

# working well newsletter

amharic arabic cantonese  
croatian dari farsi greek  
italian kurdish macedonian  
mandarin somali spanish thai  
tigrigna turkish vietnamese



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



in this issue:

★ project and  
program updates

main feature:

★ mcwh convenes  
expert panel on  
national issues in  
immigrant & refugee  
women's health

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.

iwdvs-mcwh  
-iwwcv project

**The Violence Against Women Prevention Project with CALD Communities**, is a joint project between Immigrant Women's Domestic Violence Service (IWDVS), MCWH and the Islamic Women's Welfare Council of Victoria (IWWCV). The Project is funded through a VICHEALTH Violence Prevention Grant.

The Project aims to: develop a community and faith leader engagement strategy; develop a curriculum to engage community leaders in the prevention of violence against women; and engage community and faith leaders from targeted communities into the Project. The Project targets community and faith leaders in the Vietnamese, Chinese, Arabic and Sudanese speaking communities.

Project methodology includes: mapping and locating of community leaders; developing relationships and building trust with target groups; strengthening capacity of bilingual facilitators to work with community and faith leaders; delivering special curriculum to community and faith leaders in target communities; with community and faith leaders, creating material and developing activities to encourage critical reflection within their communities and to assist leaders to source and apply for funding to sustain further efforts.

The Project is in curriculum development of its 6 x 3 hour modules, focusing on competencies, values and attitudes. It has also benefited from the opportunity to pilot the curriculum to faith leaders through the **Darebin Interfaith Council of Faith Leaders Project**.

diana orlando  
executive officer iwdvs

- amharic
- arabic
- cantonese
- croatian
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- italian

bilingual health  
educator training  
in 2008

Over the years we have welcomed into our team of bilingual Health Educators (BHEs) many wonderful and enthusiastic women. These women make an even greater difference to the immigrant and refugee women in our communities—by sharing their knowledge they empower women to make informed decisions about their health and wellbeing and that of their families.

They do this through our Industry Visits and Community Workshops Programs which represent a rare opportunity for immigrant and refugee women to learn about health and wellbeing, the services they can access, and how the health system works in Australia—in their own languages and in a supportive and safe environment.

At any one time the MCWH Educator Team benefits from its combination of both well established and recently recruited immigrant women working in the field of bilingual Health Education. New team members are recruited for many reasons these include: responding to the ever increasing needs of new and emerging communities (these groups often need significant support and information); and ensuring we also address the needs of more established communities (when for example a BHE moves on to another challenge—part of MCWH's commitment to its BHEs is to be a learning pathway and to support those workers with overseas qualifications as they work through the process of having these qualifications recognised in Australia).

- kurdish
- macedonian
- mandarin
- somali
- spanish
- thai
- tigrigna
- turkish
- vietnamese

New BHEs will attend twelve days of intensive training regarding sexual and reproductive health, OH&S, and mental health and wellbeing. Training is provided by experts in these fields invited to share their knowledge with our Educators. New Educators also benefit by more established team members providing support and mentoring. Training is scheduled for April and will include how to appropriately respond to women from newly-arrived and smaller communities.

amharic

As part of the Healthy Credit Project, existing staff will be trained in February to deliver education sessions to immigrant women on financial literacy, credit and related options and, available support services.

arabic

cantonese

croatian

In response to the many requests we have received from women about safety and best practice in the home, our Educators will also be trained to run sessions on this topic. The Training Program will also schedule updates for our Educators on OH&S for specific industries including hospitality, catering, cleaning and food processing.

dari

farsi

greek

italian

We are looking forward to welcoming new Health Educators to our team in 2008. They will provide many more groups of women the opportunity to access important information about their health and wellbeing and about Victorian health services—many having this opportunity for the first time. It will be a year of recruitment, training and mutual learning.

amira rahmanovic  
training programs coordinator

## national issues in immigrant & refugee women's health

What is the status of immigrant and refugee women's health in Australia today? Historically, immigrant and refugee women's health status deteriorates in the first five years after settlement in Australia. Is this still the case? What is the current state of our national research on immigrant and refugee women's health? What are the main issues facing immigrant and refugee women and what is the road forward to address these? On October 29 2007 MCWH convened an expert panel of speakers to address these issues. The four expert panelists were:

workplace health  
associate professor santina bertone

sexual & reproductive health  
juliana nkrumah

rural health  
professor prasuna reddy

mental health  
professor jayashri kulkarni

The then **Federal Shadow Minister for Health Nicola Roxon MP** acted as discussant to the Panel, summing up and responding to issues raised. **Dr Adele Murdolo, Executive Director of the Multicultural Centre for Women's Health** moderated the discussion.

