working well newsletter

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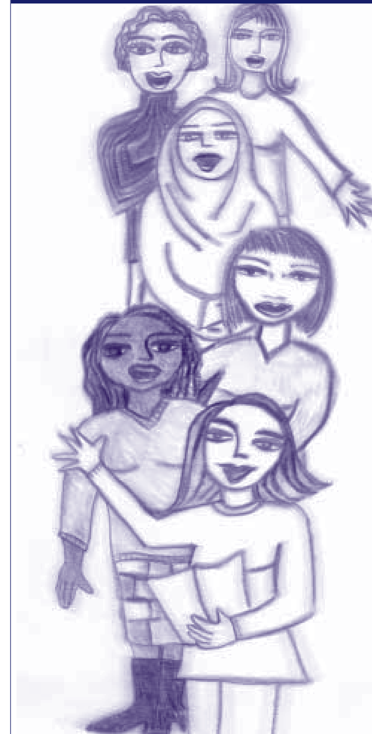
Issue 20

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



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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.

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immigrant & refugee women: sexual assault a national issue

The Australian Centre for the Study of Sexual Assault hosted a forum in October highlighting the many and complex issues surrounding sexual assault, and how these impact in particular on immigrant and refugee women around Australia.

Multicultural Centre for Women's Health participated as a panel presenter, providing a women's health and wellbeing perspective.

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There is a dire need for research that adequately quantifies and qualifies immigrant and refugee women's experiences of sexual assault. Without such research we are unable to respond in a properly targeted, effective and sustainable way.

While we have no accurate figures, we know the rate of sexual assault for immigrant and refugee women is at least equivalent to that among women in the general community. However, only 10% of incidents are reported, a low rate relative to the general population (Taylor and Putt, 2007).

Combined with these figures, there are factors, many of which apply to newly-arrived women, that increase the risk of sexual assault: isolation, lack of family in Australia, temporary or dependant visa status, and subsequent fear of deportation. Refugee and asylum-seeking women, may also have experienced sexual assault in their country of origin. International estimates range from 20-40%, although in some conflicts, the figures reach up to 70-90% of women and girls (Refugee Council, 2009).

Australian efforts to respond to immigrant and refugee women who have experienced sexual assault are very limited. Our sexual-assault-specific system is accessed in a very limited way by immigrant and refugee women. A 2004 ABS study reported only 2% of the people who used sexual assault services stated that their preferred language was not English (ABS, 2004).

Ethno-specific services, MRCs, and immigrant women's services also provide a response. These organisations have strong relationships with the community, ethno-specific workers (often bilingual), who understand cultural issues and facilitate effective communication. However, they are largely not recognised and are not funded to provide such a response.

To sum up, we have a system funded to work with women on the topic of sexual assault, but it is not accessible. At the same time we have accessible services that are not funded to work with women on sexual assault. This is nowhere near good enough. We need a decent allocation of national funds to underpin both systems. Only then will we have the opportunity to provide an accessible and appropriate response to this significant issue.

For forum proceedings: Australian Centre for the Study of Sexual Assault on 03 9214 7888 or visit www.aifs.gov.au/acssa/

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Australian Bureau of Statistics, Sexual Assault in Australia: A Statistical Overview, Australian Government Publication, 2004. Natalie Taylor and Judy Putt *Adult Sexual Violence in Indigenous and Culturally and Linguistically Diverse Communities in Australia* Trends and Issues in Crime and Criminal Justice, Australian Institute of Criminology, September 2007. Refugee Council *The Vulnerable Women's Project: Refugee and Asylum Seeking Women Affected by Rape or Sexual Violence. Literature Review* Refugee Council, London, February 2009.

mcwh professional development

Each year MCWH delivers a series of professional development seminars to increase participants' knowledge and skills relating to immigrant and refugee women's health and wellbeing, so participants can then more effectively respond to women's needs.

