

What migrant and refugee women want healthcare professionals to know



MULTICULTURAL
CENTRE FOR
WOMEN'S HEALTH

This resource was developed by the Multicultural Centre for Women's Health and funded by the Australian Government Department of Health, Disability and Ageing, 2025

We asked 139 migrant and refugee women across Australia about their experiences of gender and other forms of bias in healthcare.

Many women told us how much they appreciate the quality of healthcare in Australia, and shared experiences of receiving professionalism, kindness and excellent care from health practitioners.

Some women also reported experiences of bias in healthcare, including gender, racial bias and other forms of bias and discrimination such as ableism, ageism, classism, homophobia and transphobia. The bias that migrant and refugee women experience can be harder to define, because it is a combination of several forms of bias.

This resource is designed to help practitioners consider bias and better understand the barriers migrant and refugee women might experience when attempting to access healthcare.

“ Even before my next appointment, the nurse or reception staff will call me every two weeks or so to ask how I’m doing...I feel that they truly care about me.”

Like all women, migrant and refugee women reported many forms of bias in their experiences of healthcare.

Read more in the End All Bias Report
www.mcwh.com.au/end-all-bias/

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“ The doctor made me feel comfortable there, shook my hand and made me feel like I was in an open environment. Because of that, I was able to express my thoughts... I was very happy from the bottom of my heart about that.”

Migrant and refugee women want to access healthcare that makes them feel **included**

Everyone wants to feel welcome and safe, particularly when they are seeking help for something as personal as health. Some migrant and refugee women that we spoke to in focus groups across Australia reported that they have experienced racism, gender inequality and migration discrimination when seeking care. This led some women to distrust the healthcare system, delay or avoid seeking care, which can all potentially worsen health outcomes.

Culturally responsive and respectful care requires no prior knowledge of someone's home country or cultural traditions. Instead, it is about taking steps to understand and limit bias, resist making assumptions and challenge institutional discrimination in health settings.

For example:

- Challenge your assumptions and think about how they might affect care. For example, assuming that a woman who speaks limited English is uneducated or incapable of making informed health decisions.
- Remember that health systems in other countries function completely differently, and many migrants using the Australian healthcare system for the first time may have never heard of a General Practitioner, a script or a referral.
- Be aware that many treatments and medications are not universally available or subsidised for migrants and refugees, depending on their visa and level of access to healthcare.

As health practitioners, the first and best way to address these forms of bias is to understand the barriers migrant and refugee women face and be proactive in supporting them to be fully involved in their healthcare and treatment.

This short practical guide offers tips and resources for recognising and overcoming bias in healthcare by understanding the barriers migrant and refugee women face and what you as a practitioner or service manager could do to help.

How to explain Australia's specific and complex health system and terminology

Health means something different to everyone, just as healthcare is practiced differently around the world. Overseas, it may be more common for doctors to work across specialisations, for primary care, allied health and pathology to be centralised in one place, or for comprehensive check-ups to be more common. For example, one woman shared:

"I want to seek mental healthcare, I need a care plan and a GP referral. I have to go through these steps, which are different from the process in [my home country]."

Migrant and refugee women appreciated when practitioners recognised the uniqueness of Australia's health system and helped women to navigate it:

"When you go to the doctor or the hospital, and things go well, the guidance is good. They tell you where to start, what tests to do, and how to move forward."

Demeaning the health systems or practices in other countries, or assuming everyone understands the Australian healthcare system is a form of bias and discrimination. Openness to other forms of managing health issues also made migrant and refugee women feel respected and understood.

What practitioners can do:

- Try to use plain language whenever possible and check the patient's understanding, health literacy and familiarity with Australian healthcare.
- Be aware of your own assumptions and how they may affect care. i.e. Be aware of challenges such as:
 - Limited health literacy
 - Transport and childcare issues
 - Visa or Medicare restrictions
- Consider referring patients new to the health system to community organisations that may be able to provide health education and support.

Opportunities for services :

- Offer plain and in-language information about the Australian healthcare system to new patients.
- Develop scripts or visual aids to explain key concepts (e.g., bulk-billing, referrals).
- When possible, collect and act on feedback from migrant and refugee women to improve care.
- Make complaint processes clear and transparent.
- Consider introducing care coordinators or service navigators to assist patients experiencing structural barriers to healthcare (transport, caring responsibilities).
- Partner with local NGOs or multicultural services to address structural barriers (ie. transport, caring responsibilities, financial constraints, visa restrictions).
- Offer flexible appointment times and support navigating the system.

Resources to share with patients:

Multilingual resources on accessing healthcare in Australia:

about.healthdirect.gov.au/multi-language-health-resources

How to be proactive in finding ways to overcome language barriers

Lack of information and services in languages other than English is a significant barrier to migrant and refugee women's ability to make decisions about their health. This issue can particularly impact older women, women who experienced disrupted or restricted access to education, and women with complex settlement journeys.

