

# Health promotion strategies

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## In this issue:

Editorial—promoting gender and health promotion	1
Gender issues in local government policy and planning—the Maribyrnong experience	2
About GLOVE	2
Victorian Women’s Health and Wellbeing Strategy	3
The Stories of Hope Project	4
Men’s groups formed to support clients and workers	4
Men’s Sheds reflect new thinking and opportunities in supporting men’s health and wellbeing	5
Bendigo develops a model for men’s health and wellbeing	5
‘Heart Time’ Prevention and Rehabilitation for Aboriginal Women	6
Study reveals barriers to accessing support due to gender and cultural background	7
Workshops emphasise women’s health perspective in health promotion practice	7
Melton Young Pregnant and Parenting group	8

## Editorial—promoting gender and health promotion

Gender, as a determinant of health, refers to the inter-related dimensions of biological difference, psychological difference and social experience (Keleher, 2004), and is important in understanding how women and men observe and respond to health promotion interventions and their outcomes.

Biological differences include the better infant survival rates of females, and women’s longer life expectancy. Psychological gender differences include things like health practices, coping skills and self-concept. While these differences are often understood to be at the heart of gender experience, it is social experiences that primarily create the biggest gender difference, through social, economic, cultural and political inequities (Keleher, 2004).

Society defines roles, behaviour, activities and attributes that are considered appropriate for men and women. These may give rise to gender inequalities, i.e. differences between men and women that systematically favour one group, and can lead to inequities between men and women in both health status and access to health care. This is where gender focused frameworks are vital to not only understanding the differing effects of the determinants of health for women and men, but also to identify and set out how health promotion programs should be tailored to improve health outcomes. For example, consideration of gender has been shown to be critical to the delivery of drug and alcohol programs, smoking interventions, and programs against violence and sexual assault.

Furthermore, when we look at the inequities of gender through social experiences, it is here that key opportunities for health promotion occur. A strategy that can assist to achieve equality is gender mainstreaming, which can be described as ‘ensuring that gender perspectives and attention to the goal of gender equality are central to all activities—policy development, research, advocacy/dialogue, legislation, resource allocation, and planning, implementation and monitoring of programmes and projects’ (United Nations).

As a community, we can all benefit from considering gender comprehensively: to recognise that it encompasses stereotypes, societal expectations, discriminations, relationships, social and sexual norms, and the cultural and economic factors that shape our lives.

This bulletin provides some examples of projects that have applied a gender focused health promotion approach. I hope that they encourage you to identify opportunities to consider the issue of gender in your work.

DR JIM HYDE  
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## Gender issues in local government policy and planning—the Maribyrnong experience

Traditionally, the family violence service sector has taken a lead role in the development and implementation of gendered violence prevention initiatives in local communities. However, it is acknowledged that prevention responses require an integrated, whole-of-government approach that is multidisciplinary, relevant, culturally appropriate and based in evidence.

As the first tier of government, local governments, both internationally and in Australia, are recognising the important leadership role they play in creating safer cities and promoting community safety. A key element of this is a gendered approach to the prevention of violence against women.

Maribyrnong City Council is one of four Victorian local governments participating in a research project that aims to develop Australian local government policy that can take an integrated approach to violence prevention using a planning for health framework. The three-year research project, Gender Local Governance and Violence Prevention (GLOVE), is funded by the Australian Research Council and VicHealth. The project, now in its second year, is being led by the University of Melbourne through the Faculty of Architecture, Building and Planning, with support from a PhD student.

The first stage of the GLOVE project involved researching the prevalence of violence against women in Maribyrnong through the existing quantitative and qualitative data sets of local agencies. Scoping of the issue also included analysing selected Maribyrnong City Council policies (including the Council Plan and the Municipal Public Health Plan) to ascertain the extent to which violence against women is currently addressed and to identify opportunities to incorporate a gender mainstreaming approach to promote gender equality and prevent violence. Gender mainstreaming is about

integrating gender concerns into the analyses, formulation and monitoring of policies, programs and projects, with the objective of ensuring that these reduce inequalities (WHO 1998).

