

REPORT

of the

Health Event for Bangladeshi Women

Camden Centre W1, September 24, 2003



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Background to the event: the Bengali Women's Health Project

- The Health Event for Bangladeshi Women in Camden was planned, organised and facilitated by the Bengali Women's Health Project, a community-run health promotion scheme which has undertaken health work in the community since 1990. The project's aims are: 'ensuring that Bengali women are able to exercise their right to health and social care services which are accessible, acceptable and appropriate to meet their needs'; and 'promoting the health and well-being of Bengali women living or working in the borough of Camden'. Its objectives include:
 - Health sessions for Bangladeshi women facilitated by Bengali women doctors at community centres
 - Working with users to enable and empower them to exercise their rights to services
 - Providing information and advice to enable women to make informed choices about their health and health care
 - Ensure that the needs of Bengali women are addressed by providers
 - Working with providers to ensure that services are accessible, acceptable and appropriate to the needs of Bengali women
 - Working with other organisations to further the aims of the BWHP

All of these aims and objectives form the background to the Health Event held in September 2003. Like the project itself, the Health Event took a holistic and multi-faceted view of women's right to good health and accessible health services.

Particular aims for this event

This event aimed to raise the profile of health within the Bangladeshi community, at the same time as raising awareness of Bangladeshi health issues among local health providers. It was intended that:

- community members should become better informed about health issues affecting them and their families, through the use of visual displays, interactive information and interpreters to communicate a wide variety of health messages, from healthy eating to screening for serious illness

- both community members and mainstream providers should become more aware of the activities of the BWHP
- health promotion should be seen in a positive light, offering opportunities for relaxation, enjoyment, socialising and sharing information and concerns with others in the community
- health providers, from the statutory and voluntary services, should come together to share and improve their understandings of the community's particular needs
- healthy living should be promoted as an active and informed choice for individuals: the choice to adopt a healthy lifestyle, including alternative therapies such as herbal remedies and massage, regular exercise, awareness of stress and mental health issues, and healthier ways of purchasing and preparing food for families
- an opportunity should be provided for sharing community culture through song and dance.

Target participants for the event

The event was intended to attract and include:

- women from the community, including both those who regularly attend project sessions, and those who are not involved;
- older women, including those with limited English proficiency;
- representatives from different community centres and different interest groups;
- representatives from the PCT and other mainstream providers.

Invitations were extended to: Project participants at the five community centres; service providers in the police (Domestic Violence Unit) and health care (Stroke Association, TB project, Breast & Cervical screening services, Osteoporosis services, Alcohol & Drug services, Continence and Stoma services, Heart Foundation, Home Safety services); local clinics, surgeries and care projects; providers of alternative therapies.

Planning for the event

Format : The day was planned to include presentations from platform speakers (representing both the community and the mainstream health services), stalls displaying health information from a wide range of providers, participatory experiences (such as food-tasting and head-massage), a meal shared by everyone present, and a display of music and dance from the community. Members of the BWHP committee, and staff from the community centres, were all involved both in preparations for the event and in publicising it among their user groups.

Date & venue : The date in September was arranged some months in advance to enable preparations to get under way and speakers and stall-holders to be notified. There were a number of other health events around the same time, and the date was unfortunately discovered to coincide with a Muslim religious event – Shab-i-Meraj. The venue chosen (Camden Centre) was large, easy to access and centrally located, although it was not ‘local’ to all women involved with the project.

Organisation of the event : This included making contact with around twenty health groups and providers who were interested in running stalls, as well as with the PCT and BWHP doctors. Teams of BWHP committee members and other volunteers from the community were assigned to tasks on the day, ranging from registering delegates and looking after stall-holders, to presenting the cultural programme, supplying the food, and organising the cleaning of the venue. Organisation ran very smoothly on the day itself although all the above group were kept extremely busy.

