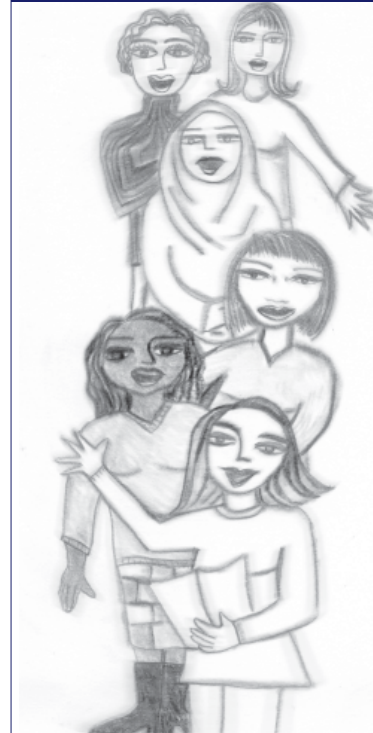


working well  
newsletter  
december 2008



Issue 14

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



in this issue:

✦ project and  
program updates

main feature:

✦ to every woman  
money power freedom!  
the credit and debt  
experiences of  
immigrant and  
refugee women

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

points of departure:  
immigrant and refugee  
women's leadership and  
advocacy project

Quite often, advocacy is intentionally or otherwise, mainstreamed into project activities involving marginalised and vulnerable groups. The growing diversity of immigrant and refugee populations presents new challenges and demands new strategies in dealing with these challenges. MCWH has been responsive to this emerging trend by embarking on a stand alone advocacy project to adequately address the wide range of issues affecting immigrant and refugee women. MCWH recently received funding from the federal Office for Women to undertake advocacy work on immigrant and refugee women's wellbeing.

The project, entitled 'Points of Departure' or POD for short, commenced at the beginning of September. The overall aim of the project is to build knowledge and the capacity among NGOs and individuals around Australia to advocate on key issues relevant and specific to immigrant and refugee women.

POD is based on the premise that women's lives are marked by constant change. For most immigrant and refugee women, an 'arrival' is also a point of departure for a new phase in their lives; in other words, they are always 'on the move'. Women have to keep pace with these changes including: different health care practices, a new language, foreign values and customs, and an expectation by the host country to 'integrate' into mainstream society.

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

Using the acronym POD has provided a different perspective to the multiple challenges faced by immigrant and refugee women. We have come to think of POD in symbolic terms, drawing from the structure of a pod. A pod has to be cracked open in order to reveal the quality of the contents. Unless effort is made to crack the pod, its invaluable contents remain undiscovered. We have used this imagery to illustrate the dynamic lives of immigrant and refugee women, which are largely characterised by a wealth of knowledge and experience which often goes untapped for lack of appropriate strategies. Conversely, efforts to improve the health and wellbeing of immigrant and refugee women are often hampered by a lack of understanding of their experiences and world-view. Effective advocacy therefore requires a solid foundation of shared understanding.

The POD will be conducted in stages. An Expert Advisory Committee (EAC), which will guide the project while ensuring the provision of expertise in the range of issues relevant to immigrant and refugee women, will be established as an initial step. I am currently identifying potential EAC members from MCWH's database.

A Discussion Paper which will map out the main national issues for immigrant and refugee women will be developed. This will be circulated for comment among up to one hundred key stakeholders. A National Forum will be held at the beginning of 2009. Stakeholders who have viewed and commented on the Discussion Paper will be invited to attend.

- macedonian
- mandarin
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- spanish
- tagalog
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- tigre
- tigrigna
- turkish
- vietnamese

amharic	Participants at the National Forum will identify five to six issues from a list of key social inclusion indicators. The National Forum is the only time when the EAC and other stakeholders will meet otherwise regular discussions will be via teleconferencing. Following the National Forum, I will conduct a literature review around the identified key areas, and afterwards develop a series of papers for circulation among stakeholders who attend the National Forum for final comment.
arabic	
cantonese	A major highlight of the project will be the development and launch of an Advocacy Toolkit. This will consist of the 'position and action' papers addressing the five to six issues relevant to immigrant and refugee women, along with supplementary information for use by NGOs and individuals. The toolkit will be promoted on selected Australian websites.
croatian	
dari	
english	MCWH is excited about POD. We anticipate the empowerment of immigrant and refugee women to take on greater leadership responsibilities, an enhanced understanding of immigrant and refugee women's issues, and improved ongoing networks among key stakeholders.
farsi	
greek	
hindi	
italian	
<p> <a href="#">pauline gwatirisa</a>  <a href="#">national project and advocacy officer</a> </p>	

