

# working well newsletter

december 2011



Issue 23

mcwh: putting immigrant & refugee  
women's health first!



in this issue:

★ project and  
program updates

main feature:

★ leading the way in  
immigrant and refugee  
women's health

Multicultural Centre for Women's Health is an immigrant and refugee women's organisation committed to improving the health and wellbeing of immigrant and refugee women across Australia.

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**baby plus 2:**  
project report

MCWH is conducting research relating to new mothers and first time pregnant women of Chinese ethnicity, living in Whitehorse and Manningham. This research has been commissioned by Whitehorse Community Health Service (WCHS) to assist it in supporting these women during pregnancy and early parenthood.

<p>arabic</p> <p>burmese</p> <p>cantonese</p> <p>croatian</p> <p>dari</p> <p>dinka</p> <p>english</p> <p>farsi</p> <p>greek</p> <p>hindi</p> <p>italian</p> <p>karen</p> <p>khmer</p> <p>lotuka</p>	<p>During its unique parents program Baby Makes 3, WCHS has found that Chinese couples are not accessing early parenting groups at the same rate as other communities in the local area (Flynn, 2011). Whitehorse has one of the highest Chinese-background populations of any LGA in Victoria (11.6% in 2006 ABS). A greater understanding of the Chinese-background community is clearly needed if WCHS is to improve access to and effectively provide, maternal health services and support programs to this group of women and the targeted community. Tailored responses require specific, accurate and expert analysis. As a result, WCHS has commissioned MCWH to undertake its Baby Plus 2 research.</p> <p>MCWH is conducting focus groups with new and pregnant Chinese mothers and couples in both Mandarin and Cantonese. The focus groups, run by our Bilingual Health Educators, aim to identify the enablers and barriers for accessing health and support services before, during, and after pregnancy. Most importantly they encourage participants to share their experiences and openly discuss the difficulties of being both a new migrant and new mother.</p> <p>Being both a new migrant and a new mother can be a daunting experience and can mean</p>
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isolation, helplessness, and a loss of social networks and social support (Liem, 1999). New motherhood also means new roles and responsibilities which can make a woman vulnerable to significant changes in health and wellbeing. First time parenthood can increase women's vulnerability to male violence due to a number of significant changes, particularly the influence of traditional gender roles on parenting approaches. Combined with the changing social and cultural circumstances of resettlement, the experiences of new immigrant mothers can be overwhelming.

So far two focus groups have been conducted in Mandarin with new mothers and a high attendance of grandmothers who often travel to Australia to take responsibility as the sole carer when both parents are working. This brings new light to the research: in addition to understanding the experiences and needs of new Chinese parents, we also need to understand and appreciate the experiences of this group of new grandparents. Participants have enjoyed the opportunity to share their experiences, both positive and negative, and have provided valuable feedback for improving accessibility to maternal health and parenting support programs.

Focus groups will continue into early next year and will include the participation of antenatal women.

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mcwh catalogue:  
goes online

One of the exciting new developments of our Multicultural Women's Health Australia initiative is the uploading of our online catalogue to the MCWH website. Women across Australia can now view what is available in our Multilingual Library and Resource Collections via the Internet. Even if you cannot visit us in person, you can now do so in the comfort of your own environment, from your own computer.

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Within the framework of best practice in immigrant and refugee women's health, MCWH has, for over 30 years, provided quality, multilingual health education and information, to women, health professionals, organisations, and other stakeholders. Sexual and reproductive health, workplace health, training and development, mental health and wellbeing, alcohol and other drugs, the safer use of medicines, problem gambling, healthy credit and debt, domestic violence, and diabetes healthy living, represent some of the areas in which we have delivered these outcomes.

Our online catalogue is a natural extension of this work, and the information sharing values which are so central to our organisation's philosophy and actions.

I invite you all to search our online catalogue for books, reports, videos and dvds, and more; for information on the topics outlined above and on many others which affect immigrant and refugee women's health including disability,

global women's health issues, information about health systems, and multiculturalism and racism.