Publicity for the event : This was undertaken through press releases, email distribution to PCT and other service providers, and the widespread distribution, throughout the local area, of a colourful A4 poster which included a map of the venue and text in both Bengali and English. Community centre staff informed their users about the event , posted the leaflet to their homes, and encouraged them to attend and participate.

Timetable and outline plan for the day

The venue was available from about 9 am for stallholders and organisers to make preparations, and the doors opened to the community at about 10.45. All visitors were welcomed by BWHP staff and volunteers, and signed a list of participants.

Morning programme

The programme began at 11.15 with a series of presentations from the platform, including Viv Manning, representing the Camden PCT, local GP Dr Siddiqui, two of the Project doctors (Dr Monowara Rahman and Dr Halima Begum Alam), and a community member, Lily Chowdhury. Following these presentations, a lengthy period was available before lunch for interactions with almost 20 health stalls and activities in the hall.

Afternoon activities and feedback provision

Lunch was followed by an hour-long cultural programme addressing health issues through music, dance and drama. The day ended with a 'feedback' opportunity, when participants could record their views of the experience.

Stalls and displays

Invitations were issued to over 26 organisations and almost 20 attended. These included national health organisations (such as Stroke Association, TB Link), local providers (such as Patient Advice & Liaison at St Pancras, Hunter St Health Centre, Bloomsbury Surgery), alternative therapists (herbalists and massage therapists) and related projects such as the Domestic Violence Unit, Home Safety Scheme and Healthy Schools Scheme and older people's project like Well & Wise. Other health issues addressed by stallholders included drugs, alcohol and paan addiction.

The BWHP additionally provided large textile banners highlighting key health messages, as well as stocks of information leaflets (with Bengali translations) and copies of its evaluation report.

Interactive opportunities included weight checks and blood pressure checks, food tasting and cookery demonstrations, information on breast feeding and contraception, and massage and reflexology sessions.

By BWHP publicity and stalls

Two main messages were conveyed by this health event: firstly, that all community members can benefit from adopting a healthy lifestyle and positive attitudes towards their physical and mental health, and secondly, that there is a wide range of services, support and treatments available for those who do become ill.

This dual approach emphasise the view that, while healthy living should be on the agenda of all community members, those who do become ill, with chronic or acute conditions, must be enabled to access high-quality care and support.

A third, implicit, message which the event conveyed was that health is a community matter: that the adoption of healthy habits is a community priority, and the reduction of unhealthy practices is of concern to all. So while celebrating the benefits of health promotion activities, community members must take seriously the continuing threats to their common health and well-being.

These messages were conveyed by the BWHP's own displays and leaflets, by the textile banners, and by the project doctors who spoke from the platform. Platform speakers each spoke from their own personal perspective and experience of the Project, but had a common message on the importance and value of the project, and the expertise it is providing for both community members and health professionals.

By speakers from the platform

Dr S Siddiqui, who is a GP in a local practice, described her experience of working with Bengali female patients. She reported on the high incidence of heart, diabetes and blood pressure problems she had noticed among her patients, and also on the importance of educating patients about the correct ways to take medication, and the conditions for which medication was not appropriate. She remarked too on the high incidence of mental health problems she had found, and the causes for this, including social problems such as pressures from family, housing and employment difficulties. Since mental health is sometimes poorly understood, Dr Siddiqui has had to look beyond the 'presenting symptoms' of physical aches and pains to identify the mental stresses which were often causing these. She is able to explain to her patients that a healthy lifestyle, and a healthy approach to life, are important in combating ill-health of all kinds.

Dr Halima Begum Alam, who conducts health advice sessions for the Project, related her ten years of experience of this work. She too explained that women had initially wanted to be offered medication for all their symptoms, but over time had been informed about the knowledge that other forms of healthy living were just as important as medication.

In the early years of the Project, women were not well informed about their symptoms and the causes of them, and often believed that medication was the answer: now however they have a better understanding and can take more responsibility for their own health. Dr Alam's work has also included explaining treatments to women, discussing medicine and its side effects, and helping women to understand and accept the importance of family planning, which was an unfamiliar and unwelcome idea for Bengali women in the early days of the Project.