<p>diabetes and <a href="#">healthy living</a></p>	
<p>Healthy living should be an attainable goal for all. A combination of fresh air, exercise, adequate rest, relaxation and leisure time, good nutrition, including food security, all contribute to our experiences of a healthy lifestyle.</p>	
<p>However, the simple formula detailed above is far from the reality of many women's lives. Immigrant and refugee women in particular, due to their busy lives caring for children and other family and community members, conducting low-paid work and unpaid household duties, means that they often struggle to gain adequate amounts of fresh air and exercise, or rest, relaxation and leisure. Good nutrition for the family often relies on an adequate and secure income, which in some cases is unattainable for immigrant and refugee women who are in the early stages of the settlement process. Supermarkets can be a mine-field for women who don't read English, with only the small print revealing the hidden sugar and fat content of processed foods.</p>	<p>macedonian</p> <p>mandarin</p> <p>somali</p> <p>spanish</p> <p>tagalog</p> <p>thai</p> <p>tigre</p> <p>tigrigna</p> <p>turkish</p> <p>vietnamese</p>
<p>MCWH, in partnership with the Diabetes and Diversity research team at Victoria University, has been funded by the Ian Potter Foundation to implement a new project working with immigrant and refugee women on the very pertinent topic of diabetes. The Diabetes Healthy Living Project will provide multilingual information and education to immigrant and refugee women about diabetes prevention and strategies to promote healthier lifestyles.</p>	

what's happening at mcwh

amharic	The project targets women from communities that have a high incidence of Type 2 (non-insulin dependent) diabetes. In 2004-05, among persons born overseas, rates of diabetes were highest for people born in Southern and Central Asia (8.7%), North Africa and the Middle East (6.6%), South East Asia (5.7%) and Southern and Eastern Europe (4.9%) (after adjusting for age differences). By comparison the rate of diabetes for persons born in Australian was 3.3%. In this regard the project is much needed and responds to the demand expressed by immigrant and refugee women for culturally and linguistically appropriate and accessible education and information on the topic of diabetes. Women are conscious of the high incidence of diabetes in their communities and they are seeking information and support to address what they are experiencing as a growing problem.
arabic	
cantonese	
croatian	
dari	
english	The Diabetes Healthy Living Project will develop a new diabetes education and prevention component as part of the existing MCWH health promotion and education programs. It will be provided in eight community languages: Amharic, Arabic, Italian, Macedonian, Sudanese Arabic, Tagalog, Turkish and Vietnamese.
farsi	
greek	
hindi	
italian	So far, the project has had steady progress: an advisory group which will guide the work of the project has been established. The group consists of experts in the field who have been asked to provide advice on the diverse range of topics relevant to diabetes prevention and education. A two-day training program on diabetes prevention, has been delivered to the group of bilingual Health Educators who, over October and November, will deliver a series of three sessions per language to immigrant and refugee women.

what's happening at mcwh

	Topics covered in the training and education modules include healthy eating, exercise, relaxation, as well as those health issues that intersect with diabetes such as depression and polycystic ovarian syndrome. The topic of gestational diabetes and the link with Type 2 diabetes is also included.	
	The project also includes a literature review of the research currently available on diabetes prevention education for women in immigrant and refugee communities and a consultation process with key stakeholders in the health sector. The project will result in the production of a project report which will enable us to share our findings with the community.	macedonian
	We expect that in the long term, the project will have some sustainable outcomes, building MCWH's capacity to deliver diabetes and healthy living education sessions to immigrant and refugee women around Victoria on an ongoing basis, contributing to the very important work of reducing the growing incidence of diabetes among immigrant and refugee communities.	mandarin
		somali
		spanish
		tagalog
		thai
		tigre
		tigrigna
	For more information about the Diabetes Healthy Living Project, contact Project Officer, Carolyn Poljski at MCWH on 03 9418 0999 or the Diabetes Education Project Officer, Dr Regina Quiazon, at the Faculty of Health, Engineering and Science, Victoria University on 03 9919 2224.	turkish
		vietnamese
	dr adele murdolo executive director	



