

working well newsletter

amharic arabic cantonese
croatian dari farsi greek
italian kurdis 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:

★ immigrant & refugee
women in the service
industries

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.

recruiting new bilingual health educators: mcwh responds to change

MCWH aims to provide an equitable health education service to immigrant and refugee women across Victoria, reaching as many women as possible, with a particular focus on women working in blue collar industries. MCWH recognises that the population of immigrant and refugee women, and the languages they speak, are constantly changing. Similarly, our industrial environment is also in constant flux. In order to maintain equity, our services must also change in line with these significant changes.

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

Every 3-5 years, in response to our changing external environment, MCWH undertakes a process of Strategic Planning which includes a review of the following information: the changing demographics of the Australian female immigrant and refugee population; the main industries and occupations in which immigrant and refugee women are employed and the languages spoken by women workers within these industries; and the current human resources capacity of the MCWH bilingual Health Educator Team.

Our ultimate aim is to supplement the bilingual Health Educator Team so that health education may be provided to newly-arrived women and women in newly-targeted industries.

Currently, the MCWH Team covers the top ten languages spoken by Australian immigrant and refugee women, except Macedonian.

These languages are:

Languages	No. women speakers
Italian	162,922
Greek	127,971
Cantonese	128,845
Arabic	118,686
Mandarin	117,285
Vietnamese	100,526
Spanish	51,389
Macedonian	33,785
Hindi	33,591
Croatian	32,301

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

Within these languages, the top four languages spoken by newly-arrived women—Cantonese, Arabic, Mandarin and Hindi—are also covered. Our team also covers many of the languages commonly spoken by newly-arrived and refugee women, namely Arabic, Turkish (26,747), Thai (15,048), Farsi (11,193), Dari (6,664), Somali (3,432), Tigre (numbers of speakers not recorded), and Tigrigna (873).

So where are the gaps? Firstly, we have found over the previous 4-5 years that the increase in Arabic, Cantonese and Mandarin speakers is reflected within MCWH by an increased demand for health education. As with Spanish, current demand has outstripped our capacity. Secondly, there are some languages spoken by newly-arrived and refugee women for which we currently do not have an educator trained and employed by MCWH.

Languages not currently covered by MCWH bilingual health education sessions:

Languages	No. women speakers
Tagalog	32,188
Korean	29,021
Serbian	26,365
Indonesian	22,548
Japanese	20,750
Tamil	16,006
Bosnian	7,959
Burmese	3,846
Dinka	2,988
Amharic	1,420

amharic

arabic

cantonese

croatian

dari

farsi

greek

italian

Our third consideration is the languages that are spoken in the industries and occupations in which immigrant and refugee women are concentrated. While it has not been possible to obtain accurate statistics of these, our consultations and research has given us an indication of which languages we should target. We currently cover a large number of the languages spoken by immigrant and refugee women workers in manufacturing, hospitality and service industries. Over and above those that we do not cover are Macedonian, Tagalog, Korean, Indonesian, Tamil, Dinka and Amharic.

Over March this year MCWH will recruit seven new Educators who speak one of the following languages: Arabic, Amharic, Burmese, Cantonese, Dinka, Indonesian, Korean, Macedonian, Mandarin, Nuir, Dari, Farsi, Spanish, Tagalog and Tamil. The successful applicants will then participate in an accredited 12-day training course over the month of May. This recruitment and training period is very exciting as we have the opportunity to supplement our team with some great new educators who, like the wonderful

women before them, will use their skills and expertise to take MCWH health education sessions out to a whole new group of women in workplaces and community settings.

For more information about the recruitment and training of bilingual Health Educators, contact our Office Manager Ozana on telephone 03 9418 0999 or email: reception@mcwh.com.au Applications close 18 March 2008.

dr adele murdolo
executive director

kurdish

(Source of figures in this report:
Australian Census)

macedonian

mcwh ohs
resources audit

mandarin

somali

As MCWH Multilingual Library Coordinator, part of my commitment to both the women in Australia and to MCWH is to ensure that the multilingual information we provide is accurate and up-to-date. This requires regular auditing of our resources. In keeping with this commitment 2008 began with a stock take of MCWH's Resource Collection, specifically the multilingual information we currently hold on Occupational Health and Safety (OHS), that is our resources about the prevention of disease and injury caused by workplace influences.

spanish

thai

tigrigna

turkish

vietnamese

The audit reflects Victoria's changing industrial landscape. In attempting to meet corresponding information needs, resources provide evidence of change, in this case to: the dynamic nature of Victoria's industry and the workforce that supports it; the history of hazards in Victorian industry; and the diversity of cultures that have contributed to this industrial landscape.

