

working well
newsletter
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Issue 18

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



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the cure:
unpacking the
health realities for
immigrant and
refugee women
in Australia

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.

amharic arabic cantonese croatian dari english farsi greek hindi italian macedonian
mandarin somali spanish tagalog thai tigre tigrigna turkish vietnamese

mcwh in thailand

This year I had the great privilege of being part of the Asia Pacific Women's Global Network on Reproductive Rights (WGNRR) meeting held in Bangkok (17-19 January 2010). I also represented MCWH at the First International Congress on Women's Health and Unsafe Abortion (IWAC); this took place just after the WGNRR meeting between January 20-23.

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The overarching theme for both meetings was women's reproductive health rights and in particular, safe access to abortion. Since Victoria recently went through an eventful campaign removing abortion from the criminal code, and reinforcing its status as a health issue, we thought sharing these experiences and the issues immigrant and refugee women face in Australia in relation to their sexual and reproductive health would contribute to the WGNRR regional meeting.

Meeting women from 20 Asia Pacific countries and listening to their stories about women's status and access to reproductive health rights, made me realise we have a long way in front of us in the battle to ensure women's lives worldwide are treated with due respect and care. This report gives you a glimpse of what was discussed at both meetings, but keep an eye on the MCWH webpage as we intend to conduct a seminar about the latest findings and issues relating to women's reproductive health rights, a briefing from both the events that took place this January in Bangkok.

Every minute across the world 380 women become pregnant, 190 women face an unplanned unwanted pregnancy, 40 women have an unsafe abortion, and one woman dies as a result of complications related to childbirth.

A survey of 197 countries by the Alan Guttmacher Institute found that restricting the availability of legal abortion does not reduce the number of women trying to end unwanted pregnancies. The survey also found abortion occurs at roughly equal rates in regions where it is legal and regions where it is highly restricted. When access is restricted (either by laws or facilities), more women engage in unsafe methods of abortion and put their lives at great risk.

Access to contraception and safe abortion is one of the major challenges for women's health around the world. High fertility, the unmet need for contraception, poor public health service delivery, and an unregulated private sector, are all great risks for exploitation. Unsafe abortions kill an estimated 66,500 women every year, representing 13% of all pregnancy related deaths. At the IWAC Dr Mahmoud F. Fathalla reflected:

'Women are not dying because of diseases we cannot treat. They are dying because societies have yet to make the decision that their lives are worth saving.'

On a more positive note, both meetings came up with declarations which are a cause for optimism. They both express the dedication of those present to make policies and create environments where *'...no woman in the world is denied access to her right to health and life'*. (Dr Mahmoud F. Fathalla)

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multilingual fact sheet project

The Multilingual Sexual and Reproductive Health Fact Sheet Project was initiated by the Multicultural Centre for Women's Health in response to the gaps in multilingual health information about menopause, contraception, sexuality and sexual health, menstruation, vaginal health, pregnancy and birth. The project fact sheets will be translated into five languages: Amharic, Hindi, Farsi, Macedonian and Thai.

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One of MCWH's main objectives is to develop multilingual health information that is balanced, uncensored and driven from a gender perspective—communicating across all social determinants that affect women (including culture, class, employment status, sexuality, disability, and immigrant and refugee status). By presenting information in such a way we continue our work that empowers women to make well informed decisions regarding health and wellbeing.

In responding to information requests I have too often found that information isn't available or where it does exist, it is not in the languages preferred by the women seeking it. It is in these moments that I am reminded of the real gaps and their real impact on immigrant and refugee women. In trying to actively fill these gaps I realised that there are other organisations that are also trying to meet these demands, hence the collaborative nature of this project.

There are so many amazing organisations producing exceptional information, in English and other languages across Australia.

The challenge was to somehow find a way to collate the most important information in a concise way that had maximum effect for all women. The organisations that were invited to join the project were asked because of their expertise in a particular area of health and also, because of their willingness to incorporate physical, lifestyle and mental health information that improves the quality of women's lives. The organisations and individuals involved are the Royal Women's Hospital, Mercy Hospital for Women, Southern Health, Marie Stopes International, Family Planning Victoria, The Jean Hailes Foundation for Women's Health, Catherine Chamberlain, Dr Vicki Kotsirilos and Anne Mitchell.