Currently you can search our online catalogue for 5,500 items in over 40 languages, from our Multilingual Library and Resource Collections. The catalogue allows you to browse generally or to conduct a more detailed search by topic, language or by title. You can then submit a request to receive a copy of your search items by filling out the online request form.

We have always tailored our work with immigrant and refugee women to their needs and have always sought ways to build our capacity to do so—providing this new way to access our resources assists us to meet both of these objectives. It means we can develop the way we deliver culturally and linguistically appropriate information, and provide immigrant and refugee women with yet another avenue to access the information they need to make decisions about their own health and wellbeing.

MCWH has always been about immigrant and refugee women having access to information in ways that suit them—written, spoken, as individuals, in groups and now, online. You can find the online catalogue by visiting the MCWH website: [www.mcwh.com.au](http://www.mcwh.com.au)

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multilingual library coordinator

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leading *the*  
way in  
immigrant  
& refugee  
women's  
health

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### ➤ Introduction

The Multicultural Centre for Women's Health launched its new national program, Multicultural Women's Health Australia (MWA) on November 17 2011. This is a unique and dynamic time in MCWH's history; a time when MCWH has the opportunity to take its model of health promotion nationally, and re-examine the way we lead the organisation toward long-term future success.

The various name changes in MCWH's 33-year history— Action for Family Planning, Women in Industry and Community Health, Women in Community Health, Working Women's Health —are an indication of the way MCWH has successfully navigated the many changes in Australia's social, cultural and political landscape.

### ➤ What We Have Learnt

During the last three decades, MCWH has accumulated expertise and knowledge across a whole range of issues relating to immigrant and refugee women's health. However, our commitment to and knowledge of health promotion remains steadfast and even more relevant in our current political landscape:

- Immigrant and refugee women face different challenges in the management of health conditions.
- Early intervention and prevention programs are the key to positive health and wellbeing for immigrant and refugee women and should follow quality standards and guidelines for cultural responsiveness in health service delivery.
- Language is one of the primary barriers in accessing health information and services.

- ↑ Religious beliefs, cultural practices and providing access to culturally specific care must all be taken into account to create and deliver appropriate services to immigrant and refugee women.
- ↑ Information sessions and programs held at the community or local level can open up access to services.
- ↑ Provision of health information in languages women understand and prefer, is also imperative to ensure positive health outcomes for women.
- ↑ Culturally and linguistically appropriate health promotion can increase access to services for immigrant and refugee women.
- ↑ Bilingual/bicultural health educators play a significant role in the health and wellbeing of immigrant and refugee communities and need to be considered as an integral part of health service sector delivery.

From its early beginnings in providing migrant women in factories with education about contraception to its gradual transformation as a provider of over 10,000 written, audio and video multilingual information resources, the core of MCWH has stayed the same: we are a community-based women's organisation that is run by immigrant and refugee women, for the benefit of immigrant and refugee women's health and wellbeing.

In December this year we will be running the Leading the Way two-day strategic planning summit with staff and a select group of our program and project participants and partners whose work has a focus on improving the health and wellbeing of immigrant and refugee women. Our goal is to identify, illuminate and understand the distinctive values, practices and skills which are in operation when MCWH is operating at its best. As part of this process we're looking at the factors that give life to our organisation. What makes us unique? What are the practices that will strengthen our efforts to improve the health of immigrant and refugee women?

## ➤ The Woman-to-Woman Approach

The Multicultural Centre for Women's Health continues to be the only health promotion organisation which uses the 'woman-to-woman' approach in bilingual health education.

For MCWH, the woman-to-woman approach is the process by which the experiences and knowledge women have of their bodies and their health become central to women's participation. In our health education sessions, women are given a choice as to how much they would like to be involved in the discussion and are acknowledged for the experiences and knowledge they choose to share; the emphasis, therefore, is placed on the equality *and quality* of exchange.