The analysis suggested that more emphasis needs to be placed on considering the gender implications of policies and strategies during the development and planning phases. The research project recommends that this could be achieved by considering the extent to which policies and strategies focus on promoting:

- social and gender equity and equality
- the access of women to education, employment and secure housing
- the access of women to physical, economic and psychosocial resources, services and support
- participation and social inclusion of women
- community connectedness and social cohesion.

The review and reframing of local government policy in Maribyrnong will be an integral part of a multi-faceted response to addressing violence against women based on VicHealth's *Public Health Framework for Preventing Violence Against Women*. It is anticipated that the endorsement of the 'whole of community' policy will lead to further commitment across council and stakeholders to work together to prevent violence against women in Maribyrnong.

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## About GLOVE

Internationally and locally, a wide range of community safety and violence prevention projects have been supported by governments and community organisations over the past 15 years. These projects usually use one of two frameworks: a health promotion approach or an urban development and governance approach.

One of the problems is that these approaches are rarely considered together. The violence prevention approach often focuses on the prevention of family violence in the 'private sphere' of the home. It is strong in diagnostic tools, evaluation, and acknowledging and building on the work of the health sector, but sometimes fails to consider how other forms of government or civil society can contribute to violence prevention in communities. The urban development and governance approach often focuses on the prevention of crime violence in the 'public sphere'. It is strong on local community mobilisation and linking community safety issues to housing and urban planning issues, but has been relatively slow to acknowledge the significant gender differences in experience and perceptions of violence.

The purpose of the Gender, Local Governance and Violence Prevention Project (GLOVE) is to investigate how this divide between 'public' and 'private' violence plays out in Australian policy. Work is being undertaken in four Victorian localities to develop policies and programs using a local government-community organisation partnership approach and analysis informed by gender. To date, GLOVE has provided training and networking opportunities for local government and community organisation leaders, developed a website with links to resources and good practices, and supported the development of local resource and need audits, and evaluation frameworks.

*Continued on page 3*

## Victorian Women's Health and Wellbeing Strategy

In September 2006, the Minister for Health launched the *Victorian Women's Health and Wellbeing Strategy Stage Two 2006–2010*, establishing the government's commitment to improving women's health and wellbeing, with particular attention to the links between gender, diversity and disadvantage.

This strategy reflects the recent development of more flexible and holistic understandings of women's health and wellbeing. There has been a shift from treating women as an homogenous group, to looking at how sex and gender interact with other social determinants—including socioeconomic status, Indigenous status, disability, cultural and linguistic diversity, geographic location and sexual orientation—to shape women's health and wellbeing.

Seen through this diversity lens, gender does not stand or act alone, nor does it refer only to women. Rather, as a major social determinant of health, gender interacts with other social determinants to produce patterns of health and illness specific to different groups of women and men.<sup>1</sup>

We also know women and men do not hold equal positions in society. Gender can influence:

- decision making
- access to resources
- the organisation of family life and care responsibilities
- division of paid and unpaid labour

### About GLOVE—Continued from page 2

The goal is to develop lessons from the case studies that can inform statewide workshops and training sessions by the end of 2008. The project is also developing recommendations to state and national government on how to integrate the prevention of violence in families and communities.

- economic status
- educational background
- experiences of violence.<sup>2</sup>

Considering the influences of gender in policy, program and service development will result in more effective interventions to improve health and wellbeing of women and men.

Stage One of the Victorian Women's Health and Wellbeing Strategy ran from 2002–06 and celebrated 160 women's health and wellbeing initiatives across Department of Human Services programs.

Stage Two draws on the experience and achievements of Stage One and identifies priority areas for action. Focusing on disadvantaged women and identified by research findings, consultation and government policy directions, the priority areas are:

- mental health and wellbeing
- sexual and reproductive health
- social connectedness.

Stage Two will be coordinated with state initiatives such as the Women's Safety Strategy, which addresses violence against women, including intimate partner and family violence.

A Women's Health and Wellbeing Action Plan covering the period January 2007–June 2008 is currently being developed to detail work to be undertaken by the department and funded agencies in the three priority action areas. This will be available from September 2007.

The GLOVE website is:  
<http://www.abp.unimelb.edu.au/research/fund/glove/>

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Another major initiative outlined in the strategy is the development of a Gender and Diversity Lens for use across department programs and funded agencies.

The lens will be used to:

- assess current initiatives for their responsiveness to gender and diversity issues (and associated links with disadvantage)
- ensure that planning and implementation of new initiatives acknowledge the interaction between gender diversity and disadvantage.

