

# working well newsletter

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multicultural centre for women's health  
putting immigrant women's health first!



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Multicultural Centre for Women's Health is an immigrant women's organisation committed to improving the health and wellbeing of immigrant women working in paid and unpaid employment across Australia.

Multicultural Centre for Women's Health provides national leadership and excellence in multilingual health education, advocacy, training, and research with specific expertise in sexual, reproductive, occupational, and mental health.

healthy credit project: update

The **Healthy Credit Project** aims to empower immigrant and refugee women with the information they need to be effective consumers of credit. The Project also aims to encourage their use of the community resources available to them to deal with either self-incurred debt or transmitted debt passed on to them through their relationships with others, such as their partners or children.

The Project has four stages: an exploration of the credit and debt issues affecting immigrant and refugee women; the development and delivery of an appropriate training program on credit and debt for MCWH bilingual Health Educators; the reaching and education of 30 groups of immigrant and refugee women in workplaces and community settings regarding credit and debt; and the production of a report incorporating learning from all stages of the Project in order to promote the changes required to lessen the vulnerability and disadvantages of immigrant and refugee women regarding credit and debt.

In the exploration stage of the Project, the following people and organisations have been consulted: **Mona Mrad** and **Natalia Valenzuela**, Financial Counsellors, Kildonan Family Services; **Amal Khouri**, Social Worker, Australian-Lebanese Welfare; **Lina Meakoui**, Social Worker, Arabic Social Services; **Ian McIntosh**, Executive Officer, Financial and Consumer Rights Council; **Esther Gregory**, Financial Counsellor, Footscray Community Legal Service; **Arati Vidyasagar**, Community Education

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Worker, Darebin Community Legal Service; **Shirley Walker**, Financial Counsellor, Brunswick-Coburg Legal Service; **Phil Grinter**, Gambling Financial Counsellor, Gamblers' Help North; **Gul Erbas**, Turkish-Speaking Financial Counsellor, Care Broadmeadows; **Leila Alloush**, Manager, Arabic Social Services; **Sonia Vignjevic**, Settlement Manager, North Eastern Migrant Resource Centre; **Rachel Smith**, Manager responsible for Multicultural Unit, Consumer Affairs; **Yanping Xu**, Chinese Worker, Multicultural Worker, Consumer Affairs; **Harry Chin**, Senior Credit Inquiries Officer, Consumer Affairs; **Lisa Sarmas**, Lecturer, Faculty of Law, University of Melbourne; and **Lisa Vettori**, Project Worker, Enterprising Women, Women's Health In the North. Workers at the Centre for African-Australian Women's Issues (CAAWI)—both paid and unpaid—were consulted in a group interview; a focus group with Consumer Affairs staff—including staff from the Multicultural Unit, Conciliation and Credit Line was also conducted.

Information gained through the consultative stage of the Project is now being collated and will be used in the development of the aforementioned training program for MCWH's bilingual Health Educators about immigrant and refugee women and credit and debt.

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|   | <p><b>knowing her better: enhance your work with immigrant and refugee women</b></p>  |  |
| <p>amharic<br/>arabic<br/>cantonese<br/>croatian<br/>dari<br/>farsi<br/>greek<br/>italian</p> | <p>The immigrant and refugee experience has specific ramifications for women's wellbeing. It has been well established that after living in Australia for a period of five years many immigrant and refugee women experience a significant deterioration in their health and wellbeing. Compared to their Australian-born and English-speaking counterparts, immigrant and refugee women often experience higher rates of illness and health disadvantages. When ill, immigrant and refugee women appear less likely than Australian-born or English-speaking women to take action relating to their health. It is also clear that the health system can exacerbate existing health problems and create others of its own.</p> <p>'<b>Knowing Her Better</b>' is a series of training modules that constitute a positive move forward in training health professionals in working with immigrant and refugee women about their sexual and reproductive health. More broadly it is an opportunity for those working with immigrant and refugee women to work towards improved health experiences and outcomes for these women.</p> <p>'<b>Knowing Her Better</b>' training is comprised of six learning modules: Communication with Immigrant and Refugee Clients; Using Interpreters and bilingual Health Educators in Sexual and Reproductive Health Services; Building Trust with Immigrant and Refugee Clients; Cultural Awareness in Sexual and</p> |  |

