Sexual Health Knowledge, Attitudes, and Beliefs of Queensland Sudanese Communities

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Abstract

Background

Little is known about the post arrival sexual health related issues affecting young refugee background Australians and how they interact with their parents, partners, and peers regarding these culturally sensitive topics. Without an understanding of what influences their knowledge, attitudes and beliefs, sexual decision making, and behavioural intent, it is difficult to determine this group’s sexual health needs.

Purpose

The purpose of this study was to explore and describe the sexual health knowledge, attitudes and beliefs, and behaviour of the 16-24 year old Queensland Sudanese community members. This research also explored the broader Queensland Sudanese community’s attitudes and beliefs and the intergenerational factors perceived to be influencing sexual health literacy, patterns of behaviour, and health service utilisation.

Method

This descriptive research was conducted using a four phase convergent parallel mixed methods design. Extensive community consultation was undertaken during Phase 1 Project conceptualisation; Phase 2 Pilot study assessed the feasibility of the proposed research process; Phase 3 involved concurrent data collection and analysis from three equally weighted parallel strands; and Phase 4 the convergence and interpretation of Phase 3 data. The Phase 3 parallel strands included: (i) a written survey with 16-24 year old community members; (ii) interviews with a sub-sample of the survey participants; and (iii) five community focus group discussions (FGD) with adults. The National Survey of Australian Secondary Students and Sexual Health (NSASSSH) tool was adapted for use in this study. Descriptive, correlational, and Multivariate Analysis of Variance statistics were used to analyse the survey data. Following separate concurrent thematic analysis of the qualitative data, the convergence and triangulation of strand data were conducted, without transformation, via a process of comparing and contrasting the independent findings.
Results

Participants (N = 248) were from a range of predominantly Southern Sudanese ethnic groups. Analysis of the survey data (n = 229) revealed the 16-24 year old participants’ knowledge of sexually transmissible infections and HIV (p < .001) was significantly higher if they had lived in Australia for seven or more years, and females reported significantly higher STI and HIV knowledge levels compared to male participants (p < .001). The majority had sought sexual health information (61.1%); however, STI and HIV knowledge levels were low in comparison to the NSASSSH cohort. Most young people were confident talking to their partners about sex (72.1%), though notably less so with their parents (27.9%). The mean sexual risk behaviour subscale score indicated a low level of risk associated with self-reported sexual behaviour. However, there was evidence of behaviours shown to increase sexual risk such as inconsistent condom use and low rates of other methods of contraception. Of the 61.1% who self-reported they had experienced sex, 3.1% reported an STI diagnosis, 9.0% reported sex leading to pregnancy, 33.1% reported unwanted sexual experiences, and 32.9% reported they had engaged in anal sex in the last 12 months. Qualitative data indicated that traditional cultural beliefs continued to influence participants’ attitudes, risk perception, and patterns of behaviour such as condom use and talking about sex. Convergence of interview (n = 11) and FGD (n = 19) data indicated the perceived freedom of Australian youth and their ‘open’ attitude to talking about sex were thought to have a strong influence on young people’s sexual behaviour and traditional parenting roles. All participants agreed changing attitudes and behaviours were creating intergenerational conflict. There was intergenerational support for parents and young people to develop the skills and willingness to talk about sexual health and to have access to sexual health information early post arrival.

Implications for Practice, Education, and Research

The sexual behaviour of this study’s 16-24 years old participants is similar to that of their contemporary Australian secondary school peers. However, these results suggest this group of young people is sexually vulnerable in terms of their poor knowledge and intergenerational cultural discord. The need to develop, implement, and evaluate culturally informed models of sexual health care and interventions early within the
resettlement experience that are appropriate to the social, cultural, and environmental needs of the young people and broader Queensland Sudanese community is clear.

Conclusion

This study successfully explored the sexual health knowledge, attitudes, and beliefs of the Queensland Sudanese communities in a culturally sensitive and safe manner. Conducting this research in partnership with the community addressed the challenges associated with conducting sensitive research with a vulnerable community. Few researchers have addressed the sexual health and behaviours of refugee background youth in Australia, particularly from the perspective of one specific collective cultural target community. Consequently, this research makes a unique contribution to the existing body of sexual health literature by providing clinicians, policy makers, researchers, and the community with a meaningful intergenerational understanding of the determinants perceived to be influencing the young people’s sexual decision making and behaviours.
Statement of Originality

This work has not previously been submitted for a degree or diploma in any university. To the best of my knowledge and belief, the thesis contains no material previously published or written by another person except where due reference is made in the thesis itself.

