European Commission

Training packages for health professionals to improve access and quality of health services for migrants and ethnic minorities, including the Roma

ADDITIONAL MODULE 2. SPECIFIC HEALTH CONCERNS

Unit 4. Sexual and Reproductive Health

Elaborated by:
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Definition of Sexual Health

Features of reproductive and sexual health of migrants and ethnic minorities

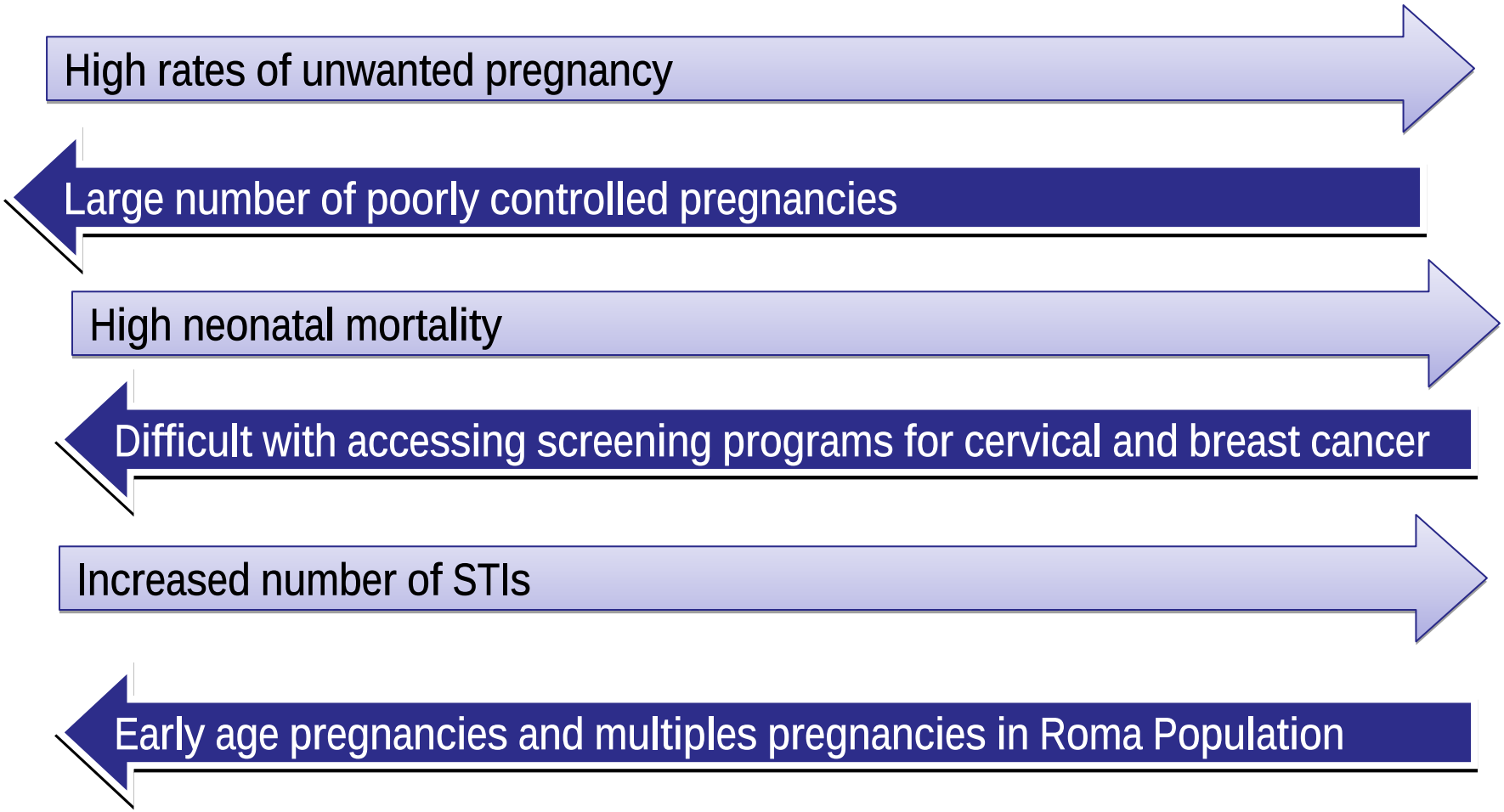
Perinatal health

Access to cancer screening

Roma Population

Female Genital Mutilation

"…a state of physical, emotional, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled." *(WHO, 2006a)*



Keygnaert I et al. 2014; De Graaf JP, et al. 2013

Possible factor affecting SRH in migrants

- ✓ Previous values and experiences of Immigration:
  - o Level of education.
  - o Cultural and religious acceptance of Family planning and its settings of origin.
  - o Accessing to contraception.

