

# African Refugee Women's Health Pilot Project

HUNTER NEW ENGLAND  
NSW HEALTH

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# Welcome to Kakuma



# Women's Health Refugee Pilot Program



# Dafour Refugee Camp



# Dafour Hospital





# Map Of Africa



# WOMEN'S HEALTH ISSUES

- Rape- is used as a tool of war 49%
- Forced prostitution to survive
- Sex slavery
- Sexual violence in refugee camps
- STI's HIV, Hepatitis B
- Pregnancy or termination from rape - high death rate
- Many women afraid to reveal their story

# WOMENS HEALTH 2

- Undernourished - iron, folate & calcium
- Inadequate Rubella immunity
- Lack of access to health care
- Widowhood, disappearance, husbands
- FGM, DV
- Cervical & Breast screening
- Contraception, unsafe terminations, poor birth spacing



# INITIAL ASSESSMENT ON ARRIVAL

- Refugees who arrive in the Hunter
  - are referred to Newcastle Refugee Health Clinic by ACL for initial health assessment and screening for infectious diseases

Women's health issues could not be addressed  
Due to lack time  
Privacy  
Resources

# RATIONAL FOR PILOT CLINIC

Provide women's health education and screening services

- ⑩ Partnership & Collaboration- with Multicultural Health Unit, Sexual Health Service, Obstetrics & Gynaecology, Infectious Diseases Unit, Kaleidoscope
- ⑩ Education – a vital component of the program
  - ⑩ early intervention
  - informed consent
  - Referral to mainstream services for ongoing care
- ⑩ Enable refugees to make choices conducive to their health

# RATIONALE :EDUCATION & HEALTH SCREENING

- ⑩ To create an early intervention pathway into services using culturally appropriate health care
  
- ⑩ to increase preventative health care knowledge about HIV/AIDS, STI's, cervical screening, breast cancer
  - ⑩ The age of legal sexual consent in Australia - new land new laws
  - ⑩ Multiple wives - up to 40
  - ⑩ Female Genital Mutilation ( FGM)
  - ⑩ Domestic Violence
  - ⑩ Contraception

Reference: The Refugee Health Strategy' (NSW Health, 1999)

# PLANNING & CHALLENGES

- **Consultation -**  
key leaders within the Sudanese community
- **Cultural Appropriateness -**  
eg female clinicians
- **Female Genital Mutilation ( FGM )**
- **Scarification**
- **Pre Departure Testing in Africa-**  
can be falsified or exposure since testing
- **Working with Interpreters**
- **Informed Consent**
- **Resource Material staff/clients**
- **Two Clinic visits -**  
initial screen & follow-up, LMO letter
- **Transport**

# Planning & Challenges





# Challenges for Clinicians



:

## INITIAL SCREEN & FOLLOW-UP RESULT APPOINTMENT AT ONE WEEK

- Opportunistic Pap smear
- Gonorrhoea & Chlamydia screen
- High vaginal swab- Bacterial Vaginosis, fungal / Candida, Trichomoniasis
- Ph & Whiff test
- Gram Stain
- Wet prep- Trichomoniasis
- HIV, HBV, Syphilis
- HCV- < 1% prevalence unless from Sudan.





