

working well  
newsletter  
june 2010



Issue 19

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



in this issue:

★ project and  
program updates

main feature:

★ preventing violence  
against immigrant  
and refugee women:  
where do we start?

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

shaping stories:  
bhe diabetes prevention  
education project

*'Women want to know why  
[they should adopt healthier habits]  
and once they know, it gives them choices.  
My job is to show them "why" and "how".'*  
(BHE)

amharic	Following the success of the Diabetes Healthy Living (DHL) Project conducted over 2008-09, Multicultural Centre for Women's Health (MCWH) received funding from the Commonwealth Department of Health and Ageing <sup>1</sup> to improve Bilingual Health Educators' (BHEs') capacity to deliver diabetes prevention education. Key recommendations arising from the DHL Project are the need to develop a range of culturally appropriate multilingual teaching and learning resources for use with women in the community and ongoing professional development to maintain educator knowledge. <sup>2</sup>
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The first stage of the project involved a one-day resource development workshop attended by the BHEs who conducted diabetes education sessions for the pilot project. While the main purpose of the workshop was to assist in the development of education resources and modules, the workshop also allowed the BHEs to reflect on the MCWH model of health education delivery and on their role as an educator. At the core of the diabetes prevention education is the use of storytelling or case study discussion to facilitate conversation and to allow the BHE to assess women's levels of knowledge about and attitudes towards nutrition and physical activity.

The BHEs were unanimous in their support for the continued use of case studies in their work and emphasised its value in encouraging the exchange of ideas long after a session has ended.

*'It is about tapping into women  
and letting them talk...stories provide hope  
and encouragement for other women  
in similar situations.'* (BHE)

The workshop was followed by a two-day diabetes training program for all of the BHEs. In addition to providing updated knowledge about diabetes in general, the training was a response to BHEs' requests for additional training on diet and nutrition. Roger Lindenmayer, an accredited diabetes nurse educator from North Richmond Community Health and Julie Lew, an accredited dietician from the Merri Community Health Service provided practical information which the BHEs could adapt in their sessions. Catharine McNamara and Deborah Boyce, both diabetes educators from the Diabetes in Pregnancy Unit, Mercy Hospital for Women, provided updated information and knowledge about gestational diabetes. A Vietnamese woman with type 2 diabetes also provided a personal account of living with the condition and allowed the BHEs to speak with her, woman-to-woman, about strategies to assist others in her situation. Each presenter's considerable experience in the community health field, and with women's experiences of diabetes in particular, was a significant factor in meeting the BHEs' professional needs.

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Thirty diabetes prevention education sessions have now been conducted with over 200 women across 12 different communities, including the Punjabi and Karen communities. In some sessions, BHEs provided healthy food to the women for practical demonstration. Food portions were also discussed through the use of portion plates and food replicas.

amharic

While delivery of the education sessions represents the final stage of the project for MCWH, the work of developing culturally appropriate diabetes prevention education resources continues.

arabic

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The project emphasised the need for creative and low-cost teaching and learning strategies given the high cost of producing multilingual visual and written material in several languages. Culturally appropriate strategies such as storytelling and food-based activities, as was used throughout the project, are just two examples of low-cost options. In this context, the use of experienced and appropriately trained BHEs is crucial.

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Ongoing professional support for BHEs is therefore essential in the success of diabetes prevention education programs. A final project report will be available at the end of June.

regina quiazon  
health promotion &  
research project officer

**Footnotes**

<sup>1</sup> The project was conducted in partnership with the Australian Community Centre for Diabetes, Victoria University. <sup>2</sup> Poljski, C. (2010) *Diabetes prevention for immigrant and refugee women findings from the Diabetes Healthy Living Project*, MCWH: Melbourne.

**PACE Project:**  
participate, advocate,  
communicate and engage

**A leadership project for women from immigrant and refugee backgrounds.**

The level of women's participation in formal leadership continues to be relatively low; these rates are even lower in relation to the participation of women from immigrant and refugee backgrounds.<sup>1</sup> In light of this, MCWH has embarked on a leadership capacity building project for women from immigrant and refugee backgrounds. The project seeks to build on women's leadership skills and capabilities and encourage participation in decision making at community, and local and state government levels.

