# Listening to Women Migrants

What we can learn about making reproductive health care more accessible

**Women's Health Tasmania**

**MULTICULTURAL CENTRE FOR WOMEN'S HEALTH**

# What we'll do today

- We'll start big and then narrow down
- Maternal health – national story
- What did we hear in lutruwita/Tasmania

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# Where we can go next

Making perinatal health services accessible

- Health and community workers – what you can do

- What our services can to do

- Systemic change – what we need to do in Tasmania and beyond

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# Background: Why are we having this conversation?

- Who do we mean when we say women migrants?
  - Permanent migrants
  - Temporary visa holders
  - Refugee and humanitarian entrants

- Impacts of COVID on "non-permanent" migrants

- Pregnancy and family violence

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**Talking to women on temporary visas**

LUCINDA SHANNON
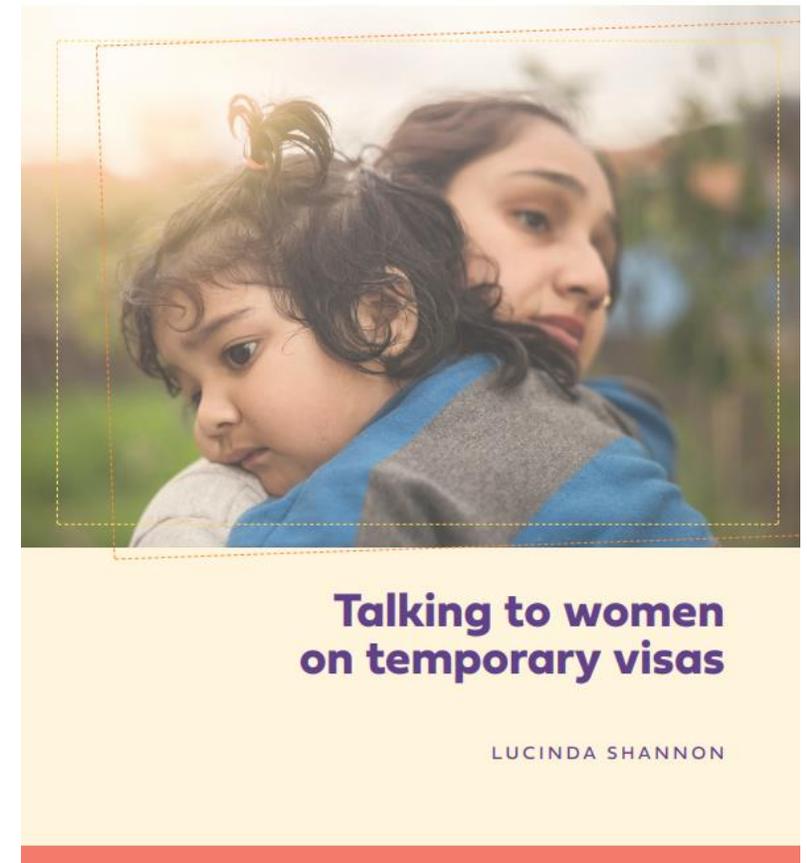
# Maternal Health - National data

What do we know about migrant women's maternal health outcomes?

www.mcwh.com.au/2021-sexual-and-reproductive-health-data-report-and-act-now-paper/

# Incompleteness of data

Significant data gaps in SRH

The lack of specific data about migrant and refugee women.

Information on ethnicity not routinely collected for perinatal data collections – data collection methods vary across state and territories

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# What does data tell us?

Migrant and refugee women experience poorer maternal and child health outcomes than the general population

Migrant and refugee women experience higher rates of perinatal mental health issues

Migrant and refugee women experience poorer maternal and child health outcomes than the general population

- Higher rates of pre-eclampsia and gestational diabetes

  Gestational diabetes mellitus (GDM)

  In 2016-2017, women born in Southern and Central Asia **more than twice** as likely to be diagnosed with GDM, compared with women born in Australia (**28% and 13% respectively).**

- Higher rates of stillbirth

  In 2018, the rate of stillbirth was **6.7** deaths per 1,000 births for mothers born in Australia and **7.3** deaths per 1,000 births for mothers born overseas.

(AIHW 2018, 2020, 2021; Urquia et al 2014, Mozoni et al 2018, Heslehurst et. al 2018)

# Migrant and refugee women experience poorer maternal and child health outcomes than the general population

- Systematic review shows migrant women have poorer maternal mortality, congenital abnormalities.

