



Galway Refugee Support Group

Health Information and Promotion Project

Newsletter July 2009

Peer Health Workers
Newsletter

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Useful contact numbers

Galway Refugee Support Group 091 779083

Citizens Information 091 563344

Cope, Osterley Lodge 091521301 (single women only)

Gardai 091 538000

Samaritans 1850 609090

Refugee Information Service 091 532 850

Peer Health Workers

In 1946 the World Health Organisation wrote that "the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition."

Our personal health and that of our friends and families is very important to us. Poor health can negatively affect our participation in society, our access to education, to employment and to income.

In Ireland the medical card system is in place in order to guarantee everybody access to essential health services regardless of their income.

This means that money should never be an obstacle when it comes to accessing essential health services in Ireland. The problem of access usually comes from a lack of information or a lack of aware-

ness about a service or about an illness.

In March 2009, 14 asylum seekers started training as Peer Health Workers, so that they could learn about the essential health services and live saving health screening facilities in Galway.

The Peer Health Workers have completed the training and have 3 main aims:

1. To organise information sessions by healthcare professionals to be held in the Direct Provision Accommodation Centres for asylum seekers
2. To meet and present information to healthcare professionals in order to help improve future access to services for asylum seekers
3. To assist in the organisation of an annual Health Services Information Open Day in NUIG for all the health related NGOs and HSE health services

Who are the Peer Health Workers?

Abakar Mahamat Seid
 Bilikis Adebisi Awofodu
 Chika Onyia
 Hamida Sudi Tuma
 Hawa Nuur
 Isu Ubi Okoi
 Jayamalini Anthonypillai

Kafayat Akinsupu
 Kayode Bello
 Kehinde Odukoya
 Lindita Kosteri
 Samia Mohamed
 Sarah Rubereza
 Silvia Dube



What is FGM?

Female Genital Mutilation is also known as Female Genital Cutting or Female Circumcision

Why is FGM performed?

FGM is performed due to traditional beliefs, cultural beliefs, religion, social acceptance, and

What are the different types of FGM?

1. Clitoridectomy
2. Excision
3. Infibulations
4. Inserting corrosive substances into vagina

FGM Female Genital Mutilation

Billikis Adebisi Awofodu

Why does FGM continue?

The practice of FGM continues for various reasons. For example parents may want to avoid stigmatisation or social exclusion of themselves or their female children.

A female child who had not undergone FGM may be considered unmarriageable or be a social outcast (asewo). In some cases FGM is performed on dead girls prior to the burial.

What are some of the medical effects of FGM?

FGM can lead to many medical complications, the most common of which are listed here.

Haemorrhage, surgical mishap, infection, failure of the wound to heal, internal bleeding until death, shock from severe pain and bleeding, transmission of HIV and other infections, psychological trauma, sudden death, scarring and hardening of the vaginal tissue, pelvic inflammatory disease, incontinence or difficulty urinating, difficult or com-

plicated childbirth, decrease or total loss of sexual sensation, urinary tract problems, fibroids, cancer and abnormal growth, tetanus

Who performs FGM?

Typically, FGM is performed by older women who have no medical training. No antiseptic or anaesthetic is used. The instruments vary and can include razor blades, scissors, knives, pieces of glass or scalpels. In many cases several girls will be cut using the same instrument, increasing the risk of cross-infection.

Hepatitis B – What may or may not be known

Chika Onyia

Hepatitis B is one of the world's most common and serious infections, 50-100 times more infectious than HIV and currently affecting 2 billion people worldwide.

Because it has a longer detection period of up to 6 months and signs of symptoms differ, whilst some people may develop symptoms, others may not.

Especially for those from sub-Saharan Africa and most of Asia, where most at some time fell ill with malaria or typhoid fever,

the symptoms of HBV may go unnoticed because symptoms of all three are so similar, leading to chronic infection.

Chronic carriers may never develop the symptoms of Hepatitis B, making it even more dangerous as carriers have an increased risk of developing liver problems or cancer that could have been avoided had the HBV been treated.

Hepatitis B is not so much about what you did, but more about what you didn't do. You might be so careful with your lifestyle, yet by no fault of your

own, get infected. You may never know unless you check.

Know that there is an effective treatment and a vaccination against further infection.

And if you have checked and it was negative, did you ask for the vaccination against HBV?