Founded on the acronym PACE, the project emphasises the key principles of Participation, Advocacy, Communication and Engagement aimed at building the capacity of women from immigrant and refugee backgrounds to seek out and participate in formal leadership opportunities. The project is being conducted by MCWH in collaboration with Sunraysia Mallee Ethnic Communities Council (SMECC), and was initiated in August 2009 through funding from the Victorian Multicultural Commission.

In an endeavour to identify, document and develop best practice strategies that effectively encourage immigrant and refugee women into formal leadership positions, the project has conducted consultations with representatives from ethnic community councils, migrant resource centres, ethno-specific organisations and other non-government organisations

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working with immigrant and refugee women in metropolitan and regional Victoria.

The consultation process highlighted the numerous barriers to immigrant and refugee women's participation in leadership; as well as the inter-relationship between the complex and diverse needs of women and their levels of participation. Some of the key issues raised during these consultations include lack of access to information and services in women's colloquial languages (such services included health, housing and migration), lack of culturally and linguistically appropriate health educators, inadequate child care services and limited access to public transport.

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The lack of recognition of immigrant and refugee women's existing skills and leadership qualities were also identified as a barrier to participation, especially where women have low English proficiency and/or face difficulties in obtaining recognition for overseas educational qualifications. This leads to women taking up lower-skilled jobs, impacting negatively on their mental health and wellbeing, and participation. A best practice guide for leadership programs for immigrant and refugee women outlining the above issues will be produced as part of the project.

Twenty women have been recruited to participate in a PACE Community Leadership Development Training Program from the 24th of March to the 16th of August 2010. The group comes from diverse cultural backgrounds including Italian, Afghani, Indian, Iraqi, Kurdish, Liberian, Pakistani, Sierra Leonean and, Sudanese. Tailored to the meet the needs identified by participants, the training

program will be TAFE accredited at Certificate III level and is been co-facilitated by Victoria University. The program will cover a wide range of topics such as enhancing learning through leadership, self-awareness, decision-making, communication skills, conflict management and effective citizenship. It will also link participants with existing organisations and programs that have been developed to build leadership skills in the community, so that the women may further develop their own particular capabilities over time. Potential participants have expressed an interest in developing their skills and discovering avenues through which they can be more active in their communities, with one participant noting:

*'[I want] to find out what I can offer to the community and what I myself can achieve...'*

Women participating in the training program will pioneer a PACE Leadership Network that will provide support and further opportunities for skill and knowledge development in the longer term. The network will also be a platform for women participating in the leadership program to provide support to other women in areas such as mentoring. In addition, a PACE women's leadership web page will be developed to provide access to resources, links and further networks, as well as a communications forum for the PACE Leadership Network.

maud mores  
health promotion &  
research project officer

**Footnote**

<sup>1</sup> Victorian Women's Policy Framework (2008-11); Culturally and Linguistically Diverse (CALD) Women's Project: Final Report (2005), Office for Women's Policy.

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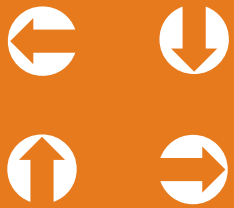
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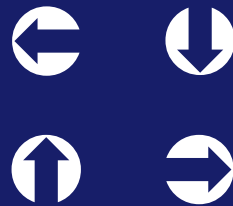


"

immigrant and refugee women's groups and organisations should lead violence prevention efforts, but involve the whole community

## preventing violence against immigrant and refugee women: where do we start?

carolyn poljski  
health promotion  
and research  
project officer



## → start the process & gain momentum

The primary prevention of violence against women is gaining momentum in the wider Australian community. Government policies, namely *A Right to Respect: Victoria's Plan to Prevent Violence Against Women 2010-2020* and the *National Plan to Reduce Violence Against Women and Their Children*, are welcome additions to our current legislative and service provision approaches to addressing this important issue.

However, there are few strategies that specifically aim to prevent violence against immigrant and refugee women. Of the strategies with a primary prevention focus that are in place, little written or published information is available because strategies are either being developed or are in early stages of implementation. Furthermore, evaluation of these strategies is either non-existent, inadequate or is in progress, thereby making it difficult to make conclusions about strategy effectiveness. Multicultural Centre for Women's Health has recently completed a research project about violence prevention strategies targeting immigrant and refugee women. Research findings will be presented publicly in the future and will also be available on the MCWH website.