The panel discussion provided stimulating and informed commentary on the state of Australian immigrant and refugee women's health. The expert panel members discussed the main health issues and proposed practical strategies to improve the wellbeing of immigrant and refugee women around Australia. The following pages feature highlights from each presentation.

workplace health:  
associate professor santina bertone

The trend of increased work intensification combined with casualisation—the tendency for more and more jobs to be offered under casual contracts with no formal rights and few paid conditions—has significantly impacted on immigrant and refugee women’s health for some time. In this context for example, cleaners are now expected to clean more rooms, professionals are expected to work harder to achieve performance goals and provide significant unpaid overtime.

The direct and most obvious health impacts are fatigue, backaches and musculoskeletal disorders for cleaners; emotional stress and exhaustion for professionals. More recent workforce changes through the implementation of WorkChoices have led to a significant loss of job security, especially for those working in businesses employing less than 100 employees. Health implications are stress, anxiety, loss of social networks at the workplace, and depression if a worker loses her job.

In our new working environments, low paid service workers such as cleaners, catering assistants, and aged care workers experience a loss of control over working hours and also unsocial/fragmented work hours due to requirements to report for work at short notice, on short shifts and at difficult hours of the day. In response to these trends, women try to overcome the deficiencies of one job by engaging in two, three or four jobs to make ends meet. The social impact of these changes include that immigrant and refugee women have less time to attend to sexual and reproductive health and to take preventive action to avert serious illness. In addition, casual and shift hours lead to difficulties in arranging appropriate transport and childcare. Significant health impacts in addition to more direct occupational health and safety-related health issues, include increased stress and anxiety, loss of sleep and fatigue.

Also impacting on immigrant and refugee women’s workforce experiences is an increased emphasis on credentialism. Many jobs now require educational qualifications, and the labour market is highly competitive, despite skill and labour gaps. This leads women to engage in long periods of retraining after work/around children, particularly in cases where overseas qualifications and experience are not properly recognised—a longstanding issue, particularly as many immigrant and refugee women don’t have their qualifications assessed before coming to Australia. Considerable frustration and unhappiness can develop when women are forced to work in jobs well below their capacity, or to remain unemployed. The need to retrain while caring for children can lead to more fatigue, anxiety, stress and lack of time to attend to health issues.

sexual & reproductive health:  
juliana nkrumah

Immigrant and refugee women share the effects of dislocation—refugee women have the added disadvantages of their refugee experiences including torture and trauma, and sexual and gender based violence. Recent conflicts have seen women’s bodies increasingly serve as sites for such violence. The impact on the sexual and reproductive health of women and girls is clearly impacted by activities such as rape and gang rape. Women who survive such atrocities do not necessarily receive adequate and appropriate medical attention immediately after the event.

Ideally, on arrival in Australia immigrant and refugee women would access integrated health programs. Currently, existing programs operate in isolation from each other: refugee health services focus on physical wellbeing, whilst torture and trauma services deal with psychological impacts. Refugee women, clearly need holistic, specialised health delivery programs—incorporating physical, sexual and reproductive, and psychological health. Preventative health strategies including health education would be required in such integrated services.

The last data to be collected about immigrant and refugee women's health is sixteen years old. The Australian Study of Health and Relationships 2004-2007 which represents more recent and potentially relevant data was only conducted in English—people with insufficient English were precluded. The Study blatantly noted that they were allowed to exclude a large chunk of the Australian female population for their lack of English language skills, even though obviously this reinforces the disadvantage of these women. The question for the Project's funding body is why they allowed such an oversight.

Access to information is another problem for immigrant and refugee women's health. Action to address this problem needs to consider appropriateness and timeliness of access provided. Further, immigrant and refugee women's access points to information and services, that is women's health centres, are increasingly marginalised, struggle for funding and often are not user friendly to immigrant and refugee women. Secure funding to maintain viable services and increased funding to immigrant and refugee women's health agencies are required.

Strategies that should be advocated regarding immigrant and refugee women and sexual and reproductive health include: increasing women's health content in health care training curriculum; including bilingual community education programs in mainstream health promotion units and programs; increasing funding to immigrant and refugee women's health services; developing holistic refugee health services (involving physical, psychological, and sexual and reproductive health screening and service delivery); national women's health research including immigrant and refugee women's information; and sexual and reproductive health being informed by health research about young immigrant and refugee women.

