Identifying barriers to reproductive health services for migrant women in Geneva using a community based participatory approach

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Outline

• Reproductive health disparities in Switzerland
• Community-based participatory research
• Project COMIRES
• Qualitative approach
• Preliminary results
• Conclusion
Reproductive Health Disparities in Switzerland

Increased maternal mortality risk in foreign women (1993-2006):

Neonatal mortality elevated in Switzerland (OR 1.6; 95%CI: 1.4-1.9)

Lower level of cervical and breast cancer screening
- FOPH 2007. What about the health of migrant population groups?

Taux d'interruptions de grossesse selon la nationalité, 2009 et 2013, femmes domiciliées en Suisse

* Turquie comprise
Nationalité disponible pour environ 40% des interruptions de grossesse.
Sources: OFS – Statistique des interruptions de grossesse, © OFS, Neuchâtel 2014
ESPOP/STATPOP
Community-based Participatory Research

Why CBPR?
• Study and address health disparities (race, gender, class and/or culture)

Core principles & characteristics
(Israel et al. 2005, in Minkler and Wallerstein. Community-Based Participatory Research for Health: From Process to Outcomes, 2nd Edition)

  o « It is participatory »
  o « It is cooperative »
  o « It is a co-learning process »
  o « It involves systems development and local community capacity building »
  o « It is an empowering process through which participants can increase control over their lives »
  o « It achieves a balance between research and action »
COMIRES – COMMUNITY MIGRANT RESEARCH

Objective:

– Evaluate experiences and perceived barriers to reproductive health services among migrant women in Geneva

– Assess the role of the community using a community-based participation approach

Study Duration: January 2014-November 2015
Characteristics of the participants

- **Children**
  - Yes: 50 (73.5%)
  - No: 14 (20.6%)
  - No answer: 4 (5.9%)

- **Age**
  - <= 40 years: 31 (45.6%)
  - >40 years: 35 (41.5%)
  - No answer: 2 (2.9%)

- **Years since arrival in Switzerland**:
  - >=2011: 30 (44.1%)
  - <2011: 38 (55.9%)

- **Educational Level**:
  - University: 21 (30.9%)
  - Less than university: 38 (55.9%)
  - No answer: 9 (13.2%)

- **Health insurance**
  - Yes: 59 (86.8%)
  - No: 6 (8.8%)
  - No answer: 3 (4.4%)

**11 Focus groups:**
- 3 Women groups (2 Latin-America, 1 Africa)
- 1 Religious Moslem community (2 Focus groups)
- 1 Group for Latin-Americans
- 5 Mixed groups attending language courses

**Continents of Origine**

- Africa: 22
- Latin-America: 17
- Europe: 18
- Asia: 11

(n=absolute numbers)
Qualitative approach

Focus groups
- Description of women’s lay views on Swiss health system
- Comparison of experiences, shared meanings, ...
- Large number of participants

Contribution
- Understanding of barriers from women’s points of view
- Migrants’ involvement
- Role of different obstacles encountered

Difficulties and ambivalence in their terms
Focus on their preoccupations
Preliminary results

Lack of responsiveness of the health care system
communication/language, turnover, transcultural sensibility, delay,…

Lack of empowerment
information, health literacy, access,…

Negative emotional feelings
religion, culture, personal experiences,…

Socio-economical background
legal status, costs, isolation,…
Lack of Health Responsiveness: language

Not speaking the language: misunderstanding, anxiety, guessing, ...

**Husband as the interpreter**
«The doctor asks if I was in pain. I tried to answer but there was a huge problem of communication [then] I started to cry because I felt frustrated. I asked her to stop to touch me and she called my husband. She explained him things but he didn’t understand because medical explanations are too much for him [...]. If an interpreter was here, everything would have been easier» (Woman from Eritrea)

**Interpreter as an intruder**
«It’s difficult to talk about gynaecology issues in our culture [...]. There is the taboo, the fact that we are embarrassed. And now, on top of that, there is the interpreter. I mean, already to dare to talk about taboo to doctors, it is difficult, but if, additionally, we have to speak about it to interpreters...» (Woman from Eritrea)

Confidentiality? Third person in medical relationship? Dependancy?
Lack of empowerment

Curative but rarely preventive behavior

«Only if we have a problem we start to look for a gynaecologist. If we are not sick, we do not think about it» (Woman from Peru)

Missing information

«Until today my general practitioner didn’t give me any information of other check-ups which exist. I think it would be helpful, if he could remind us about the controls, especially gynaecology check-ups, which are important to do» (Woman from Eritrea)

Improving health literacy remains a key
Negative emotional feelings

Embarrassment

«Especially in respect to gynaecological problems but also in respect to other health problems, we try to keep it [the problem] to us as long as possible. And if it is a gynaecological problem, we prefer to say that we have pain somewhere else, because we feel very embarrassed» (Woman from Eritrea)

Taboo of the female body

«We are not taught to discover our bodies... » (Woman from Latin America)

Understanding and incorporating transcultural approaches
Socio-economical background: «being a migrant»

Legal status defines the care they think they are entitled to

«For everything they tell me: «You have a permit N? Then you can’t go to see a private doctor!» (Woman from Afghanistan)

Negative experiences with the health care system generate stress

«As soon as we arrive, we are put down. They want papers as proof that you have an insurance» (Woman from Latin America)

Accumulation of vulnerabilities: language barrier, lack of information, negative emotions, legal status, “isolation”, ...
Conclusion

Responsiveness of the health care system  
Health Literacy & Empowerment

Interpretation & Discussing with communities and stakeholders

Implementing & Evaluation

Analyzing remaining FGs

THANK YOU FOR YOUR ATTENTION

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La population issue de la migration

Migrante?

Population résidente permanente étrangère, au 31 décembre 2013

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Source: OFS – Enquête annuelle sur la population active (ESPA) © OFS, Neuchâtel 2014

http://www.bfs.admin.ch/bfs/portal/fr/index/themen/01/07/blank/key/06.html
Community-based Participatory Research

Action research
Kurt Lewin (1946) (« Northern tradition »)
-involved a cyclic process of
« planning – fact finding – execution »

Participatory research
1970s (« Southern tradition »)
-learning from and with oppressed people/communities

Community-based participatory research
« orientation to research »
Minkler and Wallerstein
Community-Based Participatory Research for Health:
From Process to Outcomes
Jossey Bass; (2nd Edition 2008)