Our first seminar for 2010, ' "Points of Departure": Building Advocacy for Immigrant and Refugee Women,' was held in February. Based on the project of the same name, the seminar focused on the settlement and health-related challenges faced by immigrant and refugee women from both established and newly-arrived communities, and how our knowledge of these issues influences advocacy.

Spectrum Migrant Resource Centre, (with thirty years of related experience), presented on their projects which promote women's empowerment and self-advocacy. Overall, the seminar underscored the fact that for effective advocacy to be achieved, the voices of immigrant and refugee women must be heard.

'Sexual and Reproductive Health for Young Immigrant and Refugee Women,' was the second seminar for the year (May 2010). Researchers from the Mother and Child Health Research Centre at La Trobe University presented. Maternity care and wellbeing; the lack of choice in reproductive health decision making; gestational diabetes; infertility; and pregnancy complications were all discussed. Culturally and linguistically relevant resources were also covered.

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what's happening at mcwh

Our third seminar (August 2010) focused on the 'Prevention of Violence Against Immigrant and Refugee Women.' Based on the findings of recently completed MCWH research, the seminar addressed many relevant questions. What is primary prevention of violence? How can we empower immigrant and refugee women in relation to violence prevention and protecting themselves? What preventative actions can be implemented?.

The Mother and Child Health Research Centre at La Trobe University participated in the seminar presenting on the MOSAIC (MOtherS' Advocates in the Community) Project, which addresses the needs of abused or at risk mothers experiencing partner violence, by pairing them with non-professional mentor mothers.

In 2010 seminar numbers have ranged between 15-23 participants. Most were Victorian, although some were from interstate (Queensland and South Australia). Community and welfare workers, health professionals, and students made up the majority of those who attended. Regardless of 'demographic' differences, most participants continue to feedback that MCWH seminars are a positive experience.

We are now developing our 2011 seminar series calendar (which will be available in the New Year). Please see our website (www.mcwh.com.au) or contact me on 03 9418 0922 for more information.

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immigrant and refugee women's health:

point plan

dr adele murdolo + dr regina quiazon

prevention + education + access + research + funding

main feature

...the $872 million budget for the National Partnership Agreement on Preventive Health is the largest single commitment to health promotion by an Australian government; yet, there are currently no nationally funded promotion programs, which specifically target immigrant and refugee women.

On arrival, immigrant and refugee women are a relatively healthy group due to the stringent health checks that are required to be accepted into Australia as a migrant.

However, after 3-5 years of living in Australia, the health status of immigrant and refugee women deteriorates. Poor working conditions, high unemployment, precarious employment, vulnerability to violence, inappropriate housing, a lack of access to services and education, discrimination, and racism—all too often these negative factors affect too many immigrant and refugee women during their settlement in Australia, contributing to a deteriorating health status. MCWH is concerned that immigrant and refugee women have been neglected in our mainstream health system.

Recent data show, that immigrant and refugee women are less likely to use mainstream health services to access early intervention and prevention programs. A 2009 ABS study found that while 88% of Australians had seen a GP, only 77% of those who were not born in Australia had done so.[1] This pattern is repeated across other health services, such as breast cancer screening, which in 2007-2008 was accessed by 45% of immigrant and refugee women, compared with 56% among the Australian born.[2] Only 10% of sexual assault service users are born overseas, and only 2% speak a language other than English.[3]

Health promotion and prevention programs are rarely tailored for immigrant and refugee women, and are often delivered in English only. A handful of women who do not speak English use these types of services. The preventative health and healthy living messages that the rest of the Australian population is learning from are simply not getting through to this vulnerable and high needs group.

The impact of this neglect is now showing. Immigrant and refugee women are now over-represented in the health statistics of several serious illnesses and conditions.[4] These include:

Maternal deaths

Twenty-two per cent of all maternal deaths in 2000-2002 were overseas born women from main non-English-speaking countries, even though they represented 16.5% of all births.

Perinatal mortality

In 2008, the perinatal death rate among overseas born women was 10.7 per 1,000 births compared with 10.2 among Australian born women.

