

working women's health 01:02 annual report



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As the 2001/02 year drew to a close, we at Working Women's Health (WWH) found ourselves reflecting on a productive and rewarding, but difficult year. The year was productive because our multilingual health promotion and cross-cultural training programs were kept busy responding to the demand out there. It is so rewarding to hear a woman speak highly of the Programs that we have just run in her factory, or a community worker say that she learnt something useful from her professional training session.

Similarly, it was a year of some wonderful presentations, submissions, consultations, projects, and forums covering important themes for immigrant women's health such as outwork, young African women's use of the health system, stress in the workplace, mental health and drug use, and health issues for refugee women. We produced, and participated in the production of a number of significant publications, the most notable of which is *Journey Through*, a comprehensive collection of articles on health issues affecting newly-arrived immigrant and refugee women.

The year has also been distinguished by some excellent initiatives undertaken in partnership with other statewide and regional agencies. It has been so rewarding to collaborate with agencies that share a desire to conduct multilingual health promotion with immigrant women—we have been able to join together our different but complementary expertise, in order to meet the needs of women.

It was a difficult year too, because changes in the social and political environment this year have placed immigrant women under further strain. The dominant Australian response to the events of September 11 and the war in Afghanistan are the most obvious factors that have impacted on immigrant women, most significantly on Arabic and Muslim women.

Similarly, the public debate about 'illegal immigration' has led to a rethinking of the place of immigrants and refugees generally in Australian society. Public debate is so important, but when it revolves around issues so central to Australian national identity such as race and nation, it can often impact adversely on those who are the racialised and more marginalised subjects of debate.

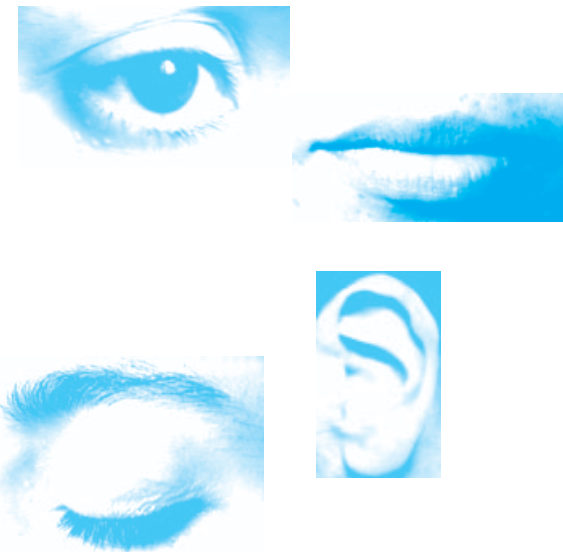
We spoke to a huge number of immigrant women during the year, both through our Programs, as well as through the twenty-five small-group consultations that we conducted with over two hundred diverse immigrant women.

One striking theme that arose from discussions with women was that they were becoming much more conscious of racism in their lives and work. Stress and depression were also raised as significant issues in the workplace, family, and community contexts. This is a disturbing trend that has simultaneously motivated us to take action.

Throughout the year, WWH participated in activities and projects, and made future plans to address in partnership with women and with other agencies, these important issues for immigrant women.

Thanks are due to all the immigrant women, the agencies and community workers we have collaborated with this year, and we look forward to much more of it in future years.

A huge thankyou to the WWH Staff and Board, a wonderful group of women who have been so productive in their respective areas, and have still found time to be supportive of me and each other throughout the year. Again, we're looking forward to much more of it!



What a year! I've been on the Working Women's Health Board for six years and this is my first as Chairperson. It's a lot of hard work, a lot of effort, but it's been great.

This year has had three themes running through it: continuity of Services, growth of Services, and the future of Services. These themes have been encapsulated in the Strategic Planning Process which the Board and Staff have taken on over the last six months.

The doors of restructure and re-establishment are closing and the door of strategically placing the Organisation on the nationwide map is opening.

The Strategic Plan has consumed much of this year—the whole Organisation has put in a lot of time to make it work. I have witnessed a group of very dedicated women take WWH to the next level of strategic direction. The amount of work that the Board and the Staff have contributed to this process is commendable.

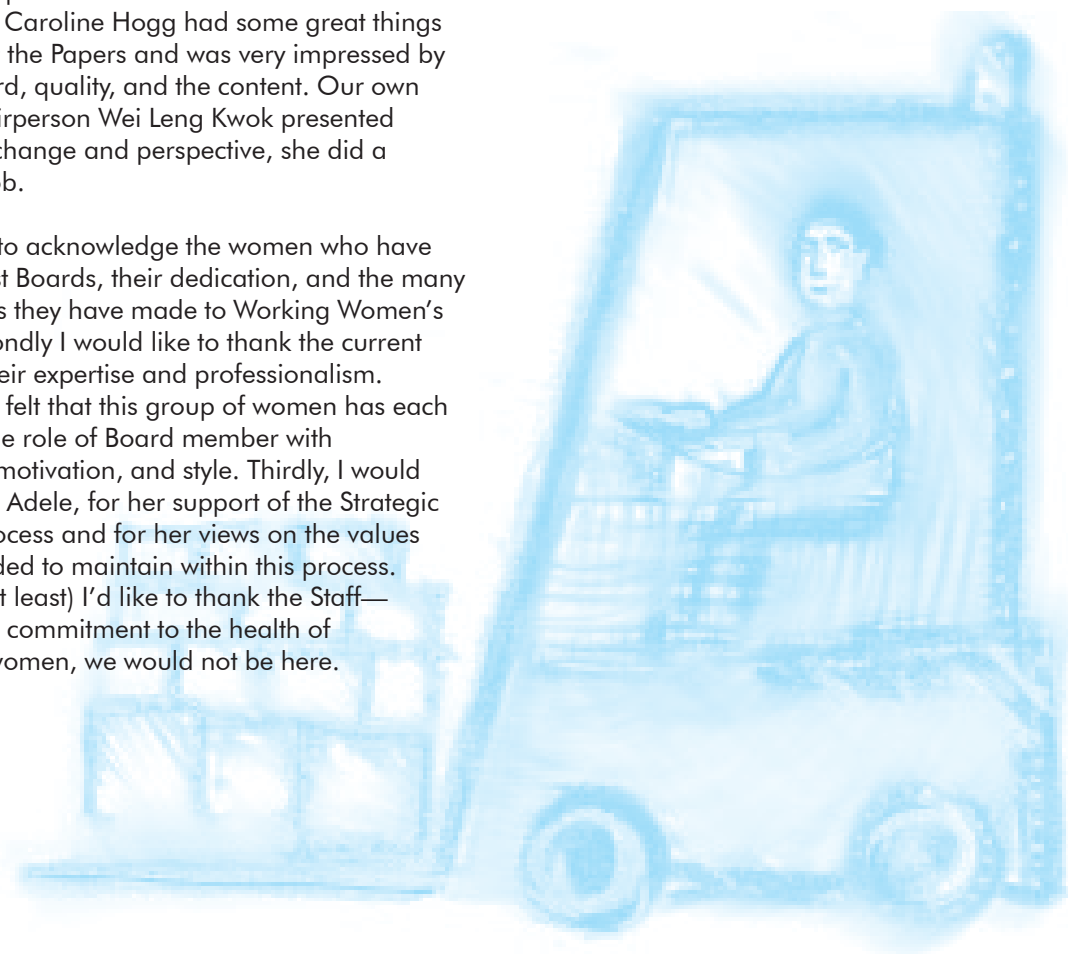
We have now identified four main Key Result Areas that WWH will focus on: service delivery; being a learning organisation; becoming a viable business; and maintaining the Organisation's unique position in immigrant women's health.

