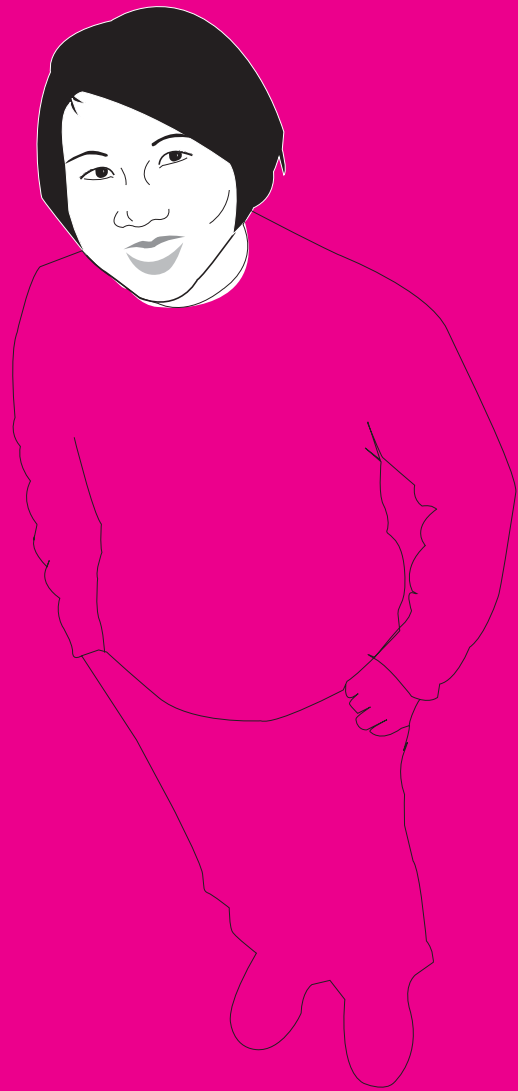
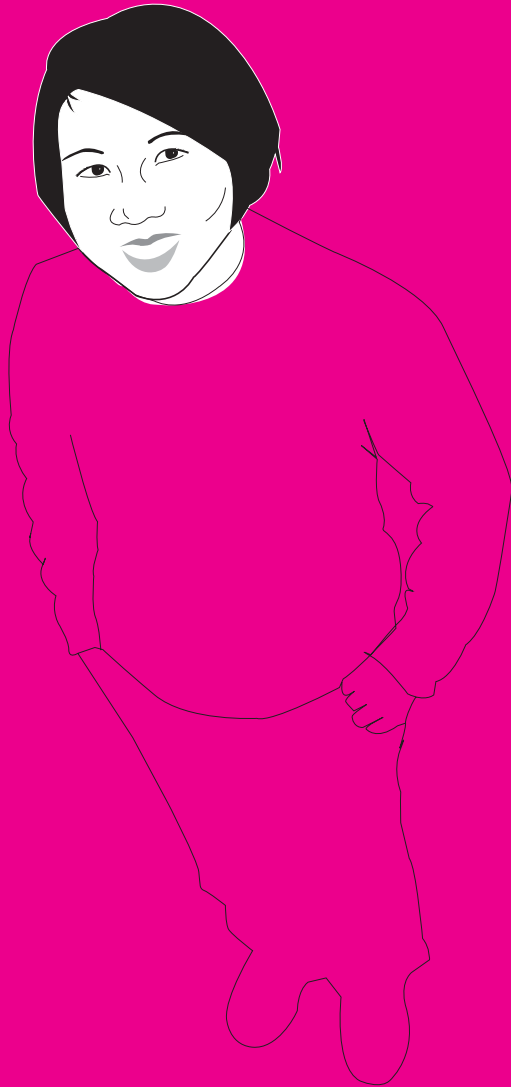


# Working Well

working women's health  
newsletter 2002



**the bilingual health educators' issue**

# ed

e d i t o r i a l

## Welcome to the 2002 Edition of *Working Well*.

This Edition we highlight our bilingual Health Educators (BHEs).

We've asked our Educators to talk about what they do and why, and why it's important work. Through Working Women's Health's (WWH's) Industry Visits and Community Workshops Programs (IVP and CWP) these workers reach many immigrant women both in their workplaces and in their communities.

These Programs and the women who run these sessions are the core of our work, the reason the rest of us do what we do here. It makes sense then to devote a special Edition to them.

Our workers are unique; not only are they professionally trained to run health promotion with immigrant women, but as immigrant women themselves, they know 'from the inside out', what the women they are working with are experiencing. They know the impacts on health and wellbeing that immigration and settlement result in; they've experienced the cultural difficulties and language barriers first-hand. They embody the Working Women's Health philosophy of the 'woman-to-woman' approach emphasising that health promotion is an exchange, a mutual experience.

As for the rest of our staff we get to talk about our work and how it relates to bilingual Health Education. It's helpful to stop and think about why you do what you do, and in writing this Newsletter I think we have gained some powerful insights.

I hope reading this edition of *Working Well* provides you with similar insights into WWH, her work, and her staff. It goes a long way to

explaining something we've been doing here for nearly twenty-five years now—**putting immigrant women's health first**. Hopefully the following will make palpable for you why we're so adamant about immigrant women and improving their health and wellbeing.

Many thanks to the bilingual Health Educators for all their work and for making this Edition of our Newsletter. And thanks to all the other staff who contributed too.

**anna volpe**  
publications and promotions worker



## details

### lingual health educators talk about their work

cally ituarte **GREEK BHE** page 8

cigdem guler **TURKISH + KURDISH BHE** page 9

hien tran **VIETNAMESE BHE** page 11

jeanette shepherd **TAGALOG BHE** page 13

kim chi lee **VIETNAMESE BHE** page 14

loranie leas **KHMER BHE** page 15

marianna jerbic **CROATIAN BHE** page 16

natasha nikolovska **MACEDONIAN BHE** page 18

soledad diaz **SPANISH BHE** page 19

svetlana bulevska **MACEDONIAN BHE** page 20

wanling zhang **CHINESE BHE** page 21

yanping xu **CHINESE BHE** page 22

### staff reports focus on lingual health education

iudita trifa **COMMUNITY + INDUSTRY ORGANISER** page 25

vijay arun **FINANCE WORKER** page 25

amira rahmanovic **TRAINING + DEVELOPMENT WORKER** page 26

nigisti mulholland **PROJECT WORKER** page 27

carmela ieracitano **OFFICE MANAGER** page 28

medina idriess **FARREP WORKER** page 29

stephanie cauchi **HEALTH, INFORMATION + RESOURCES WORKER** page 30

monika manevska **OFFICE MANAGER** page 31

anna volpe **PUBLICATIONS + PROMOTIONS WORKER** page 31

why is  
bilingual  
health  
education  
important?