Candidate Signature ___________________________ Date _____________

Judith Ann Dean
# Table of Contents

Abstract ......................................................................................................................... i  
Statement of Originality ............................................................................................... v 
Table of Contents .......................................................................................................... vii 
List of Tables ................................................................................................................ xiii 
List of Figures ............................................................................................................... xvi 
Abbreviations .............................................................................................................. xvii 
Glossary ....................................................................................................................... xix 
Conference Presentations ......................................................................................... xxiii 
Publications .................................................................................................................. xxiv 
Acknowledgement of Papers Included in this Thesis ................................................. xxv 
Acknowledgements ...................................................................................................... xxvii 

## Chapter 1 Introduction ............................................................................................ 1  
1.1 Introduction ........................................................................................................... 1  
1.2 Background ........................................................................................................... 1  
  1.2.1 History of Sudan ............................................................................................. 1  
  1.2.2 Australia’s humanitarian program .................................................................. 3  
  1.2.3 Migration, health, and wellbeing ................................................................. 3  
1.3 Significance and Justification of the Research ....................................................... 4  
1.4 Target Population ................................................................................................. 6  
1.5 Research Aim ....................................................................................................... 7  
1.6 Research Questions ............................................................................................. 8  
1.7 Research Framework and Methods .................................................................... 9  
1.8 Thesis Structure .................................................................................................. 11  
1.9 Summary ............................................................................................................. 12  

## Chapter 2 Literature Review .................................................................................. 13  
2.1 Introduction ........................................................................................................... 14  
2.2 Factors Influencing Sexual Health, Risk, and Behaviour .................................... 14  
  2.2.1 Migrant and refugee background populations ......................................... 15  
  2.2.2 Young people ............................................................................................... 24  
  2.2.3 Sexual risk and risk perceptions ............................................................... 29  
2.3 Limitations of Existing Research ....................................................................... 33  
2.4 Theoretical Framework ...................................................................................... 38  
  2.4.1 Integrated Behavioural Model (IBM) ....................................................... 38  
  2.4.2 Justification for theoretical framework .................................................... 41
2.5 Justification and Challenges of the Methodology
2.5.1 Justification of the research method
2.5.2 Challenges associated with the research method
2.5.3 Publication 1: Hidden yet visible: methodological challenges researching sexual health in Sudanese refugee communities
2.6 Summary

Chapter 3 Method
3.1 Introduction
3.2 Research Design
3.3 Method
3.3.1 Target population
3.3.2 Sampling
3.4 Phase 1: Project Conceptualisation, Planning, and Design
3.4.1 Community consultation
3.4.2 Reference group
3.5 Phase 2: Pilot Study
3.5.1 Pilot survey
3.5.2 Pilot community focus group discussion
3.5.3 Inclusion of pilot results
3.6 Phase 3: Data Collection and Analysis
3.6.1 Strand 1: Survey with 16-24 year olds
3.6.2 Strand 2: Interviews with 16-24 year olds
3.6.3 Strand 3: Community focus group discussions
3.7 Phase 4: Convergence, Triangulation, and Interpretation of Results
3.8 Qualitative Analysis, Trustworthiness, and Confirmability
3.9 Ethical Considerations
3.9.1 Privacy and confidentiality
3.9.2 Informed consent
3.9.3 Research involving minors
3.10 Summary

Chapter 4 Quantitative Results
4.1 Introduction
4.2 Data Cleaning
4.3 Sample and Response Rate
4.4 Reliability of the Aggregated Composite Scores
4.4.1 Cultural Identity Scale
7.3.1 Australian youth have too much freedom ........................................... 227
7.3.2 Marriage, relationships, and sexual behaviour ................................ 228
7.3.3 Gender roles and behavioural expectations .................................... 231
7.3.4 Perceptions of risk ........................................................................ 232
7.3.5 Condoms and contraception .......................................................... 234
7.4 Confidence and Self-Efficacy ............................................................. 236
7.5 Behaviour ......................................................................................... 238
  7.5.1 Sexual behaviour ........................................................................ 238
  7.5.2 Alcohol and drugs use ................................................................. 252
  7.5.3 Sexual health information ............................................................ 253
  7.5.4 Sexual health care and HIV testing ............................................. 256
7.6 Influencing Factors .......................................................................... 258
  7.6.1 Length of time in Australia and age of arrival ............................. 259
  7.6.2 Culture and religion ................................................................... 260
  7.6.3 Freedom of living in Australia ..................................................... 261
  7.6.4 Peer pressure ............................................................................. 262
7.7 Relationship of Findings to the Theoretical Framework ..................... 263
7.8 Limitations ....................................................................................... 264
7.9 Summary .......................................................................................... 268

