Working Women's Centre
Melbourne 3000 Telephone

Discussion Paper No. 16 April 1977

MIGRANT WORKERS AND THEIR HEALTH

Last month a seminar entitled "The Injured Ethnic - a Medical and Social Problem" was held at the Melbourne Trades Hall Council Chamber. The seminar was organized by the Australian and New Zealand Society of Occupational Medicine and the Australian Greek Welfare Society. It was attended by over 400 people including a number of doctors, nurses, social workers, trade unionists and migrants from several different ethnic groups. Most of these people had had considerable experience of the health problems common to most migrants.

Australia has for many years been one of the major importers of migrant workers. Between 1963 and 1974 the average intake was over 100,000 per year. (1) It was made clear at the seminar that we have done little to help these newcomers to adapt themselves to a new culture and a new lifestyle.

Several doctors spoke of the tremendous strain placed on migrants by the upheaval of leaving their homeland - usually for economic or political reasons. The most disadvantaged are those from rural areas who usually arrive in Australia destitute (possibly in debt), with no job, no home and no knowledge of the English language. They have been attracted to this country by Australian Government advertising depicting Australia as a land "flowing with milk and honey". The reality is that they are thrust into a hostile environment without the material benefits and the extended family support to which they were accustomed in their home villages. Naturally, for reasons of security, language and culture, they tend to congregate with their own ethnic group, thus developing localities which are predominantly Greek, Italian, Turkish etc.

Most migrants are relatively illiterate and unskilled. Poverty makes it vital for both husband and wife to work and it is an economic crisis if, for any reason, both members are unable to do so. Although, compared to other more developed countries, the percentage of Australian women in the paid workforce is very low, a far higher percentage of wives in migrant groups work than among Australian-born women. For instance, 49 percent of married Greek women work compared to about 30 percent of Australian-born women. *(2)* It is not surprising that migrants tend to have smaller families than native-born Australians.

The above findings are supported by Professor John F. Leeton of the Department of Obstetrics and Gynaecology at Monash University in a report entitled "Migrant Health Program". He also says: *"The family suddenly finds itself a minority within a new city. It is cut off from the familiar. As the family attempts to maintain its own culture, it becomes increasingly alienated from the dominant society. The family lacks knowledge of and how to use community resources: health services, daycare centres, employment offices."(3)*

Because of the lack of childcare facilities and extended family support some parents send their children back to relatives in the land from which they came. This produces enormous psychological stress on parents and often the mother succumbs to severe depression. It must also have serious long-term effects on parents and children. Either the children never return to Australia and the parents may or may not return to the country of their birth or, when the children return to Australia, they are strangers to their parents and have to face the same battle as their parents to learn English and adapt to the Australian way of life.

../2

HARD LABOUR AND FOOD

Apart from these psychological stresses, migrants face unaccustomed physical strains. In the rural areas from which they have come work is slow, seasonal and relaxed. In Australia the work available for migrants consists of the heaviest, most monotonous and menial jobs and is continuous for long hours with constant pressure to increase output.

Eating also causes problems. Although food is more plentiful and varied, meals are seldom relaxed as the mother must shop and prepare food and care for children in addition to a full day's work in a factory. There is neither the time nor the atmosphere to discuss family problems at dinnertime as most have been accustomed to do.

LANGUAGE PROBLEMS

These psychological and physical strains mean that migrants have more health problems than the average Australian worker. The average GP is unable to cope with their special needs - even if clients could speak enough English to explain their situation. The seminar was told that in Victoria there are only eight bilingual GP's, 3 social workers, three surgeons, one gynaecologist and one speech therapist to service the needs of a community estimated at over 150,000.

After a long hard day (or night) in the factory few migrants can muster the energy to attend English classes and few employers allow English classes in paid time. For women the situation is compounded by the fact that they are expected to keep house and care for children as well as work an eighthour shift in the factory - or longer. Inability to learn English aggravates the communication gap - not only between the host society and the migrant but also between migrants and their children. In the future the care of elderly migrants will pose a major problem. In the meantime migrant youth suffer a conflict of two cultures, being influenced by home, school, church and social environment.