amharic	Even a brief survey of Victoria's industrial landscape over the last forty years provides us with a clear indication of the health and related information issues for its workers. Between the 1970s and 1990s the manufacturing industries were relatively large. These industries exposed immigrant women workers to hazards including chemicals, dust, noise, discrimination and varicose veins. Although some injuries were immediate and a direct result of dangerous or faulty machinery, the majority of injuries were the result of long-term exposure to physical, mental and repetitive exertion—what today we would term as musculoskeletal (occupational overuse syndrome or RSI) and back injuries. These were the main OHS issues that women requested information on.
arabic	
cantonese	In the 1990s food safety, manual handling and hygiene were the issues addressed as women were employed in food industries. From 2000 the focus of interest has included maternity leave, issues related to outwork, sexual harassment, stress, violence and bullying in the workplace, and workers' rights related to these issues.
croatian	
dari	
farsi	
greek	Throughout these changes MCWH has provided immigrant women with information in their preferred languages via our bilingual Health Educators and multilingual resources.
italian	
	In 2008 the Victorian labour force continues to change: many of the manufacturing industries have closed; food industries are now highly mechanised; and many migrant women are now employed in hotels, hospitals and postal offices—often in capacities that require fewer of the skills deemed to be in high demand by today's workplace. Women in these industries are often employed as cleaners, laundry workers, kitchen hands, mail sorters and carers.

	Migration trends have changed and women who come from the Philippines, Vietnam, China, India, Malaysia, Sri Lanka, Thailand, the Horn of Africa, and the former Yugoslavia (as well as some Greek and Italian women), make up the majority of the workforce in the hotel, hospital and postal areas. What hasn't changed are the hazards and injuries experienced by women in the Victorian workforce including the impact of shift work, stress and reproductive health hazards, all of which still need to be addressed.
	The Victorian 'Occupational Health and Safety Act (2004)' and the WorkSafe report 'Your Health and Safety Guide to Communicating Across Languages' outline preventative measures that are required to protect Victoria's workers, including its immigrant workforce. It is time to update and to develop multilingual OHS material—injury and hazard are universal concerns for all workers and are not limited by any language or cultural barrier.
carmela pitt	
multilingual library coordinator	
	kurdish
	macedonian
	mandarin
	somali
	spanish
	thai
	tigrigna
	turkish
	vietnamese

industry: immigrant & refugee women workers in the Australian workforce continued...

interestingly, 5.65 per cent of those employed in information, media and telecommunications, which however was not a major employer overall, at 9,935 immigrant and refugee women.

If we contrast this to Australian-born women workers, who totalled 3,098,875, we find that the major industries for this group are, in descending order: health care and social assistance (537,086 or 17 per cent of Australian-born women workers), retail trade (466,977 or 15 per cent), education and training (381,620 or 12 per cent), accommodation and food services (242,171 or 9 per cent), public administration and safety (207,861 or 7 per cent), professional, scientific and technical services (197,313 or 6 per cent), manufacturing (156,853 or 5 per cent), financial and insurance services (133,154 or 4 per cent) and administrative and support services (101,200 or 3 per cent).

Clearly, a high proportion of Australian-born women (45 per cent) were employed in the first three industries: health care and social assistance, retail trade, and education and training, with many other employed in accommodation and food services, the professions, technical services and to a much lesser extent, manufacturing.

The proportions of immigrant and refugee women employed in these industries were quite different in some respects from Australian-born women. For example, double the percentage of immigrant and refugee women worked in manufacturing (10 per cent) compared to Australian-born women (5 per cent), whereas a greater percentage of Australian-born women (15 per cent) worked in retail, compared to immigrant and refugee women (11 per cent). However, similar percentages of immigrant and refugee and Australian-born women worked in accommodation and food services (9 per cent each), and health care and social assistance (18 per cent and 17 per cent respectively).

occupation: immigrant & refugee women workers in the Australian workforce

Five occupational groups accounted for 81 per cent of all immigrant and refugee women workers in 2006. These were, in descending order: professionals (137,700 or 24 per cent), clerical and administrative workers (124,719 or 21 per cent), labourers (80,090 or 14 per cent), community and personal service workers (71,576 or 12 per cent) and sales workers (59,283 or 10 per cent of immigrant and refugee women workers).

In comparison, the following occupational groups accounted for 93 per cent of Australian-born women workers: clerical and administrative workers (793,365 or 26 per cent), professionals (691,082 or 22 per cent), sales workers (440,931 or 14 per cent), community and personal service workers (414,876 or 13 per cent), managers (310,269 or 10 per cent) and labourers (227,214 or 7 per cent).

Again, there were similarities and contrasts. Double the percentage of immigrant and refugee women worked as labourers (14 per cent) as Australian-born women (7 per cent), and there were proportionately more Australian-born women working as clerical and administrative workers (26 per cent, compared to 21 per cent). The percentage of community and personal service workers was about the same for each group, although Australian-born women were more likely to work in sales (14 per cent compared to 10 per cent). Interestingly, and reflecting the skilled migration program, a higher percentage of immigrant and refugee women were working as professionals (24 per cent) than Australian-born women (22 per cent). However, the percentage of Australian-born women who worked as managers (10 per cent), was higher than for immigrant and refugee women (8 per cent).

labour force status: immigrant & refugee women workers in the Australian workforce

12345678910123456789101234567891012345678910123456789101234567891012345678910123456789101234567891012

In 2006, there were 51,773 immigrant and refugee women who were unemployed, looking either for part-time or full-time work (46 per cent part-time, 54 per cent full time). Out of a total immigrant and refugee female labour force of 635,373, this represented an unemployment rate of 8 per cent. In contrast, the average national unemployment at that time was 5.5 per cent.