Be protected and be informed.

Hepatitis B is 50-100 times more infectious than HIV and currently affects 2 billion people worldwide (WHO)

You can ask for further information regarding immunisation from your G.P., Public Health Nurse, S.T.I. (Sexually Transmitted Infections) Clinic or Local HSE Office.

Intercultural mediation in Domestic Violence

Jayamalini Anthonypillai

Living in a violent or abusive relationship requires a great deal of courage and so does leaving.

According to the domestic violence toolkit 2009 by AkiDwA providing support migrant women requires a holistic approach, which includes providing accurate information and relevant referral within a cultural and societal approach.

The barriers for a woman to stand against domestic violence are mainly the

cultural beliefs and stigmas within her own society.

In most of the Asian countries the term "Husband" stands for "Master" or "Lord". It is cultivated in every woman's mind that the man is the master of their life, and everything he does has to be accepted.

Due to this most of the women don't even realize that they are being abused.

Besides, the bitter truth is even if she tries to leave

the relationship she will be outcast by her own family and community. I believe it is the same case in most African and other migrant groups as well.

It will take a lot of support and courage to educate these women that they have a right to live with dignity and pride than being treated as a door mat.

I hope that one day every woman will be appreciated and treated with respect.

Sexually Transmitted Infections – STIs

Help yourself to beat STIs

Sarah Rubereza

STIs are caused by bacteria, viruses and other microscopic organisms which are present in the blood, semen and body fluids of an infected person.

Examples of STIs are gonorrhoea, syphilis, genital warts and Chlamydia.

If not treated early, these STIs can cause infertility, inflammation, and damage to the heart, brain and other vital organs.

The good news is that we can beat STIs through abstaining from sex, using condoms correctly and having one faithful partner. There is also treatment for STIs.

Up to 86% of women and 50% of men with gonorrhoea have no symptoms. Young people aged 20-29 have the highest rate of STIs.

For more information contact Galway STI clinic 091 525 200

Prevention is better than cure

Statistics show that in a space of ten years there has been a 700% increase in cases of Chlamydia

HSE
Health Protection
Surveillance Centre
2008

Mental Illness and Asylum Seekers living in Direct Provision

Kehinde Odukoya and Lindita Kosteri

What is Mental Illness?

Mental illness can be defined as the experience of severe and distressing psychological symptoms to the extent that normal functioning is seriously impaired, and some form of help is needed for recovery.

Examples of such symptoms include anxiety, depressed mood, obsessional thinking, delusions and hallucinations.....

or

"there is no health without mental health" (WHO)

Who is an asylum seeker?

An asylum seeker in Irish

law is a person who seeks to be recognized as a refugee in accordance with the provisions of the Refugee Act.

There are currently approximately 7,000 asylum seekers living in Direct Provision in Ireland, almost 3,000 of whom are children.

Galway Refugee Support Group

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Peer Health Workers



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Mental Illness and Asylum Seekers living in Direct Provision continued

What are the causes of mental illness with asylum seekers living in Direct Provision?

- Thoughts of not being able to work
- The inability to provide for ones family
- The inability to further ones career
- The conditions of the accommodation
- The kinds of food provided
- The lack of privacy
- The cramped conditions where teenagers share rooms with their parents
- Feelings of loneliness as a result of missing family and relatives left behind
- Loss due to war and other traumas
- Inability to ease tension, lift mood and regain control

- Inability to cope with stress, setbacks or breakdowns
- Living in a world in which you cannot see the light, knowing no hope
- Not being able to accept or adopt or fit into the other culture
- Multi-cultural world that you cannot fit into
- Losing everything in your life that is valuable to you
- Living with total strangers in very poor conditions
- Isolation and having no person to talk to when you need it most
- Language barriers

How can we help people with mental illness?

- Government should allow work permits for asylum seekers
- Assistance from the health care services is very much needed

- There must be confidentiality in respect of each person
- Issues of stigma need to be removed
- Direct Provision must be eradicated or much improved
- Racism must be eradicated

Conclusion

The authorities such as Social Welfare and health care Officers, Community Welfare Officers, and such professionals should be visiting the Direct Provision Accommodation Centres to assess the needs and welfare of the residents.

Lastly, people with mental illness should be encouraged and enabled to find the ways to help relieve stress and to help themselves.