A lot [of women] do know what's happening, but at the end of the day, they don't have any other option. It's survival. The Centrelink income is finished, the rent's due, the kids don't have anything to take to school for the next day, so they go out and buy their bread and milk with their credit card.

consultation participant: financial counsellor

## 2. Credit provision

The use of credit has increased significantly in Australia over the past 30 years. Along with this increase has been the proliferation of credit 'products', aggressive and misleading marketing, as well as dramatic shifts in the accountability of lenders from the community to shareholders. Australians currently have access to multiple, complex and expensive ways to use credit. Interest rates on these products are not regulated, and nor is the criteria used by lenders to assess borrowers' capacity to pay debts.

## 3. Service provision: financial counselling and legal support

There is a network of service providers who provide financial counselling, financial and legal assistance, education and information. However, these services tend not to have a high level of expertise in issues directly and specifically impacting immigrant and refugee women. In addition, services tend not to be culturally and linguistically appropriate, or accessible to women who may have transport difficulties or limited access to internet facilities.

Getting the information to the women is an enormous challenge because these women don't have access to the internet. A lot of them are illiterate, so it's no use putting out pamphlets...They can't get out of the house half the time, so they can't go out and get it.

consultation participant: social worker

## women's lives and credit

Immigrant and refugee women's use of credit includes both formal and informal loans, is likely to be circumscribed by obligations to family or community, and is characterised by a low level of understanding of the financial commitment involved. For newly-arrived women, debts are often related to their migration and settlement costs, and the need to provide remittances to family and community overseas.

### 1. Relationship debt includes community debt

Immigrant and refugee women are impacted by relationship debt: they are influenced by their partners and immediate family to take out formal loans without accurate understanding of their responsibilities. This type of debt is well-documented.<sup>2</sup> Less widely understood is that for many immigrant and refugee women, relationship debt also includes those informal obligations that are forged with women's extended families and communities.

Many women do not use formal lending institutions, and are more likely to seek loans, or have loans sought, from family and friends. Women also participate in informal community-lending and fundraising programs, where often no interest is payable. These schemes are said to work well in most situations, but there is insufficient information available to know their effectiveness for women in the Australian context.

### 2. Migration-related costs

Keeping families together through migration and settlement is expensive. Costs include travel, sponsorship, bonds, visa applications, and agents' fees, and can total many thousands of dollars. Some women arrive in Australia with a pre-existing (formal or informal) debt for their own migration, or accumulate debt to sponsor family and community members.

Remittances sent to family and community members overseas are an additional expense: a 1997 study estimates the flow of official remittances from Australia at \$500 million per year.<sup>3</sup>

Remittances constitute a significant debt for women who may be responsible for families left behind in the wake of the shift in Australian immigration policy from a family reunion focus to a skilled migration preference.

They feel guilty. They send money because they're eating [and] their family might not be eating. Family members want to come here so [women] send money to help the application...you can see that [women] feel they they're in a better position and [the family are] suffering back there.

consultation participant: lawyer

### 3. Just sign here

Immigrant and refugee women accumulate formal debt by putting their signature to documents that commit them to debt on behalf of others. Women may not be aware of the power of their signatures and sign documents without full knowledge of the impact. Women have been reported signing documents to 'get rid of' persistent door-to-door salespeople. In other cases, women are forced into signing documents under threats of violence or coerced into signing contracts under emotional threats and pressure.

### 4. The devil you (don't) know

Immigrant and refugee women's level of access to knowledge about credit and debt is generally limited, and is impacted by their experiences in their country of origin. In countries where credit is not practised widely, or at all, women have their first experiences of products like credit cards, car loans through financial companies, and unscrupulous high-interest lenders.