I would like to give special thanks to the Staff, whose participation in the Planning Process has been invaluable. The debate and discussion generated has opened my mind to many possibilities, especially regarding the vision, mission, and values of Working Women's Health. I would also like to thank consultant, Nicky McCartney, for her direction and patience as she continually explained 'the jargon' until we all understood what it meant.

This year also saw the publishing and launching of the *Journey Through: newly arrived immigrant and refugee women's health* Proceedings (from our highly successfully 2001 Conference), at the *Taking Action* Forum.

Thank you to all the WWH Staff for organising *Taking Action* so professionally; I am sure that everyone who attended enjoyed the differing perspectives presented as much as I did. The Honourable Caroline Hogg had some great things to say about the Papers and was very impressed by their standard, quality, and the content. Our own Deputy Chairperson Wei Leng Kwok presented a Paper on change and perspective, she did a wonderful job.

I would like to acknowledge the women who have been on past Boards, their dedication, and the many contributions they have made to Working Women's Health. Secondly I would like to thank the current Board for their expertise and professionalism. I have really felt that this group of women has each come into the role of Board member with dedication, motivation, and style. Thirdly, I would like to thank Adele, for her support of the Strategic Planning process and for her views on the values that we needed to maintain within this process. Last, (but not least) I'd like to thank the Staff—without their commitment to the health of immigrant women, we would not be here.



judita trifa industry and community organiser

Working Women's Health continues to reach immigrant women both via factory visits and community workshops. For the last twelve months we have visited factories both in metropolitan and rural areas with the aim of informing immigrant women of various health-related issues; a task that our professional and well-trained bilingual Health Educators do best. The demand for the Community Workshops Program (CWP) and the Industry Visits Program (IVP) reflects the hard work of WWH and its ability to provide women with a unique service.

The 2001-2002 year has been a period of review, evaluation, and planning for both the CWP and IVP. We have revised the evaluation process, changing it in order to better reflect the needs of immigrant women. Evaluation and review was a lengthy process, yet we have committed ourselves to this process as an ongoing requirement to ensure that the Programs are flexible and capable of reflecting immigrant women's needs and their concerns.

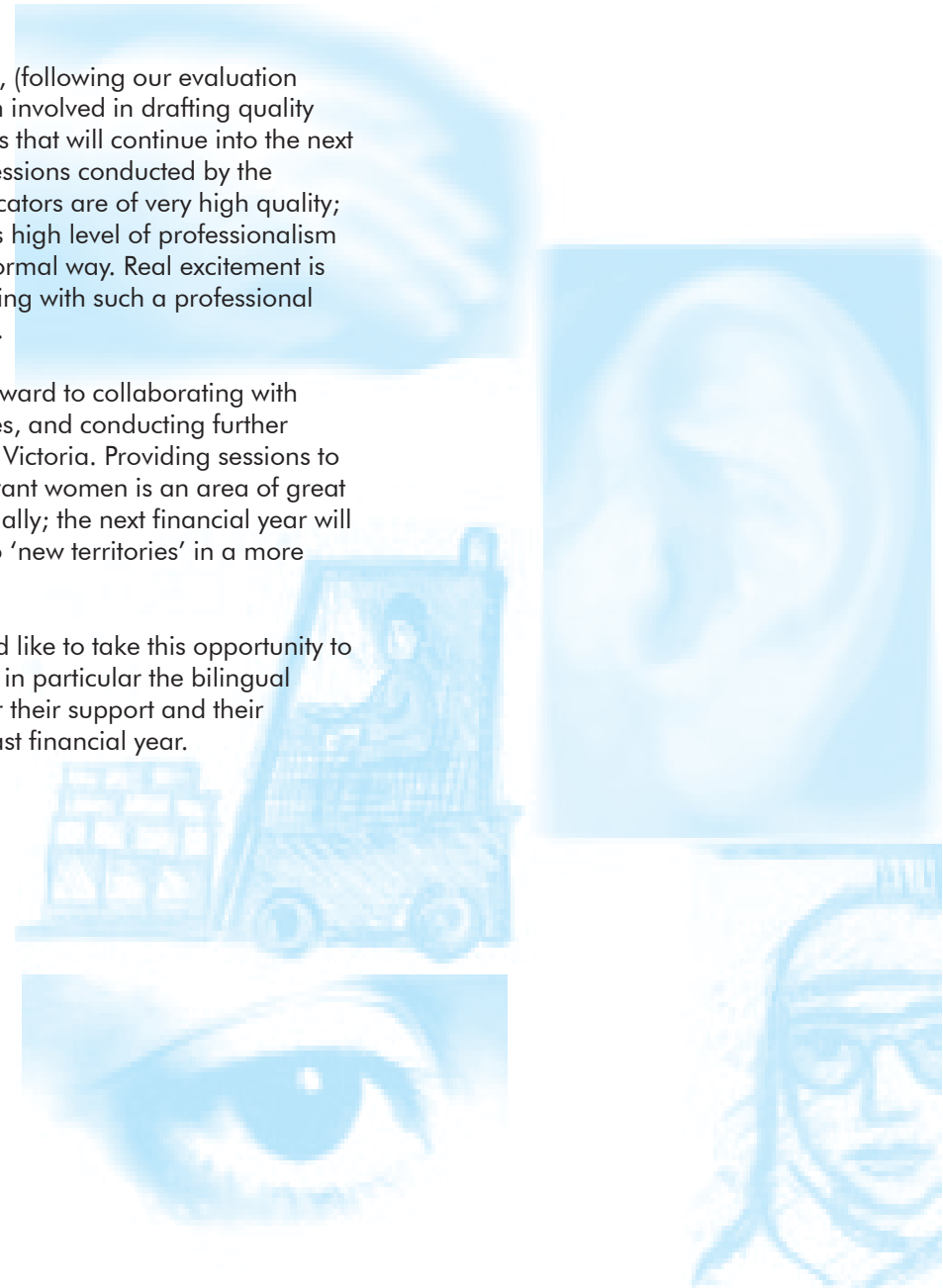
The feedback both via the Strategic Planning process and, via individual contact (at the factory, community-based), has been extremely positive. Our efforts are greatly appreciated and factory management also acknowledge the uniqueness of our Programs and work.

Special thanks to Simon Clarke at Kookai and Beba Knitwear, Kaye Bishop at Candy Australia Geelong, Jason Toumbourou at Travellers Apparel, Sharon McMeekin at Filigree Textile Geelong, David Woodward at Homy Ped, and Chris Spencer at Melba Industries Geelong. Thanks for your enthusiasm and feedback—it reflects the commitment you've made to immigrant working women.

In the last six months, (following our evaluation process), I have been involved in drafting quality standards—a process that will continue into the next financial year. The sessions conducted by the bilingual Health Educators are of very high quality; it is necessary for this high level of professionalism to be reflected in a formal way. Real excitement is engendered by working with such a professional and supportive team.

I am also looking forward to collaborating with various rural agencies, and conducting further sessions across rural Victoria. Providing sessions to marginalised immigrant women is an area of great interest to me personally; the next financial year will take our Programs to 'new territories' in a more strategic way.