Working Women's Health multilingual health promotion is based on the principle that communication about women's health is more accurate, effective, and useful if it is exchanged in a commonly understood language, and when a woman who speaks that language as her mother tongue facilitates that communication. Conducting multilingual health promotion in this way is different from conducting health promotion in the English language with the assistance of interpreters.

While interpreters are an invaluable and integral part of the health system, women's health promotion that aims at the exchange of preventative health information is often better communicated through the use of a Health Educator who speaks both English and the mother tongue of the women participating in the health education program.

One of my favourite feminist theorists, Gayatri Spivak, writes that a very effective way of understanding the concept of solidarity amongst women is to attempt to learn another woman's mother tongue.

The attempt to learn another woman's language helps you understand the way that that woman has 'learnt to recognise reality at her mother's knee'. This simple phrase expresses the enveloping experience that learning a mother tongue involves—one learns not only words and sentences as a child for the first time, but meanings.

In this way, language itself carries history, culture, shared experiences, as well as particular ways of understanding integral concepts such as gender, race, and sexuality.

In the context of multilingual health promotion, this means that women have the opportunity to fully participate in an exchange that does not rely on complex cross-cultural translation and without the interruption caused by the interpreting process. The exchange flows more freely, rapport and solidarity can be more readily established, and women can engage in discussion that does not require cultural explanation.

**dr adele murdolo**  
manager

# **b i l i n g u a l**

## **HEALTH EDUCATORS**

**cally ituarte**

GREEK

**cigdem guler**

TURKISH + KURDISH

**hien tran**

VIETNAMESE

**jeanette shepherd**

TAGALOG

**kim chi lee**

VIETNAMESE

**loranie leas**

KHMER

**maria cozzi**

ITALIAN

**marianna jerbic**

CROATIAN



**medina idriess**

ARABIC TIGRE TIGRIGNA + AMHARIC

**natasha nikolovska**

MACEDONIAN

**sevgi bulut**

TURKISH

**soledad diaz**

SPANISH

**svetlana bulevska**

MACEDONIAN

**wafa ibrahim**

ARABIC

**wanling zhang**

CHINESE

**yanping xu**

CHINESE



# **cross-cultural** **COMMUNICATION**

cally ituarte



greek bhe

In February 2000 I started working with WWH as the Greek Health Educator. It has been an enriching and fulfilling part of my work within the migrant welfare field, enabling me to combine my strong interest in health issues with my preference for working with immigrants, particularly immigrant women.

The Industry Visits and Community Workshops Programs are designed to provide health information on sexual and reproductive health, occupational health and safety, mental health, and the safe use of medicines relevant to the cultural needs of immigrant women and in the languages of their choice.

Working with women workers is a unique experience. We are made very aware of women's needs, observe their working conditions (which are often filled with health hazards), and see them exhausted from overwork and tensions relating to family responsibilities. It's imperative that we continue providing the necessary health information immigrant women need to control their health and wellbeing.

The Greek women I work with are very appreciative of the health information sessions we run in their language. **Many women tell me that they have never before had the opportunity to share their experiences and feelings about their health concerns with health professionals.** Their experiences with medical practitioners, in many cases, have been discouraging. Their experiences are not validated and valued, and they are only given the 'medical' perspective. Often they are prescribed minor tranquillisers for depression and stress for long periods of time, without being properly informed about the addictive nature of these drugs or the risks associated with ceasing use.

Our time is limited (workplace sessions are held during lunchbreaks, typically over half an hour), so we always encourage women to contact us for further information.

Community Workshops are more relaxed as we usually have two hours at our disposal. The Greek women attending these sessions work at home as mothers, carers of an ill spouse or parents, or raising of their grandchildren. The sessions they most enjoy are about menopause, mental health and the safe use of medicines. They have so much to share, so many questions to ask—so much support to give to each other. They are very keen for further sessions covering other women's health topics.

Recently we ran Rural Visits with women in the Geelong area, the participants were so happy that at last somebody had thought of them. Isolation and lack of accessible, linguistically and culturally appropriate information are key issues for these women (perhaps to an even greater extent than their counterparts in metropolitan areas). They find the sessions enriching and are amazed to see written health information in Greek. Like other women attending our Community Workshops, these rural women want us to return and run further Workshops.

Training with WWH has deepened my understanding of the impact of work on the health and wellbeing of immigrant working women. The training on drugs and alcohol, alternative therapies, and mental and emotional health, were particularly interesting and stimulating.

Finally, being part of the Team of bilingual Health Educators is enriching and uplifting; it's never uninteresting. The generous support and friendship between Educators, of our Community and Industry Organiser, and the rest of the Staff, enhances our teamwork. It's wonderful working with all of you.

## cigdem guler turkish + kurdish bhe

Ucurumun sagir sessizliginden  
Yurumek yureklerde yer eden  
Mavi sinirsizligina ve  
Ulasmak mavinin yaraticisina  
Yurumek; ama hic durmadan  
Bilinmezligin sirlarina  
Yurumek; sevgiyi toplayarak  
Cocuklarin guluserinde  
Yurumek; gozlerinin derinligine dalarak  
Okyanus sinirsizliginda terk etmek kendini  
Martilarin kanadina takip gulucukleri  
Dagitmak dort bir yanina dunyanin

# cigdem guler

Bilingual Health Education is education in two different languages such as English-Turkish/Turkish-English. The aim is to provide health information to people from different ethnicities and cultures and whose mother tongue is not English.

Through the Industry Visits and Community Workshops Programs we provide information in a culturally and linguistically appropriate way. Working women don't have enough time to look after themselves or search for information about their health (let alone information in a language other than English).

We run sessions during lunchbreaks, when women are able to relax, giving us an opportunity for more casual, open dialogue. In this way, women feel comfortable to talk about health issues such as stress, their work environment, and other problems they may be experiencing. We provide health information and referral for further assistance.

Women discuss issues with us confidently, ask questions, and get clear information in languages that are readily understood—their own. This means they can make informed decisions regarding their health and wellbeing.

