

Cultural Security – Gender Security?

Exploring cultural security as a model for promoting gender as a determinant of health in a health policy setting.

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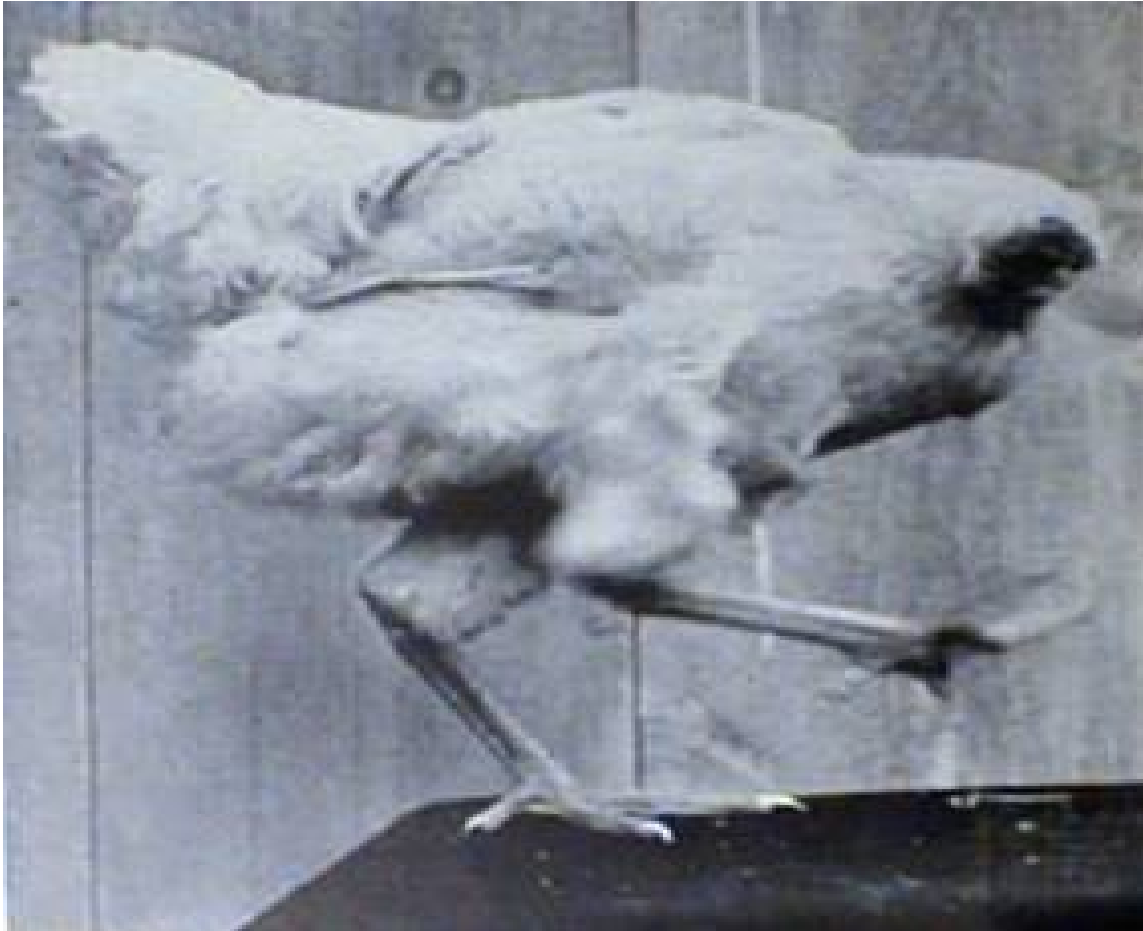
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Overview

- Personal experiences in women's health policy
- Working in a mainstream health setting as a Unit of one
- Having a specific role where the implications of the role are not well understood
- Seeing the parallels with women's health, gender and cultural security in specific issues and at systemic levels
- Seeking to explore these and explore some ways forward

Policy and Practice

- The headless chook and the chook-less head
- Mike the headless chicken – lived for 18 months



Chicken Head or Chicken Body?

- Gap between policy and practice is usually stark
- Huge demands on the health system
- Aboriginal health outcomes so glaringly poor in the NT
- Huge health issues; small population; limited infrastructure; need for whole of government response is complex
- NT Reliance on Commonwealth funding
- Makes the health system reactive

What is Women's Health?

- All health issues are women's health issues
- Some issues marginalised as women's issues – for example violence against women
- Gender analysis, gender as a determinant of health is not 'women's health' despite years of lobbying, awareness raising and training

What is Women's Health?

- Keep on trying to see the opportunities
- Primary health care level
- Use existing frameworks - core service document
- Outline all the current women's health services within this and highlight gaps
- Lobby for comprehensive women's health program
- Lobby to fill in the gaps (chicken surgery)

How Women's Health happens

- But what about beyond service delivery?
- What about understanding the causes of ill health, inequality and inequity?
- How do sell the notion of gender as a determinant of health when there are no structures or opportunities to have the discussion?
- Chook surgery – keep trying to join the population health to the practice

Perceptions of gender

- Office of Women's Policy developed NT wide Women's Policy
- Gender analysis scrapped - became service focussed
- 2005 Department of Health Gender Awareness Project
- Community Health Branch staff survey and analysis; nurses, Aboriginal Health workers, Allied Health Professionals
- Interest in gender and diversity analysis in service planning and evaluation
- Pursuing gender analysis in planning sidelined – mainstream service delivery issues are a priority in an overstretched system

Cultural Policies and Practice

- No official statements or actions on gender
- Departmental Aboriginal Cultural Security policy
- There is a cultural awareness program
- All new staff must attend Cultural Awareness Training
- Manager's Guides and staff orientation packages around Aboriginal history, ceremony, practices and protocols
- System of mentorship in some branches where senior Aboriginal staff will shadow new staff

What is cultural safety?