Australian-born women comprised 156,965 who were unemployed, (49 per cent looking for part-time work, 51 per cent full-time). This represented 4.8 per cent of the total Australian-born female labour force of 3,255,840.

It can be seen, then, that immigrant and refugee women had a substantially higher unemployment rate than the national average, and a proportionately higher unemployment rate than Australian-born women, whose unemployment level was actually below the national average.

In addition to these figures, we find that 678,749 immigrant and refugee women were not in the labour force, compared to 2,093,704 Australian-born women not in the labour force. If we aggregate the figures to create a total pool of immigrant and refugee women (1.314 million) and Australian-born women (5.35 million), the percentages are: immigrant and refugee women not in the labour force 52 per cent; Australian-born women 39 per cent, showing that a much higher proportion of immigrant and refugee women were not in the labour force. Reasons for not being in the labour force can include being disabled, retired, full-time homemaker or carer, in prison or discouraged job seeker.

working hours: immigrant & refugee women workers in the Australian workforce

12345678910123456789101234567891012345678910123456789101234567891012345678910123456789101234567891012

In 2006, there were 316,666 immigrant and refugee women working full-time (between 35 and 99 hours). This represented 54 per cent of employed immigrant and refugee women workers. Another 226,706 (39 per cent) of immigrant and refugee women were working part-time (between 1 and 34 hours per week), and 40,230 (7 per cent) were registered as employed away from work. The latter could be regarded as outworkers or home-workers, with total figures likely to be understated as research has shown that many outworkers operate as small business operators, or alternatively, are registered for unemployment benefits.

In comparison, there were 1,470,737 Australian-born women working full-time, or 47 per cent of Australian-born women workers. Another 1,400,765 were working part-time (45 per cent) and 207,373 (6.7 per cent) were employed away from work. These figures indicate that a higher proportion of immigrant and refugee women (54 per cent) than Australian-born women (47 per cent) were employed full-time, with correspondingly less employed part-time (39 per cent compared to 45 per cent), and a similar percentage working away from the place of work (7 per cent, 6.7 per cent).

(Note: in this report the term 'immigrant and refugee' does not include women from English-speaking countries.)

about the authors

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

Dr Beata Leuner is commencing a post doctoral fellowship at Victoria University with ICEPA and was a research assistant on this Paper.

healthy credit project: update

An innovative project that aims to encourage and empower immigrant and refugee women to use credit wisely, the Health Credit Project has begun once more and has progressed well since its resumption in October 2007.

An Advisory Committee has been established to ensure the Project is guided by professionals with relevant expertise who can ensure that the Project is well-planned, monitored and coordinated. The first meeting of the Advisory Committee has been held; two more meetings are scheduled before the Project's conclusion.

- amharic
 - arabic
 - cantonese
 - croatian
 - dari
 - farsi
 - greek
 - italian
- Very little information currently exists on the credit and debt experiences of women from immigrant and refugee backgrounds. To counteract the lack of relevant data, interviews have been conducted with individuals possessing an understanding of the financial experiences of immigrant and refugee women, and/or with individuals possessing professional or personal experience in dealing with immigrant and refugee women in a wider context. In total, fifteen interviews with seventeen participants from a range of disciplines—financial counselling, social work, law, education, and advocacy—have been conducted.

A thorough analysis of the data collected during these interviews is being undertaken as the Project enters its education stage. The preliminary findings have guided the development of a related training program for MCWH's bilingual Health Educators, as well as the credit education sessions which they will then deliver in ten community languages.

A two-day training program will provide Educators with the knowledge and skills needed to conduct credit education sessions with immigrant and refugee women. Educators will conduct three sessions in their language for women in the community and workplace. In order to evaluate the effectiveness of the sessions on women's knowledge, attitudes and practices regarding credit and debt, only one group of women (a maximum of ten) per language will participate. Topics will include: common credit/debt issues and their solutions; healthy credit practices; and services that provide assistance to people with credit problems or debt. Overall, thirty sessions will be conducted and approximately one hundred immigrant and refugee women will take part.

Project benefits will include: providing women with access to information and education about credit in community languages; increasing their capacity to use the services and resources of Consumer Affairs Victoria and of financial counselling and community legal services; and increasing their awareness of preventative strategies that enable women to conduct a healthy relationship with credit that minimises the likelihood of problems with debt.

Upon completion of the research and education stages, a final report will be prepared and findings will be widely distributed to key stakeholders including financial counselling services, community legal centres, migrant resource centres, ethno-specific organisations, and community agencies working closely with immigrant and refugee women. The Project will be completed by the end of June 2008.

carolyn poljski
healthy credit project worker

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

★ subscribe!

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

multicultural centre for women's health

tel: 03 9418 0999 fax: 03 9417 7877

email: reception@mcwh.com.au

mcwh: suite 207, level 2,

carringbush building, 134 cambridge street,
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 on 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](#).

ABN: 48 188 616 970