Like the women we work with, we are also immigrants to Australia. **We understand the cultural issues and differences, we possess the same sensibilities, and we recognise (immigrant) women's health as our own issue. We talk the same language.**

'Ikidilli Saglik Egitimi'soyleminden de anlasilacagi gibi iki dilde ornegin Ingilizce-Turkce/Turkce-Ingilizce egitimi anlatir. Ana dili Ingilizceden farkli olan etnik kokenli toplumlarin saglik hakkında bilgilendirilmesi gerekliliginden ortaya cikmistir.

Yapilan Industri Ziyaret Programlari ve Topluma Yonelik Seminer Programlari calismalarimizin olumlu sonuclarini bizlere gostermektedir. Cunku genelde **calisan kadin** in kendine ayiracak zamani yoktur. Kendi isyerlerinde, yemek paydosunda karsilikli sohbet havasinda gelistirilen bilgilendirme toplantisinda, calisan kadinlarin dile getirdigi saglik sorunlarinin ortaya cikarilmasinda ve cozumunde, aciklayici ayrica yol gosterici bilgiler verilmektedir. Bu toplantilar bayanlarin konustuklari ana dilde oldugu icin rahatlikla soru sorup, acik ve net cevaplar alabilmektedirler.

Biz Ikidilli Saglik Egitimcileri herseyden once farkli kulturlerden ve dillerden gelen gocmen kadinlariz. Bundan dolayi kadin sagligi butunyle bizlerin kendi sorunu oluyor. Ayni endiseleri ve merakli paylasiyor, ayni korkulari tasiyoruz. Kadinlarla ayni hassasiyeti gosterip ve en onemlisi onlarla AYNI DILI KONUSUYORUZ.

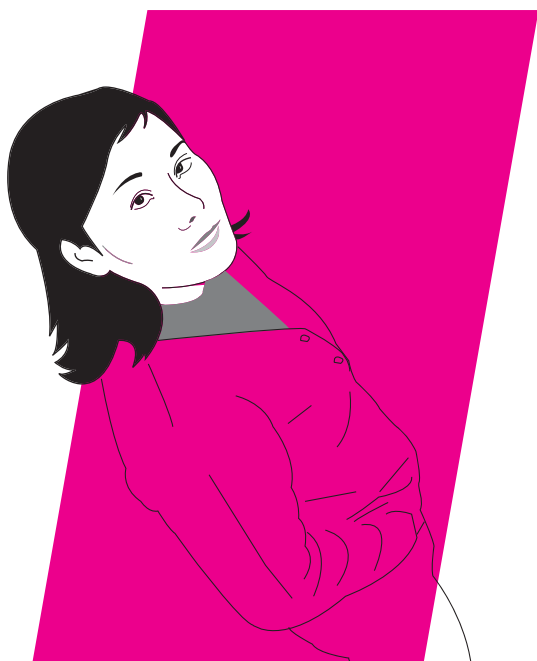
# hien tran vietnamese bhe

I've been working as a bilingual Health Educator for more than three years. Bilingual Health Educators are trained in health issues from immigrant women's perspectives, and then retrained on an ongoing basis. Through training sessions we learn many skills about sharing health information with other women. Our growing knowledge about women's health means we can also control our own health and wellbeing too.

All women should be offered health information sessions to empower them to control their own health and wellbeing.

Women in our society come from various cultural and traditional backgrounds. This makes bilingual Health Education important for Educators, for immigrant women, for the community, and for those working with immigrant women regarding their health and wellbeing.

Why? Because through bilingual Health Education sessions, we share, exchange, and present women with health information relevant to their needs, from their perspectives, in their own languages.



# hien tran

Tính cho đến ngày hôm nay thì tôi đã làm việc cho tổ chức "Working Women's Health" được hơn ba năm rồi. Nhiệm vụ của tôi là đảm trách những buổi thông tin về sức khỏe cho phụ nữ Việt Nam bằng tiếng Việt.

Khi mới bắt đầu gia nhập vào đội ngũ của tổ chức này, chúng tôi được huấn luyện ba tuần lễ liền. Sau đó trong khi thi hành nhiệm vụ thông tin cho phụ nữ tại hãng xưởng trong giờ ăn trưa của họ, tại các trung tâm cộng đồng và tại nhà riêng của các chị nếu được các chị yêu cầu, chúng tôi vẫn thường xuyên được bồi dưỡng nghiệp vụ.

Qua những buổi huấn luyện đó, chúng tôi học hỏi được rất nhiều phương cách để thực hiện những buổi thông tin sức khỏe cho phụ nữ. Điều quan trọng hơn cả là nhờ những chương trình huấn luyện đó mà kiến thức về sức khỏe của phụ nữ của chúng tôi được nâng cao, đồng thời chúng tôi cũng quan tâm đến việc chăm sóc sức khỏe bản thân mình hơn trước, cũng như có thể kiểm soát được vấn đề sức khỏe cả hai mặt thể lực và tinh thần cho chính mình nữa.

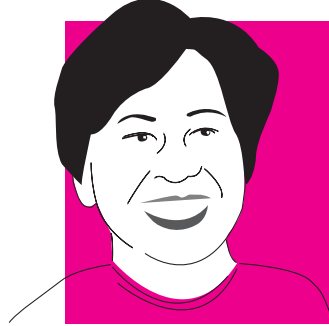
Như vậy phải nhìn nhận rằng chúng tôi được hưởng quá nhiều lợi ích từ các buổi huấn luyện và bồi dưỡng đó. Vậy thì tất cả mọi phụ nữ khác cũng cần được cung cấp những buổi thông tin về sức khỏe, cũng như khuyến khích họ tham dự vào các buổi thông tin được tổ chức, nhờ đó mà họ có một sức mạnh và kiến thức căn bản để có thể tự kiểm soát được vấn đề sức khỏe và sự an vui cho chính họ.

Những buổi thông tin về sức khỏe bằng tiếng mẹ đẻ được trao đổi, chia sẻ, trình bày tùy theo nhu cầu của phụ nữ, qua cái nhìn của các phụ nữ đó, và bằng chính ngôn ngữ mà phụ nữ mong muốn.

Sự thông tin sức khỏe cho phụ nữ bằng tiếng mẹ đẻ thật là quan trọng cho cộng đồng, cho người đảm trách những buổi thông tin, nó cũng quan trọng đối với phụ nữ thuộc nguồn gốc không nói tiếng Anh và cả cho những người làm việc với các phụ nữ đó. Tại sao vậy? Bởi vì phụ nữ trong xã hội chúng ta thuộc nhiều nguồn gốc văn hoá và tập quán khác nhau.