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|  | <p>Reproductive Health; Isolation and Immigrant and Refugee Women; and Health Service Provision for Immigrant and Refugee Women.</p> <p>'<b>Knowing Her Better</b>' training is continually evolving to meet the needs of participants and to accurately reflect the immigrant and refugee women it represents. We are constantly reviewing module content to ensure it takes into account both new, emerging and established groups of immigrant and refugee women, and that it responds to the health issues currently affecting immigrant and refugee women. In this way, health professionals can be best equipped when working in this area.</p> <p>'<b>Knowing Her Better</b>' is a key feature of the MCWH Professional Training Calendar each year—we provide various opportunities to participate in this series. Not only that, you can participate in one module, several modules or the complete series depending upon your training needs in this area. And like many of our other training courses '<b>Knowing Her Better</b>' can be run in-house at your organisation regardless of whether you are in metropolitan Melbourne, country Victoria or located interstate.</p> <p>Check out our website at <a href="http://www.mcwh.com.au">www.mcwh.com.au</a> or telephone us on 03 9418 0999 for a '<b>Knowing Her Better</b>' flyer and a current series registration form.</p> <p><b>For further information about MCWH Professional Training contact our Training Programs Coordinator.</b></p> <p><a href="#">amira rahmanovic</a><br/>training programs coordinator</p> | <p>kurdish<br/>macedonian<br/>mandarin<br/>somali<br/>spanish<br/>thai<br/>tigrigna<br/>turkish<br/>vietnamese</p> |
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## national issues in immigrant and refugee women's health

by Dr Adele Murolo Executive Director MCWH

Originally presented at the FECCA Congress Hobart Tasmania 30-31 July 2007

### Introduction

At this important policy roundtable, I would like to make a presentation about the health status of Australian immigrant and refugee women. I would like to provide you with updated data about immigrant and refugee women's health status, along with an overview of some relevant national strategies that will help us all work on a national level in a coordinated way toward the incremental improvement of immigrant and refugee women's health.

However, I won't be doing this. I won't be doing this because at the present moment, there is no national data available on the health status of immigrant and refugee women. What I could provide you is data from 1991, from the time when the latest research was conducted for the National NESB Women's Health Strategy. But since 1991, I'm sorry to say that there has been no national research on this issue. Our data is sixteen years old.

### 1991 Findings & the Current Data Gap

In 1991, the National NESB Women's Health Strategy presented relatively comprehensive research on the health status of immigrant and refugee women. It found that immigrant and refugee women had specific poor health experiences that were different to those of others: immigrant and refugee men and Anglo-Australian women. Specifically, while immigrant and refugee women often came to Australia with excellent health, their health deteriorated after five years of living in Australia. This was especially noted in relation to their mental health and occupational health.

While there was not enough national data at the time to make definitive statements about differences in relation to all reproductive and sexual health issues, the report did note that existing data indicated that there were some problems: immigrant and refugee women were more likely to have complications in pregnancy and childbirth, and their rates of cervical cancer were higher than the general population.

The research conducted at the time provided a strong foundation for an argument for the development of nationally-coordinated specific health strategies for immigrant and refugee women. The argument was that immigrant and refugee women's life and health experiences were different, so our strategies needed to be different, and specifically tailored to account for the social, political and economic context of women's lives.

Let's switch to 2007: For those of us who are still working in the area of Australian immigrant and refugee women's health today, how relevant is the work that was conducted in 1991? Is the data out-of-date? Have the health and life experiences of immigrant and refugee women become more like those of the general population, or has the gap in fact widened?

### Immigrant & Refugee Women's Health: the Impact of Change

Certainly there have been many social, political and economic changes, many of which have impacted on immigrant and refugee women and their health since that time. In 1991, we didn't have immigrant detention centres; we hadn't yet implemented the Temporary Protection regime—both measures that we know have fostered a climate of increased institutionalised racism and social exclusion of newly-arrived immigrants and refugees.