- ✓ Difficulties in our environment:
  - o Lack of information about contraception
  - o Barriers to access to family planning, employment services.

UNFPA-IOM Expert Group meeting New York, Mai 2006.

It is important to control some factors in every contact with a women with migrant history

- ✓ Countries of origin and last stay
- ✓ Countries that individuals come across of encountered
- ✓ Duration of the stay in the country
- ✓ Housing characteristics and cohabitants
- ✓ Most frequent communicable diseases among migrant population (TB, STIs, HBV y C, HIV)

- ✓ Stress factors
- ✓ Activity and employment status
- ✓ Vaccination status (Vaccination record)
- ✓ Exhaustive Obstetric History
- ✓ Gynaecological history of STIs, EIP
- ✓ Family planning
- ✓ Access to cancer screening

"EPIDEMIOLOGICAL PARADOX".

Migrants are not necessarily disadvantaged in terms of risk factors for sexual and reproductive health issues

- ✓ Infants of North African migrants are reported to have higher birthweights than their Belgian counterparts (Vahratian et al., 2004)
- ✓ Asian, North African and sub-Saharan African migrants were at greater risk of feto-infant mortality than 'majority' receiving populations, and Asian and sub-Saharan African migrants at greater risk of preterm birth

EAT/UNFPA. 2006.

Perinatal health outcomes examined.

	Reviewed[a] (*n* = 133)					Meta-analysed [and] (*n* = 23)				
	Migrant group outcome[c]					Migrant group outcome[c]				
	Studies	Worse	Better	Mixed	No diff	Studies	Worse	Better	Mixed	No diff
Outcome	*N*	%	%	%	%	*N*	%	%	%	%
Birthweight	67	29.9	35.8	6.0	28.4	16	37.5	43.8	12.5	6.3
Preterm	41	31.7	29.3	2.4	36.6	11	36.4	45.5	0	18.2
Feto-infant mortality	39	41.0	23.1	10.3	25.6	8	50.0	25.0	0	25.0
Maternal health	32	50.0	21.9	18.8	9.4	–	–	–	–	–
Mode of delivery	25	40.0	20.0	12.0	28.0	–	–	–	–	–
Congenital defects/infant morbidity	16	62.5	0	6.3	31.3	–	–	–	–	–
Health-promoting behaviour	11	9.1	72.7	18.2	0	–	–	–	–	–
Prenatal care	12	58.3	0	16.7	25.0	–	–	–	–	–
Infection	11	63.6	9.1	27.3	0	–	–	–	–	–

Gagnon A J et al. 2009

Extra –EU migrant womwn are less often screened for cervical and breast cancer

Table 2. Use of breast and cervical cancer screenings according to geographic area of origin: Spain, 2006.

Use of screening	Geographic area of origin													
	Spain		Western Countries, the USA and Canada		Eastern Europe		Central/ South America		Africa		Asia		Total	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%
Mammography in the last year (35-74 years of age)	3636	46,1	69	36,1	16	20,8	154	32,4	20	23,0	15	42,9	3910	44,7
Cytology in the last year (16-64 years of age)	4727	47,7	90	36,7	76	24,8	477	48,9	46	20,8	23	33,8	5439	46,7

The attendance of Dutch women at breast cancer screening in 2007–2008 was high (83%). The attendance rates of migrant women originating from Africa, Asia or Latin America (63%), such as Turkish women (62%) and especially Moroccan women (54%), were significantly lower (Vermeer and col. 2009)

Sanz-barbero, B et al. 2011; Lasch, V et al. (EWHNET). 2010.

Extra –EU migrant women are less often screened for cervical and breast cancer

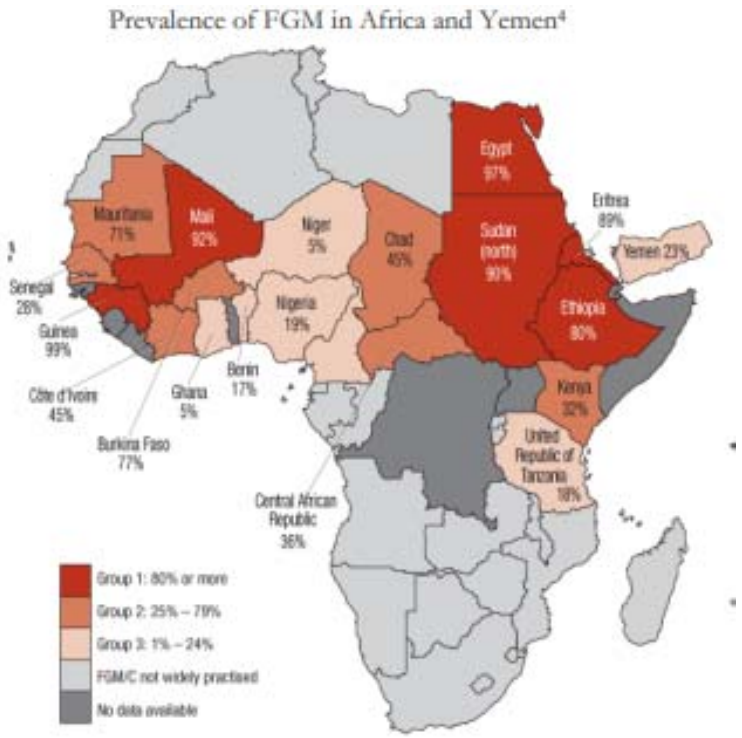
1. Language or communication problems
2. Lack of information
3. Working or timetables problems
4. The influence of cultural differences on the understanding of disease
5. Religious issues