- **70%** of mothers born in non-English speaking country attend antenatal care in first trimester, compared with **76%** of those born in Australia and other mainly English-speaking countries.

(AIHW 2018, 2020, 2021; Urquia et al 2014, Mozoni et al 2018, Heslehurst et. al 2018)

Migrant and refugee women experience higher rates of perinatal mental health issues

- Pregnant refugee women have higher rates of major depressive disorder **(32.5%)** in the antenatal period  compared with pregnant Australian-born women **(14.5%)**

-  Key risk factors include lower lever of social support,  social isolation, financial insecurity, precarious immigration status, family violence and trauma.

- Migrant and refugee women tend to not seek help for their perinatal mental health issues.

(Rees et.al 2019, Shafiei 2018)

# Why do migrant women present late for perinatal health?

- unfamiliarity with the health care system
- lack of culturally and linguistically appropriate services
- social inequality and financial constraints/ costly services
- social isolation and limited transport options
- low levels of health literacy
- pre-migration trauma
- experiences of stigma and discrimination

(Mengesha et. al 2016, Rogers et. all 2020)

# Listening to migrant women

Experiences of women on temporary visas in Tasmania

- A confusing health system

- Isolation

- Racism and mistrust of institutions

- Cost of healthcare

# Maternal health – Tasmanian context

- Cost of antenatal health in Tasmania
  - $346 per appointment with a health care professional (as of July 2022)
  - GP shared care can limit cost – but not always available
  - GDM – average cost for women was nearly $2000
  - Average payment plan - $3232

- How does the system respond when there is no Medicare or private insurance?
  - Debts
  - Payment plans
  - Fee waiver on a case-by-case basis (only 5% of women had fees waived)

Information on payment plans and fee waivers from Tasmanian Budget Estimates 2020-21. Copy on file with Women's Health Tasmania.

*"Some of the ladies get depressed and they try to not go to the hospital. [My friend was pregnant] and she was so depressed because insurance wasn't covering the cost.*

*She was so sick with stress and thinking 'what to do, what to do?'*

*It's really painful when you see someone like that. I ended up calling the hospitals to find out which one is the cheapest for her to go to."*

Excerpt from *Talking to Women on Temporary Visas*. 2022. Women's Health Tasmania.

# How can we make reproductive health accessible?

- Things that workers can do
- Services and program design
  - Example of Bi-lingual health worker program
- Systemic change

# Health and community workers – ways of working

Gendered cross-cultural practice

- Women's empowerment models

- Cultural and linguistic appropriateness

- Access and equity

- Collaboration

*Common Threads, Common Practice: Best Practice Guide.* 2012. Multicultural Centre for Women's Health.

# What can this look like?

- Non-hierarchical health conversations: Talking *with* women
- Sharing information that increases women's knowledge and options, respecting their decisions
- Referring women to bi-cultural health workers
- Using qualified interpreters
- Reflective practice and training
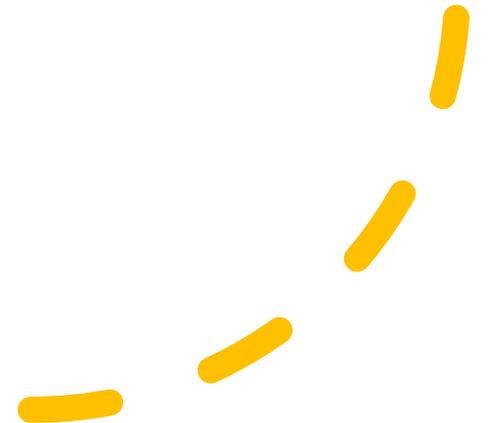
# How MCWH makes a difference to eliminate barriers to access

❑ Offer in-language outreach programs delivered by trained peer educators

❑ Deliver trainings for service provider on gendered, cross-cultural practice

# Bilingual Health Educators at MCWH

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https://www.mcwh.com.au/project/health-education-program/

# Listening to migrant women

## We need systemic change

- Antenatal health can be made free for temporary visa holders in Tasmania

- Federal government can expand the visa categories that are Medicare eligible

- Federal government could require insurers to cover pregnancy and birth costs

- Federal and State governments can make reproductive and sexual health a priority for migrant populations and create sustained funding and support for organisations to work on this

Questions?