Chapter 8 Conclusion and Recommendations ...................................... 269
8.1 Introduction ..................................................................................... 269
8.2 Outcomes of Study and Contribution to Knowledge ......................... 270
8.3 Recommendations ........................................................................... 274
  8.3.1 Recommendations for practice .................................................... 274
  8.3.2 Recommendations for sexual health education and interventions .... 275
  8.3.3 Recommendations for future research ......................................... 279
8.4 Summary .......................................................................................... 282

Reference List ....................................................................................... 284

Appendices ........................................................................................... 349
Appendix A: Survey Instrument ............................................................. 351
Appendix B: Survey Information Sheet .................................................. 373
Appendix C: Correspondence Re RELACH Study Psychometric Data ......... 375
Appendix D: Correspondence Re NSASSSH Psychometric Data ............... 376
Appendix E: FGD Discussion Guide ....................................................... 377
Appendix F: Interview Information Sheet, Consent, and Withdrawal Forms .... 382
Appendix G: Interview Discussion Guide ................................................................. 387
Appendix H: FGD Information Sheet, Consent, and Withdrawal Forms ............... 392
Appendix I: Ethical Approval .................................................................................. 398
Appendix J: MANOVA Tables for Assumption Testing and Results .................. 402
# List of Tables

<table>
<thead>
<tr>
<th>Table</th>
<th>Title</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Table 1.1</td>
<td>Research questions and their relation to the IBM and Phase 3 data strands</td>
<td>10</td>
</tr>
<tr>
<td>Table 3.1</td>
<td>Pilot survey participant recruitment and response rates</td>
<td>81</td>
</tr>
<tr>
<td>Table 4.1</td>
<td>Survey recruitment methods</td>
<td>116</td>
</tr>
<tr>
<td>Table 4.2</td>
<td>Reliability statistics for cultural identity (CI) items</td>
<td>117</td>
</tr>
<tr>
<td>Table 4.3</td>
<td>Reliability statistics for aggregated score items</td>
<td>118</td>
</tr>
<tr>
<td>Table 4.4</td>
<td>Gender and age group characteristics</td>
<td>119</td>
</tr>
<tr>
<td>Table 4.5</td>
<td>Reported religion (n = 229)</td>
<td>119</td>
</tr>
<tr>
<td>Table 4.6</td>
<td>Years since arrival in Australia in equal groups (n = 229)</td>
<td>120</td>
</tr>
<tr>
<td>Table 4.7</td>
<td>Educational level achieved (%) (male = 149; female = 79)</td>
<td>121</td>
</tr>
<tr>
<td>Table 4.8</td>
<td>Participant’s cultural identity items 1 to 6 responses (n = 227)</td>
<td>122</td>
</tr>
<tr>
<td>Table 4.9</td>
<td>Mean STI knowledge score with frequency of individual items (n = 227)</td>
<td>123</td>
</tr>
<tr>
<td>Table 4.10</td>
<td>Mean HIV knowledge score with frequency of individual items (n = 227)</td>
<td>125</td>
</tr>
<tr>
<td>Table 4.11</td>
<td>Participants’ sexual health attitudes and beliefs (n = 227*)</td>
<td>128</td>
</tr>
<tr>
<td>Table 4.12</td>
<td>Mean CCASS with frequency of individual items</td>
<td>130</td>
</tr>
<tr>
<td>Table 4.13</td>
<td>Mean SRBS for the sexually active respondents (n = 140)</td>
<td>132</td>
</tr>
<tr>
<td>Table 4.14</td>
<td>Age of first sexual activity for total survey sample (%) (n = 229)</td>
<td>133</td>
</tr>
<tr>
<td></td>
<td>Age of first sexual activity for sexually active participants (%)</td>
<td>133</td>
</tr>
</tbody>
</table>
Age of first sexual activity for participants who self-reported they have never had sex (%) (n = 79) ........................................................................................................133

Table 4.15 ................................................................................................................................. 134

Condom use patterns for sexual active participants (n = 132) ............................................. 134

Table 4.16 .................................................................................................................................... 134

Sex leading to an STI, pregnancy, and/or abortion among the sexually active participants..........................................................................................................................134

Table 4.17 ....................................................................................................................................... 135

Unwanted sex among the sexually active participants (n = 133) ...................................... 135