Many migrant and refugee women's best experiences in healthcare involved health practitioners being proactive and consistent in their processes for engaging interpreters and providing health information in-language. One woman said:

"I think the hospitals are really doing good, because I have noticed...[they] ask you 'do you speak a different language at home other than English?' If your answer is yes, then they will go to the next question 'would you like an interpreter'? I really appreciate that one."

However, many women said they felt ignored and discriminated against based on their English proficiency. When interpreters were not available, some women reported being left to endure pain alone for long periods of time, with no options to communicate. One participant shared this experience in a waiting room:

"One elderly lady was in pain, but no one cared. I went to see her, but no interpreter had helped her. The nurses didn't even listen to her. We went, and her condition was getting worse. She kept saying, "I'm in pain," but no one helped her. Eventually, I told the nurse in English that she's in pain and needs medicine, and then she got help. But no one was with her."

What practitioners can do:

- As standard practice, ask patients if they speak a language other than English at home and, if yes, ask them if they would like an interpreter.
- Whenever possible provide in-language written information to women to take home from the appointment.
- Use plain language and explain terminology to patients.
- As standard practice, seek feedback on patient's experience of their interpreter and report unethical behaviour.
- Consider that patients might prefer an interpreter of a particular gender or ethno-specific background.
- Consider that in rural and regional areas, and anywhere with small community numbers, using a telephone interpreter can sometimes be preferable for patient privacy.

Opportunities for services :

- Expand training for practitioners on culturally responsive, trauma-informed care, and interpreter use.
- Develop consistent policies for prebooking, booking and engaging interpreters proactively.
- Offer multilingual audio or video resources for patients with low literacy.

Additional Resources:

Guide for clinicians working with interpreters in healthcare settings (2019): bit.ly/RACGPInterpreters

Working with Interpreters in Mental Health Settings (2025): bit.ly/VTMHInterpreters

Translating and Interpreting Service: <https://www.tisnational.gov.au/>

How to ensure all patients have choice, agency and the opportunity to fully consent to treatment and care

Some of the migrant and refugee women we spoke to told us that, at times, practitioners did not obtain informed consent from them prior to recommending or proceeding with treatment. Some felt rushed and that they were seen as a condition, rather than a person with agency. They said:

"I wish they give us more time to express what we had experienced and, want to say, patiently."

But many also shared their appreciation for practitioners who took proactive steps to ensure that their consent was obtained, and their agency was respected. They said:

"He heard all the issues carefully. Whatever questions we asked he never got bothered and he always answers each and every question and when we are not clear on any question, he explains. Even he gave the options for medicines or anything that's needed."

"He said they had a male doctor available, but if I preferred, they also had a female doctor... I felt respected by the way he asked me...I felt safe."

What practitioners can do:

- Invite and encourage patients to feel comfortable asking questions.
- Whenever possible, prebook interpreters and extend appointment times to ensure participants can make informed consent.
- When asking questions, explain why you are asking them.
- Consider that some patients may prefer to see practitioners who share their gender or similar background.
- Consider factors that may impact consent, including family decision-making and gender dynamics.
- Use trauma-informed approaches.

Opportunities for services:

- Offer longer appointments to those who may benefit from more time, especially those who mainly speak a language other than English.
- Ensure resources in languages other than English on common health issues are easily accessible for practitioners to distribute.
- Offer training on trauma-informed care, culturally responsive care and ethical decision-making.

Resources in other languages:

Women's health topics:

[youtube.com/mcwh1978](https://www.youtube.com/mcwh1978)

Antenatal care:

growingahealthybaby.org.au/

Diabetes:

diabetesaustralia.com.au/resources/multicultural/

Find links to health resources in languages other than English for your state on the last page of this pamphlet.

How to help patients navigate financial access to healthcare, especially those who aren't eligible for Medicare

In Australia, over 1.6 million migrants are on temporary visas, with most not having access to Medicare. Even for those with private health insurance, making claims can be complex and administratively burdensome. Many migrants and refugees are also concentrated in low-pay employment, working long hours, with little time or money to access health services.

Because of this, for some migrants and refugees, visiting a healthcare service can feel financially risky, and some may have already overcome significant barriers to even book an appointment.

The migrant and refugee women we spoke to expressed enormous appreciation for health professionals who understood this and helped them navigate financial barriers.

Here's what they said:

"In the second visit the doctor was [of migrant background] so she saw my documents, everything, and she found that I don't have Medicare and she asked me do you want to apply for a waiver? And she showed me every documents and she told me everything, how can I apply, after that she gave me the form, I filled that form, and I applied. And after that I learnt about the waiver... it's like same as the Medicare so I didn't pay after that. Fortunately, I had that doctor."