In conclusion, I would like to take this opportunity to thank all WWH staff, in particular the bilingual Health Educators, for their support and their guidance over the past financial year.



industry visits and community workshops programs report

Through our Industry Visits and Community Workshops Programs, WWH continued to provide multilingual health promotion to immigrant women workers in the community, and in Textile, Clothing and Footwear (TCF) factories. The need and demand for health education remains high and we will continue our work in the TCF into 2003. We will also see WWH add a second industry to our visits by this time next year.

As we become more recognised among immigrant women, demand for the Community Workshops increases, and we find ourselves in the difficult position of having more requests for health sessions than can be met. We are steadily meeting each request, and working on ways that we can reduce waiting time for sessions.

In total this year, WWH conducted 367 health promotion sessions in factories in 9 languages, making over 1300 contacts with women. The languages other than English spoken by most women in the factories were Macedonian, Vietnamese, Greek, Cantonese, Mandarin, and Croatian. Less frequently spoken languages were Tagalog, Italian, and Khmer.

Factories visited this year:

Beba Knitwear in Richmond
Kookai in Prahran
Travellers Apparel in Collingwood
Candy in Geelong
Melba Industries in North Geelong
Homy Ped in Footscray
Filigree Textiles in Geelong

In community settings, WWH conducted 57 health promotion sessions in 10 languages, making 860 contacts with women. Workshops were conducted in all metropolitan regions and some in Cobram and Shepparton. The topics covered ranged from depression and general women's mental health, to safe use of medicines, pelvic floor health, HIV and safer sex.

Languages of the sessions:

Language	Sessions	Contacts
Greek	14	358
Arabic	12	86
Turkish	9	132
Cantonese/Mandarin	8	125
Vietnamese	4	29
English	4	6
Italian	2	53
Macedonian	2	39
Spanish	2	30

Over the next few years WWH will be taking our outreach programs to settings such as Victoria's women's prisons. There are small but significant groups of immigrant women in Victorian prisons who currently have very limited access to multilingual women's health information and education. WWH will also be working together with rural women's health services to offer multilingual health education to the 54,000 women from immigrant communities living and working in rural areas.



carmela ieracitano office manager

What a fortunate year for both Working Women's Health and myself as Office Manager. January normally lulls us into a 'false sense of things (temporarily slowing down', but not so this year.

Interstate visitors took the opportunity to combine holidays with work and visited our Service. This set the scene and pace for the year ahead. We introduced our services to students from overseas, nurses, midwives, and women who participate in our industry, training, and community workshops. The increase in library service users has been both exciting and reassuring. Our Collection continues to grow and meet immigrant women's health information needs.

For our Arabic-speaking community we have new books on health and nutrition (*The health benefits of legumes, fruits and vegetables*) and a self-titled work on diabetes. Books on sexuality and contraception (*Sexual practice: 250 questions and answers about sex*), pregnancy and postnatal care (*Your life after the birth of your child* and *Your child from pregnancy to birth*), and menopause (*Women and menopause*) have also broadened our Arabic collection.

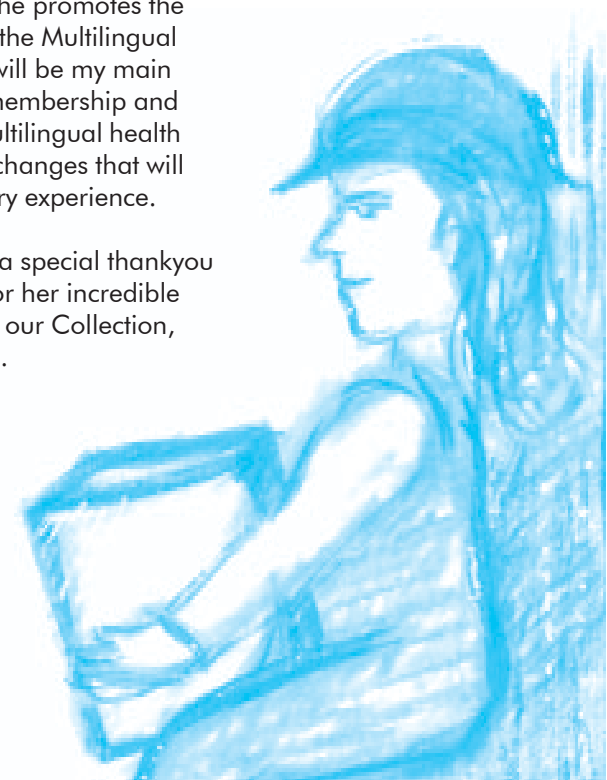
In Turkish, the Library has new books on natural therapies dealing with health, anxiety, stress, and depression such as *The natural way of healing: women's health*, and *The natural way of healing stress, anxiety, and depression. What to expect when you're expecting* and *Reproduction* are very resourceful books on pregnancy, antenatal care, childbirth, postnatal care, depression, and general health. Books on menopause include *150 most asked questions about menopause* and *Menopause and culture*. Others additions include *Living with HIV and AIDS*, *Women of Turkey past and present*, and *The identity of union women*.

The aptly titled *A Book on women* is just that, a book on women's health. We are now in the Greek-speaking section of our Collection, which includes *Program Safe: Evaluation of the dangers in the workplace*, *Lead and work* and *A methodological guide for the appreciation of danger at work*. The books on reproductive health feature excellent illustrative content on pregnancy, breastfeeding, antenatal care, and childbirth; titles include *Pregnancy: week by week*, *Birth is love*, and *Becoming a mother*.

I would like to also mention *Overland: injured workers supplement* (poetry, fiction and reviews), *Migrants in the New Economy: Problems, perspectives and policy*, *Re-fashioning the Rag Trade*, and *Arab-Australians today*. Also the *Handbook of immigrant health*, *Responding to cultural diversity in women's health*, *Cultural diversity: A guide for health professionals*, and *A crisis behind the walls (why public health must go to jail)*.

Come in and have a look for yourselves (subtly she promotes the Library). Next year the Multilingual Library Collection will be my main focus (along with membership and maintaining the multilingual health resources), expect changes that will enhance your library experience.

I'd like to end with a special thankyou to Imma Carfora for her incredible ability to catalogue our Collection, many thanks Imma.



HRT, abortion clinics, access to IVF... women's health issues have regularly been in the news and most often for all the wrong reasons. The politics of women's health reaches far further than a visit to the doctor for 'women's troubles'.

The social, legal, and pragmatic obstacles all women face in making informed decisions about their health are greatly exacerbated for immigrant and refugee women.

The impact of racism and migration status often means that immigrant women experience the health system differently; limited fluency in English can deny women the crucial information they need to make informed decisions affecting their health. Providing information in languages women can understand helps to level this inequity.



The last year has seen a marked increase in WWH's holdings in languages other than English. Apart from the sheer volume of new material, an audit of our holdings has resulted in much of our information being updated. The information collected has been targeted according to priority needs of languages and topics, including expanding to around seventy languages in which we have written information (come and see us if you need information on contraception in Swahili!).

One major project of the last year has been on the impact of drug and alcohol use amongst immigrant women. One of the greatest concerns to have emerged is the use and overprescription of minor tranquillisers, pain-killers, and prescription drugs. The nature of work undertaken by many of the women with whom we work—shift or casual work, non-unionised, outworkers—has a great, and usually detrimental effect on health and is reflected by very specific requirements in the type of information requested.