Sanz-barbero, B et al. 2011; Lasch, V et al. (EWHNET). 2010; Saadj A. et al. 2014.

Female Genital Mutilation

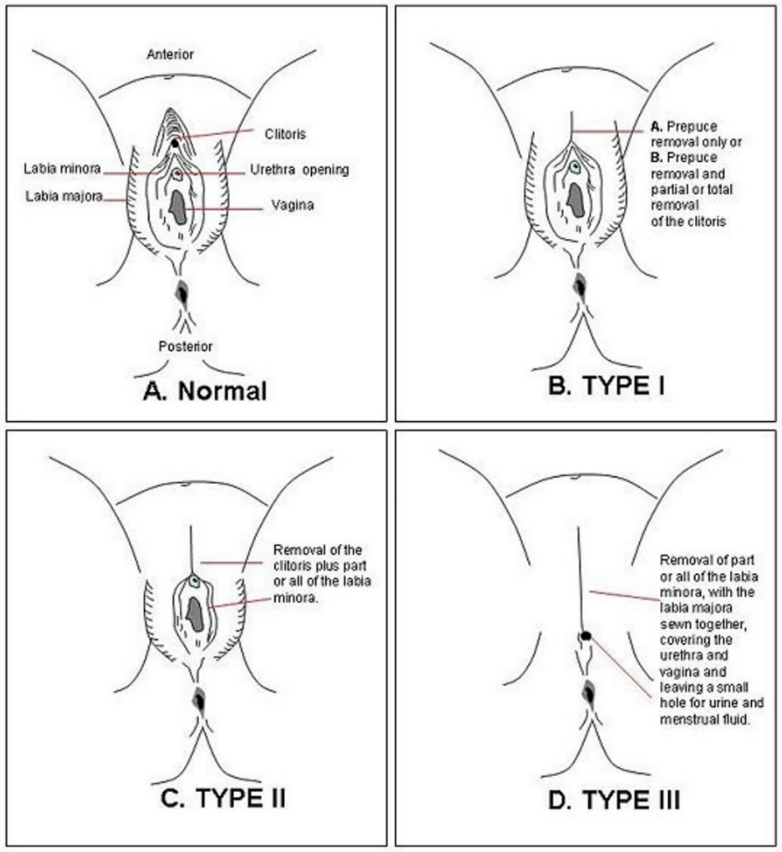
All procedures which involve partial or total removal of the female external genitalia or other injury to the female genital organs for cultural and other non-therapeutic reasons

The World Health Organization (WHO) estimates that about 100 to 140 million women worldwide have been subjected to FGM. FGM has been documented in 28 countries in Africa and in a few countries in Asia and the Middle East.



World Health Organization, 2008.

Female Genital Mutilation



World Health Organization. 2008.

Health risks of FGM

- ✓ **Immediate risks:** severe pain, haemorrhage, tetanus and other infections, septicaemia or even death
- ✓ **In the longer term:**
  - Recurrent urinary tract infections and pelvic infections
  - Difficulty with voiding or menstruating
  - Difficulties with childbirth due
  - Fistulas.
  - Sexual sensitivity reduced
  - Painful in sexual relaciones
  - Behavioural disturbances
  - Feelings of incompleteness, anxiety and depression, and suffer chronic irritability, frigidity, marital conflicts, or even psychosis

Guidance from the British Medical Association. 2011.

Health risks of FGM

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THAT SOCIO-CULTURAL DETERMINANTS SUCH AS ETHNICITY, MIGRATION, SEX AND GENDER NEED TO BE ACCOUNTED FOR AS INTEGRAL TO THE SOCIAL CONSTRUCTION OF FGC

Vissandjée B et al. 2014; Guidance from the British Medical Association. 2011.

Roma Population

Any discussion of the reproductive health of Roma people must take into account the practice of forced sterilization of Roma women, prevalent in some countries, and its possible effect on present day help-seeking behaviour.

- Abortions were more common than in the majority population (2.41 abortions per woman, with 33% of women having had more than three)
- Only 61% using contraception regularly
- Roma women had their first pregnancy earlier.