"In the hospital, the caregivers were very good. They gave us financial help materials to bring home."

"My doctor told like you can get the refund through your health insurance so if there is anything papers signed anything that is needed, I am ready to give you. That makes me 'wow'."

What practitioners can do:

- Be transparent about costs early in the care process and help patients understand what is and isn't covered based on their circumstances.
- Understand the costs associated with the services you may refer a patient to including pathology, allied health or specialist services.
- Consider referring patients without Medicare to low-cost services and/or social workers, financial counsellors, or community organisations that may be able to assist with healthcare costs.

Opportunities for services :

- Display clear, multilingual information about fees, billing options, and available support.
- Train frontline staff to sensitively ask about Medicare status and financial concerns.
- Partner with local NGOs or multicultural services to co-design financial access pathways.
- Create a directory of low-cost or free services including bulk billing options, etc.

Financial access to health services is a systemic problem that practitioners alone cannot overcome. If this is something you're passionate about, learn more about health equity for migrants in the End All Bias Report.

www.mcwh.com.au/end-all-bias/

Resources to support inclusive healthcare practice

Many migrant and refugee women understood that GPs and other health professionals were under enormous time pressures. Below are some links to access translated health resources and other useful information quickly.

Online translated health information

Many women shared that they wanted to receive physical copies of health information. You can access free and accurate translated health information on a wide range of topics in every state:

NSW <https://www.mhcs.health.nsw.gov.au/publications>

QLD <https://www.health.qld.gov.au/multicultural/public/language>

TAS <https://www.health.tas.gov.au/health-topics/coronavirus-covid-19/guidance-and-resources/my-language-portal>

WA https://www.healthywa.wa.gov.au/Articles/J_M/Multicultural-health/Translated-information

VIC <https://www.healthtranslations.vic.gov.au/>

National Translation and Interpreting Service (TIS)

Many health professionals are eligible to use the National Translation and Interpreting Service for free. You can learn more about eligibility and how to use interpreting services on the TIS website: www.tisnational.gov.au/Our-services/Free-Interpreting-Service

Women's health	<p>Research, advocacy and information on migrant and refugee women's health</p> <p>https://www.mcwh.com.au/</p>
Maternal health	<p>Safer Baby in-language resources for women, their families and healthcare teams to reduce the chance of stillbirth in Arabic, Dari, Dinka and Karen (with English translations so healthcare professionals know what they are sharing).</p> <p>https://growingahealthybaby.org.au/</p>
Health system navigation	<p>Information on how to navigate the Australian health system in Arabic, Bengali, simplified and traditional Chinese and Vietnamese. Topics include:</p> <ul style="list-style-type: none"> • What care do I need? • The role of a GP • How do I pay for healthcare? • Maternity care in Australia • Your baby and the first few weeks <p>https://about.healthdirect.gov.au/multi-language-health-resources/</p> <p>Plain language resource on navigating pathways to mental health support:</p> <p>https://www.mcwh.com.au/wp-content/uploads/Mental-Health-Services-PDF.pdf</p>
Mental health	<p>Mental health information in many languages</p> <p>https://embracementalhealth.org.au/service-practitioners/</p>
Disability	<p>National Ethnic Disability Alliance Migration and disability factsheets in English, Arabic, Hindi, Simplified Chinese, Thai and Vietnamese</p> <p>https://neda.org.au/fact-sheets/</p>

Culturally responsive care

If you work with migrant and refugee women and want to learn more about how to best deliver services in an inclusive and responsive way especially in the area of sexual and reproductive health, read our guide:

https://www.mcwh.com.au/downloads/publications/MCWH_CommonThreads_BestPracticeGuide_WEB.pdf

MCWH, Common Threads, Common Practice: working with immigrant and refugee women in sexual and reproductive health (2012)

Let's work together!

In their conversations, many migrant and refugee women talked about the challenges that health practitioners face in their daily work. They wanted to see a better healthcare system for both patients and healthcare practitioners.

Some of the migrant and refugee we interviewed were themselves healthcare workers, while many also received care from practitioners who were migrants or refugees. They shared their experiences and observations of how health practitioners also faced bias, discrimination and a health system that needs improvement.

As one woman said:

“ If we want to have a better health system we also need to take care of the staff...it is very difficult, very draining job for nurses, doctors...they are short staffed, they don't have enough people... they can't give sometimes a proper care to their patients because they are themselves running already like so low...I think it is very demanding.”





For more information

This resource is based on the findings of the 2025 End All Bias Report, which drew together findings from conversations with 139 migrant and refugee women across Australia about their experiences of bias and discrimination in Australia's healthcare system. Links provided in this resource were correct at the time of publication.

Visit www.mcwh.com.au or
email info@mcwh.com.au
for more information.



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