## main feature

Australian industries were already going through restructuring at that time; that process has continued and there have been many more changes to our industrial environment since then (the early 1990s). Our manufacturing industry has significantly declined. We introduced call centres into our economy as the new industry for low-paid and highly-monitored workers. There has been a rise in casual and precarious employment, which has placed women who are already vulnerable in the workforce in an even more vulnerable position. It can be more difficult now for vulnerable workers to prevent or address occupational health problems. Unionism has declined. The new industrial relations regime has impacted significantly on workers who have less bargaining power and capacity in the labour force.

This snapshot of just some of the changes over the last sixteen years would indicate that the findings of the 1991 research are still to some degree valid. It indicates that immigrant and refugee women continue to be exposed to a range of life conditions that may impact adversely on their mental health and occupational health. It is probably the case, given the different life experiences, that immigrant and refugee women's health issues continue to be different to those of the general population and that we still need different strategies. It is also likely that immigrant and refugee women's health has continued to show a deterioration in health status during their lives in Australia. Perhaps not much has changed.

Certainly, in the course of our work at MCWH we continue to hear similar stories year after year:

**In 2004** a woman factory worker told us that she had lived in Australia for three years and she had never spoken to a health worker in her own language about how to care for her own health.

**In 2005** a 30-year-old woman told us that her doctor had put a contraceptive implant into her arm without explaining to her what it was.

## main feature

**In 2006** a newly-arrived woman told us that neither she nor her daughter had ever before been told about the range of contraception available to them. Her daughter had had three unwanted pregnancies.

**In 2007** a woman told us that she had been diagnosed with postnatal depression but had not been able to understand from the information she had been given exactly what it was, nor had she been able to access any appropriate services to assist her.

These are in fact similar stories to those that I have read in the National NESB Women's Health Strategy Paper and in report after report since then. Perhaps not much has changed except for the severity of the health issues, the chronic nature of the health conditions left untreated, the magnitude of the health problems and the urgency of the need.

### **The Health Needs of Immigrant and Refugee Women Remain Unanswered:**

In this sense, to answer my previous questions—Is the data out-of-date? Yes. There is an urgent need for up-to-date accurate national research on immigrant and refugee women's health status. We cannot continue to base our evidence for what we do in the health system on sixteen-year-old information.

How relevant is the work that was conducted in 1991? While the work is sadly out-of-date and therefore limited in its applicability, it is very relevant in its approach and recommendations. In my opinion it remains the case, perhaps now more than ever, that we need specific research on immigrant and refugee women's health. We also need specific and nationally coordinated strategies for the way that health services are provided to immigrant and refugee women, and that these services be developed on the basis of rigorous research.

## main feature

In some ways not very much has changed since 1991. But if we continue to manage without accurate information, not very much will change in relation to immigrant and refugee women's poor health status and their often alienating experiences in the health system. Any changes unfortunately will be those we don't really want.

dr adele murdolo  
executive director

1. Alcorso C, Schofield T. 'The National Non-English Speaking Background Women's Health Strategy'. Australian Government Publishing Service. Canberra, 1991. 2. Douglas D. 'Immigrant Women and Health – OCASI Presentation'. <http://www.ocasi.org/index.php?qid=785&catid=151> (accessed 29 August 2007). 3. Human Rights and Equal Opportunity Commission. 'Those Who've Come Across the Seas: Detention of Unauthorised Arrivals'. Commonwealth of Australia. 1998. 4. Mansouri F, Bagdas M. 'Politics of Social Exclusion: Refugees on Temporary Protection Visa in Victoria'. Deakin University. Geelong, 2002. 5. Momartin S, Steel Z, Coello M, Aroche J, Silove D, Brooks R. 'A Comparison of the Mental Health of Refugees with Temporary Versus Permanent Protection Visas'. Medical Journal of Australia, Vol 185, No. 7, October 2006, pp 357-361.

