AkiDwA Submission on the Development of the Second Intercultural Health Strategy

Background

Akina Dada wa Africa-AkiDwA (Swahili for sisterhood) is a national network of migrant women living in Ireland. Established in 2001, AkiDwA's mission is to promote equality and justice for migrant women, with a vision for a just society where there is equal opportunity and access to resources in all aspects of society: social, cultural, economic, civic and political.

The organisation promotes the equality of migrant women in Irish society, free of gender and racial stereotyping and applies a holistic approach to integration, promoting a migrant and gender-specific approach to public services, as well as encouraging migrant women's access to mainstream services and initiatives.

For AkiDwA and for the purpose of this submission, the term 'Migrant Women' includes not only recent immigrants, asylum seekers and refugees, but also migrant workers, students, trafficked and undocumented women. It also includes those who have acquired Irish citizenship but who still consider themselves to be outside the mainstream society in terms of their linguistic, racial or cultural backgrounds, and who therefore still define themselves as Migrants.

Migrant women in Ireland are therefore not a homogenous group. They come from diverse backgrounds, family status, religious and cultural identities. In most cases, immigration and individual status of different categories determines their ability to cope and adapt in the Irish society. The status of women asylum seekers, for example, hinders their condition from the very beginning, and prevents their integration into the society, with many of them living for years with fear of deportation as they wait for their cases to be determined, adding extra stress and poor health which also affects their psychological and physical well-being.

Migrant Women Health:

According to WHO, gender differences in health status are also manifest: women are more exposed to sexual violence, abuse and trafficking. In addition, women experience risks related to pregnancy and childbirth, particularly when these are unassisted. Statistics, where available, generally indicate that refugees, asylum seekers and migrants may be at risk of worse health outcomes, including, in some cases, increased rates of infant mortality.

Many refugees, asylum seekers and migrants will have experienced burdensome travels and temporary stays in transit centres, during which they may have been exposed to hazards and stress, including heat, cold, wet weather, poor sanitation and lack of access to healthy food and/or a safe water supply[i]. The majority of these women continue to struggle with ill health even when they arrive safely at their country of destination.

According to a 2016 Wezesha report on women fleeing from armed conflict, the majority have poor health conditions which they relate to their traumatic experiences in their country of origin which then aggravate their living conditions at the country of destination, always resulting in constant headaches, sinusitis and body pain[ii].

In April 2016, there were 535,475 non-Irish nationals living in Ireland with 50.1% of them being women, a first time female majority[iii]. AkiDwA undertook a desk research on migrant women and health care in Ireland in June 2017. The research found that there are gendered barriers as well as barriers to

migrants when accessing healthcare services, and that migrant women as a group have specific needs within the healthcare system which are currently not being met, a fact that was reiterated by focus group findings which was held with migrant women as part of the research. According to the research findings women born outside Ireland make up almost 39% of maternal death. Many migrant women struggle to access information about medical services in Ireland; as a result many do not know where or how to receive medical treatment or access to Irish health system (the Irish health system is somehow different from what majority of the migrant women would have been used in their countries of origin, causing confusion with General Practitioner access and hospital access). This generally creates a lower uptake of services among migrant women, and they are more likely to treat either themselves or their families with over the counter medicine. As a result, migrant women are not seeking or receiving adequate treatment when necessary. Within the healthcare system itself, there is a lack of culturally competent services and health service providers are not aware of culturally sensitive issues. Many of the women feel there is lack of understanding of their cultural background and country of origin from the healthcare providers, resulting in misunderstandings, negative perceptions and stereotypes, which then in turn hinder equality and integration. There are further health issues facing refugee women and those in Direct Provision centres. As many as 80% of refugee women (Cairde 2003) suffer from mental health issues as a result of fleeing from strife and the strenuous asylum process. Furthermore, while AkiDwA continues to lead the work on Female Genital Mutilation, updated statistics on prevalence of FGM in Ireland shows that there is an increase. According to AkiDwA 2017 statistic on FGM there are 5795 women living in Ireland who have undergone FGM (2016) compared to 3780 (2013). According to EIGE 2015 report on Estimation of girls at risk of FGM in the European Union, up to 11% of 14577 girls aged 0-18 originating from FGM risk countries (born in country of origin or Ireland) are likely to be at risk of female genital mutilation[iv].

Migrant women therefore often have multiple unmet health needs before, during and after settling in Ireland. The Wezesha report also indicated migrant women access to health services in Ireland has been hampered mainly by language barriers for service users and lack of cultural competence by front line services and health care professionals, as well as lack of proper support, isolation, racism, discrimination and access to information.

Recommendations;

Based on AkiDwA's work with migrant women in the last sixteen years we highly advocate the following recommendations be incorporated into the next Intercultural Health Strategies.

Improve access to health information and communication

- Information on health and health access should be simplified in a manner that can be understood by women with low literacy levels and from different ethnic origins or backgrounds, Such information must be accessible, using language or a methodology that facilitates easy learning and understanding, such as symbols or drawings. Translation services should also be available where possible.

- Establish various ways of distributing and circulating health information: this could be through support/community groups, places of worship, clinics.

Strengthening health systems:

- Create core health system capacities to be able to address the immediate health challenges associated with migration, and those for the medium to long term. Offer by providing culturally sensitive health care, overcoming barriers such as language, communications through visual aid and simple language. Migrant women experiences of access to and treatment within

hospitals, particularly reproductive health clinics and maternity hospitals, differs from that of their country of origin. Upskill and provide training to healthcare personnel on cultural diversity and equality to help them support the women accordingly. Support migrant women in navigating the health system, and respond to the needs of all persons, without discrimination, and with dignity and respect.

- Prevent and manage physical and psychological trauma among migrant women as they are often exposed to the gender specific harm. This can be done through different forms of therapy and support, and by working with migrant women while to developing such interventions. Migrant women who wish to be attended or cared for by female doctors should always be respected in their choice.

- Ensure that necessary health and social services are delivered, to migrant women in a gender-sensitive, culturally and linguistically appropriate way without stigma. This can be done through the provision of cultural mediators and community peer-led programmes.

- Improve the collection of and access to information on the health status of migrant women, their modifiable risk behaviours and access to health care. The provision of quality data should cover all groups and identify specific health needs and actions to address such needs.

Mental health and psychological support:

- To address stress disorders, depression and anxiety, the services must take into account contributing factors such as impact of gender specific harm, cultural norms and behaviour patterns. Targeted mental health initiatives for those in Direct Provision centres should also be made available.

- Support should include non-medical such as social support, and working with migrants women to foster and promote their own coping mechanisms

Support to overcome barriers:

The biggest challenge for migrant women is childcare, due to lack of family support or social networks. They are, most of the time, faced with the challenge of reconciling family care duties and other important needs, such as the undertaking of medical appointments and language training. Some migrant women live in inaccessible remote and isolated areas. Support that includes childcare facilities and travelling costs, especially for those in Direct Provision, should always be provided to guarantee migrant women the possibility of attending or participating in activities like: health appointments and health training.

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[i] Strategy and action plan for refugee and migrant health in the WHO European Region, WHO 2016

[ii] Healing the Wounds of War, Narratives of Women from Armed Conflict, Wezesha 2016

[iii] CSO 2016

[iv] Towards a National Action Plan to Combat FGM, Akidwa 2016