

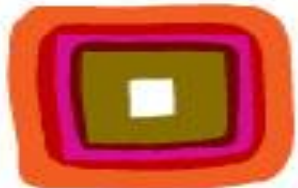
**The use of peer
education model to
tackle sexual health
issues among
international students in
Australia**

Alison Coelho

Aditi Sharma

Who we are?

- CEH Provides support to agencies in Victoria and across Australia on developing culturally competent service systems.
- This is undertaken via **training, capacity building, research, resource development, project management and consultancy.**
- Multicultural Health & Support Service (MHSS) form **partnerships with the community, education, support and advocacy**



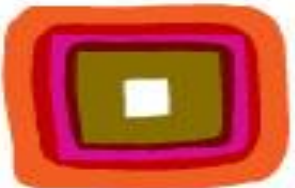
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multicultural health
& support service

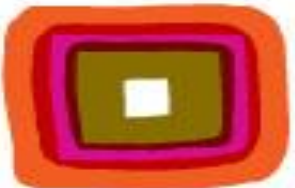
CEH are leaders in

- Cultural Competency
- Health Literacy
- Community Participation
- Understanding Health Belief Systems



MHSS works with

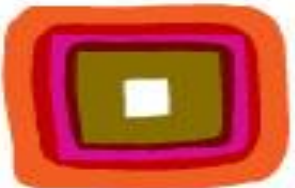
- Communities from refugee & migrant backgrounds, asylum seekers and mobile populations including *international students*
- Service providers, and
- Multicultural organisations including ethno-specific services



Issues facing international students sexual health

What's the cause?

- Limited sex education in their country of origin
- Few universities provide sexual and reproductive health promotion
- International students prefer to use friends and family as support
- More priority required on health and wellbeing of international students
- Lack of evidence around the needs of international students, for e.g. failure to record visa status, no data around unplanned pregnancies.

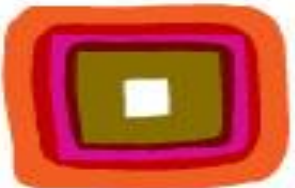
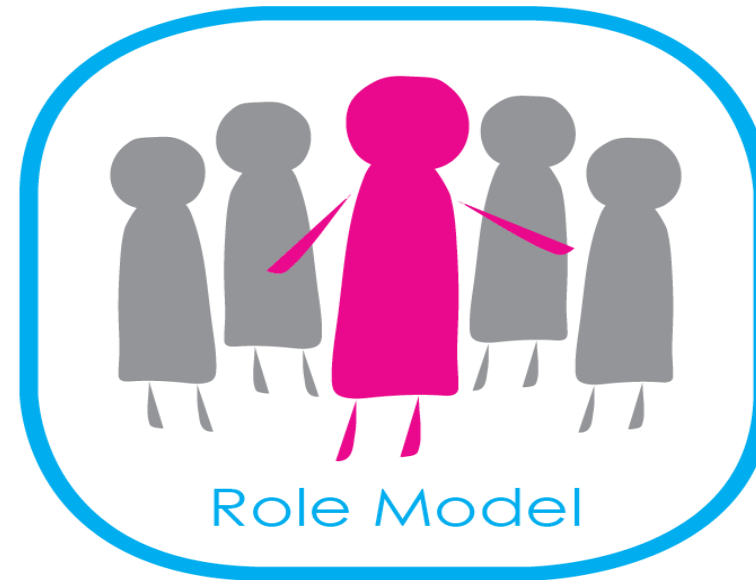


Peer Education Model

- Peer education is the method of health promotion based on the notion that people learn from their peers(Shiner, 1999).

Benefits of peer education model :

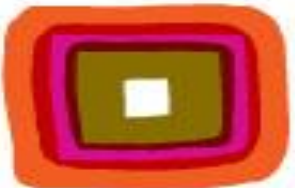
- Cost effective
- Credibility
- Proven
- Relatable
- Role model
- Sustainable



Sex, Study, Safety Peer Education Project

This project was designed to:

- Promote the sexual health and wellbeing of international students.
- Empower them with skills and knowledge to experience healthy relationships through a peer lead model.
- Train international students to educate their peers about BBV/STI's, sexual health and healthy relationships.
- A key aspect of the project was sexual health and healthy relationships resources that were developed by the students.