The topics were chosen based on the different life stages of women and the health experiences that we go through. There are transitions that as women we all go through even if our journeys are different. Through knowledge and being aware of the options available we are better able to have a more positive and less isolated experience of what is happening to us physically, mentally, and emotionally.

Where is the project at? At this stage, all drafts have been received from the working groups and are currently being revised and edited. Both the Publications and Promotions Coordinator and our graphic designer are working on final drafts that will be reviewed by the Working Group (including myself) before heading off to the translators. Stay tuned.

carmela pitt
multilingual library coordinator

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unpacking the health realities for immigrant and refugee women in Australia

Prevention is the Cure

A joint MCWH-ICEPA national symposium
28 October 2009
Victoria University
Melbourne Australia

Introduction

On the 28th of October 2009, the Multicultural Centre for Women's Health (MCWH), in collaboration with the Institute for Community, Ethnicity and Policy Alternatives (ICEPA), hosted a national symposium '*Prevention is the Cure: Unpacking the Health Realities for Immigrant and Refugee Women in Australia*'. A total of 75 participants from Victoria, ACT, NSW, NT and Tasmania attended the symposium, representing organisations ranging from the community and women's health sectors to multicultural organisations for young people, through to people with disabilities. The symposium presented delegates with an opportunity to provide feedback into the development of the National Women's Health Policy, with a specific focus on the health and wellbeing of immigrant and refugee women.

Emerging themes and key recommendations

A range of issues (and related recommendations) emerged around the following themes: access to health services; health information dissemination; preventative health; sexual and reproductive health; occupational health & safety; access to disability and respite services; ageing; research and data collection; government policy and procedure; collaboration and partnership; funding opportunities; coordination of programs on immigrant and refugee women's health; and immigrant and refugee women's health advocacy.

Symposium presentations: ideas and debate

There were four keynote speakers at the symposium. The first, Professor Hurriyet Babacan (Institute for Community, Ethnicity and Policy Alternatives, Victoria University) gave participants an overview of migration, women and health in Australia.

Immigrant and refugee women's health in Australia is complex and underpinned by various issues including discriminatory health policies in immigration selection; the limitations of migration statistics and research findings (which tend to suffer from gender blindness); the multiple realities faced by immigrant and refugee women; and the often ad-hoc and the short-term nature of resources for programs for immigrant and refugee women. Lack of awareness of legal rights, cultural inequality and male dominance in the family, and social isolation and discrimination, also contribute to negative health outcomes.

The barriers immigrant and refugee women face when accessing health services are many and include the lack of culturally and gender appropriate services; and limited access to transport. Immigrant and refugee women are at higher risk of health problems such as mental illness, diabetes, hypertension and cardiovascular disease. Research shows a higher proportion have poor reproductive and sexual health experiences and there is a lower uptake of cancer screening services such as mammograms and pap smears in some groups. Discrimination and social exclusion also have a negative impact—unwanted outcomes include higher susceptibility to physical and psychological illnesses including respiratory illnesses, hypertension, anxiety, depression and psychosis.¹

Improving immigrant and refugee women's health could be achieved by: incorporating gender and culture mainstreaming to methods used to improve access; increasing the availability of culturally competent and multilingual staff; ensuring information on health services and informed consent are in women's languages; using a human rights approach for related analysis; implementing human rights frameworks for health; and promoting equitable participation in decision making at all levels.

Associate Professor Bebe Loff (Human Rights and Bioethics School of Public Health and Preventive Medicine, Monash University) presented on human rights and immigrant and refugee women's health.

Human rights principles and norms—highlighting substantive rights and procedural rights were outlined during this presentation. Bebe Loff provided a synopsis of the human rights-based approach to immigrant and refugee women's health. This approach examines how people fare in relation to human rights and is founded on the UNDP's (United Nations Development Programme's) principles: universality and indivisibility; equality and non-discrimination; participation and inclusion; accountability and the rule of law.

A rights-based approach demands attention be paid to safeguarding human dignity, with specific attention to the most vulnerable groups. Using a gender perspective and ensuring equality and freedom from discrimination in programme implementation are vital. Safeguarding minority and unpopular groups, promoting access to information, and respecting the right to privacy are required.

Benchmarks and indicators are needed to track the development towards achieving the highest attainable standards of health. The application of human rights standards to health services or the evaluation of the realisation of right to health must be considered.