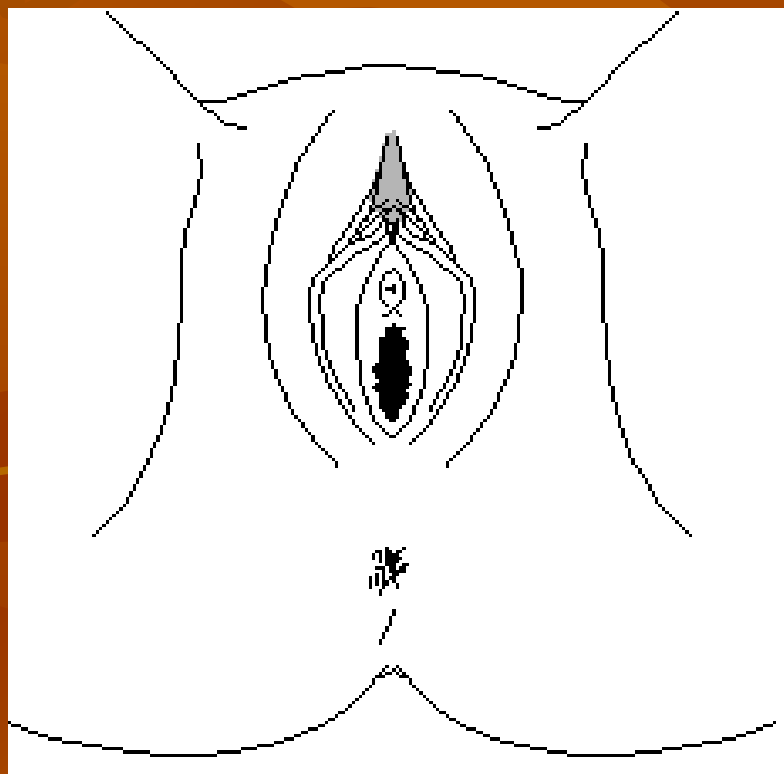
# SCREENING TEST OUTCOMES

- 12 HVS n 3 (25%) were diagnosed with:
  - (2) Bacterial Vaginosis, (1) Candidiasis
  - Trichomoniasis = nil
  - Gonorrhoea = nil n17
  - Chlamydia = nil n17
- 13 Pap Smears n 2 (15.38%) were positive:
  - HIV nil
  - HCV nil
  - Syphilis 2 positive
  - Hep B - 15

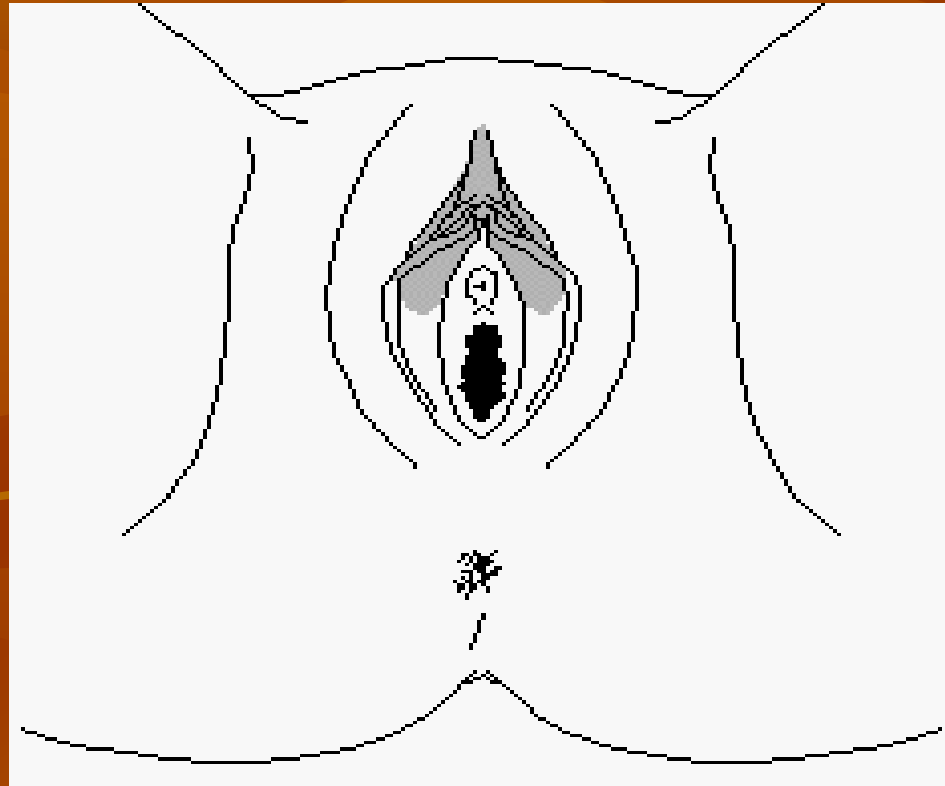
# THE NSW STRATEGIC DIRECTIONS ON FEMALE GENITAL MUTILATION BY:

- ⑩ Preventing the occurrence of FGM through an emphasis on community education, information and support
- ⑩ Assist women and girls who have been affected by, or at risk of FGM to minimise adverse health outcomes and psychological harm