This lens is currently in development and awaiting trial. It is anticipated the final resource will be available in December 2007.

Partnerships, roundtables, practice forums, capacity building and consultation will continue to focus the implementation of the strategy. For more information and to download publications, see [www.health.vic.gov.au/vwhp](http://www.health.vic.gov.au/vwhp)

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## The Stories of Hope Project

The Stories of Hope Project emerged in response to men involved in the Northern Men's Homes and Health User Group of the Men's Health and Housing Project (MHHP) saying that they felt unacknowledged, invisible, not heard or listened to and forgotten.

The Stories of Hope Project acknowledges men with physical or mental health issues and those who are homeless or inappropriately housed by giving them a voice and hearing their stories.

Men from the Northern Men's Group were interviewed on a one-to-one basis and a story was written about them in the third person. This story was then read back to them, again on a one-to-one basis, and editing was done. The storyteller was then offered the opportunity to hear the story witnessed by his male peers.

Practitioners in the Men's Peer Reflective Practice Group, a group of people who

work with the men, also followed the same process. Workers include general health practitioners and therapists in housing, welfare and other services. Most of the stories have been read back to the storyteller in front of a group of their client or worker peers.

The Stories for Hope Project has been operating for about a year. The following are anecdotal and qualitative findings:

A practitioner noted the subconscious influences that affect their work:

*"The process provides workers with the opportunity to more fully understand the helpful and unhelpful knowledge that influences their work with people and the unspoken assumptions within the health system about how consumers/workers should behave or think."*

Another common finding is the appreciation of different perspectives.

One of the difficulties for men in their ability to engage with the service system is their rigidity (Hayes, 2004). There seems to be a group of isolated, single and disadvantaged men, who could be perceived as arrogant, externalise blame and are rigid in how they need to be serviced. Experiencing the variety of responses from outsider witnesses seems to achieve a broader worldview or an understanding of difference. It appears that this broader perspective has the potential to initiate a more flexible approach for some of these men.

As men identify the commonality between themselves, greater group cohesion develops. One commentator reported that the process has reinforced his appreciation of diversity and, thus, acceptance of others.

Overall, the process has been of benefit to the men and health care workers. The group highlights the experience of being affirmed—by themselves and their peers. The workers generally agreed on the effective power of listening to their male client group.

The Northern Men's Group would like the *Stories Project* to continue, as men wait to be interviewed. While the men's support needs are high and the story writing is time-consuming, a more reflective and less blaming quality has emerged with some of the men after they have experienced the process.

The Practice Group has discussed the possibility of introducing other guiding themes into the process and has considered options to enhance the process, such as video or audio-taping the interview and witnessing process to provide a way that others can witness the stories.

## Men's groups formed to support clients and workers

A Search conference held in October 2003 created a strategic plan for the Northern Metropolitan Region, which has been a guide for the Men's Health and Housing Project in assisting men in their health and/or housing status.

The conference highlighted the need for health and housing professionals to work together to create paths and linkages between these two service areas.

However, from the outset, many difficulties arose. It was well known that it is difficult to engage men in a health or housing services unless their issues were critical. It is also widely known that inappropriate housing and health concerns are closely associated.

With these concerns, two groups were created:

- The Men's Peer Reflective Practice Group became a forum where health and housing workers could share, enhance and challenge each other's work when working with men.

- The Northern Men's Homes and Health User Group includes men with health problems or a present or past history of accommodation issues. The group provides support, advocacy and a chance to present their experiences and views to workers and managers of the steering group.

The Northern Men's Group faced many difficulties. The aim was to capture group members' issues and relate them to the steering group, however the fact that the men were transient, and had unstable accommodation or health concerns, contributed to poor attendance rates. Men suffered from a vast range of problems including difficulty in engaging appropriately with services, problems with their partners, child custody issues, chronic health concerns and so on.

The Stories of Hope Project is one initiative that is supporting both the Men's Group and the Practice Group.

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### Reference

Hayes, R. (2004), Personal Communication, School of Public Health, La Trobe University, Melbourne.

## Men's Sheds reflect new thinking and opportunities in supporting men's health and wellbeing

The National Men's Sheds Conference indicates a major shift in the thinking and experiences of men, those who work with them, and those who fund such work.