## conclusion

Immigrant and refugee women's capacity to manage their credit obligations can be significantly improved. This can be achieved by widespread accessibility of multilingual, culturally-appropriate and context-specific credit education. In addition, agencies that provide financial counselling, support, education and information could improve their accessibility and cultural appropriateness. Staff could be trained to develop broader awareness of the specific issues impacting on this client group, and more bilingual workers could be recruited. Finally, improved regulation that takes into account the specific issues faced by immigrant and refugee women would reduce their vulnerability within the system, making it more difficult for credit providers to take advantage of women's limited choices, or English-language skills. Improvements in these three areas—education, access to services and protection through regulation—would facilitate immigrant and refugee women's economic participation and ultimately, social inclusion.

carolyn poljski and  
dr adele murdolo

Summary and Full Project Reports are available by calling MCWH on 03 9418 0999 or visiting the website: [www.mcwh.com.au](http://www.mcwh.com.au)

### Endnotes

<sup>1</sup> Bertone S and Leuner B. 'Immigrant women in the service industries: toward a new strategic plan for MCWH 2008 and beyond' (unpublished paper). MCWH. December 2007.

<sup>2</sup> Australian Law Reform Commission (circa 1994). Sexually transmitted debt in 'Equality before the law: women's equality.' Report 69, Part II, Chapter 13. Available from: <http://www.austlii.edu.au/au/other/alrc/publications/reports/69/vol2/ALRC69Ch13.html#ALRC69Ch13>, accessed 20 August 2008.

<sup>3</sup> Rod T and Murphy J. Remittances among recently arrived immigrants in 'People and place.' 5(2):78-81. 1997.

recent training of new  
bilingual health educators

Every three to five years MCWH recruits and trains a new group of bilingual Health Educators (BHEs). This enables us to keep pace with the changing needs in our community. The Induction Training Program is the initial training that new Educators participate in at MCWH.

- amharic
  - arabic
  - cantonese
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  - dari
  - english
  - farsi
  - greek
  - hindi
  - italian
- Educators familiarise themselves with MCWH and its values, including our belief in learning by exchange of information and experiences—what we call the ‘woman-to-woman’ approach. It also develops Educators’ knowledge of the issues and information that affect immigrant and refugee women’s health and wellbeing. Delivery of health education sessions in a culturally and linguistically appropriate manner is also covered. MCWH’s Quality Standards which respect both feminist and community development frameworks guide this process.
- Training sessions are structured around the core health issues identified in MCWH’s education programs which focus on Mental Health and Wellbeing, Sexual and Reproductive Health, and Occupational Health and Safety (OH&S).
- Training began by introducing BHEs to MCWH’s philosophy, Quality Standards, organisational guidelines and procedures, and history. Core services (the Industry Visits and Community Workshops Programs) were also covered.

Week 2 focused on Sexual and Reproductive Health. Topics included menstruation, fertility, pregnancy, contraception, safer sex, STIs, osteoporosis, cervical screening, and sexual and reproductive health in mid-life.

Week 3 covered Mental Health and Wellbeing— issues included: relaxation techniques, anxiety, depression, benzodiazepine use, and insomnia.

The final week was dedicated to OH&S— legislation, WorkSafe, WorkCover, compensation, rights, and claims processes were all covered.

Various learning methods and activities were used to challenge values and beliefs related to women’s health. These methods and activities mean BHEs are well-prepared to engage with a diversity of women, from a range of socio-cultural backgrounds. By the end of the induction process, BHEs are equipped with a participatory model that acknowledges and respects women’s self-awareness. Women are peers. BHEs are not ‘experts’ who tell other women ‘what is good for them’.

I assessed the trainees on a daily basis and consideration was given to: engagement in discussion, communication and presentation skills, session participation, and assignment work. Trainees also prepared session plans for Community Workshop and Industry Visit Program presentations—design, learning objectives, how sessions were introduced, learning modes and related activities, participation and facilitation skills, and summary and evaluation methods were all assessed. Weekly evaluation was also completed by each trainee. The program took place between May 5 and June 6 2008.

The new BHEs have already started conducting bilingual health education sessions in various industry and community settings.

dr salma al-khudairi  
education and training officer

- macedonian
- mandarin
- somali
- spanish
- tagalog
- thai
- tigre
- tigrigna
- turkish
- vietnamese

#### ✦ subscribe to working well

'Working Well' is the Multicultural Centre for Women's Health Newsletter. Keep up-to-date with projects and programs and the issues affecting immigrant and refugee women's health and wellbeing. Contact us and we will put you on the mailing list.

#### ✦ be well read about immigrant & refugee women's health and wellbeing

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 90 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.

#### ✦ join 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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