Dr Monowara Rahman, another project doctor, described her own experience of providing health advice for Bangladeshi women. She felt that the greatest difficulties for women were in cases of gynaecological problems, where women who were suffering considerable problems and anxiety felt unable to communicate with their GPs, because of language and cultural barriers. In Dr Rahman's experience, talking to a woman doctor in their own language had enabled them to talk more freely about their problems, and had enabled her to communicate with their GPs so that they could take the matter further. She expressed the view that attending sessions at community centres enabled women to express their feelings and gain the support they needed, especially those who were conscious of being very far from their original home country and culture.

This message from the community was encapsulated in the personal account of a community member who described the development of her own involvement in Project activities. **Lily Chowdhury** first encountered the Project through attending a local community centre, and through the group became more aware of the need to share and discuss both social problems and health problems. Since becoming more confident, she has undertaken training herself, in mental health as well as in interpreting, and is able to work as a volunteer and an outreach worker in the health field, where her awareness of the needs of the community enables her to be of help to them.

Viv Manning, the locality manager and representative from the local Primary Care Trust, was also able to describe her experience of working alongside, and learning from, the Project. She stressed the importance of learning from the community about their particular needs, and also about the best ways to enable women in particular to access the services they have a right to. She welcomed the opportunity to meet more community members in person and hear their views, and she was able to speak individually with some members of the audience after leaving the platform. Her message was backed up by the presence of many mainstream services among the stall-holders, including representatives from the police and education services. Many of these mainstream providers have benefited from having their materials translated by the BWHP, or by being invited to health sessions to learn the views of community women.

Finally, a strong message from the day was one of enjoyment and celebration – celebrating both the positive messages for healthy living, and the enjoyment of shared experiences including the cultural programme.

Attendance and participation

Attendance at the event was much lower than anticipated, and this is the main cause for concern as to the overall effectiveness of the day. The participating community centres regularly attract up to 40 women to their sessions, and an intensive publicity campaign had attempted to ensure that women were aware of the event many weeks beforehand. It was hoped that around 300 women would attend, but only around 160 signed in for the event, and fewer than 200 were probably present. In addition, the organisers had made extensive efforts to contact service providers for stalls and displays, but fewer than 20 managed to attend on the day, and there were significant absences from the stalls anticipated (for instance, no-one was present from the breast and cervical cancer services, osteoporosis services, the continence and stoma service, diabetes services or the Heart Foundation).

Responses from the public

A warm response was received from the public feedback session. From 36 written comments, 33 were from community women. The main themes were: the day was informative [mentioned by 10 respondents] and enjoyable [9 respondents, saying 'had a good time', 'really enjoyed it'] while 8 simply said the event was 'very good' or 'excellent'. Seven respondents commented on how well organised the event was, while others made favourable mention of the contacts and networking they had achieved, the massage experience, the healthy living information, the musical performance and the lunch that was provided. One respondent was pleased that the PCT had sent a speaker to the event.

A few more critical, but constructive, comments were made. These included the suggestion that one of the speakers should have had an interpreter, but also that materials should be supplied in English for those who do not read Bengali. A notable absence that was noted by two respondents was information on mental health, which was felt to be an important issue. More practically, there were complaints about the noise from stalls and stallholders, which made it difficult to hear the platform speakers.

Responses from participating organisations

Three organisations (Home safety, Community Energy Awareness, TB link) were represented in the written feedback, and all three were very positive about the event:

It was an excellent event – we received many referrals for our free smoke alarms, the security equipment for over –60s and safety equipment for the under-4s.

Really enjoyed it, its been great. We have made some good contacts. We would like to do similar work with small groups of women in the community raising awareness about TB.

...a very useful opportunity for me to make contact... I look forward to building links with groups and offering local workshops.