Held in Lakes Entrance in 2005, the first two-day National Men's Sheds Conference was funded by government and non-government bodies and featured keynote speakers Rob Moodie (VicHealth) and Rick Hayes (La Trobe University). The conference was attended by nearly 180 people from four states.

According to Rick Hayes (2003), it is now increasingly accepted that men want to partner with others to engage the salient issues that they face. Importantly, this emergent grass-roots movement is well connected with community-based organisations and supports the health of women and children. It is a phenomenon found in both the Indigenous and non-Indigenous communities.

The first conference literally changed people's perceptions of what men in safe, well-facilitated environments can do about their concerns and aspirations. Its ethos reflected the approach taken with the development and deployment of the strategic framework for men's health promotion developed for the Victorian Health Promotion Foundation (Hayes 2001). This non-pathologising approach has gained much currency in Australia and

'men's sheds' are a distinctly Australian phenomenon.

The second national conference will be held on 13–14 September 2007 in Manly, NSW and will be hosted by UnitingCare through the Lane Cove Men's Shed. The second conference will reflect and build on work commissioned by the National Council for Vocational Education Research (NCVER) and undertaken by Associate Professor Barry Golding and his team at Ballarat University. Their final report, *Men's Sheds in Australia: Learning through community contexts* (Golding et al. 2007), can be obtained from the NCVER website. The findings are that men prefer informal learning spaces and that these are good for their health and wellbeing.

Parallel research has been undertaken by the Public Health Practice Unit at the Bundoora Campus of La Trobe University. The work was commissioned by the Office of Senior Victorians and is still in draft form (Hayes & Williamson 2006). The evidence-based, best-practice guidelines produced through this work provide community members, workers, managers and funding bodies with a schema for considering 'men's sheds' from a number of perspectives. This approach enhances outcomes for men who are at risk of suffering from the consequences of social isolation.

The draft guidelines, which have been available on request for the past year and have been found to be extremely useful by community members, workers and researchers, will be officially launched before the September conference. Given that the Victorian Government has committed itself to funding men's sheds over the next few years, this document should provide significant support to this emergent movement.

### Further information

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## Bendigo develops a model for men's health and wellbeing

The typical male, if there is one, is portrayed as a strong, silent type, self-contained and unlikely to share emotions with others. This perception is seen as one of the leading factors as to why men resist health promotion, and generally dismiss traditional models that aim to prevent illness and identify early and ongoing disease.

The approach to men's health, in terms of engagement, identification and prevention of illness, needs to be different if it is to be successful.

Bendigo Community Health Services (BCHS) identified rural men's health as a strategic priority during 2001. A model for rural men's health promotion has since been developed, drawing on the collective evidence and experience gained over the ensuing years.

The model is underpinned by the social model of health. It uses the key action areas of the Ottawa Charter and foundational health promoting approaches that bring together community education, social marketing and community

participation in a manner that is both appealing and sensitive to men and their needs.

An important outcome of this approach to men's health is the many activities and information provided as part of the Men's Health Week. The aim of the week is to raise awareness about men's health issues and profile services and programs that are designed to meet men's health needs.

*Continued on page 6*

## ‘Heart Time’ Prevention and Rehabilitation for Aboriginal Women

*“I want to learn more about my heart condition so that I can adjust my life to what is good for my children and me.”*

This is one of the comments made by a participant of the Robinvale District Health Service Cardio-Pulmonary Rehabilitation Program (CPRP)’s ‘Heart Time’ initiative.

Established in 2006, Heart Time adapts a mainstream multidisciplinary cardiac prevention and rehabilitation program to meet the needs of local Aboriginal women.

In 2006, a young Aboriginal woman was referred to the mainstream program following cardiac surgery. She attended only three of the 12 sessions and told the service’s Aboriginal Liaison Officer that she did not want to be in a group with older people from a different background. This provided the impetus for Robinvale District Health Service to adapt the program.

It is well known that cardiac disease is prevalent in the Aboriginal population. With the assistance of the Aboriginal Liaison Officer and community health nurse it was decided the best approach to capture some of this group was to provide a gender specific cardiac prevention and rehabilitation program. ‘Heart Time’ was designed for Aboriginal women with cardiac risk factors or post cardiac intervention. Referrals are received from

the client, general practitioners, medical specialists or other health professionals. The aims of ‘Heart Time’ are the same as all cardiac rehabilitation programs—to improve people’s quality of life and reduce the risk of a cardiac event.

