

## **SECTION 2: WORKING WITH AFRICAN WOMEN**

This section includes three chapters and provides a broad understanding of the context in which African women affected by FGM may experience pregnancy and birth.

### **CHAPTER 4: IMPROVING ACCESS**

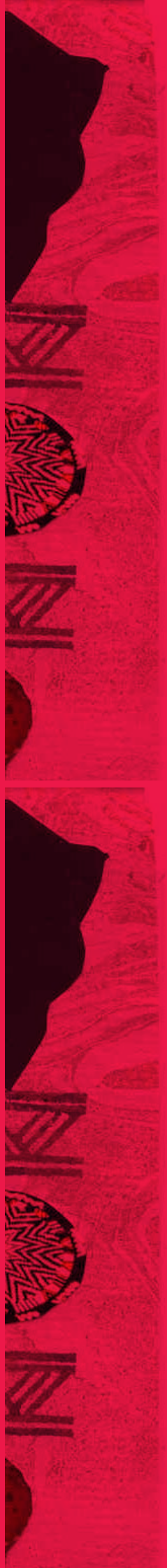
- Factors impacting on women's access
- Improving access

### **CHAPTER 5: FAMILY AND REPRODUCTIVE RIGHTS EDUCATION PROGRAM (FARREP)**

- About FARREP
- FARREP at Women's Health West

### **CHAPTER 6: RESOURCES**

- FGM resources
- Working with interpreters
- Culture and health resources
- African women's health resources
- Multicultural health resources



# **WORKING WITH AFRICAN WOMEN**

## **CHAPTER 4: IMPROVING ACCESS**

This chapter provides an overview of factors contributing to the uptake of information, services and support by African women affected by FGM and suggestions for improving women's access.

## FACTORS IMPACTING ON WOMEN'S ACCESS

### Culture

Culture refers to a set of characteristics shared by members of a group. These can be spiritual beliefs and practices, values, customs, spoken language, diet and style of communication. Cultural beliefs and attitudes can influence how a person understands and experiences health, illness and health care. Cultural and religious beliefs can also impact on how and whether a person accesses a particular health service.

Culture is not fixed and is subject to change. A person's cultural beliefs and attitudes around health can be influenced by factors such as their socioeconomic status, education, religious beliefs, migration, settlement experiences and exposure to other cultures.

It is important not to make assumptions about women's needs and preferences based only on their cultural and ethnic background. Rather, emphasis should be placed on identifying the individual beliefs, values and health needs of women and how to best meet those needs in a relevant and culturally appropriate manner.

### FGM

FGM affected communities continue to face a number of challenges upon migration to Australia, including culture shock, which involves trying to manage and adapt to different values and ideals while trying to remain true to one's culture.

Women from communities where FGM is practiced can be shocked to learn that FGM is illegal in Australia and is often portrayed negatively. For many African women, FGM is more than just a tradition; it is integral to their cultural identity.

It is important to be aware that FGM comes in many forms, that not all African women have FGM, and that some women affected by FGM will not experience any difficulties.

FGM means different things to different women depending on their cultural, religious and personal beliefs. Women might not be confident asking questions relating to FGM, nevertheless, they need to be informed early in their pregnancy of the possible effects and procedures related to FGM before and after birth.

### Health care system

African women might not be familiar with Australia's complex health care system and can find it difficult to access and navigate. As a result, they might feel overwhelmed and intimidated. This can be attributed in part to low health literacy, which is 'the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions' (Joint Committee on National Health Education Standards, 1995).

African women might not be familiar with medical procedures and might not trust health care service providers. Many African women come from an oral culture where information is usually passed via word of mouth (usually from older, more experienced women). This can be problematic for women settling in Australia, where health information is largely shared in written form, especially if they are illiterate or not proficient in English.

Women might be reluctant to access complicated health systems because of competing priorities, lack of familiarity with services, lack of knowledge

about how to access services, as well as failure to recognise or report symptoms and health problems. Women might also feel uncomfortable undergoing medical procedures and processes that, to them, seem intrusive, unnecessary or inappropriate. This might result in the late presentation of African women to services (e.g. during labor) and a reluctance to undergo recommended medical procedures or treatments.