## MCWH Invitation to a Panel Discussion! 29 October 2007 6.30PM

Join our Expert Panel:

- ★ Professor [Prasuna Reddy](#)/Rural Health
- ★ Professor [Jayashri Kulkarni](#)/Mental Health
- ★ [Juliana Nkrumah](#)/Sexual and Reproductive Health
- ★ Associate Professor [Santina Bertone](#)/Workplace Health

With Special Guest:

- ★ Federal Shadow Minister for Health [Nicola Roxon](#) MP

Topic:

**National health policy and practice in immigrant and refugee women's health.**

**For more information or to register for this free forum:**

**visit:** [www.mcwh.com.au](http://www.mcwh.com.au) **email:** [reception@mcwh.com.au](mailto:reception@mcwh.com.au)  
**call:** 03 9418 0999

## what's happening at mcwh

### industry visits program in the workplace at mario's poultry

Recently the **MCWH Industry Visits Program** ran sessions with the women workers at **Mario's Poultry** in Thomastown.

The management invited us to speak directly to the women workers about MCWH and to ask them whether they would like to take part in our Program. This was met with a positive response from the women and on the basis of these consultations (as part of our woman-to-woman approach) we developed a series of sessions that were delivered to the women workers during their lunch break.

As the women were all Vietnamese our Vietnamese bilingual Health Educator Hien ran the weekly sessions.

The sessions proved to be a revelation to the women who participated. During the **Women's Health** session women were provided with information responsive to the health issues they had indicated were a priority, including pelvic floor. The women were amazed that there are exercises that help strengthen pelvic floor muscles and that these exercises can significantly improve related conditions.

Women generally accept certain health conditions—such as the weakening of the pelvic floor muscles—as 'part of life'. Many women exacerbate the impact of this kind of resignation by not accessing information

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|            | <p>about their health; women often put other priorities and other people before their own wellbeing. The women at <b>Mario's Poultry</b> were representative of both these attitudes and health-impacting habits.</p>  |
|            | <p>The learning exchange in our health education sessions encapsulates one of the key objectives of the MCWH Health Information Program: to ensure that immigrant and refugee women have access to the health information they need to make informed choices about their health and to improve their wellbeing.</p>                              |
| kurdish    |  |
| macedonian |  |
| mandarin   | <p>angela nesci<br/>health education<br/>programs coordinator</p>  |
| somali     |  |
| spanish    |  |
| thai       | <p>wrana-mcwh<br/>cedaw project</p>  |
| tigrigna   | <p>This year MCWH has been involved in the CEDAW (Convention on the Elimination of All Forms of Discrimination Against Women) Project in partnership with WRANA (Women's Rights Action Network Australia). MCWH has been in partnership with WRANA since 2005/06.</p>  |
| turkish    |  |
| vietnamese | <p>Since 2003 WRANA has been working with women in Australia including taking our voices to the UN in 2006 to assess Australia's implementation of women's human rights. WRANA wanted to ensure as many women as possible had the opportunity to express their opinion as to whether or not Australia's Governments were meeting their human</p> |

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|           | <p>rights obligations. MCWH was part of the consultation process that produced the Women's Report Card which was taken to the UN.</p>   |
|           | <p>CEDAW was signed by the Fraser Liberal/National Party Coalition Government in 1980, and was ratified by the Hawke Labor Government in 1983. By signing CEDAW Australia has committed itself to women's human rights.</p>   |
|           | <p>Australia is required to report to the UN CEDAW Committee every four years about its continuing implementation of the Convention. The UN also receives an NGO Shadow Report evaluating the Government's progress in this area. The CEDAW Committee produces its own report for each national government including recommendations (known as 'Concluding Comments') for future action. Governments detail the implementation of these recommendations in their next Report to the CEDAW Committee. In this way, the reporting process contributes to the ongoing realisation of women's human rights.</p> |
|           | <p>The final stage of this MCWH-WRANA Project was to take home the CEDAW Concluding Comments and inform women and the other stakeholders involved in the consultation process of our results in the UN. MCWH was a member of the working group committee charged with making sure the information brought back from the UN was clear, comprehensive and inclusive.</p>  |
|           | <p>MCWH and WRANA were successful in obtaining funding for the Project through the Reichstein Foundation, which also produced an Information Kit under WRANA's guidance (lead with passion and professionalism by Project Manager Caroline Lambert).</p>  |
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| kurdish    | The Information Kit process included running a number of workshops across Victoria to inform women and other stakeholders of the Concluding Comments brought back from the UN CEDAW Committee. Financial support from the Reichstein Foundation and the Women Speak Network enabled us to offer these workshops free of charge. MCWH assisted in the facilitation of the Bendigo workshop which raised many issues regarding these Concluding Comments. |
| macedonian | MCWH is committed to advocating on behalf of women regarding their human rights, especially immigrant and refugee women whose voices are not generally heard enough.  |
| mandarin   | It is our responsibility to make sure our voices are heard by those making decisions in implementing the Convention, at all levels of government, especially with regards to relevant policy, law and programs.   |
| somali     |   |
| spanish    |   |
| thai       |   |
| tigrigna   | To read a copy of the Australian NGO Report on CEDAW and the Indigenous Women's NGO Report on CEDAW go to: <a href="http://www.wrana.org.au">www.wrana.org.au</a>   |
| turkish    |   |
| vietnamese | To read the Government Report go to: <a href="http://www.ofw.facs.gov.au/international/womens_human_rights/index.htm">www.ofw.facs.gov.au/international/womens_human_rights/index.htm</a>   |
|            | To download a summary of the CEDAW recommendations go to: <a href="http://www.wrana.org.au">www.wrana.org.au</a>  |
|            | <p><a href="#">amira rahmanovic</a><br/>training programs coordinator</p>   |

