



BUILDING OUR COMMUNITY'S
HEALTH & WELLBEING

Submission to:

**NSW Health on the Draft *Multicultural
Health Policy and Implementation Plan
2011-2015***

October 2010

About ACON

ACON (formerly known as the AIDS Council of NSW) was formed in 1985 as part of the community response to the impact of the HIV/AIDS epidemic in Australia. Today, ACON is Australia's largest community-based gay, lesbian, bisexual and transgender (GLBT) health and HIV/AIDS organisation. ACON provides information, support and advocacy for the GLBT community and people living with or at risk of acquiring HIV, including sex workers and people who use drugs.

ACON is home to the Lesbian & Gay Anti-Violence Project (AVP), the Community Support Network (CSN), the Positive Living Centre (PLC) and the Sex Workers Outreach Project (SWOP). ACON has its head office in Sydney as well as branches in the Illawarra, Northern Rivers, the Hunter region and the Mid North Coast.

General Comments

ACON welcomes the opportunity to provide input into the development of *The NSW Health Multicultural Health Policy and Implementation Plan 2011-2015*.

We are pleased that NSW Health recognises, 'language, religion, ethnic background and the familial framework from which individuals and their communities operate are fundamental considerations for the provision of effective health care.'¹

ACON also welcomes the inclusion of NSW principles of multiculturalism, particularly in relation to acknowledging the enormous contribution, strength and expertise of the Third Sector in this work through a partnership approach with government.

We are, however, disappointed that the draft *Multicultural Health Policy and Implementation Plan* did not include the GLBT community, sex workers or people living with HIV as target populations or within the listed key priority health issues.

People from culturally and linguistically diverse (CALD) backgrounds that identify as GLBT, who are living with HIV, or who are sex workers, face unique barriers in accessing the health system in that they face double disadvantage by virtue of being CALD and identifying as one of these minority groups. Taking an intersectional approach to identifying barriers of access to health services that can lead to lower health outcomes is important in ensuring the most marginalised and vulnerable communities are addressed in policy development and service delivery.

While these communities have demonstrated considerable resilience despite adversity (e.g. prejudice, HIV, discrimination), they still experience lower health and mental health outcomes compared to those of the general community. This

¹ The NSW Health Department, *NSW Draft Multicultural Health Policy and Implementation Plan*, 2010.

submission will outline key areas where CALD people from these communities require specific policy attention.

Key Issues

GLBT CALD Communities

While there is a lack of research into CALD GLBT people, overall studies indicate that the GLBT community experience high levels of violence, discrimination and abuse in their lives in comparison to their heterosexual counterparts.² A large study into the health of the overall GLBT community, which included CALD people, indicated that around two-thirds of GLBT respondents indicated that, “fear of prejudice or discrimination caused them at least sometimes to modify their daily activities.”³

Further, a study into same-sex attracted young people reported that those who have experienced homophobic verbal abuse are twice as likely to self harm, and those who have experienced homophobic physical abuse are three times more likely to self-harm compared to those that have not experienced any homophobic abuse.⁴

Sexual and ethnic prejudice and their expression through forms of discrimination and social exclusion can have significant impacts on the health and wellbeing of CALD GLBT people.⁵ This is particularly important in regards to CALD men who have sex with men (MSM) and the increased risk of HIV and STI transmission, as shame about same sex attraction and sexual practice can have a long lasting influence on CALD MSM throughout their lives. This shame, or guilt, can reduce disclosure of male to male sexual activity to health care providers, such as doctors, which greatly reduces this population group’s access to important sexual health counselling and testing. In 2009, MSM from CALD backgrounds accounted for almost 35% of new HIV notifications.⁶

As with many marginalised sub-population groups, there is little research focused on the mental health of GLBT people from a CALD background. There is, however, a study into same-sex attraction by Arabic-speaking Australians that found same-sex attracted identity directly conflicts with explicit hetero-normative and gender-normative expectations which are often considered irreconcilable with a family’s

² M Pitts, A Smith, A Mitchell, S Patel, *Private Lives: A report on the health and wellbeing of GLBTI Australians*, Australian Research Centre in Sex, Health & Society, La Trobe University, (2006), pp. 50.