‘Heart Time’ is more informal than CPRP. It is a rolling program with exercise and education sessions run once a week. Initially five women were interested in joining the program, with two attending on a regular basis. At the start of 2007, Aboriginal women in the community were calling the Aboriginal Liaison Officer as they had heard of the program via word of mouth and were interested in being involved. Now there are 10 Aboriginal women participating in Heart Time.

To evaluate the program, participants’ fitness levels were measured before starting the program and then again after their involvement. The simple six-minute walk test is repeated depending on how often the participant attends the program and indicates whether their fitness has improved or dropped off.

Nicole Freene, the program coordinator, explained why a simple test was chosen. “Initially I did not use a subjective measure, as I wanted to keep participants’ initial assessment as simple as possible, providing an enjoyable experience so they

were encouraged to come back and attend the exercise and education sessions,” she said.

Comments from the clients indicate that the program is providing a needed service:

*“I want to be well”.*

*“I would like to get well so that I can be involved in activities with my grandchildren.”*

*“I want to get back to my healthier self so I can return to work.”*

*“I’ve learnt something about my condition already, just by doing the assessment.”*

*“The people I’ve already met are very nice and easy to understand and the best thing about it is that I can do the program at my own pace.”*

Future directions for the program include providing an Aboriginal Men’s Cardiac Rehabilitation Program and evening classes.

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### Bendigo develops a model for men’s health and wellbeing—Continued from page 5

Successful community partnerships have sustained the energy and enthusiasm that has driven this annual event over a number of years. More than 25 non-government and government organisations continue to be involved in all stages of the development, implementation and evaluation of the BCHS Rural Men’s Health and Wellbeing model. The men’s health working party, comprising men from a range of backgrounds, service clubs and health agencies, was established to guide, support, plan and promote Men’s Health Week events.

Events include a weekly Men’s Health Clinic conducted in the evening by BCHS

Men’s Health Nurse Practitioner, Peter Strange; information sessions; and health assessments undertaken in settings such as the local saleyards and a range of workplaces.

The week attracts more than 1,500 men and women. It is promoted through a range of media, including radio, newspaper and public speaking engagements. The provision of 10,000 items of health information generates an estimated secondary target group reach of approximately 50,000.

Evaluations consistently demonstrate that the success of this model is due simply to:

- choosing the most appropriate engagement strategies, that is, going to where the men are
- providing information in a non confronting manner, usually best achieved by a skilled male practitioner
- providing access to services at times that are more likely to encourage men to attend.

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## Study reveals barriers to accessing support due to gender and cultural background

A recent Monash University study looking at a specific group of migrant women in Melbourne has confirmed the gender issues associated with caregiving and raised issues around access to support and welfare services.

The School of Psychology, Psychiatry and Psychological Medicine conducted the study, which involved interviewing eight Russian-speaking women caregivers living in Melbourne and four service providers. The aim was to identify how immigration and caregiving impact on the health of ageing women.

The study results indicate that socialisation in the community where caregiving is viewed as a family and kinship role, and former Soviet Union policies that did not acknowledge or financially support caregivers, led Russian-speaking women to engender and internalise their caregiving role. Caregivers did not actively seek available welfare support payments, despite being eligible.

The study also identified that women caregivers experience difficulties when they do access support agencies. It was found that, although women accessed other agencies (such as aged and disability care), and practitioners were aware of their caregiving responsibilities at home, they rarely referred women caregivers to welfare support.

Caregiving is generally perceived as a gender issue because comparably greater numbers of women than men perform this role. In Australia, in 2003, women comprised 71 per cent of primary caregivers<sup>1</sup>. Gender differences also exist in caregivers' commitment to this role: women, being engulfed in caregiving role, accept more responsibilities and devote a greater proportion of their time compared to men<sup>2,3</sup>.

Despite the fact that caregivers' input in the Australian community is increasingly recognised by the government and supported by welfare payments, a past attitude that caregiving is a natural women's role still exists among service providers.

Identifying particular roles as 'natural' for women and 'unnatural' for men results in men being better informed and supported in their caregiving roles.

