



MIGRANT & REFUGEE
WOMEN'S HEALTH PARTNERSHIP



Outcomes document

Consultations on access to health care for migrant and refugee women

Logan/Ipswich, November 2017

Background

Migrant and Refugee Women's Health Partnership collaborated with Access Community Services to consult with groups of women from diverse migrant and refugee backgrounds on their access to, and experience of, health care. Access facilitated a series of community consultations reaching 27 women from Sudanese, Burmese, Indian, Iraqi, and Filipino backgrounds.

The consultations provided the opportunity to better understand the issues refugee women experience when accessing health care services, as well as their health care and health literacy needs and concerns. Further, the participants' views were sought on strategies that may address such issues and needs.

Key themes discussed in the consultations with refugee women included:

- Women's experiences of receiving care and obtaining information about health services;
- What, and at what points in the settlement journey, would be helpful to improve women's knowledge and understanding of health care system; and
- Health system knowledge gaps that require particular attention.

The organisers thank all women who participated in the consultations, and generously shared their insights and experiences.

Key issues

Cultural considerations

The consultations emphasised the importance of health practitioners understanding that people from diverse cultural backgrounds perceive and experience pain differently, and tailoring the provision of care to respond to such differences. In particular, women referred to their experiences of childbirth and perceived lack of attention or sense of urgency on behalf of health professionals.

“They ask us “why don’t you cry” because we don’t cry and keep quiet.” – Refugee woman.

Health and health system literacy

Women were broadly aware about the differences between the public and the private system, with expeditiousness being the key identified feature of the private system. There were, however, knowledge gaps around informed financial consent, with women occasionally not understanding what they needed to pay for and being confused about the fees. The need for clarity of communication between health services and patients was stressed in this regard. Bulk billing was identified as a particularly difficult concept. Further, women did not know that they could request a longer appointment if required.

There were significant knowledge gaps with regard to the process involved in seeing a specialist in Australia and related wait times. Women were confused about the need for a GP referral in order to see a specialist. The positive experiences referred to situations where women were assisted to make an appointment with a specialist (either by a GP or a settlement support organisation) and were informed about the waiting times by their GP. On the other hand, some women did not feel supported by their GPs, and some felt anxious when they were referred on without understanding the reason.

There was significant disparity in experiences of the healthcare system between women who had access to a GP from the same cultural background, compared to women who did not. The former received a great degree of support from their GP, but did not feel as supported by other services without the same level of cultural knowledge.

Communication

Women’s experiences of accessing language services support in health care settings varied. Some women with low English proficiency indicated they had never been offered an interpreter and were not aware that they could ask for one. Others noted that they had never been asked if they needed an interpreter and had their family members facilitate communication with health services.

For those who were provided with an interpreter for routine consultations and pregnancy care, there was a notable lack of access to interpreters in emergency and during labour. Women reflected on the challenges of going through complex experiences without understanding, or being explained, what was happening. On the other hand, some women noted that they had always been provided with an interpreter during their healthcare encounter.

The consultations highlighted the importance of follow up communication. Some women were not clear about the discharge instructions and the advice to see their GP for follow up. They were unclear about the outcome of the encounter and whether they needed to take any further steps.

Some women reported that when they were not clear about the information they had received from a doctor or a health service, they would call doctors in their countries of origin. This also occurred when they were given long wait times for an appointment, in cases of emergency, or to confirm that their opinion was the same as that of the Australian doctor. Further, women noted that if their doctor did not provide sufficient explanation or clarity, they would make an appointment with another GP to get a better explanation.

Concluding observations

Overall, women felt positive about the healthcare system. However, the discussions highlighted the importance of cultural considerations and communication in the provision of care, and the impact of negative experiences on women's future help seeking behaviours. Such negative experiences included perceived lack of attention and information from health professionals, and women not being aware of the rationale for a procedure they underwent. This was particularly emphasised in relation to maternity care. Such experiences resulted in women losing confidence and trust in the hospital or health service concerned, and turning to seek care elsewhere, including resorting to emergency care. This affected both women who had the negative experience, as well as others in the community due to the word of mouth.

In consultation with refugee women, there was broad recognition of the need to improve health literacy communication to migrant and refugee women both at the initial point of settlement, and at a later stage in the settlement process, to enhance their awareness.

"It is important to have multiple points of information during the settlement journey to continually reinforce the information." – Refugee woman

The outcomes of the consultations will further inform the Partnership's work on developing a good practice framework for working effectively with migrant and refugee women in health care settings.

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