Women might also have limited access to health services depending on their eligibility for Medicare and concessions. Eligibility varies and is dependent upon the visa conditions of women (e.g. refugee, spouse or family reunion subclass) and/or the family's total income. Women who are not eligible for Medicare/ concessions may be forced to pay for health services.

### **Health and wellbeing**

Issues faced during settlement can influence women's health and wellbeing. These include culture shock, language barriers and competing demands and priorities faced by newly arrived migrants such as employment, housing and health. Women may often feel isolated because of a lack of social and familial ties (especially with other women) and the reality of living in a vastly different culture. They might also be grieving for the loss of family, friends and/or belongings.

It is important to note that the experience of migration and settlement can vary between women, depending on their situation prior to migration and the circumstances under which they migrated.

Women might also be concerned about the vast differences between the western medical approach to pregnancy and birth

and the 'holistic' approach of their African culture. They can be intimidated by the complex health system and might be reluctant to access health services (e.g. during pregnancy) especially when they do not understand medical processes and/or procedures.

Women from FGM practicing communities are often shocked to learn that FGM is illegal in Australia. This can present a problem for women wishing to have FGM performed on their young daughters.

Undergoing defibulation before childbirth can be difficult for women with type III FGM who might want to be refibulated following childbirth, as refibulation is unacceptable in Australia. This can impact on the women's overall wellbeing, their perception of their bodies and perceived status within their communities.

## **IMPROVING ACCESS**

### **Working with African women**

When interacting with African women, it is important to maintain a respectful and non-judgmental attitude, without making assumptions based on the appearance, cultural or religious background, as you would with all women you work with. It is important to maintain a friendly and professional approach, to avoid unrealistic expectations and to be clear about your role and responsibilities.

It is important to record relevant details of women as accurately as possible. This includes country of birth, cultural background and preferred language (for interpreter purposes). Use simple language when asking questions and avoid excessive medical jargon. Women might not be familiar with basic health topics and concepts. Establish what they are familiar with and build your discussion around their knowledge base. It is important to remember that the English proficiency of women will vary considerably. Avoid using judgmental words or terms, for example, use 'female circumcision or cutting' rather than 'female genital mutilation'.

Discuss with the woman what the practice means to her and what it means in Australia and how she feels about it. This should be a two-way discussion and should not include lecturing her about what is wrong and what is right. Build rapport and

trust with women by outlining the aim of your discussion and what you are mandated to report.

Offer female practitioners or interpreters where appropriate and available or requested by women.

### **Conducting physical examinations**

Some African women can find physical examinations confronting and intimidating. Therefore, it is important to:

- Clearly explain what the examination is for and why it is needed
- Maintain a relaxed atmosphere
- Ask women only what you need to know and to be clear about why you are asking, how this information is relevant and will help you to best meet their needs
- Ensure that examinations are as non-intrusive as possible
- Be aware that FGM occurs in many forms and might be difficult to identify
- Use female practitioners where possible

### **Maintaining and ensuring confidentiality**

Confidentiality is particularly relevant when using interpreters. It is likely that interpreters from small community and language groups will be familiar with the woman, her family or partner.

In this instance, it might be appropriate to seek a telephone interpreter.

Women might be concerned that having an interpreter could compromise their privacy and confidentiality. They might also request that family or friends act as interpreters. However, in the interest of maintaining confidentiality and for professional purposes, it is good to avoid using family and friends as interpreters. Instead, encourage women to use family and friends for other forms of support such as attending appointments.

It is also important to inform women whether or not your services are confidential and the circumstances under which confidentiality or privacy could be breached, as both of these concepts will be unfamiliar to many women.

### **Making appropriate referrals**

Be aware of health services in your catchment area and what services they provide, to ensure you make appropriate referrals. Be aware of any specific requirements such as language, location, cost and childcare provisions that are essential to facilitate access. In addition, consult with other service providers, community workers, bicultural workers and/or FARREP workers.