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| <p><a href="#">understanding sexuality: building the capacity of bilingual workers from immigrant &amp; refugee communities</a></p>   |   |
| <p>MCWH has begun working on a new project this year that will contribute to the health and wellbeing of lesbians and bisexual women from immigrant and refugee communities. The 'Understanding Sexuality' Project will develop a training program for bilingual workers across Australia. The training program will be developed in consultation with the multicultural GLBTIQ community, with a view to ensuring that it is culturally-appropriate and reflective of the views and lives of lesbians and bisexual women in our communities.</p> | amharic   |
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| <p>It has long been understood that same sex attracted people from immigrant and refugee communities have a strong need for specific and culturally-appropriate support and understanding about their sexuality, both from the mainstream GLBTIQ community as well as from their own ethnic communities. This Project will assist immigrant and refugee communities to improve their understanding of the issues facing their GLBTIQ members, and to better support GLBTIQ family and community.</p>  | dari  |
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| <p>The training program will break down stereotypes, address fears and offer bilingual workers alternative discourses for their understanding of sexuality issues. In the long-term, this will mean better support for women in all our diversity and improved communication about important women's health issues within our communities.</p>  |   |
| <p><a href="#">dr adele murdolo</a><br/>executive director</p>  |   |
|   | <p>The Understanding Sexuality Project is generously supported by ALMA: the Australian Lesbian Medical Association.</p> |

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To obtain copies of 'Working Well' contact us and we'll put you on the mailing list.

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collingwood, victoria 3066.

## ★ publications!

You can also contact us for a [mcwh catalogue order form](#), our current publications and prices are listed below:

[Beyond Cultural Barriers:](#)

Young Sahel African Women's Access to Health Services (2003)

\$22.00 (M) \$25.30 (NM)

[Journey Through:](#)

Newly-Arrived Immigrant and Refugee Women's Health

Conference Papers, WWH Conference, Royal Women's Hospital

Melbourne (2001) \$22.00 (M) \$25.30 (NM)

[Knowing Her Better:](#)

A Research Report and Training Manual About NESB Women's

Sexual and Reproductive Health (2000) \$28.00 (M) \$33.00 (NM)

[Seamstress:](#)

A Report of Health Issues of Women Workers in the Textile

Clothing and Footwear Industries (2000) \$22.00 (M) \$25.30 (NM)

[Nobody Ever Asked Me if I Wanted to Know:](#)

An Alcohol and Drug Health Promotion Project with Culturally and

Linguistically Diverse Working Women (2000)

\$14.00 (M) \$16.50 (NM)

[Three D:](#)

A Preliminary Report on Sexual and Occupational Health

of NESB Women with Disabilities (1999) \$9.00 (M) \$11.00 (NM)

(★M=MCWH MEMBER ★NM=NON-MEMBERS PRICES INCLUDE GST)

## ★ women become part of 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](#).