Other feedback from organisations was sent in to the organiser, and included both positive comments and constructive suggestions for improvement. It was felt that the event was well organised and successful, and several organisations asked to participate in any future events. However the real language barriers experienced by many older women were recognised, and the need for a constant supply of interpreters was mentioned, so that no women lost the opportunity to make contact with a service provider. One participant wrote appreciatively about the event but pointed out that it coincided with a religious event, which prevented many women from attending.

What was particularly appreciated by participants

For those who attended the event, one of its main purposes was clearly met: the event will have greatly increased their understanding of many aspects of health, including the importance of healthy lifestyles and the availability of medical advice and support for the sick. Specifically, participants from the community had opportunities to:

- acquire information on the importance of appropriate eating habits and exercise
- acquire specific information and referrals on e.g. home safety
- learn about some of the support groups available for specific ailments
- encounter, face to face, representatives from local health providers
- enjoy massage treatments, and learn about their therapeutic effects
- make use of interpreters and translated leaflets to gain information
- learn more about the activities of the BWHP in their area
- establish networks of old and new friends and acquaintances in the community
- experience a positive and holistic health message; and
- enjoy the cultural programme.

Those who attended on behalf of other groups and services (speakers and stall-holders) had the opportunity to:

- meet borough-wide providers and learn about mutual interests and concerns
- meet and listen to community members, and learn about their experiences of health and health services
- understand the importance of the continuing language barrier for older women, and the ways this can be mitigated through interpreters and translations
- learn more about the activities of the BWHP
- gain an understanding of the particular needs and concerns of Bangladeshi women in Camden
- make contacts which will enable them to offer more appropriate and accessible provision in future
- experience the cultural programme.

Responses from both participating community members and stall-holders, cited above, show that all these opportunities were appreciated. The various activities were described as in equal measure 'enjoyable' and 'informative', which accords well with the BWHP's approach to health promotion, as an activity which brings women together to share their experiences and knowledge in a way which itself promotes well-being, and brings about social benefits. These messages will have been evident to stall-holders and mainstream health providers, who have not always found it easy to engage with the community in appropriate ways.

Attendance

The most disappointing aspect of the event was the relatively low attendance, in relation to the vast and apparently effective publicity campaign which had preceded the event. This outcome holds several lessons for the organisers.

One is that this particular date coincided with a Muslim holy day which had involved many women in prayer and fasting over the preceding 24 hours, so that they were less inclined to travel to the event. Another is that a number of health events had been held in the same month, some of which will have involved the same groups of women.

Another is that the long summer break from health sessions (July to September) may have resulted in some loss of continuity and contact between the community women and the local community centre organisers, who play an important role in drawing women in to events like this one. One additional factor is indicative of the nature of Bengali women's continuing needs and vulnerability. Apart from the younger community members, many are unused and unpractised in travelling around the borough, and need a great deal of support and encouragement to venture to an unfamiliar venue. The high levels of attendance for regular sessions at local centres are the outcome of years of persistent encouragement from the local workers, but this does not mean that women necessarily have the confidence to visit other locations. Since all the local workers were highly involved in other responsibilities on the day of the event, they were unable to bring women in from their own part of the borough.

Experience of the day

Platform speakers : Although most feedback on the experience was positive, it was clear from some comments that the experience could have been better. The morning programme included a number of talks from the platform which were very difficult to hear properly. The reasons for this were: the lack of interpreting (available for some speakers but not consistently for all); the acoustic of the hall (which was very large and high); and the continuous chatter and other noise from stall-holders and others around the edges of the hall. These factors are clearly related: if the acoustic of the venue had been more suitable, and the translation had been automatically provided, it might have been more evident to stall-holders and others that they should be attending to the speakers. As it was, there seemed to be no clear understanding that the 'audience' in the seats were attempting to listen to the platform speakers. Organisers and committee members from the BWHP were trying to manage so many other tasks (welcoming and registering, setting up, supporting stall-holders, organising food, and so on) that they were unable to supervise and control those who were making the most noise.

