



Women's Health in Settlement

Across the settlement journey, access to healthcare is not just about availability of services, but about trust, safety, and relevance. Research and community consultation consistently show that information is often not accessible in the right languages or formats, services may not feel culturally safe, and many women rely first on trusted community networks rather than formal systems.

Positive, respectful, and culturally responsive care can significantly shape women's health outcomes.

This Settlement Insights Special Edition Newsletter brings together perspectives from researchers, practitioners, and community-led organisations working at the intersection of health and settlement. Together, they highlight practical approaches to improving access, strengthening health literacy, and embedding culturally safe, community-informed practices across the system.

Settlement Insights: Women's Health in Settlement, is comprised of contributions from:

- 1. Dr Jessica Botfield**, Senior Research Fellow | Monash University and Family Planning Australia
- 2. Dr Naba Alfayadh**, CEO, Director, **Dr Nour Ismail**, Internal Medicine Physician, and **Hannah Najjar**, Advocacy, Policy & Research Fellow | Rahma Health
- 3. Marta Jasińska**, National Director - Communications and Engagement, and **Zara Farouque**, Administrative Assistant | The Social Policy Group

Health is a critical part of settlement, shaping how women from refugee and migrant backgrounds navigate new systems, care for themselves and their families, and build stability in their lives in Australia.

For many women, health experiences are shaped by complex and intersecting factors before and after arrival. These can include disrupted access to care, trauma, language barriers, unfamiliar health systems, and social isolation.

At the same time, women bring strong knowledge, agency, and resourcefulness, often navigating these challenges in ways that prioritise safety, privacy, and cultural expectations.

Young Women from Refugee and Migrant Backgrounds' Sexual and Reproductive Health



Dr Jessica Botfield

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Access to sexual and reproductive healthcare is a basic human right. Like everyone, young women require accessible, affordable, and high-quality sexual and reproductive healthcare.

However, for young women, access to sexual and reproductive health services can be challenging, particularly for those from refugee and migrant backgrounds.

Studies with young people of different genders in Australia from diverse cultural backgrounds about sexual and reproductive health care often have a dominant finding of 'low awareness' and 'under-utilisation'. It is important we recognise and understand this situation. At the same time, we know that young people have their own strengths and capabilities that we need to support and foster.

Two separate studies on these issues noted more similarities than differences between young women from diverse cultural and language backgrounds when talking about their sexual health experiences and preferences. One of the studies, with 27 young people from refugee and migrant backgrounds (male and female), explored their engagement with sexual and reproductive health information and care. The other study, with 33 young women from refugee and migrant backgrounds, sought their views and experiences of the contraceptive implant and related decision-making.

All the young women interviewed described taboos and stigma surrounding sex, sexual health, and contraception in their families and communities. Although most young women in the first study had seen a general practitioner (GP) for general health issues, they were reluctant to discuss sexual health with that GP (or what many described as their 'family doctor') because of concerns about judgement and confidentiality. They had very low awareness of other services they could attend.

In both studies, however, concerns about stigma, reputation, and social wellbeing did not prevent young women from making their own choices and exercising agency in seeking





information and care. Many just did so in ways that ensured others would not find out (e.g. using the internet, seeing a non-family GP, choosing a contraceptive method that aligned with both cultural or religious values and their own preferences).

In another study, we surveyed 160 young women from refugee and migrant backgrounds about an educational contraception video. Before watching the video, 70% were unaware of long-acting reversible contraceptives (the most effective methods), and condoms were most preferred. After watching the video, the overall preference for a more effective method increased from 2.5% to 51%.

This study highlighted the low contraceptive awareness of many young women from refugee and migrant backgrounds, and potential interest in using more effective methods, depending on awareness and access.