Gestational diabetes

Overseas born women are twice as likely to develop gestational diabetes. The risk is up to three times higher for women from the Middle East, Polynesia and South Asia.

Ovarian cancer

The ovarian cancer rate for overseas born women is between 10.3-13.7 per 100,000 compared to 9.9 per 100,000 among Australian born women.

HIV

New HIV diagnoses for people born in Sub-Saharan Africa were ten times higher than for the Australian born (2004-2008).

Caesarean section

Immigrant and refugee women are more likely to have a caesarean section. The highest rates are among mothers born in Southern Asia (33.4%) and Central and South America (33.3%)—well above the World Health Organisation recommendation of 10 per cent.

Type 2 diabetes

The rate of type 2 diabetes among immigrant and refugee women is 4% compared to 3% among the general population.

Diabetes-related deaths

The highest diabetes-related deaths were recorded amongst women born in the South Pacific, followed by women born in the Middle East and North Africa.

...the number of diabetes-related deaths is significantly higher for women born in the Middle East, North Africa and Southern & Central Asia.

...according to a review of three major Australian healthcare publications, only 2.2% of articles are primarily based on non-English speaking immigrant and multicultural issues.

Multicultural Centre for Women's Health has a five-point plan for improving immigrant and refugee women's health. This plan, if implemented over the next five years, will work toward turning these disturbing statistics of ill health around for immigrant and refugee women.

1. Prevention is the key

Getting to women early, in the first few years of settlement, with the prevention message, is crucial. Women need to know how the health system works in Australia, where they can get health checks and what these checks are needed for. We propose that spending just $2.70 over the next five years for every immigrant women living in Australia today, for a comprehensive and coordinated preventative health program, would save the thousands that are spent at the acute end of the health system once a woman develops a preventable condition.

2. Education

Education must be culturally relevant and be provided in the language that women are most familiar with. Bilingual heath educators who have been highly trained and supported to work within their communities, are the key to such education. A bilingual health education program could be delivered over the next five years making 36,000 contacts with immigrant and refugee women across Australia, for 22 dollars per contact. Twenty-two dollars would enable an immigrant woman to talk with someone in her language to find out more about her contraceptive options, to find out why she should ask her doctor questions about HRT, or why physical activity helps prevent type 2 diabetes.

3. Access

Access to mainstream health services, and especially those involved in early intervention and prevention, is central to better health outcomes. Women need to know about available services and the services need to be delivered by a culturally competent workforce.

4. Research is lacking

The last comprehensive, national survey on immigrant and refugee women's health status, funded by the Federal Government, was released in 1991. The data is out of date, uncoordinated and inconsistent. We need a comprehensive, longitudinal study on immigrant and refugee women's health to be conducted over the next 20 years. In addition, all research conducted by Australian research bodies and reporting to the Australian community, should better include specific data on immigrant and refugee women's health status.

5. Funding must be allocated to specifically address the health of immigrant and refugee women.

This funding should be used to conduct new programs in each state, as well as to coordinate programs across the country, to make most efficient use of resources.

...spending just $2.70 for every immigrant woman living in Australia today, for a comprehensive and coordinated preventative health program, would save the thousands that are spent at the acute end of the health system.

REFERENCES

1 Australian Bureau of Statistics (2009) Health Services: Patient Experiences in Australia Cat. 4839.0.55.001. **2** Participation of Women Aged 50-69 Years in BreastScreen Australia, by Main Language Spoken at Home 2007-08, AIHW Analysis of BreastScreen Australia Data, August 2010. **3** Australian Bureau of Statistics (2004) Sexual Assault in Australia: A Statistical Overview, Australian Government Publication. **4** Data are obtained from multiple sources. Contact MCWH to obtain a copy of the MCWH 'Immigrant and Refugee Women Health and Wellbeing' Fact Sheet.

health education program visits la ionica

July and August saw our Health Education Program at La Ionica Poultry in Thomastown. Our weekly visits occurred over a seven-week period, allowing us to gain the women workers' trust, which in turn allowed us to explore many health and wellbeing issues together.