Recommendations relating to human rights and immigrant and refugee women's health include government being aware of its obligations in its interpretation of the right to health for all. As the Committee on Economic, Social and Cultural Rights has said, States have an obligation to respect the right to health 'by refraining from denying or limiting equal access—on economic, physical and cultural grounds—for all persons, including... asylum seekers and illegal immigrants, to preventive, curative and palliative health services'.² Governments need to remember they have legal obligations in relation to the health of every person within their jurisdiction.³

The third speaker Dr Adele Murdolo (Executive Director, Multicultural Centre for Women's Health) provided participants with insight into reproductive and sexual health issues for immigrant and refugee women.

Adele Murdolo used storytelling to convey the experiences of immigrant and refugee women accessing sexual and reproductive preventative health services and information. The social reality faced by immigrant and refugee women was highlighted. This includes a lack of information in colloquial languages and the dearth of bilingual and culturally competent health workers, both of which exacerbate barriers in health literacy faced by immigrant and refugee women in accessing contraceptive health services and information. Similar concerns were also raised about perinatal information and services, with the late presentation for pregnancy health care being more common among immigrant and refugee women.⁴ Research also shows that overseas-born women are more likely to develop gestational diabetes than Australian-born women.⁵

Occupational health and safety concerns (unemployment, low employment and poor working conditions) put a strain on immigrant and refugee women's health. For example outworkers are more vulnerable to hazards such as musculoskeletal injuries and workplace violence. Migrant women represent 95% of the approximately 300,000 outworkers in Australia.⁶

In addition to the generally higher incidence of psychological distress among immigrant and refugee communities, the story also illustrated the physical and psychological impact of restrictive family reunion policies on women's health.

Recommendations relating to the reproductive and sexual health of immigrant and refugee women centred on a preventative policy approach to avoid or reduce the risk of unwanted pregnancy, dangerous pregnancy, sexually transmitted infections (STIs), infertility, gestational diabetes, Type 2 diabetes, occupational injuries and illnesses, child accidents and illnesses, and stress and depression.

main feature

A preventative health approach must be supported by good social policy. For immigrant and refugee women this is the difference between a struggling life, full of daily obstacles, and a better life, characterised by independence, informed and constructive choices, bodily integrity and self-determination. A bilingual visiting program for newly arrived immigrant and refugee women should be initiated as part of the process of familiarising women with health and other related services.

Helen Rankin (Director, Gender and Reproductive Health Section, Department of Health and Ageing) then provided participants with a summary of the National Women's Health Policy and the national consultation process conducted by the Gender and Reproductive Health Section of the Department of Health and Ageing.

The National Women's Health Policy aims to: improve the health and wellbeing of all women in Australia, particularly women most vulnerable to poor health; promote a health system that is more responsive to women's needs; promote women's participation in health decision making and management; and promote health equity among women. The five principles underpinning the National Women's Health Policy are gender equity, health equity between women, a prevention focus, an evidence based methodology and a life course-based approach.

Participants raised various concerns including how other determinants of health, such as housing, were to be included in the new policy in relation to other government departments. Ms Rankin said the response would likely be a coordinated one, but the focus was what the National Women's Health Policy was attempting to achieve. The role of extended family members, specifically the role of men, in relation to the policy was also raised. This would most likely be addressed within the cultural competency framework.

The National Women's Health Policy also drew comment based on the principles underpinning it. Based on a holistic approach, an articulation of the significance of diversity in developing effective health policy should be included, as health equity

main feature

between women relies on recognition of how diversity affects women's health services. Quality qualitative studies are required to find out what marginalised, minority groups of women need in terms of preventative health care.

A wide range of issues

A wide range of issues were discussed post the presentations. Issues raised included: access to private health services; advocacy; strategic coordination of resources; exclusion and inclusion; women as carers; funding models; and addressing knowledge gaps.

Breakaway groups addressed many themes relating to immigrant and refugee women's health: critical health issues; knowledge gaps; collection/collation of information; and identifying effective health services to serve as models for other services.

Animated discussion flagged many needs: finding and sustaining long-term funding; addressing class and racism and supporting those who 'rock the boat'; challenging the labelling and categorizing of people and different groups; encouraging community activities and cultural interaction to increase cultural sensitivity and reduce discrimination; and supporting research and action to ensure immigrant and refugee women receive culturally sensitive and appropriately tailored services.

