SEXUAL HEALTH (SH) OF MIGRANTS IN EUROPE: SOME PATHWAYS TO IMPROVEMENT

Introduction
Migration movements in Europe recently increased in size and complexity. According to recent figures published by the International Organization of Migration, in 2010, some 72.6 million migrants lived in Europe and central Asia (1). This means that a third of all migrants in the world live in Europe; and that migrants represent 8.7% of the total European population. More than half (52.3% or 36.5 million) are women, with a higher proportion in eastern than in western Europe (57.3% - 49%) (1). However, to date there is no universally accepted definition of migrants. Depending on the phase in the migration cycle, the mode of travel and the legal status, different types of migrants can be defined: asylum seekers, refugees and documented and undocumented migrants. In 2009, UNHCR reported that Europe housed 2,005,900 refugees, received 358,600 lodged asylum claims and 15,100 or 81% of the 18,700 worldwide unaccompanied children claims (2). According to these UNHCR data, women and girls represented about 44% of the refugees and 40% of the asylum-seekers in Europe (2).

Although migration has long been of interest in public health, migrants are not necessarily disadvantaged in all areas of health. However, research findings indicate that migrants in Europe may suffer from traumatic experiences they were going through prior to or during the migration process. They suffer from higher maternal morbidity and mortality, experience poorer pregnancy outcomes, have less access to sexual and reproductive (SRH) services including family planning and safe abortion services, report higher levels of HIV and other sexually transmitted infections, and are more likely to become victims of sexual and gender-based violence and harmful cultural practices as female genital cutting (FGC) (3).

Right to SH of migrants in the European Union (EU)
The right to health, including SH, is embedded within a wide range of international instruments in the area of human rights, women’s and children’s rights. Another set of instruments, addresses the right to health for specific groups of migrants. This international framework has been enriched with legal instruments and policy tools from the Council of Europe, the WHO Regional Office for Europe and the EU. It is commonly accepted that the migration process may lead to ill health and that health care systems of the host countries may not be responsive enough to the specific needs of migrants. Protection of migrants’ health and access to quality care are therefore recognized as a human right, vital to migrants’ integration and essential for good public health and well being for all.

Anchoring (sexual) health of migrants in a rights framework makes national governments accountable to act according to the recognized norms and standards. On occasion, states accept certain procedures showing compliance with substantive provisions of the agreements. In other cases, states develop plans settings targets relevant to the topic at hand.

A recent EU-wide study, for example, revealed that 22 European Member States had a national action plan to combat violence against women and that 15 of them also addressed specific forms of violence such as intimate partner violence, honour-based violence, forced marriage and FGC (4).

The enigma of SH of migrants in the EU
Few data are available about migrant health and health care utilization by migrants in Europe. This can be explained by a variety of technical and political reasons ranging from health research favouring homogeneous groups; perceiving ethnicity registration in clinical records as discriminatory; high mobility of migrant populations; and a great variability in the main denominators of citizenship, residency and immigration. Taking into account these difficulties, there are only a few national health surveys and surveillances available that include indicators of migration. In addition, Europe lacks nation-wide and cross-country surveys on SH and prevalence of sexual violence (SV) and/or FGC. Most studies on violence within the general population inquire about intimate partner violence or violence against women only. Thus, detailed information on SH of migrants in Europe is rather scarce and limited to small-scale studies.

The Hidden Violence is a Silent Rape Study, revealed that refugees, asylum seekers and undocumented migrants (n=223) in Belgium and the Netherlands do have knowledge on what SH entails and personal responsibility for taking good care of one’s SH (5). However in daily practice, they are predominantly focusing on physical aspects and are mainly seeking SH information in the medical sector as well as in their direct personal relations. Furthermore, this study demonstrated that young refugees, asylum seekers and undocumented migrants in Europe are extremely vulnerable to several types of gender-based violence and, specifically, to SV. Perpetrators were often revealed to be national citizens taking advantage of their powerful position of providing services to these migrants who depend on them (5). Other studies demonstrate that migrants often lack knowledge about the health system and available SRH services of the host country (6). When migrants are trying to access SRH care, they face multiple barriers. One of the most important obstructing factors is their legal status as it influences the extent to which they have and perceive access to health and social services, and to protection before the law (4). As for undocumented migrants, current legislation in Europe does not guarantee access to health care everywhere and tends to become more restrictive. Furthermore, health care providers often lack skills in culturally competent communication; they are unaware of migrants’ entitlements to SRH services and support available and they lack knowledge in screening, prevention or treatment of SV and/or FGC.
Some pathways to improve SH (promotion) of migrants

Data collection: The diversity in the definition of migrant status and lack of data hamper European-wide cross-national comparisons. This situation calls for specific actions. First, the harmonization of denominators and definitions of migrants is a prerequisite for any further action. Second, the implementation of a fixed set of migrant health indicators in national or international health surveys is imperative. Third, in order to promote the SH of migrants effectively, it is paramount to conduct qualitative in-depth research on migrants’ health concepts and their health-seeking behaviour. Finally, an assessment of migrants’ risks of SV victimization and perpetration, their needs for adequate SRH care, as well as gaps and barriers in the current provided information is urgently called for. To address these needs, a practical guide with does and don’ts on how to include migrants in studies would be beneficial.

Accessibility to services: Given the human rights basis, SH care should be accessible to all, regardless of residence status. These services should be able to deal with SH of migrants, SV and FGC. Health care providers should at minimum know how to refer when not having adequate skills or time to give appropriate care to migrants with health problems related to SV or FGC. In addition, it is indispensable that European services directed to migrants develop and implement comprehensive, culturally competent and gender-sensitive SV prevention and response policies and measures. An example is the “Senperforto Frame of Reference for Prevention of SGBV in the European Asylum and Reception sector” (7).

Awareness raising: It is crucial that culturally competent and gender sensitive sensitization and awareness raising campaigns on SH and prevention of SV, including risk and protective factors are set up in every European country. Migrants should be informed about their rights, the judicial and health system in the host country as well as about laws regarding SV and FGC and residence granting based on victimization and trafficking.

Evaluation programmes: In conclusion, long-term evaluation of the effectiveness of any SH promotion programme and prevention of and response to SV programme is needed to understand their impact on the health and well-being of migrants, and to clarify the relationship between the different determinants in migrant SH. It is essential that migrants with different residence status and from multiple cultural backgrounds participate in such an evaluation and formulation of future programme development. In support of this, The European Network for Promotion of Sexual and Reproductive Health of refugees, asylum seekers and undocumented migrants in Europe and beyond (EN-HERA!) developed a Framework for the Identification of Good Practices in Sexual and Reproductive Health Promotion. This framework is available at: http://www.icrh.org/projects/en-hera-the-european-network-for-the-promotion-of-sexual-and-reproductive-health-rights-otf-. 

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References