We conducted 98 health education sessions, making 382 contacts with the women workers. Most of the women were Vietnamese (79%); Macedonian and Indian women made up the majority of other participants, but there were also small groups of Filipino and African women.

Every workplace is unique and different (size, the nature of the business, work-place culture and dynamics), with specific challenges and obstacles. In the case of the La Ionica, it was how to ensure all women workers had the opportunity to attend sessions (regardless of which shift they work), and how to ensure the OHS of MCWH BHEs—given the 24 hour nature of the workplace. The solution was two-fold: we ran sessions during meal breaks during both the night and day shifts, and established two BHE teams, each covering either the night or day shifts.

Despite needing to wake up as early as 3.00 am in order to get to Thomastown at 4.15 am (night shift program BHEs), our Educators demonstrated real joy and enthusiasm—such is their passion and commitment to cut across every barrier (including any pre-dawn starts!) to support other immigrant and refugee women to take control of their and their families health and wellbeing.

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This was matched by the women workers' who shared their meal times, knowledge and health and wellbeing experiences with us. A mixture of languages, laughter and lively discussions ensued even when most other people were tucked up in bed!

Women talked about many issues such as: social isolation, mental health, OHS and physically demanding work, and preventative health. For many it was the first time they had the chance to discuss important health issues in an informal setting (which was in no way intimidating) and where, their contributions were valued. Additional time was spent to clarify information and our BHEs' interest was clear (a stark contrast to many of the women's medical experiences). Their feedback was unsurprisingly most positive as the quotes below illustrate:

The program was fun, easy to understand and relevant to women. Messages were extremely clear and useful.

I feel more confident to talk about women's issues with someone who cares and is concerned.

...the MCWH program was very useful...Bringing health information to the workplace is very good practice.

Our program at La Ionica provided many great results and clearly showed the real value that access and inclusion can have for immigrant refugee women's health and wellbeing.

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PACEsetters project

'Women need to trust themselves. Stand up and don't let anyone hold you down. There are too many chances out there that we can use, just take them and try to do it. Ask for help if you need it.'

Mehtap
PACEsetter

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Immigrant and refugee women arrive in Australia with a wealth of knowledge, experience and leadership capacity, which is often not acknowledged or widely known.

The PACEsetters Project aims to bring these women's stories to the forefront so that other immigrant and refugee women might be inspired and feel less isolated in their own path to leadership.

The 'PACEsetting' women are graduates from the inaugural PACE (Participate, Advocate, Communicate and Engage) Training Program, conducted by MCWH in collaboration with Victoria University in August 2010.

The 40-hour PACE Leadership Program was designed to support and develop the leadership skills and knowledge of 18 immigrant and refugee women from ten different cultural backgrounds.

On completion of the PACE Program, the women were invited to be part of the PACEsetters Project, which included participation in a media advocacy workshop specifically designed to develop their skills and build their confidence to advocate on issues that will benefit other women. The PACEsetters Media Advocacy Workshop, which was delivered in October, was conducted by Hutch Hussein in her role as the National Co-Convener of EMILY's List.

The main themes covered in the two-day workshop included understanding parliament and government, and the role of the media in advocacy. Lindy Burns, ABC 774 radio presenter, was a special guest speaker during the media advocacy session and shared valuable media presentation tips with the women. Each of the women also participated in a radio interview role-play with Lindy, which allowed the women to speak about an issue on which they would like to advocate.

The women who agreed to share their stories have spoken about the difficulties and challenges of living and working in Australia from various cultural perspectives and life contexts. The stories have been documented and will be available on the MCWH website by the end of the year. Collectively, the women's stories paint a picture of the resilience, tenacity and the wisdom required to live with major transformations.

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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, credit and debt issues, and diabetes prevention.

✪ 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 14,000 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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