*Tại sao sự thông tin về  
Sức Khỏe cho Phụ Nữ bằng  
tiếng mẹ đẻ lại quan trọng?*

# jeanette shepherd tagalog bhe



Bilingual Health Education. What is it? As a bilingual Health Educator I am often asked this question.

It means providing health information in my own language (Pilipino/Tagalog) and in doing so catering to the health information needs of the women in my community.

Being able to discuss health issues in my own language makes my work unique in women's health.

I conduct Industry Visits and Community Workshops covering a range of women's health information issues either in workplaces or in the community. Topics include reproductive health, mental health, occupational health and safety, and community health.

I value my job because I feel that it is an important way to reach women in my community.

Likewise women feel that what we do is important, it's the only time that they can hear and read health information in their own languages.

It's an opportunity for women to discuss and ask questions about their health issues, free of (the usual) inhibitions and biases.

In terms of knowledge, and in terms of the experiences of the women that I meet, I have made immeasurable gains and insights.

I encourage every woman to be 'selfish'; we must make ourselves our number one priority.

Lastly I want to end with a popular quote in Pilipino. 'Ang kalusugan ay kayamanan,' meaning 'Health is wealth'.



From generation to generation Vietnamese women have played a vital role in the family—as housewives, in taking care of the children, by doing housework, in the paid workforce.

They put other family members before their own needs, often going without any real rest themselves. They don't take care of themselves—when they get sick the rest of the family (and their communities) suffer.

Migrating to Australia means having to overcome the language barrier—in this case English—which of course has its own impacts on health.

Their lack of (English language) information skills makes it very difficult to access available information, especially health-related information.

Working Women's Health knows that immigrant women lack access to health information in their own languages, and that they have little time to try and access it even where it exists. Health needs often present themselves before a firm grasp of English has been attained.

Vietnamese women are hard workers and prefer to get on with the job immediately—including the job of learning English, but this takes time and support. That's why information and exchange in their own languages is so important.

As bilingual Health Educators we run Industry Visits and Community Workshops in factories and community spaces, that is we provide information to immigrant women in locations immigrant women find themselves everyday. It's free of charge to participants and doesn't cost employers anything either (sessions are run over women's lunchbreaks).

The key benefit women gain from our Programs is an increasing awareness of why taking care of themselves improves their quality of life. And this of course benefits families, workplaces, and communities.

kim chiee  
vietnamese bhe

loranie leas khmer bhe

Since being appointed as one of WWH's bilingual Health Educators two years ago, I have gained immense knowledge, skills, and appreciation in working with women from immigrant backgrounds.

As a bilingual Health Educator, I have had the opportunity to provide a wide range of relevant and essential health information to women in their work environments and their communities.

Health sessions are conducted in a very informal way, and we always aim to provide information that is relevant, interesting and useful to women—adhering to Working Women's Health's 'woman-to-woman' approach as closely as possible.

In addition to this approach, what makes our health sessions unique amongst health services is that we tailor our sessions to the needs of our participants; to deliver the sessions in a range of languages, covering many health topics.

The health sessions strive to be interactive, open, and a stimulating learning environment both for Health Educators and women participants.

These sessions have not only been rewarding, but have also been a privilege.

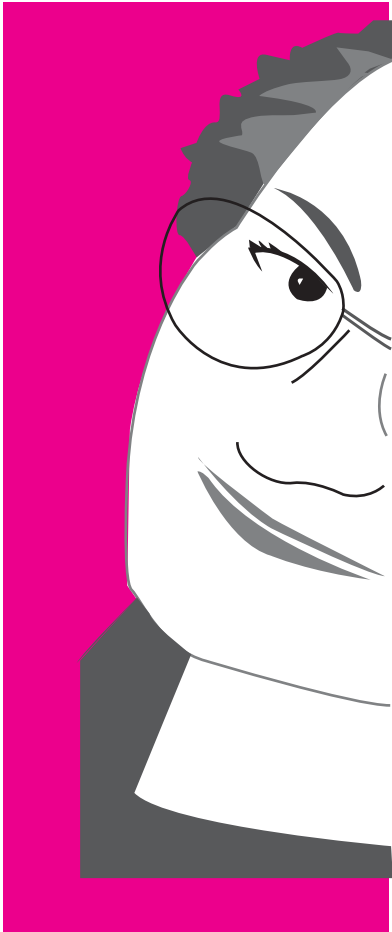
A privilege in that it allows me to talk to women about their rich experiences and knowledge.

I look forward to working with more women and gaining greater insight to how we as an organisation can assist in providing the best health information for women, as best as possible.



marianna

jerbic



In recent decades women have been largely responsible for improvements to women's health care. Women are now better informed about how their bodies work, and what can go wrong with them. Or are they?

Women who don't speak English well (or not at all), have it seems to me been largely forgotten. Bilingual Health Education has taught me that many women cannot access the health information they want; it's not in the languages they need or would more easily comprehend. Immigrant women seem to face increased difficulties communicating with health professionals and finding appropriate services—that's providing medical professionals have the time and, are informed by appropriate training to meet immigrant women's health. I should know—I'm one of these immigrant women.

My long association with immigrant women and communities has given me invaluable insight into the differences in health promotion in English and health promotion delivered in other languages. It has allowed me to combine the best of community experiences and my own practice in presenting health promotion in languages immigrant women understand best—their own.

Previously I could only dream about training and information relating to immigrant women's issues in the workplace. Working as a bilingual Health Educator in the Industry Visits and Community Workshops Programs keeps me motivated to continue working and empowering immigrant working women. This participation, along with the first-hand insights I've gained into workplace and community health, encourages me to continue to provide up-to-date, unbiased information to immigrant women, which I hope assists them to make informed choices about their health and lifestyles—just like anyone else in the community. There is someone in the community providing this important service to women (regardless of background)—that someone is Working Women's Health.

Many women now know the freedom, power, and sense of wellbeing that health information delivered in their own language means; the interest this generates amongst immigrant women convinces me bilingual Health Education makes women stronger and more confident about their work and families.

I feel stronger and more confident when I see a group of immigrant women gathered around a table participating in a health education session—participating in their own language and culture.

Sometimes the benefits are not immediately obvious, but I believe the more educated women are, the better for everyone. It's a real plus when women come back to me to let me know the information I've provided has helped.

This is very important to me—it makes me a better human being, friend, community worker, mother, and educator. This work also makes bilingual Health Educators leaders in a field 'beyond the medical model'.

Information and advice in bilingual Health Education sessions cannot replace medical consultation, but it can give direction to the right service providers, it's free, and it's in the language best understood—your own. I'd recommend it to anyone!

croatian

bhe

My name is Natasha Nikolovska-Buzevska. I've been a Working Women's Health bilingual Health Educator since March 1999.