Prevention is the Cure provided insight into immigrant and refugee women's health. Services and policy makers can use this knowledge to inform their work in improving the health and wellbeing of immigrant and refugee women across Australia.

references

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If you would like further information on the National Women's Health Policy or MCWH's submission relating to the policy, please visit our website: www.mcwh.com.au

aod issues in immigrant and refugee communities: mcwh and turning point continue their partnership

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Turning Point Alcohol and Drug Centre and the Multicultural Centre for Women's Health (MCWH) have been working together since 2006. The training program we have developed aims to increase the knowledge and skills of key members within immigrant and refugee communities to: better equip them to deal with AOD issues within their community; increase the understanding of AOD workers and agencies in relation to improving access to members of immigrant and refugee communities; and increase the knowledge and skills within both groups to enhance their capacity to work together and respond to the AOD needs of those from immigrant and refugee backgrounds.

The approach used in the training involves both groups being trained in a shared environment to facilitate the development of stronger networks and better understanding of the complexities involved.

A total of eight two-day training sessions were recently conducted in metropolitan Melbourne, Dandenong, Geelong, and Shepparton. The last two-day sessions were delivered on 21 October and 4 November 2009 at Turning Point Alcohol and Drug Centre in Melbourne. Thirteen participants attended the training. They were mainly drug and alcohol workers from regional Victoria.

The first training session focused on the cultural context of drug use including the immigrant and refugee definition in an Australian context; cultural diversity in Australia; and demographic characteristics of immigrants and refugees in Australia based on 2006 Census (ABS).

The differences between refugees and migrants were also covered. Acculturation and stressors caused by migration were discussed. The other part of the training on the first day included AOD use in immigrant and refugee communities, classifying of psychoactive drugs, depressants, the effects of alcohol, the impact of specific drugs, the stages of change, and harm minimization. On the second day, the training included the barriers for immigrant and refugee communities in accessing AOD services, working effectively with interpreters and bilingual workers, and effective strategies and an action plan were developed by the participants. Various training methods and activities were used in the sessions including group discussion, role-play, case studies, and DVD material.

Very positive feedback resulted, with participants reporting a high rate of satisfaction with the training delivered.

Turning Point and MCWH delivered their most recent AOD and immigrant and refugee training on 24 March and 31 March 2010 in Dandenong (Victoria).

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advocacy toolkit
for immigrant and
refugee women

The MCWH national advocacy project, better known as the Points of Departure (POD) Project, is finally drawing to a close with the development of an advocacy toolkit. The POD project sought to build the capacity for NGOs and individuals across Australia to advocate on issues relevant to immigrant and refugee women.

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The development of an advocacy toolkit is one of the key activities undertaken on this project in a bid to address this objective.

Although the idea to develop a toolkit was conceived at the proposal development stage of the project, it became a more pressing and urgent priority as the project progressed. Immigrant and refugee women experience systemic disadvantage, due to the shortcomings of some government policies in a range of areas, and so the need for systemic advocacy. A discussion paper developed in the early stages of the project mapped some of these areas which include: low representation of women; low labour force participation; and violence against women. These challenges continued to surface in discussions held with stakeholders at different fora, including at a national forum held in April 2009.

The toolkit is to be used by women's and other community service organisations as a guide in training. It is also meant as a resource for general information for academics, policy makers, and the general public. It provides tips on how to do advocacy; whom to lobby; and key facts around specific issues. Links to some useful

resources are provided for further reading. The toolkit emphasizes the use of the internet, as most of the links provided are electronic.

The POD toolkit seeks to complement previously developed resources and is by no means a reinvention of the wheel. It is a product of a rigorous literature review; broad-based consultations with stakeholders across Australia; and anecdotal evidence from stories shared by women on different occasions. It is this strong evidence-based approach, coupled with its national focus, that distinguishes the POD toolkit from previously developed toolkits.

A second phase of the project has been made possible through continued funding from the Federal Office for the Status of Women. While no major challenges are anticipated in using the toolkit, provision has been made for further capacity building in this second phase. A state-by-state training program specifically targeting grassroots women will follow hot on the heels of the first phase. Participants for the training program will be identified with assistance from NGOs that already participated in the first phase of the POD project.

Comments on the toolkit are invited from all stakeholders who have been involved in different capacities at different stages of the project. Once finalized, the toolkit will be launched and posted onto the MCWH website.

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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 and the impact of gambling on immigrant and refugee women.

✦ 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 12,000 items and almost 70 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.

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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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