Dr Jessica Botfield is a clinician-researcher with research and clinical expertise in sexual and reproductive health. She is a Senior Research Fellow and NHMRC Emerging Leadership Fellow (2026-2030) with the SPHERE Centre of Research Excellence in Sexual and Reproductive Health for Women in Primary Care at Monash University, and a Senior Research Officer and Registered Nurse at Family Planning Australia. Jessica is a qualitative and mixed method researcher and brings to her research and collaborations her experiences as a researcher and a nurse working in academic, clinical and not-for-profit community organisation roles. Her research interests focus on promoting equitable access to contraception, particularly post-pregnancy contraception, through nurse- and midwifery-led models of contraceptive care. Jessica is the inaugural chair and founder of the [Post-pregnancy Contraception Network](#) and SPHERE Postpartum Contraception Consumer Advisory Group.

How can we better support migrant and refugee young women?

It is clear that sexual and reproductive health is an important issue for young women from refugee and migrant backgrounds in Australia.

More is needed to better support them in accessing information and services. Here are some ways we can help:

- **Raise awareness** of different service options for sexual and reproductive healthcare, e.g., GPs (including non-family GPs, or a GP outside of the community), family planning clinics (each state has its own Family Planning Organisation), and sexual health clinics. Telehealth may also be an option, which these services usually offer.
- **Support young women** in navigating the health system, and address concerns regarding stigma and social risks, e.g. identifying reliable websites, highlighting service options, and considering use of telehealth.
- **Increase awareness of the different methods** of contraception available and how/where to access all methods.

We must:

- **Work with young women from refugee and migrant backgrounds** to overcome or at least reduce the many barriers they can encounter for their sexual and reproductive health, and
- **Facilitate and support their access** to appropriate information and care to optimise their sexual and reproductive health and wellbeing.

Refugee Pregnancy and Parenting Experiences



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Rahma Health is a community-led, evidence-based charity dedicated to improving health equity for families, with a focus on the first five years of life. Rahma Health provides culturally and psychologically safe health and parenting information for Arabic-speaking families globally.

Working in partnership with leading health and research institutions, Rahma Health also translates and culturally adapts trusted clinical guidance into accessible digital resources that reflect families' lived realities.

The organisation centres dignity, compassion, and intergenerational healing, with the aim of supporting parents to nurture secure, loving relationships with their children and break cycles of trauma.



Evaluation Project Overview

Rahma Health undertook an independent evaluation in collaboration with the Murdoch Children's Research Institute to explore the impact of its Arabic-language antenatal and early parenting digital resources on parental health literacy. The results of the Evaluation will be formally published in a Journal article.

Below is a case report of an individual woman who participated in the evaluation and her reflections on how Rahma Health supported her to navigate migration and life challenges.

Case 5: Dana*, Pregnancy During War

Dana* is a 25-year-old Palestinian woman from the Gaza Strip and the mother of twin girls. She was born and raised in Gaza City. She married a few months before the October 2023 war and became pregnant soon after the conflict began. She lived through six months of war and displacement before arriving in Australia in the first half of 2024.

During the first six months of the war, Dana was unable to access medical care, attend check-ups, or undergo ultrasounds to monitor her pregnancy. She said, "I only managed to get some basic vitamins like folic acid, based on advice from friends." She described living with extreme fear and anxiety and being unable to reassure herself that her pregnancy was safe.

After six months, Dana travelled by car from Gaza to Egypt. The journey took seven continuous hours, in addition to long waits at the Rafah border crossing. She worried that the stress and travel might have affected her pregnancy and decided to consult specialist doctors in Egypt. She was shocked to learn she was carrying twin girls, both healthy, and completed all medical tests she had been unable to access in Gaza.

Dana then travelled to Australia, a journey of approximately 20 hours. She was seven months pregnant at the time. Although doctors advised her not to travel due to late pregnancy risks, she had no other option.

Two weeks after arriving in Australia, Dana visited a general practitioner and was referred to a tertiary hospital in Australia for specialist pregnancy care. She reported being extremely satisfied with the healthcare team. She received all necessary tests, regular ultrasounds to monitor the babies' growth, and Arabic-language pamphlets about pregnancy and birth. She was also enrolled in antenatal, birth, and breastfeeding classes, which she attended and described as a wonderful experience.

Dana explained that she had been constantly anxious, as this was her first pregnancy and she had no family in Australia besides her husband. She said:

"The doctors and nurses were always so supportive. They answered all my questions and fears with patience and kindness."