Since that time I've run many sessions with Macedonian women in both factory and community settings.

We reach all women: working women, outworkers, and women not in 'paid' work.

Women are amazed at the variety of health information available and with the way sessions are conducted.

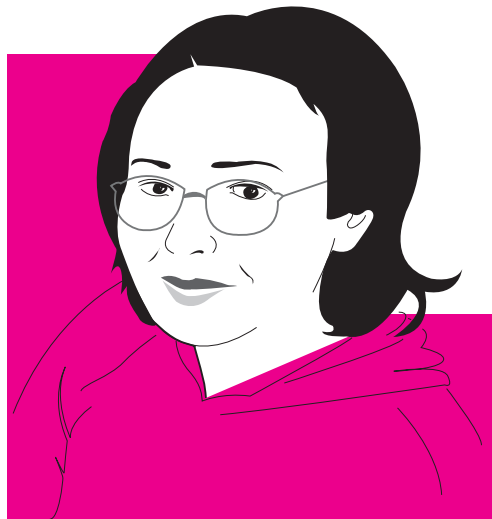
Each woman participating in my sessions gets a resource folder of information in Macedonian.

The most unique thing, the thing that separates our work from other agencies is that we provide women information in their first languages.

Bilingual Health Education is a very open process allowing for more direct 'interpreting' and communication (in both English and Macedonian).

**As an immigrant woman I know how important it is to give someone information in their own language.**

That's why I think our job is so important for all women who speak languages other than English in maintaining their health and wellbeing.



n a t a s h a  
n i k o l o v s k a  
m a c e d o n i a n  
b h e

El Papel que cumple una educadora bilingüe de la salud es importante. Por que?

- 1) Facilita informacion sobre la salud de la mujer en el idioma que se requiere a mujeres que poseen una lengua diferente al Ingles.
- 2) Nuestra mision es llegar a todo tipo de mujer. Intercambiar y facilitar informacion.
- 3) Nuestra organizacion prepara visitas a Industrias y Centro Comunitarios. Nuestro rol como educadora es proveer y facilitar informacion requerida de acuerdo a los temas que nuestra organizacion imparte.
- 4) Estas visitas nos permiten intercambiar ideas, analizar situaciones y dar a conocer alternativas para aminorar los problemas que nosotras como mujeres enfrentamos en nuestro diario vivir.
- 5) Como educadora bilingüe es vital encontrar un camino donde se pueda lograr un dialogo, ya sea en forma individual o grupal.
- 6) Para mi ha sido un placer trabajar junto a un equipo de educadoras bilingüe sobre la salud de la mujer. En primer lugar, me ha dado la oportunidad de conocer personas de diferentes raices en la cual yo he podido conocer mas acerca de ellas y de sus comunidades. Segundo, me ha dado la oportunidad de acercarme mas a mi comunidad hispanoamericana. Tercero, me ha permitido expandir mi conocimiento limitado sobre mi propia salud como tambien de otras mujeres quienes han pasado o estan pasando por momentos dificiles. Ya sea de indole familiar, economica, amorosa o social.
- 7) Por todas estas razones y muchas mas es importante que nosotras como mujeres podamos dialogar para poder crecer y ayudarnos mutuamente. Espero que con los conocimientos que este servicio nos da, yo pueda transmitirlos y pasarlos a aquellas mujeres que lo requieran. Es un servicio profesional donde se respeta y se mantiene discrecion con respecto a cualquier punto o tema que se plantee.

The role of a bilingual Health Educator is important. Why?

Being a bilingual Health Educator is important because it facilitates information exchange on women's health in languages immigrant women require. Our mission is to reach all women—to exchange and facilitate information between them.

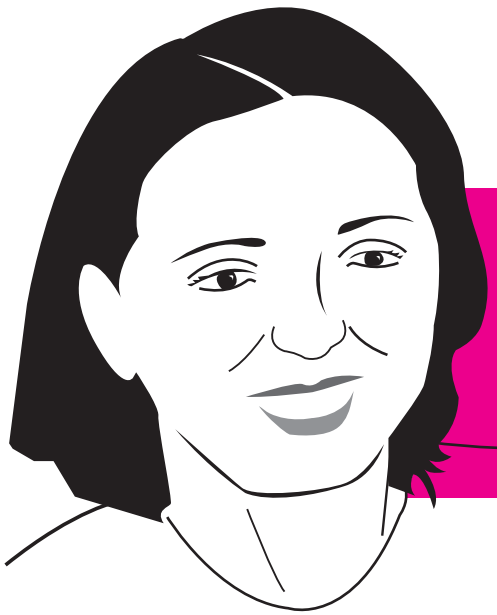
Working Women's Health organises visits to workplaces and community centres; as Educators we provide information based on WWH's areas of expertise (such as sexuality and sexual health, occupational health and safety, and reproductive health). As bilingual Educators it's our role to find a way to create dialogue either in groups or on an individual basis.

It's a pleasure to work together with a team of Educators on women's health. It's given me the opportunity to meet women from different backgrounds and understand them and their communities more intimately; I've also been able to move closer to the Hispanic community and, 'finally' its allowed me to expand my knowledge about my own health and that of women who are experiencing or have experienced difficult times (social, economic, familial). It's important that we as women are able to engage in dialogue—in order to mutually grow and help each other.

I hope I am able to pass on to women the knowledge I gain through WHH; after all WWH is a professional organisation where respect and confidentiality is maintained regarding any subject or issue presented.

soledad diaz  
spanish bhe





## svetlana bulevska

Hi, my name is Svetlana and I'm a bilingual Health Educator. That's the usual opening to one of my sessions. Being a bilingual Health Educator for me means being able to communicate between English and Macedonian—and being able to exchange information clearly as there is no 'language barrier'. It's most important to me that I can share my knowledge about health with so many women. It's one of the things that attracted me to the job—along with being able to share so much with other women, so much information in a mother tongue.

Through the Industry Visits Program we reach women in the workforce who have little time to spend on health (and health information)—we bring the information to them. It's my experience that they enjoy the exchange of information and the opportunity to discuss issues as much as we enjoy facilitating this service delivery.

Community Workshops are a little different, in that they are geared to women not in the (paid) workforce. **What they have in common of course is the need for health information in their own languages. This means easy access to information that's understood completely, that they can adjust to their specific needs.**

This is most satisfying because when I first came to Australia I would've been more than happy if someone had given me all this information in my own language—it would have helped me more than anything else.

