

AFRICAN DIASPORA WOMEN'S VOICES IN THE SOUTH EAST

Project Background

Women's Health in the South East (WHISE) worked collaboratively with key stakeholders to develop the regional sexual and reproductive health strategy 'Good Health Down South 2018-2021' to promote and celebrate optimal sexual and reproductive health for all in the Southern Metropolitan Region (SMR).

The purpose of this research was to inform objective four of Good Health Down South (GHDS), to identify culturally and linguistically diverse (CALD) women's understanding of sexual and reproductive health, experiences in accessing health services and information as well as any barriers they might have come across when seeking information or support.

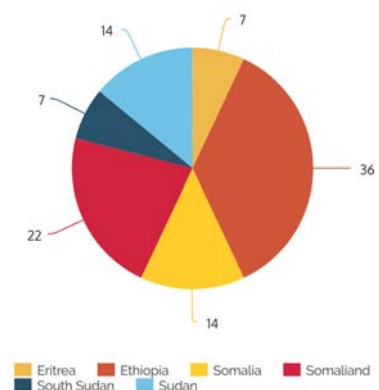
Consultation process

In collaboration with the female and reproductive rights education program (FARREP), WHISE was able to engage with several African communities within the SMR to facilitate the recruitment and co-operation of participants. A total of 14 women participated in this research in early 2019. Women from the Ethiopian (5), Eritrean (1), South Sudanese (1), Sudanese (2), Somaliland (3) and Somali community (2), were recruited. The women participated in two focus group sessions, also, three of the women were individually interviewed on separate occasions.



The focus groups and individual interviews sought to better identify women's understandings of several health concerns, in particular, sexual and reproductive health (SRH). This included what it meant to be healthy and women's views about what health issues affected women. Questions about women's understanding of sexual and reproductive health were also discussed including sexually transmitted infections (STI's), menstruation, birthing and sexuality.

Participant's country of origin



KEY FINDINGS

Several key findings emerged from this project. These findings revealed women's SRH literacy as well as barriers and challenges women encountered when accessing specific health services and support. They include:

- Migration and resettlement impacts markedly on women's experiences concerning health and well-being
- Women's experiences of racism and stereotyping in Australia are a real barrier to them accessing specialised care and support, particularly in relation to sexual and reproductive health
- More respectful interactions between health professionals and CALD clients are needed
- Social, cultural and religious understandings and norms that underpin and influence women's decisions and interactions with the wider community including health services. Specifically, certain areas of discussion were presented as being particularly challenging including:
 - Parenting: for example, the notion of discipline and perceived sexual freedom found in Australia
 - Health and wellbeing: for example, the role of fatalism and religion and its influence in health care
 - SRH: for example, views relating to STI's and contraception
 - Gender norms/roles: for example the emphasis placed on virginity and motherhood amongst women
- A better understanding of specific cultural and social norms amongst health professionals was sought by participants

RECOMMENDATIONS

In collaboration with the women involved, several outcomes and recommendations were endorsed.

Recommendation 1: African Liaison Officer
To better support clients accessing services.

Recommendation 2: YouTube Videos
To enhance the learning capacity of individuals using more interactive and creative mediums.

Recommendation 3: Better Cultural Training for Health Professionals
To support more respectful relationships and interactions between professionals and clients.

Recommendation 4: Additional Resources for Health Professionals
To better promote the diversity of experience and how this impact on clients' ability to engage with and seek out specific health services and information.



"In Australia, people are scared of Africans"

"For many of the women, becoming a mother and having children is extremely important and clearly defined their roles and identity in society"

"It is important to state, that while women may be unable to exercise bodily autonomy in certain contexts, this does not mean they have no agency"

"We cannot enjoy life when conflict is happening back home or when someone is in pain"