- *An environment that is safe for Aboriginal people: where there is no assault, challenge or denial of their identity, of who they are and what they need. It is about shared respect, shared meaning, shared knowledge and experience of learning, living and working together with dignity and truly listening.*
- Could be argued that gender is implicit in this statement but we know that without an understanding of the impact of gender, cultural safety cannot be achieved

Cultural Security

- *Cultural security is subtly different from cultural safety and imposes a stronger obligation on those that work with Aboriginal and Torres Strait Islander peoples to move beyond 'cultural awareness' to actively ensuring that cultural needs are met for individuals. This means cultural needs are included in policies and practices so that all Aboriginal and Torres Strait Islanders have access to this level of service, not just in pockets where there are particularly culturally competent workers.*
- Making gender a part of this statement is obvious to those of us familiar with the concepts and tools of gender analysis

Aboriginal Wellbeing

- Discussion of the holistic nature of Aboriginal Wellbeing – overview of traditional health matters
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- Gender this statement to discuss Aboriginal men's and women's health issues from historic perspective through to the present

Aboriginal History

- Define and respond to the different needs of Aboriginal people in respect of health care
 - Provide an awareness of the impact of colonisation on Aboriginal people in respect to health and wellbeing
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- Use 'women' and 'men' and discuss the health care needs from a gendered perspective

Extended Family/Skin and Kin

- Understand the extended family system and obligations
 - Kinship system and hospitalisation
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- Reinforce the differences in some obligations for women and men but discuss the changing nature of gender roles in families

Communication and Language

- Provide an awareness of the barriers to cross effective communication in a cross cultural setting
 - Working with interpreters
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- Introduce the impact of gender on who can speak about what to whom

Cultural Security/Gender Security

- Understanding the intersection of culture and gender
- Obvious issue of women's business and men's business
- Cultural practices such as ceremonies, stories, songs and special business such as birthing, child rearing, initiation ceremonies are all obvious examples where gender is a key distinguishing feature
- Understanding colonisation, dispossession, oppression
- Understanding the impacts of racism, sexism, power imbalance and their intersections

Cultural Security – Personal Security

- Aboriginal women experience ongoing poverty oppression and grief and many are victims of family violence
- Family is the centre of their lives and while they continue to work for women's health and safety they continue to raise the issue of men's health and the importance of supporting men
- They know initiatives to improve women's safety and health will not be successful without concurrent work with men
- Also because they share the experience of oppression from colonisation, removal and racism
- This is a daily practice for all the Aboriginal women I know and work with

Listening to Aboriginal Women

- Strong Women Strong Babies Strong Culture Program
- 20 years this year
- Started by Aboriginal women for Aboriginal women
- Seeks to maintain Grandmother's Law
- Use ceremonies to improve maternal health and baby's birth weight but in the context of new health technology
- Aboriginal women Coordinators recruit train and support Aboriginal community workers

Listening to Aboriginal Women

- Gender and culture intersect
- Recognise and respond to women's health issues
- Girls camps
- Contraception, fertility and sexual health
- Abortion
- Self esteem and education
- Autonomy and safety
- Substance abuse
- Pregnancy and birth
- Nutrition and physical activity
- Family health

Listening to Aboriginal Women

- Always a struggle to maintain the program
- Sit outside the mainstream so have to fight for resources
- Coordinators source rooms; equipment; pay and conditions for workers
- Seek funding for training workers
- Seek recognition and inclusion of workers
- Structural, resource and attitude barriers everywhere
- Issues everywhere with a unique women's health approach

Listening to Aboriginal Women

- NPY Council in Alice Springs
- Women's Council doing women's business
- Not waiting around to change the patriarchy just getting on with women's business – caring for children; people with disabilities; people with mental health issues; stopping child abuse and domestic violence; campaigning to stop alcohol.
- These are the women that know social determinants from the ground up
- NPY structure has Aboriginal women employed as co-workers with all white women

Listening to Aboriginal Women

- Congress Alukura
- Grandmother's Law forbids men on the premises
- Changing culture
- Women want their husbands and partners there for antenatal visits and birth
- Challenge to the current practice

Culture and Gender

- Culture and gender intersect in all cultures
- Everybody's Business Sub Committee (EBS) is group of stakeholders working to improve the sexual and reproductive health needs of migrant and refugee communities in Darwin
- Worked to date with Somali, Burmese and Congolese communities
- EBS responded to community requests for sexual and reproductive health information and services for men and women

Culture and Gender

- Somali women challenging Female Genital Mutilation
- Wrapped in women's autonomy and lack of options
- Men's approach different and needs to be better understood – particularly hard to engage
- EBS has been working in the 12 week Cultural Transition Program in Melaleuca specifically in the Unit on Gender

A woman's work is never done

- Negative reactions to women's health
- 'He's more feminist than the feminists' (man)
- 'I won't be staying if you're talking about feminist crap' (woman)
- 'I wouldn't put the wrong person in the job' (woman when establishing a men's health position and I suggested the candidate needed to be a feminist)
- 'I can't think of anything worse than having to go to a talk on eating disorders' (woman nutritionist)

What to do

- Many negative perceptions about feminism
- While its distressing its part of the reason feminism exists – challenging the status quo is hard
- Focus on the underlying issues
- Make partnerships in all sectors and look for allies everywhere
- Aboriginal Cultural Policy and Health Promotion Branches are current key allies
- Working with these branches to include gender in the cultural awareness training and health literacy initiatives

What to do

- Create your own gender secure space – that's why women have been meeting together forever
- Join AWHN
- Engage with other feminists and learn from their work
- Look to other spheres outside health – this is obvious but meaningful lasting partnerships can be hard to sustain