That's why I think our job, our profession is so important to women arriving in Australia daily; it assists women to maintain their health and wellbeing.

## macedonian bhe

Hi, my name is Wanling Zhang. I have been working as a bilingual Health Educator at Working Women's Health since 1999. My languages are Chinese (Mandarin, Cantonese, and Hakka), and of course, English. I enjoy my work, and am proud of being a member of the bilingual Health Educator Team.

I was trained and practised as a medical practitioner in my home country. Since coming to Australia twelve years ago, I have worked as a research assistant, community worker, and health educator.

In my other jobs and life experience, I witnessed many women from immigrant backgrounds not receiving adequate health service due to language barriers and other difficulties faced by new arrivals. Many immigrant women want to receive health information (both verbal and written) in their own languages. **However, there are not many health services providing adequate health information in different languages to these women. In many cases, even the available multilingual health information fails to reach working migrant women.**

I enjoy our Industry Visits Program very much as it reaches a group of immigrant women that other health education programs fail to do so. Half-hour lunchbreak sessions may not allow for extensive health information exchange, but it does allow for the key health messages that need transmitting to be sent. After an information session many women tell me that now, at least, they know where to go to seek assistance. I also enjoy our Community Workshops Program. We often cover topics that other health services don't, such as stress management, occupational health and safety, and the safe use of medicines.

As a bilingual Health Educator, I'm pleased to have the opportunity to use my multilingual skills to deliver health information to Chinese immigrant women (in an Australian setting). It's satisfying to assist these women access services relevant to their health and wellbeing.

wanling zhang chinese bhe

As a Chinese bilingual Health Educator my job is to talk with women about their health issues and provide health information in their own languages.

Coming from the same cultural background, I understand Chinese women's happiness, their concerns, and their requests.

We provide services and discuss sensitive issues in whichever location women feel most comfortable and, at a time that suits them.

It's very important to provide information to immigrant women in their own languages as it makes it easier to build trust, which then allows us to provide better service and hopefully meet women's needs relating to improving their health and wellbeing.

yanping  
XU

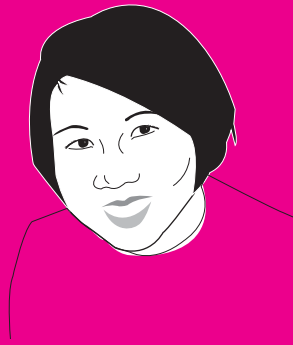
chinese  
b h e

As women, there are constant demands made on us in our daily lives. We look after our families; our work supports both our families and society.

The right health information is not only crucial to women ourselves, but crucial for our communities.

Whenever I talk with 'my women', I feel I'm helping them gain information about looking after themselves—their satisfied smiles is my ultimate reward.

greek



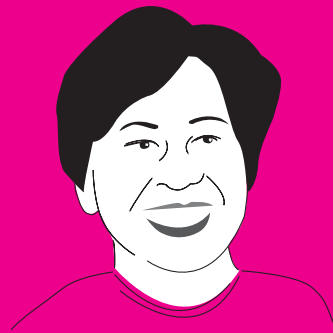
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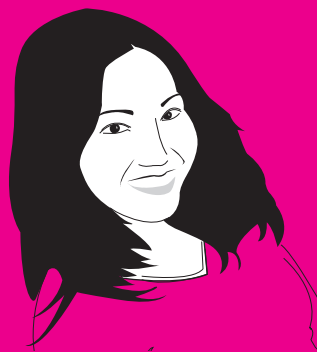
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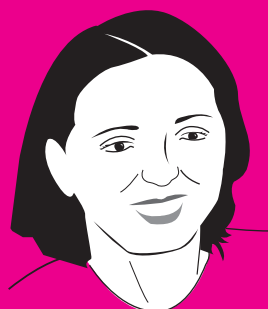


amharic

tigrigna

health

macedonian



khmer

chinese

dr adele murdolo **MANAGER**

iudita trifa **COMMUNITY + INDUSTRY ORGANISER**

vijay arun **FINANCE WORKER**

amira rahmanovic **TRAINING + DEVELOPMENT WORKER**

nigisti mulholland **PROJECT WORKER**

carmela ieracitano **OFFICE MANAGER**

medina idriess **FARREP WORKER**

stephanie cauchi **HEALTH, INFORMATION + RESOURCES WORKER**

monika manevska **OFFICE MANAGER**

joumanah el matrah **PROJECT WORKER**

anna volpe **PUBLICATIONS + PROMOTIONS WORKER**

Every time we offer  
someone a supportive hand  
we all ensure that we can understand.

The language and the culture  
brings women out to share  
their stories of struggle and of survival too.

'You have given me a reason  
and listened to my story too',  
a woman says on her way out  
to the work she needs to do.

We come and listen,  
we give information too;  
we understand the struggle,  
we are here to assist you.

## iudita trifa

### community + industry organiser

Before joining Working Women's Health,  
I only knew the Organisation conducts  
health promotion with working women  
from immigrant backgrounds.

As a feminist I have always supported  
women's health issues and consequently,  
health promotion targeting women's  
wellbeing. I'd like to see the continuation  
and development of such programs.

As a migrant myself, I comprehend  
the difficulties faced by immigrant  
women—such as (mis)understanding  
medical jargon—especially issues relating  
to their health and wellbeing.

I am very impressed by the tremendous  
amount of work and effort put forward  
by WWH's bilingual Health Educators.

I feel that these Programs assist  
immigrant women express themselves,  
and put forward their views in society  
and the workplace. Through working  
with the bilingual Health Educators,  
immigrant women resolve many of the  
problems they may experience. I am  
very proud that I am part of their service  
and Working Women's Health.

vijay arun

### finance worker

As this issue of **Working Well** is devoted to our precious bilingual Health Educators I will share with you some of my experiences in working with them. Having taught high school back home in Bosnia, I thought working with adults would be easier—this has not been the case, it's been a great challenge.

My new audience differs a great deal in their experience, knowledge, age, culture, and attitude. They're a great group of women and professionals; in themselves, they've brought an invaluable asset to this Organisation and to all of us who work here. They are my biggest source of information and knowledge. They are my 'primary literature search'. It's a great satisfaction to build new skills and knowledge on such a strong base of existing ones.

Few are so fortunate as to have such a myriad of cultures surround them. Through their stories and experiences our bilingual Health Educators take us through China, Turkey, Vietnam, Chile, Cambodia, Eritrea, Croatia, the Philippines, Italy, Macedonia, Bosnia, and Cyprus.

