

The MCWH story begins in 1978 when it first opened its doors to immigrant and refugee women. its launch the result of the efforts of some remarkable women.

In that year, the newly-established Action for Family Planning (AFP) began its Factory Visiting Program, taking multilingual family planning information and education to women in Victoria's factories. In the subsequent 30 years Multicultural Centre for Women's Health (MCWH) has continued to open doors with and to immigrant and refugee women—doors which open out onto information, knowledge, empowerment, action, and improved health and wellbeing.

Information, knowledge and action, and women's activism came together at the end of the 1970s to push for an organisation for immigrant and refugee women by immigrant and refugee women. In 1977 a public forum was convened by Monash University's Department of Social and Preventative Medicine and was attended by over 200 women. The forum's aim was to bring together a broad-based community group to develop a plan of action for the dissemination of contraceptive information to women. A video, 'Without Knowledge, Without Choice' in which migrant women discussed their experiences in their own languages was featured. The women talked about their humiliations and frustrations with family planning services and their general search for contraceptive advice.

The forum resolved to take family planning education out of the medicalised clinical context, and bring it into the community, accessible to immigrant and refugee women. Migrant women were to be involved in the process of peer education and information exchange. This resolution marked the birth of AFP and the subsequent 30-year history (to date!) of MCWH. A team of 12 multilingual lay educators were recruited, a training program developed, and the aforementioned Factory Visiting Program was established. Financial support came from TAFE sector and Federal Health Department funding.

By 1980 however, the future of the program and factory visits was unclear, funding was running out but there was still much to do. In response to active lobbying and advocacy, the Victorian Health Department and the Department of Immigration eventually lent their support to AFP and with a huge sigh of relief the factory visits were able to continue their unique, much in demand, work.

The approach used during the visits was and remains based on the woman-to-woman framework—a peer education model that honours and respects women's knowledge. The role of the peer educator is to encourage women to share their own knowledge with others and to build capacity among women themselves to take positive action around their contraceptive choices. Videos, charts, models of the reproductive system and examples of the range of contraceptive choices are all part of the peer educator's toolkit.

These education sessions were and are an opportunity for women to share their stories; during these early sessions it became clear that women's contraceptive choices were limited, discussion centred around three main topics: no contraception, withdrawal, and the Pill. The programs resulted in the women increasing their own 'toolkits' with increased information about condoms, IUDs, tubal ligation, spermicides, and jellies. Increasing and sharing knowledge is a hallmark of MCWH health education.

Throughout the 1980s the program continued to thrive gaining ongoing funding and building capacity to deliver health education to immigrant and refugee women. In 1982 AFP changed its name to Women in Industry, Contraception and Health adopting the acronym WICH; this remained the organisation's moniker for the next 16 years. The name reflected an audacious, woman-centred and confident organisation—feminist in philosophy and practice—weaving women's magic from factory to factory. (All qualities that describe MCWH to this day.) It also reflected the desire to leave behind the outdated terminology of 'family planning' making way for a focus on women's health. Ten factories were subject to WICH's spell that year.

The 1980s were a period of rich growth for WICH, building on a social view of health and expanding its reach to include topics other than contraception. To complement the visits, multilingual health information was produced in-house and disseminated, advocacy projects on controversial women's health issues such as the Dalkon Shield and Depo Provera were implemented, the women of WICH produced regular newsletters and, provoked debate and action around immigrant and refugee women's health issues at regular general meetings.

30 years of mcwh

By 1991 WICH was continuing to visit women in a range of factories including Yakka, Holden, Toyota, and Florsheim. The visits were covering new topics in Reproductive and Sexual Health, Occupational Health and Safety and Mental Health. At this time WICH noted that the recession was impacting heavily on migrant women as recorded in the quarterly general meeting of 4 June 1991:

'The decrease of employment opportunities is leading to widespread changes at individual and broader social level. The extent and speed of factory retrenchments is creating enormous stress amongst women in the workforce about their job futures let alone those retrenched. Child care centres are closing and once closed it will be extremely difficult for them to re-open... The Factory Visits Program will need to adjust according to these trends.'

In this same year, WICH gained a funding boost with the implementation of the National Women's Health Program and WICH's capacity to reach women in both industry and community settings was consolidated. A Multilingual Shopfront Program targeting Turkish, Vietnamese and Spanish-speaking women began operation, inviting these women to the Centre to participate in community-based health promotion with WICH bilingual Health Educators. Significant events and health issues were also marked and celebrated including women getting together for World AIDS Day, International Women's Day and the International Day of Action on Women's Health.

The second half of the 1990s however saw a marked contrast in the organisation's fortunes. Funding cuts were sustained across the Victorian health and community sector during this period. WICH was not immune to these funding losses and its Shopfront was forced to close by the end of the decade.

The late 1990s and beyond have been marked by changing trends in both industry and the demographics which make up the Australian community, the Factory Visits Program adjusted to this moving social and economic landscape. Increasing cultural and linguistic diversity among immigrant and refugee women workers necessitated the ongoing engagement of new bilingual Health Educators. Further changes were implemented to meet the needs of industry.

A more flexible program was developed and implemented from 1999 onwards: workplace visits were conducted throughout the week including weekends, evening and night shifts. The number of visits to each workplace increased and the languages covered also diversified.

The organisation saw the new century in with a new name, and was now known as Working Women's Health (WWH), an acknowledgment of the work both paid and unpaid of immigrant and refugee women. By now, 16 languages were spoken by the bilingual Health Educators and health education sessions were being conducted in community settings, as well as in a range of workplaces. During the first decade of the new century, WWH expanded its reach, visiting women actively in rural settings and women's prisons, while covering new topics such as alcohol and other drug health promotion.

WWH's research capacity was enhanced through project grants and a number of research reports on immigrant and refugee women's health were published. The Multilingual Library and Resource Collection consolidated its provision of culturally and linguistically appropriate information, disseminating material nationally from its bank of 10,000 items in 96 languages. A cross-cultural training program also gained momentum during this period.

In the bumper year of 2004 WWH bilingual Health Educators conducted 510 group health education sessions with immigrant and refugee women in industry, community, rural, and prison settings, making over 4,500 contacts. A total of 42 external training sessions and presentations were conducted, reaching 1,730 people. This provides a snapshot of the organisation's reach and the high demand for immigrant and refugee women's health education.

The Multicultural Centre for Women's Health of 2008 owes a huge debt to the AFP, WICH and WWH women of the last 30 years. These women have opened doors to us all—without their commitment, passion, hard work and women's magic, there would be no space for an organisation like MCWH to exist or grow. Thanks to that magic, the woman-to-woman approach continues, immigrant and refugee women generously share their knowledge with us and each other, doors continue to open out onto information, knowledge, empowerment, action, and improved health and wellbeing.