During labour, the medical team supported her through a safe vaginal birth of the twins without complications. However, the postnatal period was very difficult. Caring for two newborns after everything she had endured earlier in her pregnancy led her to experience postpartum depression. With healthcare support and ongoing follow-up, she eventually recovered.

Dana was already familiar with Rahma Health and followed the organisation on social media. She praised Rahma's content on mental health and caring for children and had previously used resources from the website and social platforms.

"I particularly benefited from the Fever in Children resources. Before reading them, I was always afraid when either of the twins had a high temperature and didn't know how to manage it. After reading the articles, I became much more confident in caring for them. Thank you, Rahma Health."

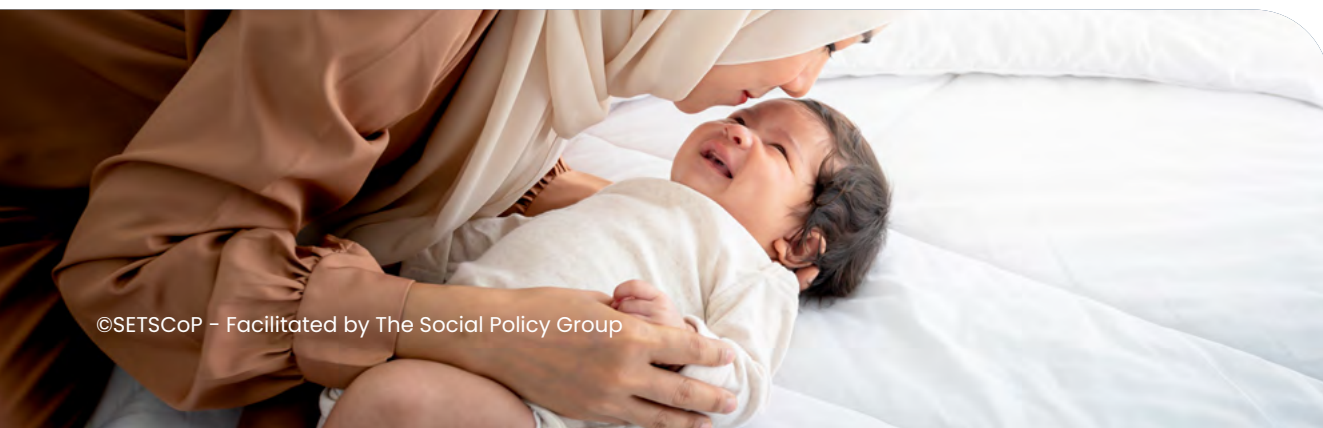
*A pseudonym has been used and details changed.

Acknowledgements: The authors of these case studies acknowledge the authors of the Rahma Health Evaluation Study done at the Murdoch Children's Research Institute, including Associate Professor Elisha Riggs, Dr Rose Brazilek, Mohannad Dahalan, Kelly Fitzpatrick and Dr Naba Alfayadh.

Dr Naba Alfayadh is the Founder of Rahma Health and is a medical doctor, currently working in General Practice. She is the former CEO & Co-founder of Happy Brain Education, a charity supporting young people. She studied Social Innovation and Entrepreneurship at Stanford University. Naba is a native Arabic speaker, former refugee and mother of a young toddler.

Dr Nour Ismail is a General Internal Medicine Specialist with extensive clinical experience, currently based in Melbourne since April 2024. Having successfully completed the AMC Part 1 examination and PTE Academic, Dr Ismail is actively pursuing opportunities as a HMO to contribute my clinical expertise to the Australian healthcare system. Alongside Nour's pathway into clinical practice, she has built meaningful expertise in community health engagement and research. At Rahma Health, Nour evaluates the effectiveness and cultural suitability of health resources for Arabic-speaking communities, applying data analysis, community feedback, and program evaluation frameworks to drive service improvement. Whether in a clinical ward or a community setting, Dr Ismail's goal is the same: to improve outcomes for the people she serves.

