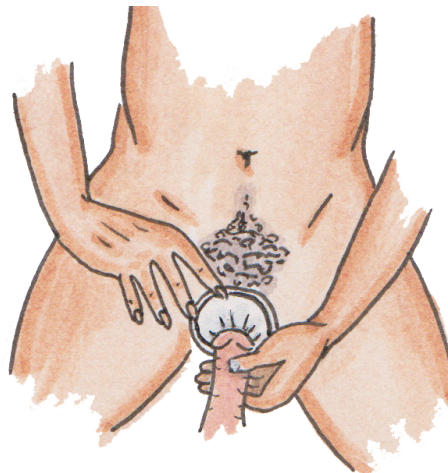
Insert into vagina



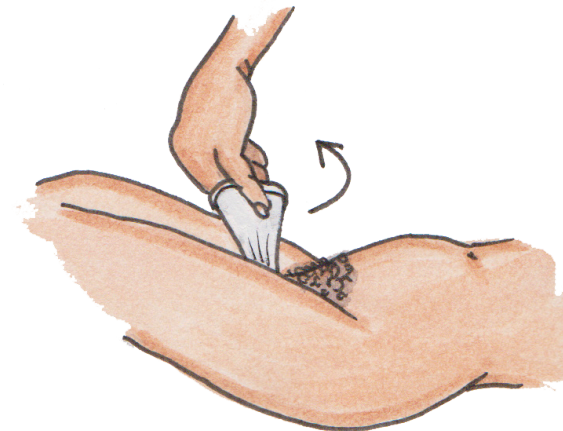
Push into vagina as far as it will go



Pops into place behind pubic bone
Make sure not twisted



Guide penis into the opening

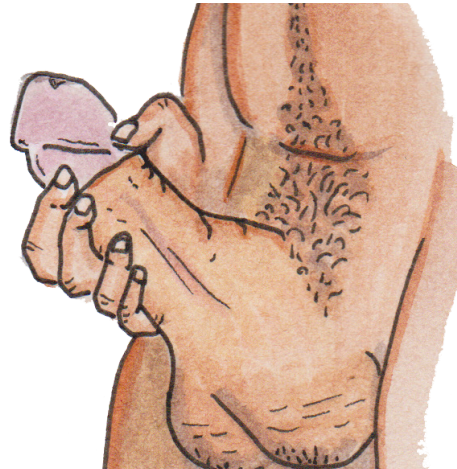


After sex, twist outer ring and gently pull out
Put in rubbish bin, NOT toilet

Penile/external condom



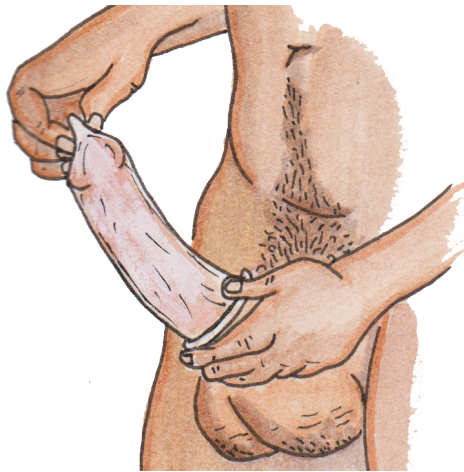
Erect penis



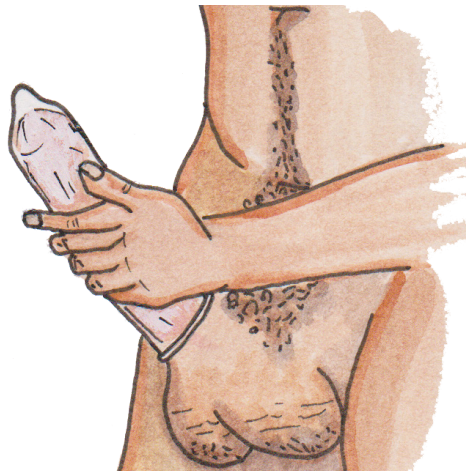
Pull back foreskin



Squeeze air out of the tip of the condom



Roll down to bottom of the penis



Apply lubricant



Remove from base while penis is erect



For further reproductive and sexual health information and resources and training for interpreters, community workers and clinicians go to www.true.org.au