We have been combining our expertise with that of many other specialist agencies through close working relationships, collaborations, and information sharing.

While there are too many to mention individually in a short report, I would particularly like to thank the Women's Health Information Centre at the Royal Women's Hospital for their support and initiative.

It has been a pleasure to experience the commitment of all agencies concerned in collaborating to provide the best possible health outcomes for the women with whom we work, in a linguistically and culturally appropriate way.

This year also gave me an opportunity to collaborate with our Project Worker Joumanah El Matrah on a Paper for the *Refugee Convention Fifty Years on—Where to from Here?* Conference (held in Sydney in December 2001). We presented on the impact of racism and public policy on women's health, particularly after 9/11.

Other collaborations included: the Royal Women's Hospital Women's Health Information Centre Advisory Group, the Human Rights Alliance of Australia, the Women and Racism Working Group, and working on responses to anti-terrorism legislation.

It's been another year of consolidation and progression, all aimed at putting immigrant women's (health information) needs first.



anna volpe publications and promotions worker

From a publications and promotions perspective, you could say that it's been the kind of year where you turn around once and six months have (mysteriously) elapsed. The upside of this frenetic pace, is that we are reaching more immigrant working women and addressing more of their health needs.

A lot of work went into promoting our Forums this year, namely *Telling Lives* (which celebrated International Women's Day, March 8) and *Taking Action* (celebrating the International Day of Action on Women's Health, May 28). This meant lots of promotional materials (flyers, posters, media releases) and lots of communicating and promoting of our key message: putting immigrant women's health first.

We got a great response to both Forums, many immigrant women attended and we effectively promoted the issues that relate to their wellbeing. Both Forums neatly define what we do here—we are an access point for working immigrant women's health education needs (an educational process which is definitely reciprocal) and, we are a platform for expression and advocacy relating to immigrant women's health.

This work demands the strategic targeting of health providers through our Training Program—and that means publications and promotions work too. For immigrant women to have access to culturally and linguistically appropriate health care, health providers need to be trained in immigrant women's health issues. We ran training this year with Family Planning Victoria and spent a great deal of effort promoting workshops, across various media, to reach health providers and to highlight important issues.

A considerable amount of my time went on media contact this year, raising our profile. This provides a 'template' for clever employment of media opportunities—which our work should continue to generate and that immigrant women's health demands.

As usual my work meant trying to anticipate worker needs, with an eye to future directions. We spruced up our web site (for which we received promising feedback; thanks to Simon Hill at Synex and Peter McKemish at Netcore), and will soon develop a strategy to totally revamp the site, which in 2003 should see some major reworking and development.

Work began on the double issue of *Working Well* which hopefully you've read by now, featuring our bilingual Health Educators. The Educators speaking for themselves and their work is compelling. I'd like to take this opportunity to thank them and all staff for all their contributions, not only to *Working Well*, but to all my work—which by its nature is both collaborative and representative.

And on the subject of publications I'd like to thank Pamela Brañas for her fabulous line drawings that feature in the latest Newsletter and for all her patience in accommodating my (always) pressing deadlines (more of her work is in this Annual Report; her photography in last year's Report was also fabulous). Also to Kendra Tolley our Printer, thank you for helping me get things done on time, (I don't know how you do it).

And also of course I'd like to thank my co-workers at WWH; I hope my efforts to promote their important work continues to reach as many immigrant women, health providers, and anyone else with an interest or stake in the health and wellbeing of working immigrant women.



Work hard one year, and work will chase you wherever you go in the next. I'm not complaining, this year's increased activity has provided me with a 'firm footing', and it makes me feel very settled.

This year's focus in training was mental health and related issues. Mental Health is adversely affected by cultural stigmas and structural inaccessibility that can cause immigrant women's mental health issues to be hidden; the consequence of this is their health needs are not addressed.

In response, our bilingual Health Educators participated in intensive training on immigrant women's mental health issues. Training provided an overview of mental health and the services available for treatment and support. This Training (provided by ADEC) developed our Educators' understanding of mental illness and its causes. Alternative treatment methods including naturopathic therapies and Chinese medicine were also examined. (Trainers included the Victorian Foundation for Survivors of Torture, and Dr Hua Cao an expert in healing practices using alternative methods). Other trainers brilliantly taught on depression and therapy, and related referrals (Dr Tuncer, Clinical Psychiatrist, and Diane Gabb, from the Victorian Transcultural Psychiatry Unit, St Vincent's Hospital).

Medicating pain became a huge issue particularly amongst women in manufacturing. Our bilingual Health Educators were trained in pain management techniques, self-help methods, the correlation between pain and depression, the differences between hurting and harming, and the side effects of medications. Occupational therapist Meredith Doery led training on alternative methods of dealing with pain.

Once again Gwenda Cannard and Tomi Redman from TRANX updated us on minor tranquillisers and pain-killers. Gilliane Moon from Moreland Hall Drug and Alcohol Service, and Sandra Roeg from Turning Point, conducted training with four new Educators bringing them up to speed with the rest of the Educator Team. Educators also updated on HRT and contraception thanks to Ann Johnson from Family Planning Victoria.

My external focus was on agency partnerships relating to service delivery, and awareness of the health issues affecting immigrant women. Family Planning Victoria (FPV) and Turning Point were most present in my work this year.

In July WWH and FPV conducted a workshop for medical professionals (*NESB women and sexual health*); in August a workshop for health nurses (*Unplanned pregnancy among NESB women*); and in September a further workshop for nurses about immigrant women's experiences of the health system and sexual and reproductive health.

Our Partnership with Turning Point was rewarded with two training projects targeting bilingual and ethno-specific workers in the Western, Northern, and Eastern Metropolitan Regions. These Projects focus on alcohol and drug education, and harm minimisation. La Trobe University again invited us to speak to their biomedical students and co-facilitate their ongoing workshop *Reflective Practice in Health Promotion*. I also delivered a Paper, *Engaging Diversity*, at a Victorian Alcohol and Drug Association (VAADA) Conference for the Southern Region.

The second part of the year focused on mental health issues for women in prison in preparation for our health promotion project to be conducted next year in Victorian women's prisons; many thanks to Bronwyn Beadle at Dame Phyllis Frost, Ellen Storey at Tarrengower, and Sevgi Kilic at the Victorian Department of Justice—we hope this Project will have positive effects on women's health in prisons. Our Rural Project is also up and running—Adele and I 'broke the ice' by running a cross-cultural workshop at Loddon Mallee Women's Health Service in June.

The Health Educators are now prepared for new adventures and challenges in a new field—legal issues and law (thanks go to Arati Vidyasagar from the Darebin Community Legal Centre). There is always something else to learn when it comes to immigrant women's health, always another way to assist immigrant working women.



medina idriess farrep worker

This year I continued work on the Positive Sexuality and Sexual Health Project. The Project was conducted in five stages: development of a visual aids and resources database; drafting of workshop modules; FARREP worker and women in the community consultations; finalisation of modules in consultation with the Reference Group; and Reference Group recommendations for use of the modules within FARREP.

The database in Arabic, Tigrigna, Amharic, and Somali has now been compiled. The modules have been drafted, and related focus groups with FARREP workers and targeted women have been conducted. The Reference Committee then provided feedback on the revised modules.

The combined recommendation from the focus and reference group was to seek funding for FARREP worker training in the use of the new modules, and for resource translations to be made in relevant African community languages.

