Women in Australia: Some Health Issues

Eventually,
a girl I knew who worked in
Cooley's Pies got me in there.
I was there
for six months,
cleaning onions by hand.
I had always been very
healthy. I never had head-
aches or sore throats.

But
once I got there,
I started to have these
terrible headaches,
and my eyes were
very red.

I didn't realize it was the
onions. They wouldn't move
me. I used to
leave work
with the most
terrible migraines,
vomiting.
I'd tell them, 'I'm going
home.' I'd be sick
for a day or two, take a pill,
then get up and
go to work again.

The irony was that in order
to immigrate
you had to be
perfectly healthy.

They
were very strict about that
because they wanted strong
workers. But the work itself
made us feel
ill.

Source: The Healthsharing Reader.

Australia today is one of the most ethnically diverse countries in the world. Women from a non-English speaking background (NESB), originating in over 140 countries from around the world, comprise about 12 percent of the total Australian female population. Though most of them are found in the large capital cities, especially Sydney and Melbourne, many live in the country's more isolated and less populated areas.

There is increasing evidence now that while immigrant Australians enjoy a relative health advantage over the Australian-born at the time of arrival, because to be accepted as an immigrant one has to be healthy,as the period of residence in Australia increases, so does the health of the immigrant decline relative to that of people born in Australia. One reason given for this is that longer-term immigrants tend to eat, in quality and in quantity, food that is nearer to that eaten by the Australian-born, and as a result, these groups are at increased risk from cardiovascular diseases and cancers.

Housing, work safety, and change from an active to a sedentary occupation may also be important factors. But regardless of length of residence in Australia, there are differences in the health status of immigrant Australians and the Australian-born. This primarily appears to relate to the incidence of non-fatal illness and disability.

The pressure on immigrants to conform to the dominant Anglo-Saxon norms has brought many problems. When compared to the general population non-English-speaking immigrants have the lowest income, the highest incidence of poverty, and the highest rate of unemployment (other than Australian aborigines), and are most at risk of industrial accidents and related occupational health problems. Recent immigrants tended to be employed in the lower ranks of the manufacturing and construction industries where poor working conditions often jeopardized both their health and safety.

By early 1987, 25.2% of the labour force was overseas-born. While English speakers and settlers from Northern Europe have an occupational profile comparable to Australian-born, NESB immigrants are disproportionately concentrated in the "dirty jobs" of unskilled or semi-skilled manual work associated with migrants in many other countries.

Disadvantages of class and gender

Class, combined with gender, makes NESB women doubly disadvantaged. Although they are often stereotyped as dependent women and wives, a higher percentage of immigrant women, especially non-English speakers, join the Australian work force than do Asutralian-born women.

The bulk of NESB women since the 1950s have engaged in factory work in the food, textile, clothing and footwear businesses. The 1981 census showed that while 9.1% of all employed women in Australia were in the occupation groups of "tradesmen", production process workers and la-

bourers, the percentages for employed NESB women were much higher: 67.2% of Vietnamese women and 65% of Turkish women were in this category as were 47.9% for Yugoslavs, 42.3% for Greeks, 32.8% for Italians, 29.7% for Maltese and 23.9 % for Spanish. By the 1980s, 61% of clothing industry workers were women; of these, 75% were immigrants, many of whom did not speak English.

The conditions under which these women work are often not conducive to good health. Conditions such as dim lighting strains their eyes; dust and poor ventilation produce chest complaints, headaches and breathing problems; long hours on concrete floors give rise to swollen ankles and sore leg muscles. Fear of accidents and the threat of job loss if they take time off add to the strains they have to contend with. A 1976 report also noted that there was often inadequate communication with respect to welfare and health services, awards and entitlements, and safety regulations. If newcomers have qualifications but cannot speak English they often have to enter factory work. For some NESB women, particularly Turkish women, this is a sharp downturn in their standard of living and level of opportunity.

There is growing evidence that while NESB women often have a longer life expectancy than their ESB counterparts, the level of episodic illness and injury among them 'increased markedly with duration of residence ...'. The report also revealed that NESB women report higher rates of 'nerves, tension and depression', especially among women born in Southern Europe. This suggests more widespread episodes of poor mental and emotional health.

Inability to communicate

Lack of English has been a major barrier for NESB women. It is probably the inability to communicate fully, coupled with the lack of opportunities to learn English, which produces the most stress in many NESB immigrant women. If closeted at home they remain isolated from contacts and chances of learning the new language. If they work for wages, there is rarely the opportunity to learn English at work. Even if they are motivated to take lessons on their own they have little spare time in which to do so, since they must shoulder domestic responsibilities as well as work for wages. A further complication arises if they do shift work at odd hours. It is not unusual for management to use bullying tactics: one Greek woman was told , "If a donkey will never learn to speak English, you will never do so either."

One worrying aspect of this problem is that many workers cannot understand machine warnings or notices written in English. The problems associated with language difficulties cost Australian industry $3.1 billion a year and exact heavy tolls from the workers themselves.

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The Health of Women in Papua New Guinea
by Joy E. Gillett

As a result of their exhaustive workload, the high rate of wife beating, food taboos and undernutrition, marriage customs and limited access to education, cash and health services, it is a daily struggle for women in Papua New Guinea to be healthy and to raise healthy children.

The Health of Women in Papua New Guinea by Joy E. Gillett probes these major health issues. Malaria and malnutrition are major drains on women's health. Gillett explores the specific problems of malaria and the growing conundrum of adult weight loss, anaemia and iodine deficiency in a population that is also witnessing the emerging problems of overnutrition and an increased incidence of diabetes in its urban population.

Gillett presents penetrating data on how many women die needlessly in childbirth. She emphasizes the need to identify high-risk mothers and to provide more supervised deliveries and more traditional village birth attendants. Gillett goes on to explore the limited care for mothers in the country's Maternal and Child Health program.

The same web of social, cultural, economic and political factors that hinder women's health is now making women increasingly vulnerable to sexually-transmitted diseases, and at the same time, is posing barriers to effective family planning.

The book is based on the analysis of published and unpublished data, interviews of the health community and visits to health care centers. It was funded by UNICEF, the Papua New Guinea Institute of Medical Research and CUSO, a Canadian development agency.

Published in 1990, this concise 160-page book is designed primarily for health policy-makers but its layperson language will make it an asset to administrators, health officers, teachers and women's groups.

The monograph is available from:
UNICEF
P.O. Box 472, Port Moresby, National Capital District, Papua New Guinea