Expert Meeting on SRH of undocumented women and other vulnerable women in the Netherlands

Dokters van de Wereld & Rutgers

21 November 2018, Pakhuis de Zwijger

Presentation for Share-Net Thematic Meeting: *'How to ensure access and quality maternal health care for pregnant migrants and refugees?'*

6 December 2018

Marthe Zeldenrust

Content

- Overview of the Expert Meeting
- Undocumented women
  - Access to health care
  - Family planning and barriers
  - Short comparison to the UK situation
  - Actions by Dokters van de Wereld NL
- Vulnerable migrant groups and family planning
  - What is available
  - What is needed
- Recommendations from the Expert Meeting & follow-up

The expert meeting

- Speakers:
  - Irma Baltes – GP, MD global health and tropical medicine, MIH (research about SRH needs of undocumented women)
  - An Vanthuyne – SRH Consultant, NHS UK, medical volunteer at family planning clinic of Doctors of the World UK
  - Ineke van der Vlugt – Program Manager Contraception and Abortion at Rutgers
- Followed by a brainstorm on recommendations
- Formation of a working group for follow-up

Ondocumented women in NL: who are they?

- 6.500 – 14.400 women (hidden, possibly more)
- Background:
  - Human trafficking
  - Expired (tourist)visa, incl labour migrants (Brazil/Philippines)
  - Rejected asylum
- Dependant
- Poor housing & hygiene and physical & psychological health
- Higher exposure to sexual and physical abuse

Undocumented migrants: access to care in NL

Type of care	Reimbursement scheme available ('CAK regeling')
Primary care	Yes
Obstetric care	Yes
Other forms of secondary care	Yes, everything included basic health insurance
Contraception	No (21 years and older)
Abortion	No

Undocumented women: family planning

- 3-9%* of undocumented women use contraceptives
  - Oral contraceptives and condom
  - Myths regarding IUD and other methods
- Unmet need among undocumented women: 30%
- Abortion rate 65/1000*, versus 8/1000 in the general population

Barriers**:

- Unaware of rights & where to go
- doctor only for 'illnesses'
- shame (2x)
- financial
- language
  - intimate issues
- being unmarried

*Research among 100 women, Schoevers et al JPOG 2008

**Qualitative research by Baltes et al in 2016 among 12 undocumented women

Access to care in the UK

Type of care (UK)	Reimbursement in UK	Reimbursement in NL
Primary care	Yes	Yes
Obstetric care	**No**	Yes
Other forms of secondary care	No	Yes, everything included basic health insurance
Contraception	**Yes**	No (21 years and older)
Sexual health services/sexual violence support	Yes	Yes
Abortion	No	No