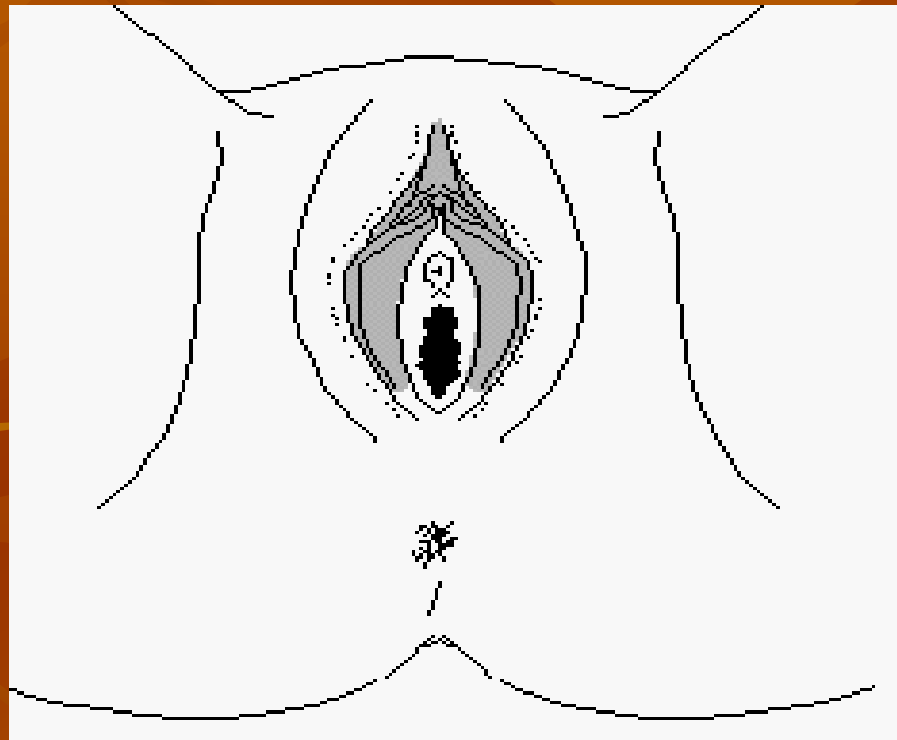
# FGM Type I



# FGM Type II



# FGM Type III



# Outcomes From Pilot

- Ongoing refugee women's health clinic
- Women linked into a range of mainstream health services including GP's
- Improved refugee access & knowledge of health services and health education
- Developing a HNE Policy on FGM
- Health professionals becoming aware of refugee issues
- Education for health care professionals
- Identify gaps – men's health clinic to be implemented
- African women's influence on other community members

# WOMEN'S CLINIC



# A Woman's Quote

- “The staffs actually had been very friendly and helpful especially in explaining to us what was all about the different investigations after which same got treatments after the results! May I beg for this kind of programme to continue so that any new arrival gets this opportunity!!”

# Case Study



# BACKGROUND

- 26 year old widow from Sudan
- Non-English speaking (Dinka)
- Sponsored by church organisation
- Arrived with her 3 children 6 months ago
- Lives with 3 brothers-in-law

# NEWCASTLE ED PRESENTATION

- Arrived 1435 by ambulance
- Abdominal pain & vomiting
- woman refused interpreter at triage
- physical examination - dehydrated
- tender in left iliac fossa region rebound positive (suggests appendicitis)
- LMP 10/7 ago - denies pregnancy
- suspected appendicitis

# INTERVENTIONS

- Blood Taken - positive pregnancy
- Continues to deny pregnancy
- Staff insisted they contact the Healthcare Interpreter Service
- Brother in law present
- Woman insisted on a particular interpreter she trusted
- Woman re-interviewed alone with interpreter
- Correct information gained

# WOMAN'S ISSUES

- Fearful of interpreter breaching confidentiality
- Not sexually active with brothers-in-law
- Pregnancy conceived outside of family
- Fearful
  - Retribution from family
  - Abandonment – unaware of social supports
  - Domestic violence  
severe beating - even death

# CULTURAL ISSUES



# CULTURAL ISSUES

- Southern Sudanese cultural norms
  - Patriarchal society
  - Strong Christian beliefs
  - Termination unacceptable
  - Families responsible for social welfare
  - Polygamy practiced
  - Widows become wives of deceased husband's brothers
  - Children take on deceased husband's name

# Cultural Issues 2

- Brothers-in-laws will need to repay Sponsorship debt
- No decision yet about which brother-in-law will become her husband
- Church Minister involvement
  - Wanting to be present during consultation
  - Demanding to know diagnosis

# INTERVENTIONS

- Confidential arrangement made for termination with private clinic post discharge
- Discharge paperwork sent directly to GP
- MHLO provided transport and support for termination
- Plan in place for emergency contacts

# STAFF ISSUES

- Limited staff involvement to maintain confidentiality
- Continuity of staff members for care
- Interpreter
  - Risking retribution from woman's family
- Multicultural Health Liaison
  - Challenged own personal beliefs
  - Fearful of retribution for woman and self

# Thankyou