³ *Ibid.*,

⁴ L Hillier, A Turner, A Mitchell, *Writing themselves in again: 6 years on. The 2nd national report on the sexuality, health & well-being of same-sex attracted young people in Australia*, Australian Research Centre in Sex, Health & Society, La Trobe University, (2005), p. 45.

⁵ D Reeders, *Double Trouble, The Health Needs of Culturally Diverse Men who have Sex with Men*, Multicultural Health and Support Service, (2010), pg

⁶ *HIV/AIDS, viral hepatitis and sexually transmissible infections in Australia Annual Surveillance Report 2009*, National Centre in HIV Epidemiology and Clinical Research, The University of New South Wales (2010).

own traditionally held values.⁷ This resulted in same-sex attracted Arabic speakers finding it difficult to locate safe spaces where their sexual and cultural identities could comfortably converge.⁸

A significant proportion of Asian men (43%) have experienced discrimination based on their homosexuality within local ethnic communities, while 56 per cent have experienced discrimination based on their ethnicity, within gay communities.⁹

People whose migration status is in doubt or under review may be inclined not to access services in the belief that it may jeopardise their chance of residency or result in deportation. Equally, access to medication without a Medicare card is a significant issue.

CALD people from GLBT communities can experience a range of issues that further exacerbate barriers of access to preventative health services, which include the upfront costs, language barriers, complexity of the system, and a reliance on word of mouth to advertise services. A major concern facing this sub-population is the lack of trust in the privacy and confidentiality policies of health care services when disclosing sexuality or sexual behaviour.

In order to address the lower health outcomes experienced by GLBT people from CALD backgrounds, multicultural health services need to better understand both multicultural and GLBT issues and how they intersect as social determinants of health. For GLBT people from CALD backgrounds, confidentiality is crucial in maintaining trust between GLBT clients and the service. This is particularly important if the client comes from a small cultural community, or comes from a culture that stigmatises people from GLBT backgrounds.

Additionally, service providers need to be cognisant of sexual diversity as it is important in preventing HIV and STI transmission, but also in order to recognise negative mental health issues as they relate to discrimination or difficulties in coming to terms with sexuality.

Recommendations:

1. The *Multicultural Health Policy and Implementation Plan* includes gay, lesbian, bisexual and transgender (GLBT) people as a priority sub-population.
2. The *Multicultural Health Policy and Implementation Plan* includes specific training on multicultural health and sensitivity issues for public and non-profit GLBT health services.

⁷ Kassisieh, G. *Bodies in exile: the stories and experiences of same-sex attracted Australians from Arabic-speaking backgrounds*. University of Sydney, 2006.

⁸ *Ibid.*,

⁹ Mao, L. et.al. *Asian gay community periodic survey Sydney*. National Centre in HIV Social Research. University of New South Wales. Monograph 1/2003. 2003.

3. The *Multicultural Health Policy and Implementation Plan* includes specific training on GLBT health and sensitivity issues for public and non-profit multicultural health services.

CALD People with HIV

Surveillance data shows that people born in non-English-speaking regions of the world accounted for 20% of HIV notifications in NSW in 2009.¹⁰ The *per capita* rate of HIV diagnosis in Australia was eight times higher among people born in countries from sub-Saharan Africa than among people born in Australia. In the past five years, 59% of cases of HIV infection attributed to heterosexual contact were amongst people from a high HIV prevalence country or whose sexual partner was from a high prevalence country, and 8% of HIV notifications reported speaking a language other than English at home.¹¹

HIV/AIDS trends in NSW of among people born in Australia and other English-speaking regions is broadly similar in that unprotected sex between men is the dominant mode of transmission and age-standardised rates for an HIV diagnosis are among the lowest. In contrast, trends in HIV/AIDS among people born in non-English-speaking regions differs in that there is a much higher proportion of heterosexual exposure, a higher proportion of women living with HIV/AIDS, and age-standardised rates of an HIV diagnosis are among the highest.¹²