This year I ran health sessions with the Sudanese Association Women's Group, two new-arrivals groups, and the Islamic Young Women's Group. I also ran outreach sessions on reproductive and sexual health, mental health, the safe use of medicines, tranquillisers, occupational health and safety (at work and at home), and cancer prevention in conjunction with one of the Cancer Council of Victoria's bilingual workers.

I continued to contact and assist newly-arrived women, providing health information and prevention strategies and, service information.

Feedback from women continued to be really positive and women participating in my sessions were amazed by the access to multilingual resources in their own language; interest continued to grow for further sessions covering various women's health topics. It was a real satisfaction (in view of women's reactions to material in their own languages) then to produce information on sexual health and sexuality in African languages for a recent issue of WWH's Newsletter.

Sessions build trust in our services and maintain networks relating to health and other issues. Speaking of networks, this year I developed networks with the NSW Multicultural Access Unit, the Sudanese Association Women's Group, the South Sudanese Women's Group, the Young Australian Moslem Women's Group, the Young African Women's Group, and the Young Somalian Women's Group.

As a community worker I have been invited by DIMIA to consult with the Regional Director appointed for Africa regarding African women's interests in refugee camps. I also participated in the community consultation relating to the new law on religion and race tolerance and the raising of awareness amongst communities. Advocacy is crucial to my work; I provide information on women's backgrounds and how to respond in a culturally appropriate manner to their needs, as appropriate.

Professional development has also been on the agenda this year; I participated in training (both via FARREP and WWH), increasing my skills, knowledge, and confidence. This included DHS Human Rights Training.

My role and responsibilities include assisting women to maintain their human rights, minimising violence against women, and promoting respect of women and their dignity. These factors all have a major impact on women's health and wellbeing.

For the future Northern Region FARREP Workers are planning two joint projects which will focus on various health topics including nutrition, diabetes, family planning, issues relating to adolescents and also young girls' issues. The Projects will begin mid-October 2002. Another project that looks promising is WWH's submission to the Office of Women's Policy for funding to organise a statewide conference regarding female human rights.

Thanks to all African community workers including FARREP Workers, and to the Cancer Council of Victoria's Community Language Program Staff. Finally I would like to thank all WWH Staff; they are not only a good workers, but also create a friendly environment, in which you feel as if you are amongst family. I'd also like to thank the bilingual Health Educators, they are very supportive, sharing information and knowledge among each other and with us all.



Project: Health service use in Victoria by young women from Sahel Africa. This Project's aim is to describe and improve the access to, and use of, health services in Victoria for young women from the Sahel Africa Region.

More specifically, young women's access to health services was to be increased by improving awareness and sensitivity towards the health needs of young women by service providers, thus improving the capacity of health services to provide appropriate services for young African women.

The Project also aims to improve the awareness of young African women in regard to the health services available, thus enabling them to use the services available for them.

I conducted interviews with key informants including relevant health professionals (GPs, social workers, midwives, nurses, and gynaecologists), as well as community health workers (including FARREPs, African community support workers, and NGOs such as youth group coordinators, housing groups, and settlement officers). Community association leaders were contacted in order to identify young women to participate in the group sessions. Insight was also provided by parents of adolescent girls, who gave their own perspectives to the Project of the issues girls contend with relating to the health system.

Eleven group sessions have been conducted with the young women in order to establish an unbiased view of the opinions and issues of young African women in regards to health service use in Victoria.

The groups themselves were organised into certain categories. Sometimes it was easier to conduct discussions with groups who were of the same ethnic background or spoke the same language, and other times it was easier to conduct discussions with groups of existing community organisations, similar areas of residence, similar marital status, or similar lifestyles.

We have conducted eleven group sessions with young women from Eritrea, Ethiopia, Sudan, Ghana, Nigeria, and Somalia. The group sessions were comprised of high school, TAFE, college, university, and English language school students. Some of them live with their parents, others with husbands, children, and some independently. They speak a variety of different African languages, including Amharic, Tigrigna, Tigre, Arabic, and Somali. Their knowledge of the English language varied from fluent to none at all. We conducted the group sessions in various languages, depending on the particular group's needs.

The young women involved lived in Australia for periods ranging from one to fifteen years. The women chosen reside in the Northern Region (27 per cent), the Western Region (65 per cent) and the Southern Region (8 per cent) of Melbourne.

The group sessions have been organised and conducted through the great efforts and support of community health educators, youth workers, interpreters, and student welfare teachers.

The Project is at a stage where we have to conduct approximately two or three more group sessions in order to finalise it. The writing of the Report will follow this and a continuation of the Project with a second phase based on the findings of these consultations is set to occur.



Although I have been at this Organisation just over a year the impact of my time has been very important for me.

My time has established the foundation from which our work on retrenchment of immigrant women from the workforce might develop in the future.

In researching the extent and reasons for retrenchment of immigrant women from the Victorian workforce it has become clear that immigrant women who are newly-arrived in Australia are unlikely to find a place within our employment sector. Traditional forms of employment for immigrant women with limited English skills are dissipating, and it is unclear what opportunities, if any, will present themselves in the future.

Also completed, is the documentation of a community education campaign with migrant women on depression and minor tranquilisers. From the documentation of this Project, it has become clear the extent to which loss and depression feature in the lives of immigrants and the need to provide options for women dealing with these issues. The model of community education delivered by Working Women's Health has proved enormously successful. Finally, there is the documentation of the health impact of working on stand-up sewing machines for pregnant women.

The seedling of a feminist researchers group has also been established to develop protocols for the ethical research with women from an immigrant background.

Much of my time at Working Women's Health has been dedicated to documenting and articulating some of the experiences of Muslim women and their communities following September 11 2001. WWH has published material on the impact of September 11, with a focus on the impact of racism and xenophobia against women. Much has changed in Australian in relation to how we deal with the issues of race, difference, and disadvantage. And much of what has changed is not for the better and, will further alienate those who have migrated here to begin again.

I would like to express my absolute gratitude for all the Staff at Working Women's Health for their kindness, support, and generosity. It was great to work with such an amazing group of women, I will miss them terribly.



WWH collaborated with a number of agencies this year to conduct health education sessions with immigrant women on the many issues surrounding the use of alcohol and other drugs.

Benzodiazepine use was the topic of health education sessions conducted as a part of projects run in the Eastern and Western Regions, in partnership with TRANX, Women's Health East (WHE), and Women's Health West.

The women who participated in both of these projects had varying experiences with tranquilisers and sleeping pills—some women reported negative experiences coming off the medications, and a lack of adequate information on prescription. Many of the women were interested in ways of coping and reducing stress that did not involve taking medications.

In the West, five sessions with women were conducted, attended by a total of ninety-nine women. The groups were from the Vietnamese, Turkish-speaking Cypriot, Macedonian and Horn of African communities. In the Eastern Region, Health Educators conducted twenty sessions with women from the Chinese, Greek, Croatian, Macedonian, and Sudanese communities.

On the basis of this Project, TRANX and WHE produced *An Informed Choice*, an excellent manual for the use of service providers who wish to organise health education sessions with immigrant women on the topic of benzodiazepines. WWH is looking forward to a similar health promotion project to be conducted later in 2002 in the South East Region in collaboration with Women's Health in the South East.