Two strategies to improve caregivers' access to financial and other support, and also to tackle gender discrimination were proposed by the researchers:

- To increase awareness of health practitioners about caregivers' gender-determined barriers in accessing support.
- To employ screening questions on caregiving when caregivers access other types of government support, particularly financial (such as the Aged Pension) or primary health services<sup>4</sup>.

The results of this student research project are in the process of dissemination. The Health and Social Care in the Community journal accepted an article discussing this issue in detail for publication. Results will also be presented at upcoming workshops and conferences.

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## Workshops emphasise women's health perspective in health promotion practice

Women and men experience health and its determinants differently. When identifying inequalities in health and developing interventions to address them, differences relating to gender—the different social and cultural roles placed upon men and women, as well as biological sex—need to be considered.

One of the core roles of Women's Health Victoria is to support the translation of gender from a women's health perspective into health promotion across the state. In doing so, Women's Health Victoria has developed the Gender in Health Promotion skill-building workshop that is both evidence-based and practical.

The workshops are structured around a series of interactive small group activities that use experiential learning to develop skills and knowledge around: gender equity and the gender analysis framework; gender in program development/evaluation; and gender analysis of a health promotion program.

Evaluation of the two workshops conducted to date has shown that participants with an appreciation of gender from a women's health perspective gained greater confidence and understanding of how to share and advocate for gender in health promotion planning. Participants new to the concept came away understanding the importance of gendered planning and skills and tools to use in their practice.

A further workshop was held during July with another planned for November. Women's Health Victoria welcomes enquiries from those interested in participating.

### Further information

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## Melton Young Pregnant and Parenting group

The Melton Young Pregnant and Parenting Group is providing a safe and welcoming place for young parents to socialise, support each other and learn about services and supports available in their local community.

The need for a parenting group that catered for young parents in the Melton area was highlighted to staff at Djerriwarrh Health Services in 2003 by young parents accessing the community health centre. Funding from Parents Link enabled a pilot project to be run that included weekly meetings allowing young parents, predominantly women, to offer and receive peer support and gain skills.

Since the pilot project, the group has established its own identity and the format of the weekly meetings is determined by group members and supported by two workers from Djerriwarrh Health Services. Strong partnerships have developed amongst community groups and agencies, resulting in shared knowledge and expertise in delivering health education and skills.

Increased community awareness of the services available and the needs of young parents have also spread beyond the local catchment area. Melton Shire Council and Djerriwarrh Health Services have worked together to improve referral pathways and share resources. Group members continue to grow individually and have also participated in consultations with agencies to develop brochures and programs that target young parents.

*“When I first joined the group, I was 15 weeks pregnant and needed to talk to someone; medically about the pregnancy and other mums about being a mum. I was suffering depression and self-harming, I’d left school because of the bullying and I wasn’t on good terms with my parents. Now, I don’t feel as isolated, I’ve found help in other mothers through my pregnancy and after the birth of my baby. It’s great to make friends with people in the same situations. My life is a lot better; I’ve got a network of people”.*

(Melton Young Pregnant and Parenting participant).

The group functions as a social support group and enables mums to chat to others in a similar situation and of a similar age. There are also some guest speakers to present topics chosen by the participants, such as special skills development sessions like first aid courses.

Because many of the women have become isolated from their family and friends, the group is a place where they can have a cuppa and a chat while their children are cared for in the next room. Already some of the mums are socialising outside of the group sessions, visiting each other, going to kids parties, and so on.

Di Van Vliet, a community health nurse at Djerriwarrh Health Services, says the group provides a good, safe place for the women to meet, chat and get directions on where to find support if they need it.

“They talk about anything and everything and share what they know about housing, Centrelink, parenting, and partners from a young person’s point of view, while being supported by an experienced group and a community health nurse. It also gives them a chance to vent, most of them don’t have someone other than family to chat to.”

Most participants have a partner, others are single parents. As well as the sessions held during the day, evening events are organised, such as going out for a meal. While the participants are mums, partners and dads are welcome and encouraged to participate.

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#### Editorial Committee

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The **October 2007** edition will focus on Diabetes Prevention (focusing on healthy eating and physical activity). Contributions are most welcome. The deadline for articles is 7 September 2007.

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