Hannah Najjar is a final year medical student finishing her Bachelor of Medical Science and Doctor of Medicine (MD) at Monash University. Hannah's clinical training has spanned a range of hospital and community placements primarily across regional and rural Victoria. Hannah has a passion for advancing change at the macroscopic level through health promotion, public health and equity initiatives both in Australia and globally, as well as the microscopic level through daily meaningful interactions with her patients. Hannah is most interested in the fields of obstetrics & gynaecology, cardiology, endocrinology and gastroenterology.



Healthy and Safe Pregnancy Information, Tailored for Women from Migrant and Refugee Backgrounds



Marta Jasińska

National Director - Communications and Engagement
The Social Policy Group, SA

"The hospital is not the place that we go to for advice. I will seek the advice of others first. This is because I feel comfortable asking them questions and sharing my worries with them."

- Healthy and Safe Pregnancy Project Participant

"Use languages that we understand. Don't just use our national language. This could be the language of our oppressors. We don't trust them and won't look at the information."

- Healthy and Safe Pregnancy Project Participant



Zara Farouque

Administrative Assistant
The Social Policy Group, ACT

In 2024, The Social Policy Group completed Phase 1 of a project funded by the Department of Health and Aged Care, focused on stillbirth prevention and pregnancy information for women from migrant and refugee backgrounds. We took an innovative, community-led approach to co-design resources that were culturally responsive, accessible, and directly tailored to women's needs.

At the heart of the project were two key elements: identifying information and system access gaps for communities through consultation, and creating content designed to meet those needs. By drawing on established networks and expertise in developing multilingual, culturally appropriate resources, we tailored materials to raise awareness of stillbirth prevention advice in addition to creating resources to support broader perinatal health, including guidance on navigating the healthcare system and mental wellbeing.

Community Consultation Findings

Consultations were held with women from a wide range of cultural backgrounds, with a particular focus on women from African, South Asian, and Middle Eastern countries in line with the focus from the Department of Health and Aged Care. We also consulted with service providers, including perinatal health professionals across research, social work, nursing, occupational therapy, and perinatal mental health, as well as community leaders, settlement support providers, interpreters, and interpreter service coordinators.

The consultations identified several consistent themes across communities, particularly in relation to a lack of tailored, multilingual, and accessible information:

- Maternal mental health is largely absent from stillbirth awareness resources, despite it being a key factor in supporting women to follow prevention advice.
- Existing resources are not effectively reaching trusted community leaders, who are often a key contact point for advice.
- Resources are not available in community languages and are often not suitable for women with low literacy.
- Information is not always provided in accessible formats or through platforms that women commonly use.
- Many resources do not include clear information about healthcare rights, where to seek support, how to navigate systems, or how to access interpreters.

In addition to key information gaps, consultation insights pointed to broader issues impacting women and their ability to access perinatal health services:

- Medicare ineligibility due to visa status
- Spousal dependence, lack of spousal support, and domestic violence
- Ineligibility for settlement support services
- Visa outcome considerations (e.g. fear of a domestic violence report leading to negative visa outcome)
- Low literacy, health literacy, or systems knowledge
- Intergenerational and intercultural conflict within families
- Young mothers (i.e. under 18), often married to older men, restricted from advocating for themselves
- Limited access to appropriate interpreter services (e.g. gender, availability, appointment reminders in English)
- Social and physical isolation
- Practical barriers to attending appointments (e.g. lack of access to childcare)
- Gender dynamics and cultural impacts on gender roles impacting reproductive health and choice





Tailored Resources

The Social Policy Group co-designed a [suite of tailored resources](#) with communities to ensure they are culturally responsive and fit for purpose. All resources are free and available for download and use by both community members and by service providers: <https://healthyhorizons.org.au/downloadable-resources/>.

“On the first page of what people see, they need to be able to see women like themselves. If they don’t see themselves, they won’t click on it because they will think it is not about them.”

Resources include [a series of five animations](#) available in 20 languages. The animations were created in collaboration with the Stillbirth Centre of Research Excellence, where we adapted key advice from their Safer Baby Bundle to expand accessibility of stillbirth prevention guidance.