Anti-Depressants and Pain Relievers were the topics of focus in the forty-eight multilingual health education sessions conducted with women from the Arabic, Greek, Vietnamese, Italian, Macedonian, Khmer, Croatian, Chinese, and Spanish-speaking communities, living or studying in the Northern Metropolitan Region. The Project was successful in meeting a high demand for education among groups of women who are particularly vulnerable to use of these medications without appropriate information or alternatives.

It demonstrated a need for ongoing education with women on prescribed medications and health and wellbeing, with a particular emphasis on depression, loss and grief, stress and anxiety. The Projects demonstrated that there are key structural barriers that continue to substantially undermine the health and wellbeing of immigrant women, often related to the limited access immigrant women have to health information and health services except through their local doctor. A project report available from WWH will be published later in 2002.



telling lives, taking action forums report

WWH celebrated International Women's Day with *Telling Lives*, a day of activities and discussion for immigrant women, in partnership with Women's Health In the North, the Islamic Women's Welfare Council, and the City of Darebin. The celebration (ably organised by Wahibi Moussa) attracted about one hundred participants and took place at Penders Park in Preston.

The festivities began with a welcome from the Darebin Mayor, Marlene Kairouz, as well as some wonderful performances from Birri-On Kidjeka (the Indigenous women's dancing group), the Sudanese women dancers, and performers from the Brunswick Women's Theatre.

The performances preceded discussion groups held over lunch around women's stress. The discussion raised many issues central to women's lives and work—juggling housework with other family and paid work responsibilities, stress in the workplace, depression and racism.

These compelling and honest group talks were then followed by art workshops—an opportunity for women to share their own artistic talents with other women. Many of us left the celebration decorated with Maryam Kambal's beautiful henna designs. We also had the opportunity to use the skills gained from Angelina Brazzale's demonstration to create expressive painted tiles. Finally, Ethel McIlvaney demonstrated traditional Indigenous women's basket weaving to an appreciative audience.

The day was a fantastic opportunity for women to come together in our diversity, to honour the richness and the value of women's work and the importance of women's health in the community. It opened an opportunity for women to discuss the issues they face in their everyday lives, to share their art, and thanks to the beautiful outdoor setting of Penders Park, enjoy the Autumn Sun.



Some of the stories told by women at *Telling Lives* formed the basis for the second forum conducted by WWH this year. Held on May 28 as a celebration of the International Day of Action on Women's Health, the theme of the *Taking Action* forum was Racism and Women's Health.

Capably facilitated by Gabrielle Fakhri, *Taking Action* attracted over fifty participants to hear such wonderful speakers as Lisa Thorpe, Maria Dimopolous, and Wei Leng Kwok.

Speakers covered many issues related to racism and women's health. Topics ranged from the ways that structural racism impedes on Indigenous and immigrant women's access to health-related services, to the ways in which we might understand Australia as a colonised (and colonising) country, and immigrants too, as implicated in this ongoing process of colonisation.

Simultaneously, forum participants were interested in exploring women's different experiences of racism and how these relate to the global, national, and local pictures.

Many of us came away from *Taking Action* with a clearer recognition of the complexities of racism and the need to generate ongoing discussion, in a range of forums, about the many issues surrounding it.

we'd like to thank you

THANK YOU

Absolutely Women's Health,
Access Training
and Employment,
ACIRRT,
ACORM,
ADEC,
African Working
Women's Group,
Amanda Pearce,
AMES,

THANK YOU

Angelina Brazzale,
Ann Johnson,
Anna Brazier,
Arabic Women's
Group Preston,
Arati Vidyasagar,
Arty Richetti,
Assyrian Women's
Group Meadow Heights,
Asylum Seeker
Resource Centres,
Australian Lebanese
Welfare Association,
Australian Manufacturing
Workers Union,
Australian Red Cross,
Beba Knitwear,

THANK YOU

Birri-On Kidjeka,
Bronwyn Beadle,
Brunswick Women's Theatre,
Cancer Council of Victoria,
Candy Australia,
Can't-Tear-Em,
Caroline Alcorso,
Caroline Hogg,
Casey CHC,
CEH,
Chaldean Iraqi Women's
Group Glenroy,
Chinese Community
Social Services,

THANK YOU

Chinese Women's
Group Kew,
Chinese Women's Group
Ross House,
Chinese Women's
Group Springvale,
Chris Spencer,
City of Darebin,
Croatian Welfare Organisation,
Croatian Women's
Group Footscray,
Dame Phyllis Frost
Women's Prison,
Darebin CHC,
Darebin Community
Legal Centre,
David Woodward,
Deb Pietsch,
Department of Justice (Victoria),
Diane Gabb,
Dianella Community Health Inc,
Distillery Press,
Doutta-Galla CHC,
Dr Hua Cao,
Dr Tuncer,
Ellen Storey,
EPA,
Eritrean Women's Group,

THANK YOU

Ethel Mcllvaney,
Family Planning Victoria,
Filigree Textiles,
Flemington Refugee
Week Committee,
Footscray Youth Housing,
Gabrielle Fakhri,
Gilliane Moon,
Gippsland Women's Health Service,
Greek Women's
Group Brunswick,

THANK YOU

Greek Women's
Group Collingwood,

THANK YOU

Greek Women's Group
East Preston,
Gurkan Capar,
Gwenda Cannard,
Homy Ped,
Horn of Africa Women's Group,
Immigrant Women's Domestic
Violence Service,
Indo-Chinese Women's Group
St Albans,
ISIS Primary Care,
Islamic Women's Welfare
Council of Victoria,
Islamic Young Women's Group,
Italian Social Club Moorabbin,
Jason Toumbourou,
John Szala,
Julie Futol,
Kate Silburn,
Kaye Bishop,

THANK YOU

Kendra Tolley,
Key Centre for Women's Health,
Kookai,
Kurdish Association of Victoria,
La Trobe University
Women's Studies,
Leader Newspapers,
Lisa Thorpe,
Loddon Mallee WHS,
Macedonian Women's Group
St Albans,
Maria Dimopolous,
Marlene Kairouz,
Melba Industries,
Meredith Doery,
Mmaskepe Sejoie,
Moreland CHC,
Moreland Hall,
MRCs,
Multi-ethnic Slavic Welfare,
Newly-arrived Arabic Women's
Group Fawkner,

THANK YOU

Northern CASA,
Northern Metropolitan TAFE,
NSW Multicultural Access Unit,
Pamela Brañas,
Rachel Green,
Radical Women,
Raquel Grant,
Refugee Action Collective,
RMIT Collingwood,
Samia Baho,
Sandra Roeg,
Santina Bertone,

THANK YOU

Senior Horn of Africa
Elderly Group,
Sevgi Kilic,
Sharon McMeekin,
Shepparton CHC,
Shepparton ECC,
Shepparton Iraqi
Women's Group,
Simon Clarke,
Sisters Inside,
Soo Lin Quek,
Souad Yassin,

THANK YOU

South Sudanese Women's Group,
Spanish Women's Group Braybrook,
Springvale CHC,
Sudanese Association
Women's Group,
Tarrengower Women's Prison,
Tomi Redman,
Toyota,

THANK YOU

Trades Hall Council of Victoria,
Transcultural Mental Health Unit,
TRANX,
Travellers Apparel,
Turkish Women's Group Glenroy,
Turkish Women's Group
West Sunshine,
Turning Point,

THANK YOU

VAADA,
VCOSS,
VICNET,
VICSEG,
Victorian Arabic Social Services,
Victorian Eritrean Women's
Group,
Victorian Foundation for
Survivors of Torture,
Victorian Transcultural Psychiatry
Unit, St Vincents Hospital,
Victorian Women's Trust,
VUT St Albans,

THANK YOU

West Sunshine CHC,
Western Region CHC,
Western Suburbs Settlement
and Advisory Committee,
Women's Health at Work,
Women's Health East,
Women's Health Goulburn
North East,
Women's Health Grampians,
Women's Health In the North,
Women's Health
Information Centre
Royal Women's Hospital,

THANK YOU

Women's Health Resource
Services Barwon South
Western Region,
Women's Health South East,
Women's Health Victoria,
Women's Health West
Workplace Studies Centre,
Young African Women's Group,
Young Australian Moslem
Women's Group,
Young Somalian
Women's Group.