## Using interpreters

When discussing FGM, women are likely to be more comfortable with a female interpreter. Ensure that the interpreter is fluent in English, the woman's language, and proficient in health or medical jargon that is required. It is also important to ensure that the interpreter maintains a professional attitude, complies with confidentiality regulations and is not known to the woman.

When using interpreters ensure that you explain to all women that confidentiality will be maintained, and that interpreters are required to interpret accurately without editing, adding or omitting any information. Explain clearly that a failure to do so will result in a breach of confidentiality and outline the subsequent consequences for interpreters. Providing this information to the woman can help her better understand her right to confidentiality when accessing your service. A similar brief can also be provided to the interpreter before you invite them to attend a session.

## Producing and translating written material

When producing written material aimed at the African community, consider the aim of your publication and its intended audience (e.g. newly-arrived African women). In addition, it is important to take into account that many women are not literate in English or their own language.

Ensure that the written publication is:

- Appropriate for the intended audience
- Clear and concise
- Written using simple language
- Visually appealing

In addition, ensure that translated material is:

- Translated professionally
- Not translated word for word
- Translated while taking into account the cultural/social context of the targeted group
- Checked for appropriateness by bi-cultural workers, where relevant

## Flexibility

For many women, arriving on time for an appointment can be a challenge. This may be attributed to a range of reasons including:

- Poor or limited English proficiency / illiteracy
- Lack of familiarity with bureaucracy
- Lack of familiarity with an appointment system
- Lack of available transport
- Dependence on spouse or male family member for transport when attending appointments
- Lack of child care
- Poor health literacy
- Competing demands and priorities

It is important to inform women about your availability, nearest public transport, cost of services and whether or not appointments are required. Information about cancellation policies, calling to reschedule or cancel appointments and the availability of childcare is also important when facilitating access.

*Further information about working with African women affected by FGM and improving their access to health services is included at the end of each of the fact sheets included in this manual.*

## REFERENCES

Ferguson, B., and Brown, E., (Editors) 1991, *Health Care and Immigrants: a guide for the helping professions*, MacLennan and Petty, Sydney.

Free, J., 2008, *Healthy Mama, Healthy Nunu: an Evaluation of Maternity Services for African Women in the Western Metropolitan Region of Melbourne* (internal report), Women's Health West, Melbourne.

Multicultural Health and Support Service, 2008, *Working with Culturally and Linguistically Diverse Communities on Issues Relating to Blood Borne Viruses (BBV) and Sexually Transmissible Infections (STI)*, Melbourne.

Nielsen-Bohman, L., Panzer, A.M., and Kindig, D.A., 2004 (Editors), *Health Literacy: A Prescription to End Confusion*, National Academies Press.

The Royal Women's Hospital, 2006, 'FGM: working with interpreters', viewed 7 April 2009, <http://www.thewomens.org.au/FGMWorkingwithInterpreters>

The Royal Women's Hospital, 2008, *Female Genital Mutilation (FGM): a resource for health professionals*, Melbourne.



# WORKING WITH AFRICAN WOMEN

## CHAPTER 5: FARREP

This chapter provides an overview of the Family and Reproductive Rights Program (FARREP) and how it is delivered at Women's Health West.

### **FAMILY AND REPRODUCTIVE RIGHTS EDUCATION PROGRAM (FARREP)**

FARREP is a Victorian program that was first established in 1998, following the introduction of the Crimes (Female Genital Mutilation) Act 1996 as a primary health response for FGM affected communities (DHS 2009).

#### **Philosophy**

FARREP acknowledges the importance of flexibility and cultural responsiveness when working with the community. FARREP also recognises the importance of delivering community education and health promotion services that take into account the cultural diversity and the capacity of the target community.

#### **Aim**

FARREP is funded by the Department of Health. Family Planning Victoria (FPV) manages the statewide health promotion plan through its FARREP Facilitator role (DHS 2009).

FARREP aims to:

1. Strengthen the knowledge [of target communities] about FGM and support changes to their attitudes about the practice to prevent its occurrence.
2. Increase access to timely and appropriate sexual and reproductive health services by women and girls from communities that could practice FGM.
3. Build the capacity and expertise of mainstream and specialist sexual and reproductive health services to deal with women and girls affected by or at risk of being affected by FGM.