Despite the lack of evidence and evaluation, there is a need to start the process of implementing and properly evaluating those strategies that thus far have indicated success in the prevention of violence against women. We need to move forward to prevent violence against immigrant and refugee women – working in collaboration with communities, with community leaders (women, young people and men), and other key stakeholders such as health and welfare service providers and schools. A range of strategies must be adopted – our research base needs to be developed, specifically-targeted communication and media campaigns need to be implemented, as do education programs targeting women, young people and men. We also need to strengthen our communities' capacity to act and speak out against violence against women.

## ↑ linking to points of intervention

There is a need to think broadly about appropriate points of intervention for the prevention of violence against immigrant and refugee women. Suggestions for points of intervention across the five settings for violence prevention as outlined in the VicHealth framework<sup>1</sup> include:

- ✦ Primary prevention strategies in sport settings could be implemented in sports clubs with high participation of people from immigrant and refugee communities, with peak sporting associations (some of which have multicultural participation programs), the main point of intervention. Popular sports in immigrant and refugee communities include soccer, Australian Rules Football, bodybuilding, and bocce amongst others;
- ✦ Media options, commercial and alternative, for immigrant and refugee communities in Victoria are plentiful, and there is no one option which would best capture all communities. A range of options need to be utilised including television (SBS, community television such as Channel 31 which screens a number of programs in community languages), radio (such as SBS and community radio such as 3ZZZ or 3CR), ethnic or multilingual newspapers, gay media (such as radio station Joy-FM or newspaper *Melbourne Community Voice*), youth media (such as street or university newspapers), the Internet;
- ✦ Workplace-based strategies should consider blue collar as well as white collar industries. Unions representing industries with high numbers of immigrant and refugee employees or with significant immigrant and refugee membership are the most appropriate point of intervention for this setting;
- ✦ Immigrant and refugee women's groups and organisations are an ideal point of intervention, but general ethno-specific organisations such as migrant resource centres and culturally-specific organisations also need to be involved; and

## ← key good practice principles

Key good practice principles for the prevention of violence against immigrant and refugee women include:

- ✦ The variety of education and training options makes it difficult to identify the key point of intervention, but the focus needs to be broad and not centred only on secondary schools, but on avenues for community education, such as learning centres, women's health services as well as institutions that attract a high number of immigrant and refugee students such as TAFE colleges, vocational training colleges, and AMES centres.
- ✦ Consultation and leadership is integral to immigrant and refugee community participation in primary prevention strategies.
- ✦ Community consultation needs to be a regular component of primary prevention rather than a one-off occurrence. Communities should be consulted individually and continually to learn about cultural norms and the appropriate strategies for their community, to identify leaders to engage in violence prevention efforts and to provide feedback during evaluation.
- ✦ Leadership may facilitate community acceptance of primary prevention strategies.
- ✦ Leadership in violence prevention needs to be balanced and represent a number of fields (arts, media, politics, religion, sport).
- ✦ Immigrant and refugee women's groups and organisations should lead violence prevention efforts, but involve the whole community.
- ✦ Primary prevention strategies need to be long-term in nature to generate lasting outcomes.
- ✦ Prevention strategies should not assume a 'one size fits all' approach across communities. Strategies need to be guided by cultural norms and need to take place within an appropriate and meaningful cultural context. Language used in messages should be specific to each community.
- ✦ Messages need to be continually reinforced using different mediums.

## main feature

- ✦ Messages need to be positive and focus on the importance of family and community togetherness and cohesiveness in a healthy, non-violent way. For young people, messages should focus on positive living and development.
- ✦ Primary prevention needs to be cognisant of each community's level of understanding of violence against women. This means that education may need to begin subtly and gently by first focusing on healthy relationships and families and slowly progressing to discussion about violence against women.
- ✦ Bilingual community workers should be involved in all prevention strategies, with male and female facilitators working with men's and women's programs respectively.
- ✦ Strategies should recognise all facets of diversity – gender, ethnicity, class, race, ability, sexual orientation.
- ✦ A broad view needs to be assumed in legislative and policy reform, not just laws focusing on violence.
- ✦ Strategies need to undergo continuous improvement so they remain culturally-relevant.