We also partnered with Stillbirth CRE to expand their Safer Baby Bundle into five additional languages: Amharic, Farsi, Kirundi, Somali, and Tamil: <https://www.saferbaby.org.au/translated-resources/>. A [safe pregnancy poster](#) directs users to the multilingual Stillbirth CRE Safer Baby Bundle resources. In 35 community languages, the poster explains how to access safe pregnancy information via a QR code.

In response to consultation findings highlighting the importance of supporting overall health service and system access, we produced [three series of social media tiles](#) covering mental wellbeing during pregnancy, accessing healthcare, and explaining the cost and models of pregnancy care in Australia. All three series are available in 10 community languages.

“If you want to educate the women in my community, you need to educate the women elders. This is who they go to first for advice. In my community we have a person who delivered babies back home. She has so much experience. But I know that sometimes some of the things she says is different to the advice from the midwives. You need to have a training for the traditional midwives in communities.”

For settlement frontline staff and community services, we developed two conversation guides: [one for settlement service providers](#) and one for [community leaders](#). These guides provide practical advice for culturally responsive discussions about healthy and safe pregnancy and reference trusted services to share with clients.

Finally, [the MyAus App](#), a free mobile application available in 20 languages, features a Safe Pregnancy article. The article provides essential information for navigating the health system, including how to book an interpreter for appointments, how stillbirth is defined, key advice to support a healthy pregnancy, and details of services available to women and their families from migrant and refugee backgrounds throughout the perinatal period.

“When talking about foetal movements, it is really important that you address misbeliefs. These misbeliefs are dangerous and can mean a mother doesn’t get help. Every culture has their beliefs around pregnancy and birth. Spend time understanding these and addressing these in the information.”

Join Us in Phase 2

Following the success of Phase 1, The Social Policy Group was invited to pitch for and secure further funding from the Department of Health, Disability and Ageing. We are honoured to continue this important work, building on the research and lessons learned from community consultations.

"All the women would find this information useful, if not for them but for their daughters, nieces, etc."

Now operating as the Healthy and Safe Pregnancy Information Project, we will soon run a series of small and welcoming online workshops designed to facilitate open conversations about healthy pregnancy advice and address common healthcare questions. These workshops will be conducted in partnership with perinatal health professionals to ensure information is accurate, relevant, and accessible.

The workshop information and registration links can be accessed by clicking on any of the blocks below:

Workshop 1: Before Pregnancy and Early Pregnancy With Associate Professor Jacqueline Boyle. Wednesday 1 April, 6.00–7.30PM AEDT (1.5 hrs)

Workshop 2: Health and Wellbeing During Pregnancy With Dr Pallavi Desai. Wednesday 15 April, 6.00–7.30PM AEST (1.5 hrs)

Workshop 3: Labour, Birth, and Health After Birth With Dr Glenys Frank. Wednesday 29 April, 6.00–7.30PM AEST (1.5 hrs)

If you work with clients who you think would benefit from the workshops, please share the Humanitix links with them.

If you have any questions about the project or upcoming workshops, please contact Zara Farouque via the Migrant and Refugee Health Partnership Secretariat: secretariat@culturaldiversityhealth.org.au

*Quotes provided are from Community Consultations held in 2023.

Marta Jasińska was the National Director – Communications and Engagement at The Social Policy Group. Marta managed the Communications and Engagement Team at SPG, and led the Healthy and Safe Pregnancy Information Project, which is funded by the Australian Department for Health, Disability and Ageing.

Zara Farouque is an Administrative Assistant at The Social Policy Group. Zara supports the Healthy and Safe Pregnancy Information Project funded by the Australian Department for Health, Disability and Ageing, and also assists the Migrant and Refugee Health Partnership. Zara is finishing her BSc in Human Biology and Science Communication. She is passionate about enhancing public health systems and improving access to healthcare.





Settlement Insights was developed based on the continual discussions during SETSCoP meetings, events, and consultations, where policymakers and practitioners share insights on the latest settlement issues and trends.

The Settlement Engagement and Transition Support Community of Practice (SETSCoP) brings together service providers delivering the SETS program to collectively harness and maximise the sector's contribution to effective settlement of refugees and migrants in Australia.

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