Co-designed Resources

IT TAKES TWO TO TANGO!

Using a **CONDOM** will help to prevent STIs and lowers the risk of unplanned pregnancy (82% effective) by creating a physical barrier (FPV, 2016)

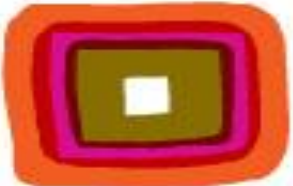
The **CONTRACEPTIVE PILL** uses hormones to prevent fertilization and unplanned pregnancy (92% effective) (FPV, 2016)



When used consistently and safely, both methods are effective on their own, but are even more reliable when used together!!



For more information, visit <http://www.deakin.edu.au/students/health-and-wellbeing/counselling/topics-to-explore/healthy-relationships>



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Sources
<http://www.fpv.org.au/for-you/contraception/barriers-you-will-need-to-use-every-time-you-have-sex/condom-male> , accessed 02/08/2017
Image <https://justaskshawna.wordpress.com/tag/talking-about-sex/> , Accessed on 02/08/17

Co-designed Resources



Whoops! Condom broke? Forgot to use one?

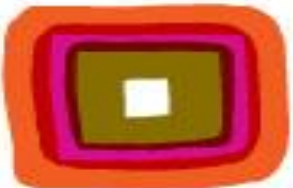
The Morning After Pill/ Emergency Contraceptive Pill is effective for up to 72 hours, but you want to ensure that you take it as soon as possible. This can be taken in case of emergencies, but should not be used on the regular. This pill usually costs around \$16-20.

Head to your local pharmacy, talk to the pharmacist and you can get your pill. Make sure you follow the instructions!

For more information, visit <http://www.deakin.edu.au/students/health-and-wellbeing/counselling/topics-to-explore/healthy-relationships>

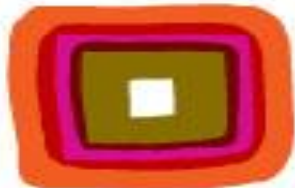
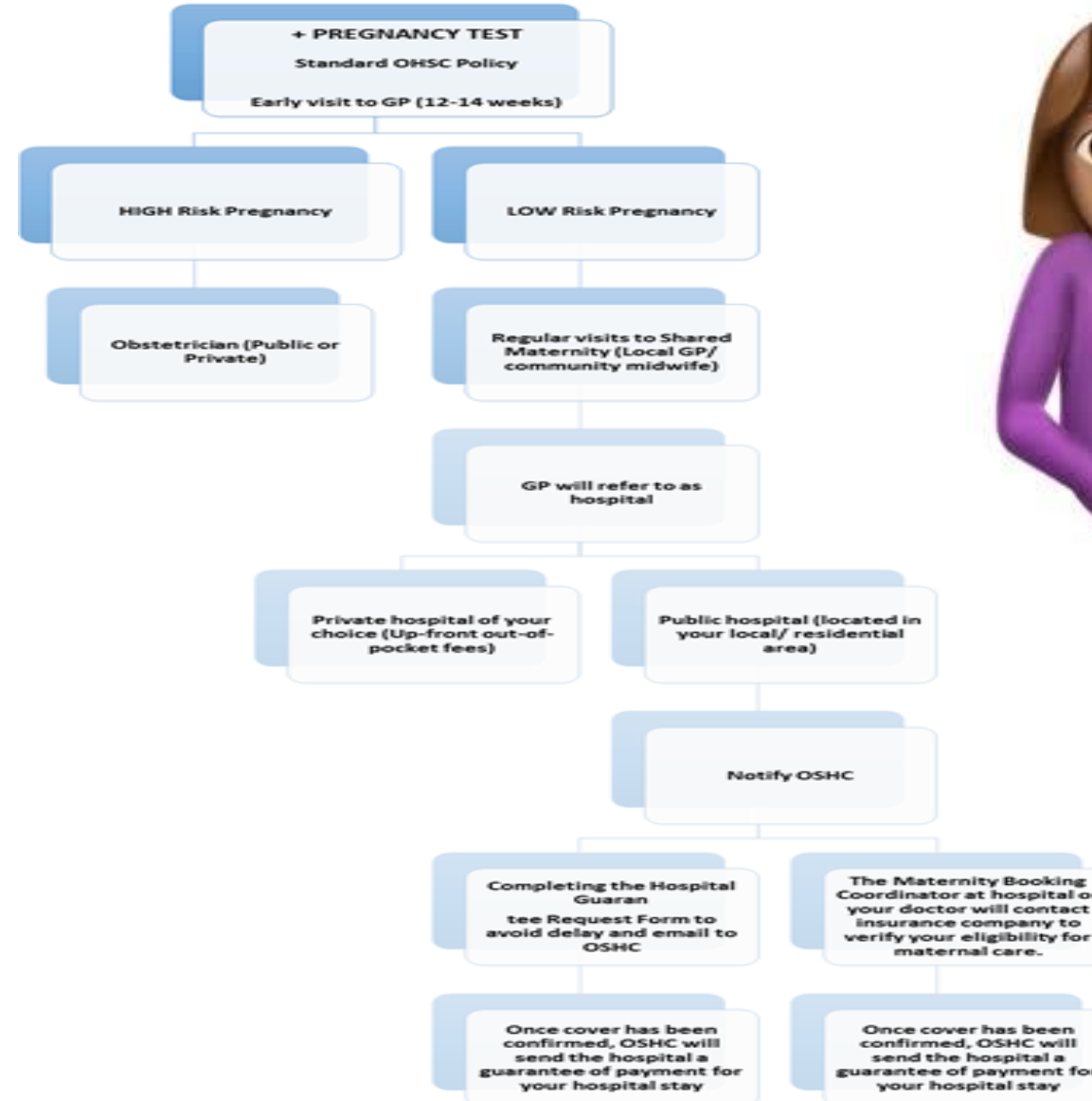
And consult your Doctor to discuss other contraception options.