(DHS 2009, p.2)

FARREP employs bicultural workers from a range of cultural backgrounds and language groups in different settings such as hospitals, community health services and women's health services. The role of FARREP workers is shaped in part by whether they are funded to provide direct care or health promotion. According to DHS (2009):

#### **1. Health promotion –**

FARREP workers work with communities and stakeholders in developing, implementing and evaluating local health promotion interventions with the aim of preventing the occurrence of FGM and increasing the quality of care and access to sexual and reproductive health services for communities.



**2. Direct care - FARREP** workers work with individuals, couples, families and groups to provide assessment, therapeutic intervention, practical assistance, support, referral and advocacy with the aim of achieving harm reduction, and/or improved quality of life, social function and/or health.

**For more information about FARREP:**

DHS FARREP Interim guidelines [http://www.health.vic.gov.au/vwhp/downloads/interim\\_guidelines\\_2.pdf](http://www.health.vic.gov.au/vwhp/downloads/interim_guidelines_2.pdf)

DHS FARREP website <http://www.health.vic.gov.au/vwhp/farrep.htm>

**FARREP AT WOMEN'S HEALTH WEST (WHW)**

Women's Health West (WHW) is a women's health organisation committed to improving the health, safety and wellbeing of women in the western metropolitan region of Melbourne.

The FARREP team is located within the Health Promotion, Research and Development (HPR&D) team. It is managed by the Sexual and Reproductive Health Coordinator and employs two part time workers, both of whom are from Africa.

Through our FARREP program, WHW works with African women from communities affected by FGM who are living or working in Melbourne's west.

WHW FARREP provides information and support to women through community information sessions on women's health and specific projects aimed at the particular needs of different groups of women.

WHW FARREP workers also develop and provide resources, training and secondary consultation for health professionals and services working with African women affected by FGM.

For more information about FARREP at Women's Health West, contact:

**Women's Health West**  
**317-319 Barkly Street**  
**Footscray, VIC 3011**  
**Phone: (03) 9689 9588**  
**Fax: (03) 9689 3861**  
**<http://www.whwest.org.au/community/african.php>**



## FARREP SERVICES ACROSS VICTORIA

Organisation	Phone	Website	Geographical coverage
Banyule Community Health	9450 2063	<a href="http://www.bchs.org.au">www.bchs.org.au</a>	Banyule
City of Darebin Youth Services	8470 8004	<a href="http://www.youth.darebin.vic.gov.au">www.youth.darebin.vic.gov.au</a>	Darebin
Doutta Galla Community Health Service	8378 1642	<a href="http://www.doutta.org.au">www.doutta.org.au</a>	City of Moonee Valley and Melbourne (inner west region)
Mercy Hospital for Women	8458 4150	<a href="http://www.mercy.com.au">www.mercy.com.au</a>	Metropolitan Melbourne (emphasis on northern region)
Multicultural Centre for Women's Health	9418 0999	<a href="http://www.mcwh.com.au">www.mcwh.com.au</a>	Statewide
North Yarra Community Health	9411 4333	<a href="http://www.nych.org.au">www.nych.org.au</a>	City of Yarra and Carlton
Royal Women's Hospital	8345 3058	<a href="http://www.thewomens.org.au/femalegenitalmutilationcutting">www.thewomens.org.au/femalegenitalmutilationcutting</a>	Statewide
Southern Health (Greater Dandenong Community Health Centre)	Dandenong 8792 2200 Springvale 8558 9000	<a href="http://www.southernhealth.org.au">www.southernhealth.org.au</a>	City of Greater Dandenong
Western Region Health Centre	8398 4100	<a href="http://www.wrhc.com.au">www.wrhc.com.au</a>	Western metropolitan region
Women's Health in the North	9484 1666	<a href="http://www.whin.org.au">www.whin.org.au</a>	Northern metropolitan region
Women's Health West	9689 9588	<a href="http://www.whwest.org.au">www.whwest.org.au</a>	Western metropolitan region

### REFERENCES

The Royal Women's Hospital, 2008, *Female Genital Mutilation (FGM): a resource for health professionals*, Melbourne.