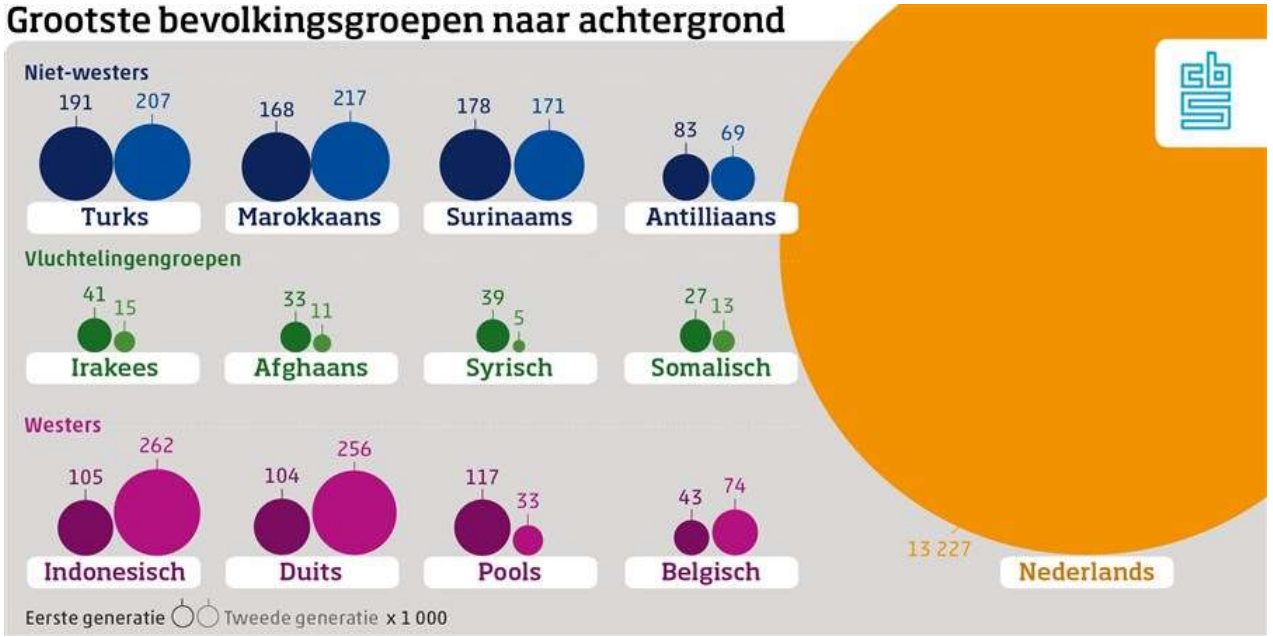
Barriers to care

- Communication barriers
- Cultural barriers
- Health beliefs and attitudes
- **Competing priorities (eating/sleeping)**
- Not used to making own decisions
- Culturally low utilisation of contraceptions
- **Loss to follow up**
- Healthcare practitioner issues (unease)
- **Coming when there is a desperate need (unwanted pregnancy)**

Actions by Dokters van de Wereld

- **Report** on the situation of undocumented women and poor access to contraception and abortion, presented to government
- **Petition** on www.doktersvandewereld.org, please sign this ☺
- **Sexual reproductive health clinic** for undocumented women
  - 1st and 3rd Thursday of each month, 10.30-1 PM
  - Bijlmerdreef 182A, Amsterdam
  - Primary focus: family planning
    - Free counseling
    - Provision of a variety of methods, referral to GGD for IUD
    - Free/at low cost, depending on financial capacity of client
  - Also for all other questions related to SRH issues
  - Men are also welcome
  - Most referrals so far from: Zorgbus, midwives, UMC loc AMC

Vulnerable migrant women and SRH



- Of sexually active & fertile women in the Netherlands: 8% no contraceptive use
  - Islamic women overrepresented in this group
- Cultural norms regarding sexual health and fertility are dynamic
  - Many second generation migrant groups: decrease in teenage pregnancy-, fertility- and abortion rates.
- 60% of women who delivered in AZC already pregnant upon arrival
  - No contraceptives available on migration route
  - Pregnancy after sexual abuse?

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What makes these women vulnerable?

- Dependant on others for every aspect of living
- Low literacy
- Poverty and poor access to education
- Low perspectives (→ pregnancy, unequal relationships, force, violence, human trafficking)
- Gender norms and cultural norms (contraceptives/relationships)
- Sexual abuse, sexual exploitation
- Taboo on sexuality (especially when unmarried)
- Poor sexual education
- History of unsafe abortion

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Clinical case examples

- More advanced pregnancy than indicated, request for abortion
- Unintended pregnancy because no money for contraceptives
- Unintended pregancy but abortion not allowed by religion
- Husband requesting removal of hormonal implant because ‘she is getting too fat’
- Not wanting to use hormonal contraceptives, distrust of modern methods, strongly relying on myths

What is available?

- Information in 16 languages: www.zanzu.nl
- <18 years: sexual education in 'international transition class'
- Wijzer in de liefde: multicultural sexual education materials
- Nu Niet Zwanger (GGDGHOR & Rutgers)
  - Individual counseling and removing barriers for contraceptive use,

    by discussing child wish, sexuality and family planning on voluntary basis
  - Integrating this topic into health- and social care (making it normal to discuss)
  - Costs of contraceptives to be covered by the local governments

What is needed?

- Better sexual education for immigrants >18 years
  - Participatory approach, focus on health and relationships
  - Involvement of key role figures
  - Awareness of cultural norms & fertility and 'collective' cultures
  - Empowerment and discussing (harmful) gender norms
  - Attention for (barriers for) durable contraceptive use
- Provision of perspectives (work, education)

Recommendations

GENERAL

- Dialogue with these women
- WITH them instead of ABOUT them
- Positive message

GROUP COUNSELING

- Starting at entry in AZC
- Centering pregnancy and parenting
- With help of key role figures

INFORMATION

- Website with information for health care providers
- Training for GPs

COLLABORATION

- Key role figures and community centers
- Involving family/partners
- Center against sexual violence and CoMensha

ABORTION

- Collaboration between DvdW and abortion clinics
- Reimbursement for gynaecologist abortion services
- GP's/doctors to prescibe misoprostol without barriers

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GENERAL PRACTITIONERS

- Pro-active counseling on sexuality and family planning
- Training on discussing FP in culturally sensitive ways
- Awareness on these women and their situation and rights

GGD sexual health clinics

- Improving access to consultations (online intake)

MIDWIVES

- Better focus on FP and aftercare
- Providing group counseling

GOVERNMENT

- Involving local governments and setting the agenda
- More time for GPs and midwives to discuss SRH
- Free access to FP

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Follow up

- Working group taking this forward
- Interested to join, or any other questions? srh@doktorsvandewereld.org

THANK YOU FOR YOUR ATTENTION!

& Thanks to Irma Baltes, An Vanthuyne, Ineke van der Vlugt and all participants of the Expert Meeting!