## rural health: professor prasuna reddy



Immigrant and refugee women in rural Australia face significant issues that restrict access to appropriate and effective health care services. These include isolation, distance from services, access to transport and barriers to knowledge about service availability.

Some noticeable trends relating to immigrant and refugee women's health are particularly worrying. There is an increasing incidence of co-morbidity, that is, the co-existence of both physical and mental health problems in immigrant and refugee women. Of particular concern is the growing incidence of chronic diseases such as diabetes, co-existing with mental health issues such as depression and anxiety.

While diabetes is a growing health problem among the general Australian population, prevalence is even higher among the overseas-born population from South East Asia, South Asia, the Mediterranean and Africa. Diabetes is asymptomatic, which often means that immigrant and refugee women are unable to recognise pre-diabetes signs, and will only visit a doctor about problems when the diabetes is relatively advanced. By this time, it is too late for preventative measures and treatments are limited. In addition, women may have already experienced diabetes-related depression and anxiety, which often serves to mask the co-existence of diabetes. In these cases, diabetes in immigrant and refugee women may continue to go undiagnosed and untreated, and an incorrect diagnosis of depression may be made.

The health system needs to address these issues through developing an increased awareness among health practitioners of the two-tier issue—that is, that diabetes is more prevalent in immigrant and refugee groups, and that it is often accompanied by a mental health issue such as

depression or anxiety. Screening tools that take into account the migration/refugee experience and the particular cultural contexts of immigrant and refugee women's lives would assist. Immigrant and refugee women also need to become better informed about this issue so that they may be empowered to take preventative health action in relation to both issues—the diabetes and their mental health.

mental health:  
professor jayashri kulkarni

Mental health in general is greatly under-resourced in Australia, with only 6.75% of the total health budget spent on mental health. Women's mental health in Australia is grossly under funded and the mental health of immigrant and refugee women is even more neglected in a funding and service sense. What are the issues that impact on the mental health of immigrant and refugee women?

Women in general are more vulnerable to suffering with depression, post-traumatic stress disorder, reactive psychosis and anxiety disorders. The effects of migration, particularly on refugee women who are 'pushed' away from their home country exacerbate vulnerabilities, thereby leading to greater rates of mental illness. The journey of immigrant/refugee women in Australia and the potential mental health issues can be described as having three phases: problems on arrival; settling and related mental health issues; and ageing for immigrant/refugee women and related issues.

Problems on arrival may include the impact of: the experience of migration; social stressors; separation from children and other family; vulnerability to exploitation; cultural bereavement (the profound sense of loss associated with leaving/fleeing one's homeland); and time in detention centres (associated with high rates of depression, suicidal ideation and anxiety disorder).

In the settlement process factors to consider include: conflict between a woman's role in Australia versus her role in her homeland; domestic violence; the influence of religion and patriarchy on women's access to health care; motherhood without traditional family supports; and lack of knowledge/awareness of available services.

Ageing in Australia has other mental health consequences and factors affecting this include: the increased incidence of dementia and poor quality of life in previously depressed/anxious/physically unwell immigrant women; long-term psychiatric effects of trauma; loss of partner/spouse and loss of link with culture, religion and language; community stigma relating to mental health—families can feel a strong sense of shame and will isolate themselves to prevent a family member's illness from becoming public knowledge; cultural or religious issues and mental health; and access to mental health information in your own language.

There are a myriad of issues relating to treatment including: the scarcity of targeted acute services; financial issues relating to asylum seekers and hospital care; psychiatrists, psychologists, social workers trained in multicultural issues are excellent but in very limited supply—and gender focus does not exist; very few mother-baby mental health facilities; and trauma clinicians working with domestic violence victims not particularly trained in multicultural issues. Other issues include: mental health services staff who are not culturally competent; incorrect use of interpreters; treating women without informed consent; illegal migrant access issues; and refugees who have fled war, torture and trauma may avoid mental health services as it may lead to distress (through the reliving of past experiences).

Clearly there are many mental health impacts on immigrant and refugee women that in the main are recognised as special issues. Current levels of mental health/illness funding plus lack of resources do not allow for specialised treatment to ensure good quality of life for immigrant and refugee women.

## main feature

### guest speaker: ms nicola roxon

Ms Nicola Roxon, [the then] Shadow Minister for Health joined our expert panel as discussant. She thanked MCWH for raising awareness of immigrant and refugee women's health issues and noted that the discussion led to a greater understanding of the need for government policy to address this area.

Ms Roxon committed Labor to improving the health and wellbeing of all women in Australia, particularly as they make up the majority of health consumers, health service providers and carers. Labor would develop a consultative policy on women's health to 'encourage specific health services for women and [that] will actively promote participation of women in health decision making and management'.