What is most satisfying, is seeing the readiness and confidence in Health Educators' faces; seeing the dedication and passion with which they run information sessions.

**amira rahmanovic** Seeing this small, but strong army of women working at realising this great mission for women from all over the world.  
training + development worker

# nigisti mulholland

## project worker

At the beginning of this year I took the position as a Young Women's Project Worker, working three days a week. According to the project design, consultations are conducted with young women from Sahel African communities, aged between fifteen and twenty-five years old. The young women are asked about how health issues affect them, and the availability of health services to them. The aim of this Project was to determine whether or not they use the available health services efficiently and, if not, what suggestions they have towards increasing their capacity to access services.

To conduct the consultations in small groups, bilingual facilitators and packages of health information were used in order to carry out the duties successfully. The young women involved in the consultations are a diverse group of women, with distinct differences in culture, language, and religion. In their current circumstances, these young women have different ways of viewing and approaching health issues and solutions to health problems. As a result, overall understanding of Australian health services varied from person to person.

Having bilingual Health Educators available to work on this Project has been invaluable. From delayed arrivals for group sessions to awkwardness in the initial stages of the consultations, the facilitators helped ease the problems. Understanding primarily the socio-cultural framework of participants made it possible to relate to their beliefs and their perspectives on health services.

The young women are able to reflect on their positive and negative experiences with Australian health services and to express their concerns with confidence because of the facilitators. Because of the similarities with language and cultures between the facilitators and the young women involved, the women felt that their opinions were understood.

The support given for the project work through Working Women's Health, from providing packages of introductory multilingual health information materials and demonstration packages, to providing bilingual Health Educators to talk to the groups, has also proven beneficial.

**The team of WWH, from its management to its staff, has a wealth of understanding, and easily provides the sensitivity needed to serve immigrant women.** This has helped me personally to settle and work happily with the Organisation, knowing that young women's health issues raised during the group sessions of the Project would be followed up and acted on by the readily available bilingual and culturally appropriate community Health Educators at the primary stage.

# carmela ieracitano

## office manager

Working Women's Health operates from the belief that all women deserve the provision of quality health information and informed decision-making about health and wellbeing. Many things have changed in WWH's twenty-four year history, this conviction has not.

I believe our bilingual Health Educators need to be acknowledged for their tremendous work. I have had the pleasure of working with them since 1995 (there have been many such women in this role since its inception in 1978).

Working Women's Health provides internal support to these Educators, chiefly through training sessions and health information—this equips them for their work with women in the workplace and community. It's the bilingual Health Educators who facilitate this information and close the gap between communication and misinformation for immigrant women.

Just one of many significant memories I have of the bilingual Health Educators was the launch of *Nobody Ever Asked Me If I Wanted to Know* (a report on immigrant women's needs relating to alcohol and drug issues), which we launched at a factory where we had conducted health information sessions. The rapport between our bilingual Health Educators and the factory workers was indicative of the level of comfort and confidence both had built throughout the Visits.

Why is this so significant? Well my mum worked as a machinist for well over thirty years and I remember how time was of the essence. Not having enough time to acknowledge that you had health issues (let alone the time to do something about it); not being able to fully comprehend what the health issues were.

And it wasn't because you weren't educated, but rather because you didn't communicate in the same language the doctor communicated in; or maybe you didn't want to reveal all your symptoms because you were embarrassed to speak of such things in front of a man (even a doctor).

So when a bilingual Health Educator approaches another woman in her workplace or community setting and speaks to her, she is giving her the opportunity to think for herself and make decisions for herself so she can be 'just like everybody else' and get on with life.

The bilingual Health Educators are passionate, generous, strikingly intelligent, hardworking and yet so very funny. I speak both professionally and personally—they are incredible.

The Family and Reproductive Rights Education Program (FARREP) provides health promotion to African women. FARREP is one way of achieving this health service delivery; bilingual Health Education is another way of achieving the same goal. Working at WWH allows me to work closely with the bilingual Health Educators and to use their skills to empower African women.

Due to cultural differences and language barriers, immigrant women generally have little access to preventative health care. Outwork, restrictive work hours, family responsibilities and other commitments exacerbate this limited access. Working Women's Health's bilingual Health Educators offer immigrant women an opportunity to discuss, share and exchange information on their health issues. Health Educators facilitate communication, ensuring women have access to health information, allowing informed choices to be made.

WWH provides health information sessions for women in the workplace through the Industry Visits Program and in the community through the Community Workshops Program. It also provides telephone consultation and a one-to-one approach to discussing health issues. Another unique part of its service is its provision of health information in languages other than English, that is women's first languages. Where appropriate visual aids are used to ensure a clear understanding of health topics; and where necessary referrals to other services are made.

WWH has well-trained bilingual Health Educators who discuss sensitive women's health issues in a non-threatening and safe environment. They conduct health information sessions in a very informal way to empower women, with the aim of preventing illness and injury, and promoting independence and wellbeing. They create 'the ground' for women to share their health information with a group or on an individual basis—the 'woman-to-woman' approach.

This Team of multilingual workers and their skills is an invaluable tool for Working Women's Health. They are capable of responding to WWH needs, playing many different roles in the Organisation. As part of Working Women's Health, FARREP uses the bilingual Health Educators to deliver health sessions to African immigrant women, and to deliver these sessions 'beyond barriers'.

## health, information + resources worker

New research on the prolonged use of HRT and its links with cancers has alarmed many women in our community and has recently placed women's health issues onto the front pages of newspapers and onto talkback radio. It has highlighted the need for constant review of treatments, the ongoing raising of women's health issues in our community—and the need to keep all women equally informed.

Lack of information in languages other than English exacerbates the difficulties many immigrant women face in accessing information crucial to maintaining their health.

It is very difficult for women whose mother tongue is a language other than English to keep abreast of breaking news, to access information about issues affecting their wellbeing (whether they make the media or whether they remain 'invisible').

That's why we continue to increase our stock of multilingual information, to make sure there is information for immigrant women in relation to their health needs—as part of the Drug and Alcohol Project for example, we increased our information on mental health and prescription medication.

Mental health, prescription medicines, and HRT are all subjects that the Health Educators resource in their work with immigrant women.

Women participating in the Industry Visits and Community Workshops Programs, receive multilingual information about the topics they have raised in sessions; this means women can access written information about their health concerns long after participating in health promotion sessions with our Health Educators.

