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

<table>
<thead>
<tr>
<th>Type of care</th>
<th>Reimbursement scheme available ('CAK regeling')</th>
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<tbody>
<tr>
<td>Primary care</td>
<td>Yes</td>
</tr>
<tr>
<td>Obstetric care</td>
<td>Yes</td>
</tr>
<tr>
<td>Other forms of secondary care</td>
<td>Yes, everything included basic health insurance</td>
</tr>
<tr>
<td>Contraception</td>
<td>No (21 years and older)</td>
</tr>
<tr>
<td>Abortion</td>
<td>No</td>
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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
<table>
<thead>
<tr>
<th>Type of care (UK)</th>
<th>Reimbursement in UK</th>
<th>Reimbursement in NL</th>
</tr>
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<td>Sexual health services/sexual violence support</td>
<td>Yes</td>
<td>Yes</td>
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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)
• **Report** on the situation of undocumented women and poor access to contraception and abortion, presented to government

• **Petition** on [www.doktersvandewereld.org](http://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?
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
Clinical case examples

- More advanced pregnancy than indicated, request for abortion
- Unintended pregnancy because no money for contraceptives
- Unintended pregnancy 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](http://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

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

INFORMATION
• Website with information for health care providers
• Training for GPs

ABORTION
• Collaboration between DvdW and abortion clinics
• Reimbursement for gynaecologist abortion services
• GP’s/doctors to prescribe misoprostol without barriers
GGD sexual health clinics
- Improving access to consultations (online intake)

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

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
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!