THANK YOU THANK YOU THANK

YOU THANK YOU THANK YOU

THANK YOU THANK YOU THANK

Thank you to everyone we worked with this year to put immigrant women's health first, especially the immigrant working women from whom we learn so much every year.

In today's corporate world, it would seem that the single most important objective to most companies is making money. Cash flow. Revenue. Profits. These words would appear to be the maxim of the business world. Occasionally, it seems that the terms job satisfaction, and beliefs and principles, have been mired by the need for, admittedly important dollars.

Having worked in many businesses in various industries over the years, I have seen a plethora of corporate realities, both good and bad. However Working Women's Health is the first organisation in which I have been employed where my job satisfaction is at an absolute peak.

I have been employed as Finance Worker at Working Women's Health since 2001. I am a feminist and an author in my spare time. My literary works have mainly concerned the maintenance of feminist ideals. Understandably, the fact that I am employed in the area of women's health is one of immense satisfaction to me.

I am also an immigrant to this country, and I am constantly aware that my service is connected to the health of immigrant women like myself. That my tasks at work help contribute to the improvement of all women's health in the community gives me great contentment.

I strongly believe that Working Women's Health provides me with job satisfaction because my employment coincides with my own personal beliefs.

In mentioning the term job satisfaction, I'd like to thank Mandy (Hays Personnel, Moonee Ponds) for selecting me for the interview, Adele Murdolo for adding me under her kind wings with the other chicks and assisting me with her smiling face whenever I need it, and my fellow workmates for their friendly help and lovely team effort. I appreciate and am faithful to Di Gibbs for training me and Graeme Delany (Accountant) and Judy Schrever (Consultant) for their valuable assistance towards my work which is assisting in the improvement of the quality of my output.



WORKING WOMEN'S HEALTH INC.
REG. NO: A0023550R

INDEPENDENT AUDIT REPORT

To the Members of Working Women's Health Inc.

Scope

I have audited the attached financial statements, being a special purpose financial report, of Working Women's Health Inc. for the year ended 30th June, 2002. The Committee of Management is responsible for the financial statements and have determined that the accounting policies used and described in Note 1 to the financial statements are appropriate to meet the requirements of the Associations Incorporation Act 1981 and the needs of the members. I have conducted an independent audit of the financial statements in order to express an opinion on them to the members of Working Women's Health Inc. No opinion is expressed as to whether the accounting policies used are appropriate to the needs of the members.

The financial statements have been prepared for distribution to the members for the purpose of meeting the requirements of the constitution. I disclaim any assumption of responsibility for any reliance on this report or on the financial statements to which it relates to any person other than the members, or for any purpose other than for which it was prepared.

My audit has been conducted in accordance with Australian Auditing Standards. My procedures included examination, on a test basis, of evidence supporting the amounts and other disclosures in the financial statements and the evaluation of significant accounting estimates. These procedures have been undertaken to form an opinion as to whether, in all material respects, the financial statements are presented fairly in accordance with the accounting policies described in Note 1 to the financial statements. (These policies do not require the application of all Accounting Standards and UIG Consensus Views).

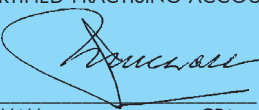
The audit opinion expressed in this report has been formed on the above basis.

Audit Opinion

In my opinion the financial statements present fairly, in accordance with the accounting policies described in the Notes to the financial statements and the requirements of the Associations Incorporation Act 1981, the financial position of Working Women's Health Inc. as at 30th June, 2002, and the results from operations for the year then ended.

Dated this 2nd day of October, 2002

POBJOY MULHALL & ASSOCIATES
CERTIFIED PRACTISING ACCOUNTANTS


JOHN MULHALL CPA
Registered Company Auditor

19-21 Argyle Place South
Carlton 3053

WORKING WOMEN'S HEALTH INC.
REG. NO: A0023550R

STATEMENT OF CASHFLOWS

	2002	2001
CASH FLOWS FROM OPERATING ACTIVITIES		
Receipts from Other Sources	8,752	30,257
Payments to Suppliers & Employees	(591,593)	(637,644)
Interest Received	5,146	9,221
Receipts from Government Grants	<u>624,013</u>	<u>575,100</u>
NET CASH PROVIDED/(USED) IN OPERATING ACTIVITIES	<u>46,318</u>	<u>(23,066)</u>
CASH FLOWS FROM INVESTING ACTIVITIES		
Proceeds from Sale of Property, Plant and Equipment	-	-
Payment for Property, Plant and Equipment	-	<u>(77,653)</u>
NET CASH PROVIDED/(USED) IN INVESTING ACTIVITIES	<u>NIL</u>	<u>(77,653)</u>
Net Increase (Decrease) in Cash Held	46,318	(100,719)
Cash at the Beginning of the Reporting Period	<u>161,978</u>	<u>262,697</u>
CASH AT THE END OF THE REPORTING PERIOD	<u>208,296</u>	<u>161,978</u>

NOTES TO THE STATEMENT OF CASH FLOWS

1.	RECONCILIATION OF CASH		
	Cash on Hand	400	200
	Cash at Bank	158,026	21,778
	Investment Account	<u>49,870</u>	<u>140,000</u>
		<u>208,296</u>	<u>161,978</u>
2.	RECONCILIATION OF NET CASH PROVIDED BY: OPERATING ACTIVITIES TO OPERATING PROFIT AFTER INCOME TAX		
	Operating Profit after Taxation	(70,403)	(35,501)
	Depreciation and Amortisation of Non-Current Assets	21,047	13,337
	Changes in Net Assets and Liabilities:		
	Decrease (Increase) in Current Receivables	(894)	-
	Decrease (Increase) in Other Current Assets	-	(6,145)
	Increase (Decrease) in Current Trade Creditors	(7,594)	3,813
	Increase (Decrease) in Current Accruals	19,415	1,232
	Increase (Decrease) in Grants in Advance	<u>84,747</u>	<u>198</u>
	NET CASH PROVIDED BY/(USED IN OPERATING ACTIVITIES	<u>\$ 46,318</u>	<u>\$ (23,066)</u>

