

Refugee and migrant women require additional sexual and reproductive health support

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A Western Sydney University report has revealed that a cycle of misinformation, shyness and fear is preventing migrant and refugee women from receiving adequate sexual and reproductive health care and support.

Professor Jane Ussher from the Translational Health Research Institute (THRI) at Western Sydney University was the lead researcher on the 'Sexual and Reproductive Health of Migrant and Refugee Women' study.

Over a two-year period from 2014 to 2016, 169 migrant and refugee [women](#) in Australia and Canada participated in interviews and focus groups, discussing a wide range of issues about their bodies and relationships.

Professor Ussher says the results revealed that cultural and religious issues are a barrier to women caring for their own sexual and [reproductive health](#).

"For the women involved in this study, sex is a topic that is not openly discussed. Unmarried women are often not permitted to discuss sex, and open communication about sex within marriage is also uncommon," says Professor Ussher.

"Any knowledge that these women have about sexual health issues is often pieced together – from female friends, relatives and the media. Many are too shy to seek out additional information, and would not see a doctor out of embarrassment."

The study involved a diverse range of women, aged from 18 and 70 years (with an average age of 35). Their relationship status ranged from married, single, divorced and widowed; and religions included Muslim (66%), Christian (20%), Hindu (7%), Sikh (2%) and Buddhist (1%).

The women had all arrived in Australia or Canada an average of 6 years prior to participating in the study, from countries including Sudan, South Sudan, Somalia, Iraq, Afghanistan, Sri Lanka, India and Latin America.

The interviews revealed that many of the women:

- Had no prior knowledge of menstruation prior to their first period. Many described the experience as being "isolating, shocking and frightening;" thought they were sick or injured; or believed they were being punished for wrong-doing.
- Only learnt about the link between menstruation and reproduction after they had become pregnant.
- Had minimal knowledge about sex prior to being married.
- Felt ashamed to obtain contraceptives, or avoided any form of contraception out of concerns about the side effects.
- Had very little knowledge and awareness about cervical cancer, or the need for cervical screening. The HPV vaccine was not considered important for young [unmarried women](#), and some feared that Pap Tests would impact their virginity.
- Had little knowledge about sexually-transmitted infections (STIs). Most women only knew of HIV/ AIDS, and believed that women were not at risk of STIs if they were monogamous.
- Many participants reported having experienced urinary tract and yeast infections. However, seeking help from [health care providers](#) was sometimes delayed due to a lack of understanding of the infection; use of home remedies; or a belief that their health was up to fate or god's will.

Professor Ussher says the women's underlying beliefs and lack of education posed some significant social and health concerns.

"Sexual and reproductive health is a key component of quality of life," says Professor Ussher.

"From this study we know that migrant and refugee women have poor knowledge of issues related to their own sexual and reproductive health, and are underutilising sexual and reproductive health services.

Professor Ussher says the study reveals a need to provide culturally safe medical care, health education, and health promotion, and to increase capacity to access sexual and reproductive services.

The report highlights:

- The need to make sexual and reproductive health a higher priority within multicultural health, and health in general.
- The need for language and culturally appropriate sexual and reproductive health information to be available to women and men in migrant and refugee communities.
- The importance of access to culturally sensitive [health](#) education programs, including peer support groups, for ongoing education about cervical screening, HPV vaccinations, STIs and urogenital tract infections, and negotiating safe sexual relationships.

The 'Sexual and Reproductive Health of Migrant and Refugee Women' study was funded by and Australian Research Council (ARC) Linkage Grant. The study was conducted in conjunction with Family Planning New South Wales (FPNSW), The Community Migrant Resource Centre (CMRC) and Simon Fraser University in Canada.

The '[Sexual and Reproductive Health of Migrant and Refugee Women' report \(PDF, 520.45 KB\)](#) is available online, and the outcomes of the study are highlighted in a forthcoming journal article in *Archives of Sexual Behavior*.

More information: Jane M. Ussher et al. Negotiating Discourses of Shame, Secrecy, and Silence: Migrant and Refugee Women's Experiences of Sexual Embodiment, *Archives of Sexual Behavior* (2017). [DOI: 10.1007/s10508-016-0898-9](#)

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