Table 4.18 ........................................................................................................................................ 136

Frequency of sexual partners in the last 12 months for oral, vaginal, and anal sex among the sexually active participants (%) (n = 140) ................................................................................................. 136

Table 4.19 .................................................................................................................................. 136

Relationship with last sexual partner (male = 95; female = 45) ........................................ 136

Table 4.20 ...................................................................................................................................... 136

Place where the last sexual encounter occurred (%) (n = 140)* ........................................ 137

Table 4.21 ..................................................................................................................................... 137

Nationality of last sexual partner (male = 95; female = 45) .............................................. 137

Table 4.22 .................................................................................................................................... 138

Age of last sexual partner by gender and age group (%) (n = 140) ...................................... 138

Table 4.23 ................................................................................................................................... 138

Gender of last sexual partner (male = 95; female = 45) ................................................... 138

Table 4.24 .................................................................................................................................... 139

Reported patterns of condom use at the last sexual encounter (n = 140) ......................... 139

Table 4.25 ................................................................................................................................... 139

Reported reason why condoms were not used with the last sexual encounter (n = 49) ..................................................................................................................................................... 139

Table 4.26 ................................................................................................................................... 139

Reported contraception use with the last sexual encounter (%) (n = 140) ....................... 139

Table 4.27 .................................................................................................................................... 140

Reported alcohol and drugs use at the last sexual encounter (n = 140) ........................... 140

Table 4.28 ................................................................................................................................... 140

Reported enjoyment at last sexual encounter (male = 95, female = 45) ......................... 140

Table 4.29 ................................................................................................................................... 141

Sexual health related issues discussed with partner prior to last sexual encounter (n = 140) ........................................................................................................................................... 141
Table 4.30  ................................................................. 142
  Respondents who sought sexual health information or advice (n = 229)       142
Table 4.31  .................................................................. 143
  Sources of sexual health information by order of reported use and level of trust (%) (n = 229) ......................................................... 143
Table 4.32  .................................................................. 144
  Participant’s preferred sources of medical help for sexual and contraception health care (%) (male = 149; female = 79) ......................................................... 144
Table 4.33  .................................................................. 144
  Reported HIV testing patterns ................................................................. 144
Table 4.34  .................................................................. 146
  Frequency of participants’ responses to cultural identity items 7 to 12 .......... 146
Table 4.35  .................................................................. 146
  Reported alcohol and drugs use (n = 219) ..................................................... 146
Table 4.36  .................................................................. 147
  Patterns of alcohol consumption (%) reported by participants who drink alcohol (male = 40; female = 22) ................................................................. 147
Table 4.37  .................................................................. 147
  Number of alcoholic drinks consumed on a day when participants drank (male = 40; female = 22) ................................................................. 147
Table 4.38  .................................................................. 147
  Patterns of injecting for participants who reported a history of injecting drug use (n = 8) ................................................................. 147
Table 4.39  .................................................................. 148
  Findings from analysis of item: Why do you think young people may have sex before they are married? (n = 61) ..................................................... 148
Table 5.1  .................................................................... 155
  Interview constructs, categories and themes, and their relation to the research questions ................................................................. 155
Table 5.2  .................................................................... 179
  Community FGD constructs, categories and themes, and, relation to the research questions ................................................................. 179
Table 6.1  .................................................................... 219
  Summary of the similarities and differences between the interview and FGD findings ................................................................. 219
Table 7.1  .................................................................... 224
  Comparison of knowledge scores and percentage of correct answers .......... 224
List of Figures

Figure 2.1: Integrated Behavioural Model (IBM) ....................................................... 38
Figure 3.1: Convergent parallel mixed methods design ........................................ 68
### Abbreviations