The woman-to-woman approach is, therefore, not just about women 'talking amongst each other'—as it is often incorrectly assumed—but a way of learning which emphasises communication. Our Bilingual Health Educators approach women as peers and not as 'experts' who will tell them what is 'best' for them. It is the task of both the Educators and the women participating to explore together, in a forum of mutual exchange.

In this way, the woman-to-woman approach operates within a feminist framework that does not entail a claim to common attributes that women share; rather, the approach draws on women's experiences while at the same time acknowledging the effects of institutions, policies and ideas on women's wellbeing and opportunities. So how might we communicate the complexity and uniqueness of this deceptively modest approach in a simple way? It is certainly much more than women 'just talking to each other'.



***Our model of health education is unique because it operates within a feminist framework, where immigrant and refugee women are active participants in understanding and shaping their own health.***

### **➤ Workplace Visits**

Our Industry Visits Program is a unique and distinctive feature of our Health Education Program: MCWH is the only organisation in Australia that provides health education to immigrant and refugee women in the workplace.

According to recent research conducted on behalf of MCWH, immigrant and refugee women tend to be concentrated in low paid, low-status, precarious employment. They are concentrated in a few select industries, with almost 50% in four sectors: healthcare and social assistance (18%), retail (11%), manufacturing (10%), and accommodation and food services (9%). Since 1978, MCWH has delivered over 3000 sessions in blue-collar industries such as manufacturing and cleaning services.

The majority of the health education sessions are conducted during women's meal/lunch breaks over an eight-week period. One-to-one individual information sessions can also be organised if women are engaged in home-based outwork or if they are unable to participate in a group visit.

### **➤ Integrity in Representation**

Our organisation is unique because we are 'by and for immigrant and refugee women'. In the same way that our feminist approach to health education with immigrant and refugee women is based on their participation, our organisation models self-determination and active decision-making in women's health by immigrant and refugee themselves.

This is what links us to our community: we are a part of the community of immigrant and refugee women, not an 'outsider' organisation that makes decisions on behalf of them.

This form of representation and all its related outcomes, such as the fact that we know what women want, and that we represent women's issues, distinguishes MCWH and the MWA National Program from other organisations and programs which employ bilingual health educators as part their health promotion.



***Our approach to health promotion is not just a theory or a model or a process, it's also a practice. There is no other immigrant and refugee women's health organisation in Australia—past and present—that can lay claim to such a fact.***



**The Leading the Way Summit is being held on 2 and 3 December 2011 at Melbourne Museum.**

alcohol project:  
report

The Multicultural Centre for Women's Health, in partnership with Turning Point Alcohol and Drug Centre, and the Northern Division of General Practice (NDGP), are conducting a three-year project identifying and reducing risky alcohol consumption in culturally and linguistically diverse (CALD) communities. MCWH is responsible for the community development part of the project. The project is funded by the Victorian Department of Health.

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Alcohol is the most widely used social drug in Australia. 'Risky' drinking can cause serious health, personal and social problems. Research has shown that the use and abuse of alcohol is a taboo subject among some CALD communities.

The project engages with CALD communities about the harms associated with heavy alcohol use and raises the profile of alcohol as a health issue to reduce the stigma associated with seeking help and encourages communities to access primary health care services for alcohol-related problems. The project's language groups are: Middle-Eastern Arabic, Greek, Hindi, Italian and Somali. Focus group discussions in these languages are being facilitated by our Bilingual Health Educators, who are working with communities to take action against the burden of avoidable ill health caused by alcohol.

The Alcohol Project covers the NDGP catchment area which includes Preston, Coburg, Brunswick, Lalor, Thomastown, Epping, and Whittlesea.

An intervention in community development is an organised and planned effort to change

individual behaviour, community norms or practices. Consultations with community development workers in the NDGP working with the five nominated community groups are ongoing. Initial response from the communities has been: 'In my experience my community doesn't drink. Is this an issue? We are too busy working two, three jobs to make more money for better living. Maybe another community needs it, but mine does not.'