Our Educators tailor their sessions, and come to me to source information—in supporting their needs I am supporting the women who participate in their sessions and visits.

But it's not just about pamphlets and web searches—it's about forging strong links with key agencies providing health services to women. This enables us to share our knowledge and resources and to work collaboratively, ensuring the best possible health outcomes for immigrant women.

We learn from each other and from the women who contact us and we work with—it's the 'woman-to-woman' approach to health and wellbeing.

stephanie  
c a u c h i

# monika manevska

## office manager

On your way through High Street Northcote, if you stop at number 192, you will find a friendly office called Working Women's Health. A month ago, I ventured into this wonderful world, and began my position as Office Manager.

My position is to provide administrative, reception and organisational support. This is a challenge to put my 'overseas' skills to the test. Of course my role includes being there for all staff including the bilingual Health Educators. My aim is to make sure their administrative needs are met, and in my front-office role, to refer women to them as appropriate.

Like the Educators, I'm also an immigrant woman, which I believe, gives me a special insight into their work and assists me to anticipate their needs and the needs of the immigrant women who contact us.

I've also worked as a bilingual Health Educator myself, so I know at first-hand the kind of work they are doing and its value to immigrant women.

**Lack of multilingual information and education in mainstream services limits immigrant women's access to these same services, and so diminishes their opportunities to control their health and wellbeing.**

The Educators and front-office staff have a lot in common; we represent the Organisation, we provide information and referral, we are here to assist immigrant women close the information gap relating to their wellbeing.

I look forward to working with them and with the immigrant women who use our Service.

# anna volpe

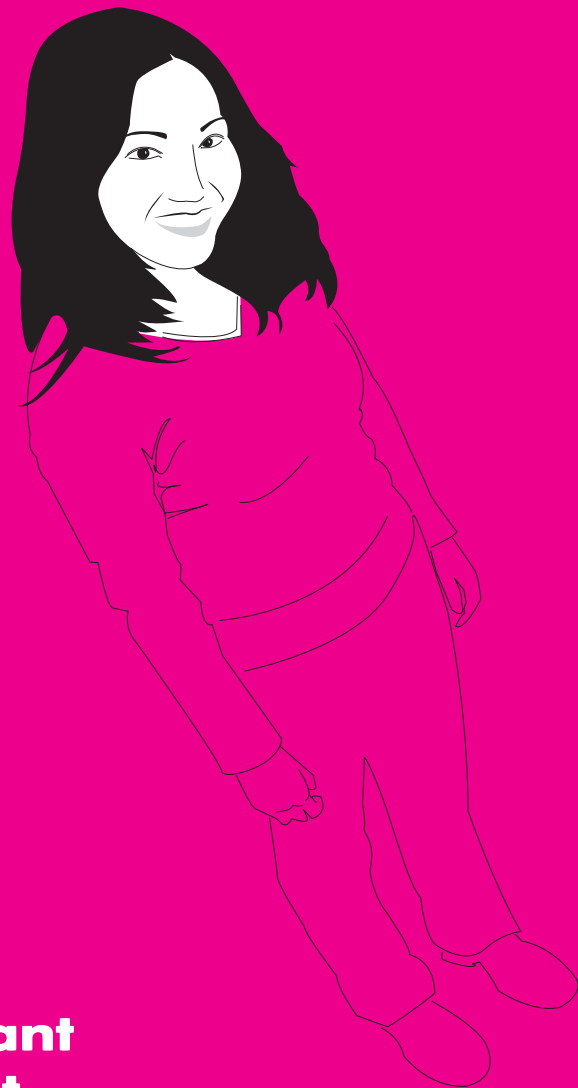
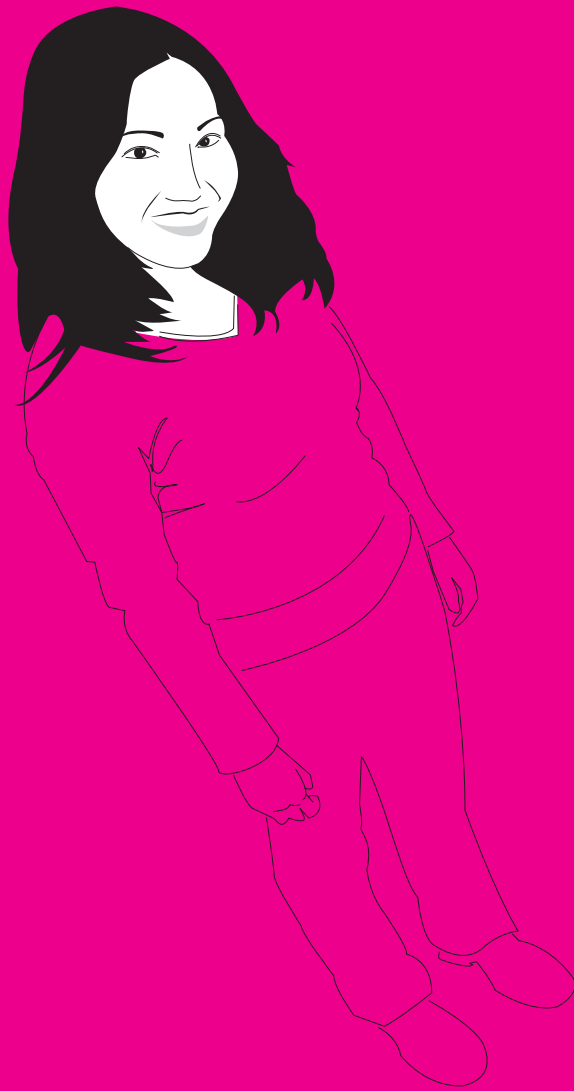
## publications + promotions worker

There can be no greater need met than to receive relevant, up-to-date information concerning your health and wellbeing. Being able to access this information in your mother tongue should be a given, but for many immigrant women this is not the case.

That's why bilingual Health Education is so important, why the work of our Educators (immigrant women themselves by the way) is a such a necessary conduit for immigrant women aiming to control their health and wellbeing. (Let alone trying to navigate the health system.)

**My connection with the bilingual Health Educators is to assist them with the key message that Working Women's Health is all about—putting immigrant women's health first. That's what they do and that's what I am always trying to promote.**

I see my role and their work as having a strong connection, that is of support. I like to think the material we publish, the way we promote ourselves says positive things about their work. Support is something they understand—they support immigrant women, each other, the rest of us here, and Working Women's Health as an organisation. Their work and the women that they are, cannot be prized enough.



**wwh: putting immigrant  
women's health first**