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>ABS</td>
<td>Australian Bureau of Statistics</td>
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<tr>
<td>AIDS</td>
<td>Acquired Immune Deficiency Syndrome</td>
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<td>ANOVA</td>
<td>Analysis of Variances</td>
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<td>BBV</td>
<td>Blood Borne Viruses</td>
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<tr>
<td>CALD</td>
<td>Culturally and Linguistically Diverse</td>
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<tr>
<td>CCASS</td>
<td>Confidence In Communicating About Sex Score</td>
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<td>CI</td>
<td>Cultural Identity</td>
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<td>ECCQ</td>
<td>Ethnic Communities Council of Queensland</td>
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<td>FGD</td>
<td>Focus Group Discussions</td>
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<td>HBM</td>
<td>Health Belief Model</td>
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<tr>
<td>HIV</td>
<td>Human Immunodeficiency Virus</td>
</tr>
<tr>
<td>HPV</td>
<td>Human Papilloma Virus</td>
</tr>
<tr>
<td>HREC</td>
<td>Human Research Ethics Committee</td>
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<td>IBM</td>
<td>Integrated Behavioural Model (Integrated Behavioural Science Theory)</td>
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<tr>
<td>IDI</td>
<td>In-depth Interviews</td>
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<tr>
<td>LGBTI</td>
<td>Lesbian, Gay, Bisexual, Transgender, and Intersex</td>
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<td>MANOVA</td>
<td>Multivariate Analysis of Variance</td>
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<td>NSASSSH</td>
<td>National Survey of Australian Secondary Students and Sexual Health</td>
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<td>NZ</td>
<td>New Zealand</td>
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<tr>
<td>PR</td>
<td>Peer Recruiters</td>
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<td>QUAL</td>
<td>Qualitative</td>
</tr>
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<td>QUAN</td>
<td>Quantitative</td>
</tr>
<tr>
<td>RELACHS</td>
<td>Research with East London Adolescents Community Health Survey</td>
</tr>
<tr>
<td>RG</td>
<td>Reference Group</td>
</tr>
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<td>RQ</td>
<td>Research Question</td>
</tr>
<tr>
<td>Acronym</td>
<td>Term</td>
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<tr>
<td>SLT</td>
<td>Social Learning Theory</td>
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<tr>
<td>SPSS</td>
<td>Statistical Package for the Social Sciences</td>
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<td>SRBS</td>
<td>Sexual Risk Behaviour Score</td>
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<td>STI</td>
<td>Sexually Transmissible Infections</td>
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<tr>
<td>TAFE</td>
<td>Technical and Further Education</td>
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<tr>
<td>TPB</td>
<td>Theory of Planned Behaviour</td>
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<tr>
<td>TRA</td>
<td>Theory of Reasoned Action</td>
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<tr>
<td>UNAIDS</td>
<td>Joint United Nations Programme on HIV/AIDS</td>
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<tr>
<td>UNESCO</td>
<td>United Nations Education Scientific and Cultural Organisation</td>
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<tr>
<td>UNHCR</td>
<td>United Nations High Commissioner for Refugees</td>
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<tr>
<td>UK</td>
<td>United Kingdom</td>
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<tr>
<td>USA</td>
<td>United States of America</td>
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<td>WHO</td>
<td>World Health Organisation</td>
</tr>
</tbody>
</table>
Glossary

Attitude
An individual’s settled opinion or way of thinking or feeling about a fact, situation, and/or behaviour formed by their personal positive or negative opinion, appraisal, judgement, or evaluation of the issue, behaviour, or situation and their belief that it will lead to a specific outcome which can impact on that individual’s behaviour towards someone or something (Ajzen & Fishbein, 1980; Albarracín, Johnson, Fishbein, & Muellerleile, 2001).

Beliefs
Feelings, thoughts, or opinions that an individual holds as true. An individual’s acceptance or conviction that a statement or belief is true or factual is influenced by factors such as that individual’s level of knowledge, understanding, and attitude as well as external factors such as religion, culture, and perceived social norms (Ajzen & Fishbein, 1980).

Knowledge
Information, understanding, and skills gained through education or experience. An individual’s knowledge or lack of knowledge will influence their perception and understanding, and assist in forming that individual’s attitudes or belief (Hargreaves, 2002; Noar, 2007a, 2007b).

Gender
In this thesis, ‘Gender’ was used to group the male and female participants when presenting statistical data. The words ‘sex’ and ‘gender’ are commonly used interchangeably when referring to males and females, however, the principal researcher recognises the distinction between a person’s biological ‘sex’ (i.e. the physical state of being male, female or intersex) and their socioculturally constructed gender roles, behaviours, activities, and attributes (WHO, 2014).
Migrant: A person who has freely immigrated or relocated to a new country for purposes of personal want, convenience, or to improve their life (Ethnic Communities Council Queensland, 2008; UNESCO, 2012). The Australian Bureau of Statistics defines a migrant as a person who was born overseas and has obtained permanent Australian resident status prior to or after their arrival (Australian Bureau of Statistics, 2007b). The decision to migrate is not related to external compelling factors such as in the case of refugees.

Negative sexual health outcome or consequence: Any situation perceived as negative or undesired that arises from sexual activity such as acquiring an STI, HIV, and/or experiencing an unplanned pregnancy.