Hajio S et al. 2000.

Sexual Reproductive Health interventions should stem from a holistic and positive approach and also address SH promotion in adolescents, women without children, men, elderly, LGBT and MSWs.

Resource

http://whqlibdoc.who.int/hq/2010/WHO_RHR_HRP_10.22_eng.pdf?ua=1

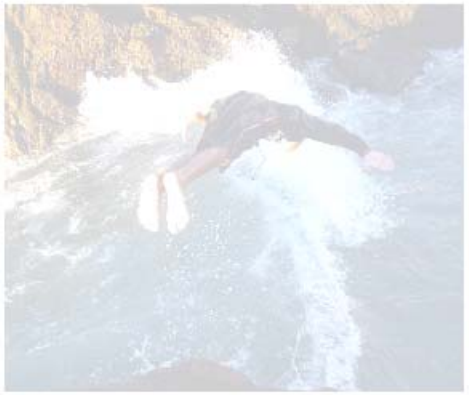
Activity (1)

- ✓ The class is divided into four groups.
- ✓ Each group deals with one of the units of the module, (which consists of Chronic diseases, Communicable diseases, Mental Health and Sexual and Reproductive health).



Activity (2)

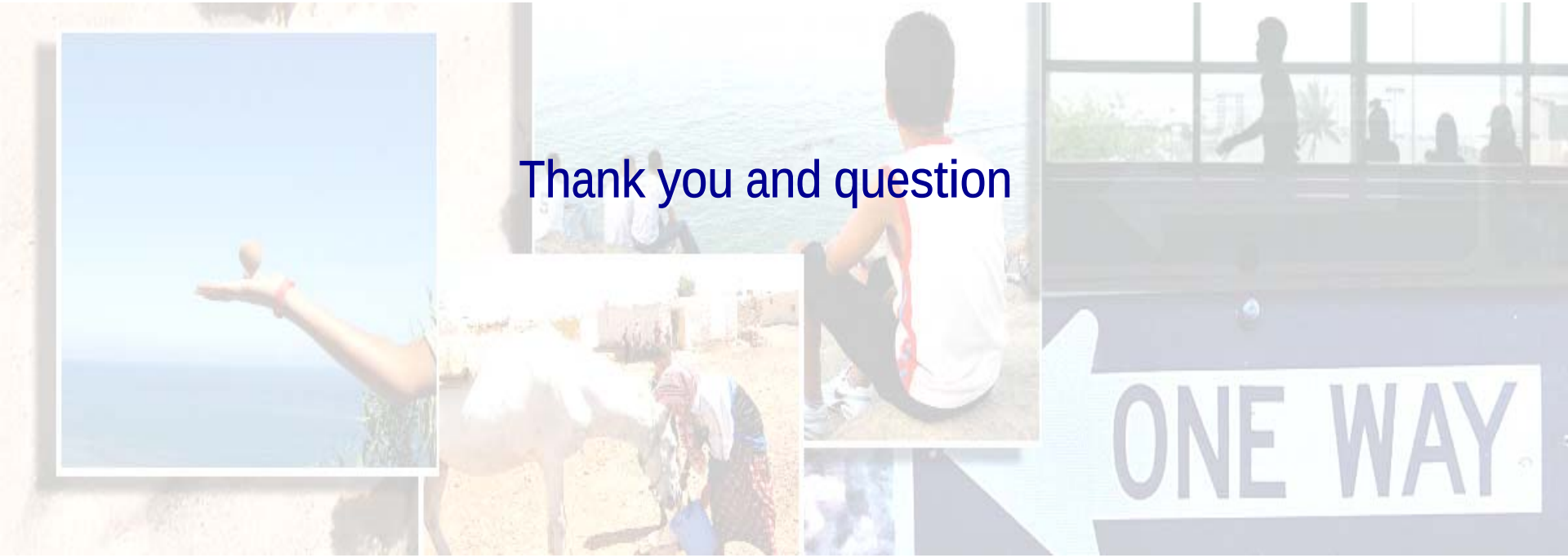
- ✓ In each of the groups the members have to discuss their experiences in clinical practice according to the subject that is assigned to them. It is about sharing experiences they have considered interesting or difficult, critical incidents, experiences, etc ... in an intercultural practice.
- ✓ Each group will have to choose one of the experiences set out by the group members.



Activity (3)

Finally, the chosen experience has to be presented to the class * answering the following questions:

- Why do you consider this experience to be interesting?
- Which parts of your actions, or those of your colleagues, would you change? Do you think there are things that could be improved?
- Which things do you think have been done well?



Thank you and question

Pictures: Andalusian Childhood Observatory (OIA, Observatorio de la Infancia de Andalucía) 2014; Josefa Marín Vega 2014; RedIsir 2014; Morguefile 2014.

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