Community engagement has the potential to go beyond merely making information available or gathering opinions and attitudes. It means an active exchange of information and viewpoints. MCWH is engaging community groups, and mobilising community members in an effort to reduce risky drinking. Further we are providing information about early intervention, documenting the issues, and providing regular updates to the project team.

The project faces some significant issues. It is clear for example that estimating the prevalence of alcohol use among immigrants and refugees, especially among emerging communities is difficult. This is despite the fact that focus groups tell us that knowledge of the harm associated with alcohol is well understood. Project researchers and GPs providing project data, screening and early intervention have also encountered issues—of time, commitment and access. MCWH's effective community engagement demonstrates that despite significant issues, challenges can be dealt with and progress can be made.

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international students:  
project report

Education is one of Australia's largest export industries, contributing \$18.3 billion to the economy in 2010 alone. (1) It has also contributed significantly to the size of the temporary female immigrant population. According to the latest statistics 320,460 student visas were issued to women aged 16 years and over, from non-English speaking countries, with half of these visas for women coming from China (27.7%), India (15.6%) and South Korea (6.8%). Thailand and Vietnam were also significant in these figures. (2)

Following recent research findings and the current review of The Minimum Standards for International Student Welfare and Wellbeing, the health and wellbeing of international students in Australia has assumed greater significance.

In response to the poor sexual and reproductive health outcomes in this population, MCWH implemented a health promotion program tailored to female international students in the City of Melbourne. The MCWH Female International Student (FIS) Program involved the implementation of two projects from May 2009 to May 2011: Women's Health Connect, and Creating Healthier Pathways. Together, they built the capacity of female international students to improve their health and wellbeing, with a focus on sexual and reproductive health. Multilingual health education and information to female international students at educational institutions, student services and events was provided; valuable evaluation was also undertaken.

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Program findings show unplanned pregnancy, abortion and violence are characteristic in the female international student population. Limited sexual health literacy, poor access to health services, and the immigration experience all contribute to these outcomes —as does the low use of Australian health services by this group.

Overseas student health cover is compulsory for international student visa holders and their dependants; however, many international students do not fully understand the insurance policies, nor are they aware of any other health care costs they may have to pay. Recent changes to the Overseas Student Health Cover (OSHC) Deed mean providers are unable to pay benefits to overseas students or their dependants, for pregnancy-related conditions in the first 12 months, except with regards to emergency treatment.

It is clear that key players in the international education industry need to improve their duty of care to international students in Australia.

For further information about the OSHC Deed please contact Dr Regina Quiazon, MWA National Program Manager, [regina@mcwh.com.au](mailto:regina@mcwh.com.au). The report *On Your Own: Sexual and Reproductive Health of Female International Students in Australia* is now available at: [www.mcwh.com.au](http://www.mcwh.com.au)

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### ✦ subscribe to working well

'Working Well' is the Multicultural Centre for Women's Health newsletter. Keep up-to-date with projects and programs and the issues affecting immigrant and refugee women's health and wellbeing. Contact us and we will put you on the mailing list.

### ✦ be well read about immigrant & refugee women's health and wellbeing

If you would like to be well read about immigrant and refugee women's health contact us for a mcwh publications catalogue. For research reports on a wide range of immigrant and refugee women's issues including resettlement, sexual and reproductive health, occupational health and safety, alcohol and other drugs, credit and debt issues, and diabetes prevention.

### ✦ access multilingual health information

Become a MCWH Member and borrow resources from the Multilingual Library. We also have a comprehensive Resource Collection if you are looking for information in your language. Over 10,000 items and 80 languages.

### ✦ enhance your work with immigrant & refugee women

MCWH provides cross-cultural and other specific training for employers, community workers, service providers and health professionals—we specialise in intensive training programs for bilingual community workers. MCWH will customise our training to your needs.

### ✦ join mcwh

If you are interested in immigrant and refugee women's health and wellbeing, become part of MCWH, contact us for a MCWH membership form.

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