Older participants: ‘Older participants’ has been used in this thesis when referring to the community focus group discussion (FGD) participants.

Queensland Sudanese Community: ‘Queensland Sudanese community’ has been used when defining the target population throughout this thesis. However, it is important to acknowledge this community may identify as a collection of sub-communities due to the diverse array of ethnic, religious, tribal, linguistic, and regional affiliations that make up the complex social structures of these countries (Jensen & Westoby, 2008; Moro, 2004) and the 2011 separation of this region into two independent nations - the Republic of Sudan and South Sudan (P. M. Holt & Daly, 2011; Moszynski, 2011; Rai, Ramadhan, & Tulchinsky, 2012).

Refugee: According to Article 1 of the United Nations Convention Relating to the Status of Refugees (1951), the United Nations High Commissioner for Refugees (UNHCR) defines a refugee as ‘any person who owing to well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion, is outside the country of his/her nationality and is unable or, owing to such fear, is unwilling to
avail himself/herself of the protection of that country; or who, not having a nationality and being outside the country of his/her former habitual residence as a result of such events, is unable or, owing to such fear, is unwilling to return to it’ (UNHCR, 1992, 2007). The assessment of an individual to determine refugee status is governed by the 1951 Convention and the 1967 Protocol relating to the Status of Refugees and is the responsibility of the government to which the refugee applies for recognition of refugee status.

Refugee background

In this thesis ‘refugee background’ is used when referring to an individual or community who has settled in Australia following their refugee journey experience. Continued use of ‘refugee’ as a label or collective grouping post resettlement for people from a refugee background can create feelings of isolation and not belonging within the Australian community; an increased sense of vulnerability and stigmatisation; and generalisation of pre- and post arrival experiences (Nunn, 2011).

Sexual behaviour

‘Sexual’ pertains to any connection with the term ‘sex’ and can apply to the anatomical, psychological, or physical aspects of sex (Wehmeier, 2007). ‘Behaviour’ is defined as the way that a human being acts or performs in a particular situation or context. Therefore ‘sexual behaviour’ refers to how an individual acts or performs in relation to any aspects of sex or sexual activity.

Sexual health

The World Health Organisation (WHO) (1975) defines ‘sexual health’ as “…the integration of the somatic, emotional, intellectual, and social aspects of the sexual being…” (World Health Organisation [WHO], 1975, p. 6). This definition acknowledges that sexual health incorporates the interaction of biological, psychological, cognitive, social, political, cultural, ethical, legal, historical, religious, and spiritual factors and is more than just absence of sexually transmissible infections (WHO, 2006).
Sexual health literacy: The knowledge, skill, and ability required to understand and to use information in order to make sound sexual health and staying healthy related decisions in the context of everyday life.

Sexual wellbeing: A state of being or doing well in relation to sexual health including psychological, social, and physical aspects of wellbeing.

Sexual risk behaviour: ‘Risk’ can relate to any behaviour or situation that is associated with a negative consequence or detrimental outcome (Wehmeier, 2007).

‘Sexual risk behaviour’ is defined as any behaviour relating to sexual activity that, when performed, may result in a negative sexual health outcome or consequence such as an STI.

Strand: ‘Strand’ refers to the independent parallel quantitative and qualitative approaches (from conceptualisation to data collection and analysis) incorporated into this mixed methods study (Creswell & Plano-Clark, 2011; Teddlie & Tashakkori, 2009).

Sudanese: For the purposes of this study ‘Sudanese’ refers to a native, national, or inhabitant of the Republic of the Sudan or the independent nation of South Sudan; or a person who is a descendant of a native, national, or inhabitant of the Republic of the Sudan or the independent nation of South Sudan.

Young people: The Australian Bureau of Statistics (ABS) uses the age breakdown of 0-14 to define children and 16-24 for youth (Australian Bureau of Statistics, 2007c) for purposes of statistical reporting. In this thesis, young people, youth, or younger participants are used interchangeably when referring to the 16-24 year old participants.
Conference Presentations


Publications

Acknowledgement of Papers Included in this Thesis

Included in this thesis is one paper in Chapter 2 that was co-authored with my supervisors. My contribution to this co-authored paper is outlined at the front of the relevant chapter. The bibliographic details for this paper including all authors are:


Appropriate acknowledgements of those who contributed to the research but did not qualify as authors are included in the paper.

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Supervisor: Professor Judy Wollin

(Signed) __________________________ (Date) ______________

Supervisor: Dr Joseph Debattista
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