INDUSTRIAL ACCIDENTS

It was reported at th e seminar that few factories instruct workers in their own language about the dangers of the job. Safety signs were said to be scarce and virtually nonexistent in languages other than English. Many workers did not use safety equipment,even when provided, because they did not understand the dangers or how to use the equipment or because it was uncomfortable and they could not explain their problems. The proportion of accidents to migrants was far higher than to English-speaking workers, particularly those accidents resulting in sprains and back injuries.

Working long hours in dismal surroundings - usually with a constant high noise level and sometimes punctuated with bursts of very loud noise, often with unpleasant and possibly toxic fumes and odours - at boring, repetitive, unskilled and meaningless work - tends to dull the senses and make the worker more susceptible to accidents,

For migrants, trying to adjust to Australian society and cope with the unaccustomed pattern of work, an accident often produces a psychological change which can become pathological. It was accepted by the seminar that 80% of injured migrant workers suffer psychological problems and that these slow down recovery and rehabilitation and can cause or contribute to permanent disability.

WORKERS' COMPENSATION

A recent survey of union compensation claims by the Brunswick Community Health Centre gives some indication of migrants' lack of awareness of the compensation process. Although in the particular union under study (The Clothing & Allied Trades Union) more than 66 percent of workers were migrants, less than onethird of the union's compensation claims were for

migrants. One reason for this could be that migrants are more likely to go to their own private lawyers rather than the union's solicitor; however a more likely explanation is that migrants are not always aware of their right to obtain compensation. This has been the experience of the Working Women's Centre. Those who are aware that they do have rights frequently encounter problems, due to language and culture, in explaining their problems to doctors, lawyers and unions, not to mention the Workers' Compensation Board when their case comes before it.

An anomaly was also found concerning women's compensation claims. Although women make up 66 percent of the workers in the combined clothing and textile industries, they made up only 47 percent of workers' compensation claims in those industries. Men are twice as likely as women to claim workers' compensation. One in 40 men makes a claim compared to one in 80 women. Furthermore, when women do make claims they receive an average of 23 percent less money than men and cases for women take 13 percent longer to process to their conclusion. This means that women get fewer compensation payments, wait longer for payment and get less payment than do male workers

Perhaps one reason for this discrimination is the general assumption that women's wages are not necessary for family survival because they are not primary breadwinners and claims are usually based on the need for "a man to support his wife and dependents". Unfortunately there is not enough data available to prove this. More research should be attempted to document discriminatory practices in payment and processing of claims for migrants and women.

CONCLUSIONS OF SEMINAR

The main cure for the situation in which migrants find themselves is prevention, which involves a fundamental change in social attitudes towards migrants and change in the nature of work in our society. In the meantime the quality of treatment and rehabilitation should be greatly improved. Early recognition of emotional problems and treatment of depressive illnesses associated with industrial accidents are essential. The various dangers to health resulting from industrial work, e.g. nervous disorders, back and head injury syndromes, are varied and poorly understood. If more attention were given to the underlying causes of these health problems, the cost in money and human suffering would be cut drastically.

WHAT UNIONS CAN DO

* Work with Community Health Centres to get a broader picture of health and compensation problems.
* Support and liase with the Working Women's Centre which is endeavouring to carry out research in this area.
* Pressure employers and governments to supply
  - Safety signs
  - English lessons on the job
  - Induction training in language spoken by operator
  - Multilingual pamphlets setting out basic workers' compensation rights, responsibilities and procedures
  - Increased multilingual staff for all community services
  - Mobile multilingual health care units to visit the workplace
  - More childcare services for all workers but particularly for migrants

REFERENCES

(1) Freeman, P. & Milliken, R. "With so much unemployment, why can't I get staff?" The National Times April 4-9, 1977.

(2) Alberto, J. quoted by L. Connors. "Wrong attitude keeps women out of work." The Age. 11/4/77.

(3) Leeton, J.F., Kasnitz, D.J., Van der Vyncki, S. Migrant Health Program Department of Social & Preventive Medicine & Department of Obstetrics & Gynaecology, Monash University. July 1976.