#safesex #useprotection



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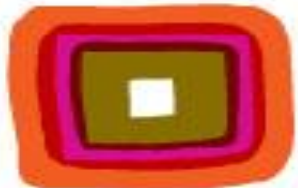
During Pregnancy



Post Delivery

You must hold a valid family policy for your child to have health cover. If you not hold family policy at the time of birth treatment for your baby is not covered. Upgrade to family policy before delivery date.

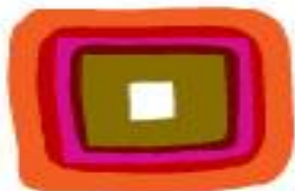
Students have choice to shop around for the insurance (get insurance from other sources)
Advice: Search before buying insurance.



What we learnt

Challenges

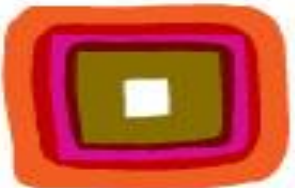
- **Project timeline delayed-** This project time line was delayed during the application and signing off period and also staff changeover lead to further delays.
- **Recruitment process-** Peer educators were not able to follow up with the recruitment process, due to a formal lengthy process of recruitment.
- **Retention-** The retention of the international students peer educators was difficult due to their overseas travel and busy semester hours.



What we learnt

Recommendations

- **Time management and flexibility** is essential in close collaboration with the peer educators, looking at their availability to provide sessions to their peers.
- **Careful planning** is needed in selecting and targeting interventions to meet the needs of the international students.
- **Advocacy and capacity development** targeting education providers is essential.



Thank you

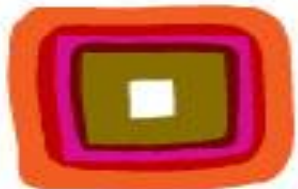
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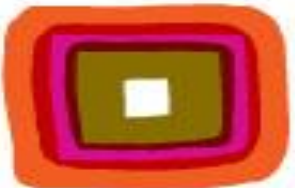
<https://www.facebook.com/CEHAustralia/>



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Appendix: References

- Reeders, D. (2011) Responding to diversity: Meeting the Sexual and reproductive Health Needs of International Students.
- Reeders, D. (2010) Double Trouble: the health needs of culturally diverse MSM.
- Shiner, M. (1999). Defining peer education. *Journal of Adolescence*, 22(4), 555-566.
- Turner, G, Shepherd, J.(1999). A method in search of a theory: peer education and health promotion. *Health Education Research Theory & Practice*, 14(2), 235-247.



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