Department of Human Services (DHS), 2009, *Interim Guidelines for the Family and Reproductive Rights Education Program*.  
[http://www.health.vic.gov.au/vwhp/downloads/interim\\_guidelines\\_2.pdf](http://www.health.vic.gov.au/vwhp/downloads/interim_guidelines_2.pdf)

# WORKING WITH AFRICAN WOMEN

## CHAPTER 6: RESOURCES

This chapter provides a list of useful resources for each topic including international and national articles, books, websites and government publications.

### RESOURCES ON FGM

DHS Interim guidelines [http://www.health.vic.gov.au/vwhp/downloads/interim\\_guidelines\\_2.pdf](http://www.health.vic.gov.au/vwhp/downloads/interim_guidelines_2.pdf)

DHS FARREP website

<http://www.health.vic.gov.au/vwhp/farrep.htm>

Jenkins, G. and Nanayakkara, S. 2008, 'Female Genital Mutilation', *Ethics and Religion*, vol. 10, no. 2.

Natoli, L., Renzaho, A.M.N. and Rinaudo, T., 2008, 'Reducing harmful traditional practices in Adjibar, Ethiopia: lessons learned from Adjibar Safe Motherhood Project', *Contemporary Nurse*, vol. 29, pp. 110-119.

Rahman, A. and Toubia, N., 2000, *Female Genital Mutilation: a guide to laws and policies world-wide*, Zed Books, New York.

Royal Women's Hospital, 1998, *Female Genital Mutilation (FGM) - issues for cultural practice PLUS Aminas Stories*, video recording, ERCMEDIA, Melbourne.

Royal Women's Hospital, 2008, *Female Genital Mutilation (FGM): a resource manual for health professionals*, Melbourne

Ogunsiji, O.O., Wilkes, L. and Jackson, D., 2007, 'Female Genital Mutilation: origin, beliefs, prevalence and implications for health care workers caring for

immigrant women in Australia', *Contemporary Nurse*, vol. 25, no. 1-2, pp. 22-29.

United Nations Children's Fund (UNICEF) 2005, *Female Genital Mutilation/Cutting: a statistical exploration*, Geneva.

World Health Organisation, 2008, *Eliminating Female Genital Mutilation: an inter-agency statement*, Geneva.

Women's Health West, 2009, *Female Genital Mutilation: Fact sheet*.

## **AFRICAN WOMEN'S HEALTH**

Mayes, C., Abbas, R. and Omarit, R., 2008, 'Promoting Good Sexual and Reproductive Health Amongst African Women', *WHW News*, Edition 3, Melbourne, p. 15.

Women's Health West, 2009, *Working with African Women to Address their Health Needs: Fact sheet*.

## **WORKING WITH INTERPRETERS**

Pardy, M., 1995, *Speaking of Speaking*, Women and Interpreting project, Melbourne.

RCH, 1985, 'Effective use of interpreters in the health care setting', Video available from J.W. Grieve library.

## **MULTICULTURAL HEALTH RESOURCES**

PapScreen Victoria, 2008, *Spreading the Word: cervical cancer prevention*, Melbourne.

## **CULTURE AND HEALTH**

Cape, K., 1993, *Birth in a New Country: the birthing needs of non-English speaking women in the west*, Western Hospital, Melbourne.

Liamputtong, P., 1999, *Living in a New Country*, Ausmed Publications, Melbourne

Morris, K. and Hamilton, C., 1994, *Health Choices our Voices - Non English speaking background women speak out!* Women's Health West, Melbourne.

Multicultural Health and Support Services, 2008, *Working with Culturally and Linguistically Diverse Communities on Issues Relating to Blood Borne Viruses (BBV) and Sexually Transmittable Infections (STI)*, Melbourne.

Murphy, L., 2000, *Negotiating Cultural Change and Maternity Care - From the Horn of Africa to the Mercy Hospital for Women*, Mercy Hospital for Women, Melbourne.

Reid, J. and Tromp, F., 1990, *The Health of Immigrant Australia*. Harcourt Brace and Jovanovich.