[MCWH congratulates Ms Roxon on becoming Federal Minister for Health and Ageing. Ed.]

### about our expert panel and special guest

**The Hon Nicola Roxon MP** is the Federal Labor Minister for Health and Ageing. She has been member for Gellibrand since 1998.

**Associate Professor Santina Bertone PhD** is Associate Dean (Research and Research Training) Faculty of Business and Law Associate, Institute for Community Engagement and Policy Alternatives (ICEPA) at Victoria University.

**Juliana Nkrumah** is Chair of the Australian National Committee on Refugee Women (ANCORW).

**Professor Prasuna Reddy** is Chair of Rural Mental Health and Director Health Services Research for The Greater Green Triangle University Department of Rural Health (GGT UDRH)—a partnership between Flinders University and Deakin University.

**Professor Jayashri Kulkarni** is Professor of Psychiatry at The Alfred and Monash University.

## what's happening at mcwh

### mcwh quality standards

MCWH has created a set of standards by which the development, implementation and evaluation of its Multilingual Health Programs are measured. These standards guide MCWH's Program delivery and work with immigrant and refugee women.

The core MCWH Health Programs underpinned by these standards are: the Industry Visits Program which reaches women in the workplace, and the Community Workshops Program which reaches women in community settings.

Programs are delivered by our bilingual Health Educators who are trained by MCWH to provide immigrant and refugee women with culturally and linguistically sensitive health education. Sessions are negotiated with women participants ensuring they reflect their health and wellbeing needs and that they emphasise mutual learning and respect. The Quality Standards are:

#### 1. Women's Empowerment

#### 2. Cultural and Linguistic Appropriateness

#### 3. Accuracy of Health Information

#### 4. Access and Equity

#### 5. Confidentiality

#### 6. Collaboration

#### 7. Continuous Improvement

For a copy of the booklet please contact MCWH.

anna volpe  
publications and promotions coordinator

kurdish  
macedonian  
mandarin  
somali  
spanish  
thai  
tigrigna  
turkish  
vietnamese

mcwh training seminars 2008

This year MCWH conducted two seminars on immigrant and refugee women's sexual and reproductive health. The first seminar examined pregnancy and childbirth management in African communities and the second explored the birthing practices and reproductive health of Afghani, Hmong and Vietnamese women in Australia. Both seminars were well attended and attracted a lot of interest by professionals working in women's health. (This included participants from interstate such as Tasmania and Queensland as well as participants from rural Victoria.) Prominent academics and grass roots community workers raised awareness and provided new perspectives on the impact of culture and health practices on reproductive health management by sharing their knowledge and expertise on these topics. The feedback we received about our seminars in 2007 has encouraged us to offer a new series of four seminars in 2008.

- amharic
- arabic
- cantonese
- croatian
- dari
- farsi
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- italian

The first seminar of 2008, 'Boundaries of belonging: Muslims are too different', will look to move beyond culture as a determinant for successful settlement by also exploring the ever present issues of isolation, discrimination, and the numerous other barriers to service access. The seminar will focus its attention on the experiences of Iraqi women and their families settling in Victoria. It will be held in late February.

Our second seminar will focus on the rising issue of diabetes in African-Australian communities, particularly women. This will provide health professionals with an opportunity

to learn about the issues African-Australian women face when accessing and understanding information on lifestyle changes and diabetes. Combating health literacy issues and how to make health awareness messages and communication meaningful to targeted communities will also be covered. The seminar is scheduled for May.

In August we will present our third seminar of the 2008 series: this seminar will discuss the issues of older immigrant and refugee women. This will be an opportunity to learn about innovative and effective ways of engaging older women in the context of everyday life activities. The seminar will also discuss how to combat the barriers these women face when it comes to their health and wellbeing.

- kurdish
- macedonian

The final seminar of the series will be conducted in November and will scrutinize women's roles including the gender roles assigned to them—this will be considered from the perspectives of several immigrant and refugee communities. Childbearing and rearing practices and family structures within particular communities will be included in this exploration. How this information can assist us to provide better health care to our diverse communities will also be covered during the seminar.

- mandarin
- somali
- spanish
- thai
- tigrigna
- turkish

In the New Year we will post out a seminar calendar for 2008. If you would like to receive this calendar please contact us on 03 9418 0999. We hope to see you (again) as part of our professional development opportunities in 2008!

- vietnamese

amira rahmanovic  
training programs coordinator

## ★ subscribe!

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

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## ★ 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](#).

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