## moving forward

Moving forward to prevent violence against immigrant and refugee women will not be without challenges, the most considerable of which is the diversity across and within immigrant and refugee communities. The level of understanding about violence against women and the ability and willingness of individual communities to engage in dialogue about and to address this issue differ significantly. Primary prevention needs to consider this disparity if it is to be effective and will most likely begin at different points and progress at different rates across communities. Ideally, we would like to see in time that all immigrant and refugee communities possess the same level of understanding about violence against women and so have equal ability to engage in discussion with the whole Victorian community about the primary prevention of violence against women.

**Footnote** <sup>1</sup> VicHealth. 2007. *Preventing violence before it occurs: a framework and background paper to guide the primary prevention of violence against women in Victoria*. Carlton South: VicHealth.

## what's happening at mcwh

### mcwh health education program: in the suburbs and rural victoria

Through our Health Education Program MCWH continues to reach immigrant and refugee women in both workplace and community settings across metropolitan and rural Victoria. Following are some highlights from the last six months of our program.

Recently we went to the town of Colac, which is 150 kilometres south-west of Melbourne in the Colac-Otway Shire. We visited immigrant and refugee women working in a local abattoir (CRF Colac-Otway). We also conducted health education sessions for women attending English classes at Otway Community College.

Our program was both welcomed and highly appreciated, as resources in the region for immigrant and refugee women are scarce and often unavailable. The eight-week program run by our BHEs provided comprehensive health education and built a true rapport with the women participants.

To accommodate the unique needs of the two different settings, our educators ran sessions over consecutive days. This maximised access for the women, regardless of when they were on shift (day or night) or attending classes.

Most of the women were from Sudanese, Filipino, or Chinese backgrounds. Many reported experiencing isolation. The relatively small numbers of their respective communities in Colac being a contributing factor.

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	<p>Their isolation is compounded by a lack of awareness of available information relating to important settlement issues, a lack of interpreting services, and a lack of bulk-billing clinics. Such problems represent the many barriers these women face including information, communication, and financial barriers.</p>
macedonian	<p>The following two stories from these sessions illustrate the real difference that access and information, and participating in a program like the MCWH Health Education Program can make for immigrant and refugee women taking control of their health and wellbeing.</p>
mandarin	
somali	
spanish	<p>A Chinese woman (who had only been in Australia for eight months), related how no one had ever explained to her how the health system worked or where she could go for help if she needed it. Her only source of information was the other Chinese families in the area. However they too were often affected by barriers, which meant their information was often limited and in many cases incorrect!</p>
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vietnamese	<p>Following a session on cervical health, a group of women who had not had a pap smear test before, agreed they would attend the Colac Area Health Service as a group and have pap smears. The tests were arranged to take place on Boxing Day, as this suited the women best. To facilitate the group attendance at the clinic a MCWH Educator returned to Colac on the day to accompany the women and provide any further assistance and support needed. Colac Area Health prepared the registration forms for the women and arranged for the tests.</p>

	<p>We also recently implemented our program at Colonial Farms, a food manufacturer in Hadfield in Melbourne. The majority of the women workers were Filipino, but there were also Turkish and Vietnamese women. Sessions were run over six weeks between April 14 and 26 May. Workplace health, specifically related to food manufacturing was the main focus of the sessions. This included issues like the impact of prolonged periods of standing and of repetitive movements made during the packing of product. Physical complaints such as sore shoulders and necks, arthritic pain, distortion of the fingers (due to continually touching frozen food) and leg pains (due to the previously mentioned standing for long periods) were also raised.</p> <p>The women appreciated the opportunity to share information in their own language. As one Vietnamese worker said:</p> <p><i>'The program was very informative because it was in Vietnamese, messages were very clear and exchanged in a face-to-face manner. It was great to have chance to ask all the questions I always wanted to ask but didn't have opportunity to do so.'</i></p> <p>Ensign (part of Spotless Cleaning) and La Ionica Poultry are two upcoming workplaces for the MCWH Health Education Program. We are looking forward to informing and empowering more women workers in new industries about the choices they can make to improve their health and wellbeing, and that of their families and their communities.</p> <p>amira rahmanovic education &amp; training programs manager</p>
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### ✦ 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 almost 70 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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