WORKING WOMEN'S HEALTH INC.
REG. NO: A0023550R
STATEMENT OF FINANCIAL POSITION
AS AT 30TH JUNE, 2002

ACCUMULATED FUNDS	2002	2001
Balance as at 1st July 200	103,406	73,333
Adjustment - Overprovision	-	<u>65,574</u>
	103,406	138,907
Surplus/(Deficit) for the year	<u>(70,403)</u>	<u>(35,501)</u>
BALANCE AS AT 30TH JUNE, 2002	\$ 33,003	\$ 103,406
CURRENT ASSETS		
Cash on Hand	400	200
Cash at Bank	158,026	21,778
Investment Account	49,870	140,000
Security Bond	8,502	8,502
Debtors & Deposits	<u>1,460</u>	<u>566</u>
	218,258	171,046
NON-CURRENT ASSETS		
Motor Vehicles	61,818	61,818
Less Prov. for Depreciation	<u>15,454</u>	<u>3,863</u>
Furniture & Equipment	73,806	162,528
Less Prov. for Depreciation	<u>35,982</u>	<u>115,248</u>
TOTAL ASSETS:	302,446	276,281
LESS CURRENT LIABILITIES		
Sundry Creditors	11,789	19,383
Provision for Long Service Leave	13,679	29,643
Provision for Annual Leave	30,188	8,987
Grant in Advance	93,200	8,453
Provision for Project Expenses	<u>120,587</u>	<u>106,409</u>
NET ASSETS:	\$ 33,003	\$ 103,406

WORKING WOMEN'S HEALTH INC.
REG. NO: A0023550R

**NOTES TO AND FORMING PART OF THE SPECIAL PURPOSE
FINANCIAL STATEMENTS FOR THE YEAR ENDED 30TH JUNE, 2002**

NOTE 1 - STATEMENT OF ACCOUNTING POLICIES

These financial statements are special purpose financial reports prepared for use by the Committee and members of Working Women's Health Inc. The Committee has determined that the Association is not a reporting entity and there is no requirement to apply Accounting Standards and other mandatory professional reporting requirements (Urgent Issues Group Consensus Views) in the preparation and presentation of these statements.

These statements are prepared on an accrual basis from the records of the Association. They are based on historic costs and do not take into account changing money value or except where stated, current valuations of non current assets. Accounting policies have been consistently applied, unless otherwise stated.

WORKING WOMEN'S HEALTH INC.
REG. NO: A0023550R

STATEMENT OF FINANCIAL PERFORMANCE
FOR THE YEAR ENDED 30TH JUNE, 2002

	<u>2002</u>	<u>2001</u>
<u>INCOME:</u>		
Grant - Department of Human Services - W.H.P. & F.P.	408,470	367,469
" - Dept. Community Services & Health - F.P.P.	103,661	108,203
" - Dept. of Human Services – Projects	27,135	99,626
Interest	5,146	9,221
Membership	-	20
Sale of Publications	668	453
Net Bilingual Register	3,396	5,116
Training Income	1,553	24,637
Miscellaneous Income	1,666	152
WWH Conference & Events	<u>2,363</u>	<u>-</u>
	554,058	614,897
<u>LESS EXPENDITURE:</u> as per statement attached	<u>624,461</u>	<u>650,398</u>
<u>SURPLUS/(DEFICIT) FOR THE YEAR:</u>	<u>\$ (70,403)</u>	<u>\$ (35,501)</u>

WORKING WOMEN'S HEALTH INC.
REG. NO: A0023550R

STATEMENT OF FINANCIAL PERFORMANCE

FOR THE YEAR ENDED 30TH JUNE, 2002

<u>EXPENDITURE</u>	<u>2002</u>	<u>2001</u>
Staff – Benefits	91,991	70,745
Salaries - Regular	266,397	193,777
Salaries - Casual	103,574	101,623
Superannuation	33,269	27,801
Workcover	11,684	5,892
Office Expenses	10,319	11,192
Postage & Telephone	12,991	19,137
Light & Power	5,485	5,922
Premises - Rent etc.	39,684	37,889
Insurance & Legal Cost	-	2,773
Accounting, Audit & Bank Charges	5,751	2,966
Miscellaneous	643	71
Resources & Subscriptions	3,799	7,022
Staff Development, Training & Recruitment	3,327	11,744
Management Costs	2,091	3,463
Travel	5,400	4,672
Equipment Purchase, Rental & Service	6,989	6,606
Depreciation	9,456	13,337
Motor Vehicle Costs	17,210	12,292
Library Resources	2,222	2,303
Professional Supervision	695	943
Publications	8,445	11,415
Conferences & Seminars	3,117	5,244
W.W.H. Events	6,737	9,717
Organisational Promotion	4,888	4,866
I.T. Related Costs	5,591	-
Consultancy	3,232	19,969
CHE Training Program	4,829	6,175
Provision for Projects	(66,514)	-
Relocation Costs	-	6,671
Staff Amenities	4,237	3,089
Other Program Expenses	4,658	8,962
Internet & Web Page	1,384	1,169
Organisational Planning & Stationery	4,196	4,496
Office Maintenance	3,002	26,455
Provision for Staff Entitlements	<u>3,682</u>	<u>-</u>
<u>TOTAL EXPENDITURE:</u>	<u>\$ 624,461</u>	<u>\$ 650,398</u>

educators

cally ituarte (greek)

cigdem guler (turkish and kurdish)

hien tran (vietnamese)

jeanette shepherd (tagalog)

kim chi lee (vietnamese)

loranie leas (khmer)

maria cozzi (italian)

marianna jerbic (croatian)

medina idriess
(arabic, tigre, tigrigna, amharic)

natasha nikolovska (macedonian)

sevgi bulut (turkish)

soledad diaz (spanish)

svetlana bulevska (macedonian)

wafa ibrahim (arabic)

wanling zhang (chinese)

yanping xu (chinese)

board

JENNIFER NATALE
chairperson

DR WEI LENG KWOK
deputy chair

BARBARA ZOIS

ANNETTE SASSANO

MARY ZOIS

NILUFER YAMAN

DR VIVIAN LIN

JILANE B MATINGA

CATIE BORTOLOTT
(to June 02)

staff

dr adele murdolo
manager

iudita trifa
community and
industry organiser

vijay arun
finance worker

amira rahmanovic
training and
development worker

nigisti mulholland
project worker

carmela ieracitano
library coordinator

medina idriess
farrep worker

stephanie cauchi
health, information
and resources worker

monika manevska
office manager

cigdem guler
office manager

joumanah el matrah
project worker

anna volpe
publications and
promotions worker

maria cabello
cleaner

wahibi moussa
forums organiser
(to April 2002)

barbara ghiani
forums organiser
(to October 2001)

calendar

oct-dec 2002

2002 AGM (Oct), 2001-2002 Annual Report (Oct), Industry Visits Program (IVP) and Community Workshops Program (CWP) run throughout the year), Multilingual Library open all year, Alcohol and Drug Report available, Launch of three-year Strategic Plan (Oct)

jan-mar 2003

IVP, CWP, WWH participates in statewide IWD events (Mar), Rural Project sessions begin, 6th Edition of WWH Newsletter *Working Well* (Mar), Young Women's Project Providers Workshops (Mar), WWH bilingual Health Educators Training Program, Health promotion to immigrant women in Victorian women's prisons

apr-jun 2003

IVP, CWP, WWH contributes to FARREP Conference (Apr), Young Women's Project Report launch (Apr), International Day of Action on Women's Health Forum (May), WWH Multilingual Library goes mobile and into factories

jul-oct 2003

IVP, CWP, 7th Edition of WWH Newsletter *Working Well* (Aug), Annual Report 2002-2003 (Sep), AGM (Sep), WWH contributes to Refugee Week activities



i m a g e s
p a m e l a b r a ñ a s & a k
c o - d e s i g n
p a m e l a b r a ñ a s
a n n a v o l p e