



# Women

## A Guide for Health Professionals

This profile provides an overview of some of the cultural and health issues of concern to women from ethnic minority groups who live in Queensland, Australia. The profile can be used as a pointer to some of the issues that may concern your client. The following description may not apply to all women, and is generally focused on those women who are likely to feel most marginalised. Separate profiles have been written specifically about different ethnic groups; these profiles should, where appropriate, be read in conjunction with this profile.

# Women

## Introduction

**W**omen have migrated to Australia from diverse countries and cultures. Most are voluntary migrants, although some are refugees or humanitarian settlers.

Some women come from environments that facilitated their easy accommodation of Australian culture, bureaucracies, and health systems. For other women the experience is not so easy. Either because of their language, their culture, or their previous experience of health care systems, they find accessing mainstream health services in Queensland daunting and often unpleasant. In view of these differences in experience, care has to be taken to avoid the assumption that all ethnic minority women should be treated the same.

## Psychosocial Stressors

### Culture shock

Many ethnic minority women report a persistent sense of isolation and powerlessness. It is a major stress and challenge to adjust to a new society - trying to learn some English; organising housing, health care, schooling for children and other necessary services; trying to find employment and perhaps getting qualifications recognised or undergoing retraining. These tasks may be

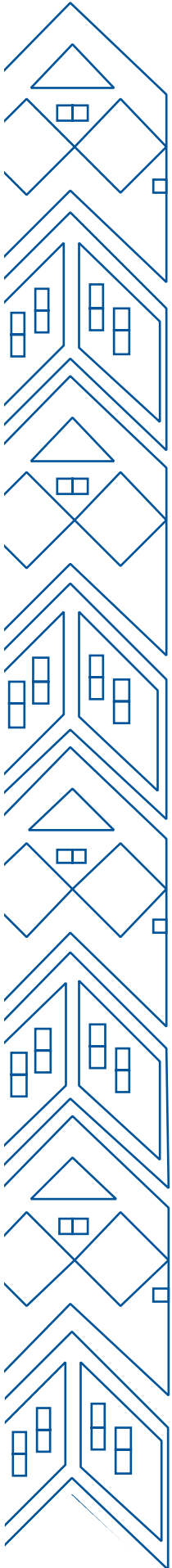
complicated by language barriers. Some women must learn to live without male protection and support for the first time. Rebuilding their lives alone, or with limited support from informal networks and volunteer agencies, can reinforce the feeling that they are caught between two cultures and belong to neither. Sometimes even their own long settled communities find it hard to assimilate recent migrants due to political and cultural differences. Lack of knowledge or mistaken information about Australian facilities and services compounds these problems.

### Unemployment and underemployment

There is often financial hardship and a lack of financial security. One distressing consequence of unemployment is that women may not have the financial resources to trace or sponsor relatives or friends who remain in their home country or refugee camps. Also it is difficult to access personal and professional development. Conditions are often poor for those who are employed. They may be ignorant of their rights and suffer in silence because of fear of dismissal.

### Social isolation

Loneliness can be a major concern, exacerbated by loss of family and social support networks, and difficulty building new social networks. Some women may not be able to go out because of communication barriers, lack of money and transport, or cultural constraints on their free movement.



## Racial discrimination

Subtle and not so subtle racism is part of everyday life for many women.

## Family issues

A woman's children may reject her traditional role as the central figure in the home and teacher of homeland culture. Financially and emotionally, women often find themselves dependent on their husbands, who may become more controlling in Australia. If this leads to domestic violence, it may be seen as a private matter, not to be discussed outside the family. In some cultures domestic violence may be considered normal and a husband's right.

## Gender related violence

Refugee women, and women entering Australia under humanitarian criteria, are more likely to have suffered rape, sexual assault and sexually-specific torture prior to their arrival than other migrant women.

## Utilisation of Health Services

**E**thnic minority women tend to have high levels of doctor consultation, poor awareness and use of screening programs (as evidenced by low rates of Pap smears, breast examinations and mammograms, especially among women from Asia) and low rates of contraception. Culture-specific media campaigns are slowly increasing acceptance and awareness of women's health programs. Even so, your client may need a lot of information about basic reproductive system structure and function, preventive health issues, sexually transmitted diseases, and contraception.

Access to and lack of information regarding dental health services can also be an issue.

## Mental Health

**A**pproximately 75% of refugee women in Australia have undergone some degree of torture or trauma. Some of these women may suffer from post traumatic stress disorder. However, any migrant may experience depression, anxiety or guilt associated with the stress of leaving their home country and their relatives.

Despite this, mental health services are rarely used by women from ethnic minorities. A combination of lack of knowledge of the system and reluctance to seek help for mental illness contributes to this poor utilisation.

## Sexual Health

**S**ome ethnic minority women are likely to be at higher risk of poor sexual and reproductive health. Several important factors may influence this:

- ⊙ Ignorance of female anatomy and physiology. (For many of these women, sex education either at school or at home is unusual).
- ⊙ Cultural restrictions on what may be discussed and social stigma associated with sexual health issues.
- ⊙ Lack of or inaccurate knowledge of sexually transmissible diseases including HIV/AIDS.
- ⊙ Misconceptions regarding contraception.
- ⊙ Modesty issues, particularly with male doctors, which often create reluctance to be examined. In most cultures, it is not acceptable for male doctors to examine women.

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## Maternal and Child Health

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**B**irthing practices and the experience of pregnancy and the postpartum period vary widely from culture to culture. For some groups, these issues are covered in more detail in region specific profiles. The main point to remember is to convey respect for other cultures and their practices.

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## Resources

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*Queensland Ethnic Affairs Directory 1997.*  
Department of the Premier and Cabinet.  
Office of Ethnic and Multicultural Affairs.

Immigrant Women's Support Service  
Tel: (07) 3846 3490

Brisbane Migrant Resource Centre  
Tel: (07) 3844 8144

Ethnic Community Council of Queensland  
Tel: (07) 3844 9166

Logan City Multicultural  
Neighbourhood Centre  
Tel: (07) 3808 4463

Ethnic Communities Council Gold Coast  
Tel: (07) 5532 4300

Multicultural Information Network Service  
Inc. (Gympie)  
Tel: (07) 5483 9511

Migrant Resource Centre Townsville-  
Thuringowa Ltd.  
Tel: (077) 724 800

Translating and Interpreting Service  
Tel: 131 450

Queensland Program of Assistance to  
Survivors of Torture and Trauma  
Tel: (07) 3844 3440

Domestic Violence Telephone Service  
Tel: 1800 811 811

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## Acknowledgments

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The full profile contains more detail and some additional information. It also contains references to additional source material.

Material for this profile was drawn from a number of sources including various scholarly publications. In addition, *Culture & Health Care (1996)*, a manual prepared by the Multicultural Access Unit of the Health Department of Western Australia, was particularly useful.