Omissions from provisions

A small but important group of service providers was unable to attend on the day, and their absence was commented on by some participants. Stall-holders who were invited but 'missing' included representatives from the breast and cervical screening services, the osteoporosis society, the Heart Foundation and the continence and stoma service.

All of these services relate to very significant health problems for Bangladeshi women, and their message has been received with great interest at the local health sessions, so this would have been an opportunity for them to publicise their services more widely, and to gain better insights into the community's interests and needs.

Although there was no representative from the diabetes services on the day, this was largely due to another planned event, the Diabetes Awareness day, which was to take place the following week. However, many women who would not have attended this special event might have benefited from learning about diabetes at the health event.

Another significant omission was a provider from mental health services. Women attending the local centres have shown keen interest and awareness of the causes and outcomes of mental illness, and were conscious of this omission.

Interpreting services

Although it was very encouraging to see so many health-related publications translated into English and Bengali, and so many bilingual volunteers helping those with limited English to participate, the event would have been more successful in conveying its health messages if a designated groups of interpreters could have been available at all times. Once again, much of the burden fell on BWHP committee members and community centre workers, who were busy with innumerable other tasks on the day.

One provider commented in detail in her feedback:

It might have been useful to have additional interpretation facilities available. Certainly on the stall where we were, [the interpreter] was kept constantly busy interpreting and giving information, sometimes she was so busy that potential benefits were lost to those Bengali women with very limited understanding of English... I wonder if opportunities were lost to other exhibitors as well?

An arrangement to recruit women who have completed a community interpreting course would have enabled more people, including more of the older, 'hard-to-reach' population, to engage in real dialogue with health experts.

Outcomes

Overall it is clear (see page 13) that the main intentions of the event were achieved, and that the health promotion messages were conveyed in an interesting and enjoyable way, so that both participants and service providers could learn from the experience. Some providers reported that they had recruited a number of women as new referrals for their services, and all felt they had reached their audience to some extent. Stall-holders and others who contributed to the provision have indicated their enthusiasm for this event and their wish to be included in future events. In addition to the 'messages' derived from experiencing the event, those who attended took away with them a quantity of written materials including an evaluation of the BWHP and some well-produced and colourful bilingual newsletters and information sheets. It can be hoped that some women will follow up their new contacts by referring to the materials they have taken away with them.

Almost all of the feedback confirmed that those who attended found the event both enjoyable and informative, and all aspects of the day – including the massage therapy, the entertainment programme, and the food - received favourable commendations in the feedback.

Recommendations

Many of the participants at this event indicate some enthusiasm for joining in future events which will continue to promote the holistic approach to health, and the 'joined-up' statutory / voluntary / community message, which this event offered. For future events, five points are worth noting:

1. The relatively low attendance (fewer than 200, whereas at least 300 were expected) must be considered in relation to the explanations offered in section 6 (above) about timing in relation to religious festivals and other events, and the location of a borough-wide event
2. The venue must be suited to the nature of the programme, and in particular the acoustic and seating arrangements should enable speakers to be heard clearly and in an appropriate atmosphere
3. The service providers should if possible include all those most relevant to the community, including mental health, incontinence, heart and cancer services; this may mean asking all providers to make very fail-safe arrangements to be present, or represented, on the day.

4. A large increase in the provision of interpreters would be helpful, since any woman who summons up courage to make an inquiry from a health provider should be entitled to careful individual attention, which is not possible if interpreters are trying to help many people at once

5. The enormous responsibilities taken on by BWHP staff and volunteers had an impact on the smooth-running of the event: these 12-15 people took on the prior planning and publicity for the event and also the organisation, stewarding, translating, interpreting, food provision, cleaning and overall trouble-shooting on the day. In consequence, none of the local centre workers was able to 'bring in' her own group of women, and many people were trying to do several tasks at once. A planning committee for a future event should probably include representatives from the PCT and other large providers, and should recruit other community centre staff to undertake delegated tasks.

Bengali Women's Health Project



Health Event for Bangladeshi Women 2003