People with HIV from CALD backgrounds negotiate their lives within the historically and culturally constructed social relations of the communities in their country of birth, their ethnic communities in Australia and the Anglo-Celtic mainstream.¹³ They need to negotiate two major life disruptions: the disruption of immigration and the disruption of a chronic illness. They also need to negotiate two major uncertainties: the uncertainty of HIV and, in some cases, the uncertainty of their immigration status. Because of the association of HIV with shame and because of the interdependence of individuals with their families, an individual's HIV diagnosis affects the whole extended family.¹⁴

Research has also shown that people from a CALD background who were HIV-positive were more likely to believe that an HIV diagnosis was fatal, irrespective of country of birth, level of education or year of diagnosis and they were more likely to experience HIV as a cause of shame, not only to the individual but to their extended family.¹⁵

¹⁰ *Ibid.*,

¹¹ *Ibid.*,

¹² *Ibid.*,

¹³ H Körner, M Petrohilos, D Madeddu, *Living with HIV and cultural diversity in Sydney*, National Centre in HIV Social Research & Multicultural HIV/AIDS and Hepatitis C Service (2005).

¹⁴ *Ibid.*,

¹⁵ ¹⁵ Körner, H., Petrohilos, M., Madeddu, D. *Living with HIV and cultural diversity in Sydney*. NCHSR, 2005.

CALD people living with HIV experience increased barriers to service provision on the basis of real and perceived stigma and discrimination related to their HIV status. Therefore, an intersectional approach is required so that service providers understand the issues relating to both multicultural service provision, and HIV, and how they interact.

Recommendations:

4. The *Multicultural Health Policy and Implementation Plan* includes people with HIV as a priority sub-population, or explicitly includes people with HIV as a group under “people with chronic and complex health conditions.”
5. The *Multicultural Health Policy and Implementation Plan* includes specific training on multicultural health and sensitivity issues for public and non-profit HIV/AIDS services.
6. The *Multicultural Health Policy and Implementation Plan* includes specific training on HIV/AIDS issues for public and non-profit multicultural health services.

CALD Sex Workers

Sex workers are identified as a priority population within the *NSW HIV Strategy 2006-2010* and the *NSW Sexually Transmissible Infections Strategy 2006-2010*. The issues sex workers may face are often compounded by their cultural background or migration status. Statistics from ACON’s Sex Worker’s Outreach Project (SWOP) shows that CALD sex workers account for more than 25% of the sex workers that SWOP provides services to in NSW. Discrimination, stigmatisation, abuse (in particular sex industry settings), isolation and lack of information about sex workplace rights are the key external stressors that affect the mental health and wellbeing of NSW sex workers.

While HIV and STI infection rates amongst sex workers in NSW remains low, continuous turnover in the workforce, a high level of social stigma and discrimination, and the current state of legislation in relation to sex work means that education and health promotion efforts must be sustained. Targeted sexual health resources and campaigns are important in maintaining successful rates of HIV and STI prevention in the sex work industry. For example, successful condom reinforcement campaigns specifically targeting Asian sex workers have improved the rate of condom use to almost 100% from a much lower rate of 40%.¹⁶

Continued support for multicultural sex worker outreach is important to address the increasing demand for services from CALD sex workers. However, it is also important for other multicultural services, especially sexual health services to provide a non-judgemental and culturally appropriate service to sex workers. This is pivotal to ensuring that sex workers from CALD backgrounds are able to access health services, which is a benefit to the public health of sex workers and the community.

¹⁶ Harcourt C, McNulty AM, Holden J, Moylan M, Donovan B. Sustained health promotion success for migrant sex workers in Sydney (letter). *International Journal of STD & AIDS* 2006; 17: 857-858.

Recommendations:

7. The *Multicultural Health Policy and Implementation Plan* includes sex workers as a priority sub-population.
8. The *Multicultural Health Policy and Implementation Plan* supports specific multicultural sex worker outreach services.
9. The *Multicultural Health Policy and Implementation Plan* includes specific training on sex worker issues and sensitivity for public and non-profit multicultural health services.