Migrant Women's Health Beyond Covid-19

AkiDwA Health Survey

2020

AkiDwA
AKINA DADA WA AFRICA

Introduction

According to 2016 census, there were 535,475 non-Irish nationals living in Ireland with 50.1% of them being women, a first-time female majority. Migrant women in Ireland are not a homogenous group and for AkiDwA the term ‘Migrant Women’ includes not only recent immigrants, asylum seekers and refugees, but also migrant workers, spouses of Europeans, 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. Our organisation works with women 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 application for international protection to be determined, some having to wait for up to 7 years which add to extra stress and poor health affecting their psychological and physical well-being.

Background Health Survey

Established in 2001, Akina Dada wa Africa (AkiDwA), Swahili for sisterhood, is a network of African and other migrant women living in Ireland. AkiDwA vision is a just society where there is equal opportunity and equal access to rights and entitlements in all aspects of society: social, cultural, economic, civil and political. Our mission is to promote equality and justice for migrant women living in Ireland.

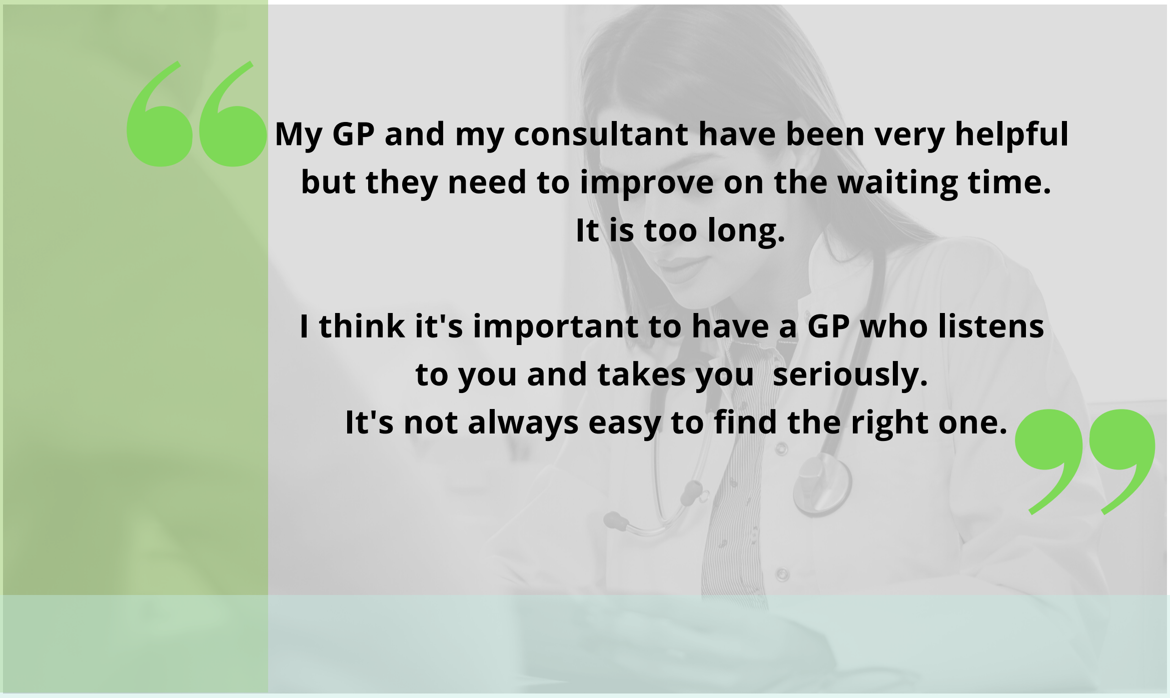
In September 2020, AkiDwA conducted an online survey, distributed among migrant women across our network. The purpose of this survey was to feed into the work that we do in the promotion of migrant women's health – by providing a platform for women to share their experiences, to advocate on their behalf in shaping policy and resourcing of services, and by designing programmes and events to the benefit of migrant women and their families.

The health survey was designed to get a sense of migrant women's experiences with different health services and supports in Ireland. The four main sections of the survey were: disability and long-term physical illness, mental health and stress, maternal health services, and Covid-19.

Participants were asked to rate their experiences with healthcare providers and supports. They were also given free space to list formal and informal supports they found helpful and services which needed further improvement. Since the survey covered less than 50 participants, this will be a report of qualitative data, summarising the opinions of respondents and their experiences with healthcare.

Disability

Not many of our respondents disclosed that they have disabilities or long-term medical conditions. However, of those who did respond, their experiences were mostly positive. They reported that their GPs and consultants were helpful and professional. However, waiting times for appointments and procedures were a struggle for some. This has only become worse with Covid-19 as extra measures to curb the spread of the virus has meant health services have been restricted and patients must wait longer for their treatments. This leaves many sufferings or in pain with an indefinite amount of time to wait.



> **My GP and my consultant have been very helpful but they need to improve on the waiting time. It is too long.**
>
> **I think it's important to have a GP who listens to you and takes you seriously. It's not always easy to find the right one.**

Mental Health

Respondents had much more to say on the issue of mental health, having had experiences with formal mental health services and informal supports.

For many women seeing their GP as a first point of call was welcome and they had positive experiences with theirs. Several also found counselling to be an important support in their lives, including Spirasi, the specialist service for victims of torture and trauma. Importantly, mental health services received a lower rating than health services for physical conditions – 3/5 rating compared to 4/5 rating in the previous section. Leaning on other research that AkiDwA has conducted earlier in the year and more in-depth, this could be explained in several ways including, under-resourcing of services leading to long waiting times, or indeed lack of linguistic or cultural understanding of healthcare providers. These pose barriers to seeking and receiving support which compound upon existing issues for the wider population.

> **It would be a great thing to have someone like me (person of colour) as a main psychologist.**
> **I believe mental health is lacking as we are not treated well; some find the doctors don't relate or understand what we may have gone through.**

Many women found informal supports to be important and helpful to maintaining their mental health. Family, friends and neighbours were listed by many respondents as important to managing stress and keeping well. Further, faith was also seen by a few as a source of comfort and strength for respondents. The importance of community to managing stress and creating a support system cannot be underestimated. Similarly, women found activities in which they gave time to themselves to be useful in relieving stress such as meditation and yoga.

Maternal Health Services

In this section we questioned whether respondents had been in contact with maternal health services, how they would rate their experiences and what they found positive or in need of improvement.

Widely, respondents found hospital staff, doctors, nurses and social workers to be helpful, professional and attentive. For example, one respondent remarked that the medical team's quick response and decision while in labour led to the successful delivery by caesarean section of her baby. She said that their support and actions put her at ease through the process. Respondents found home visits from community health nurses to be helpful to settling into life as a mother. Also, mother and baby group availability helped women to connect with others and helped with parenting.

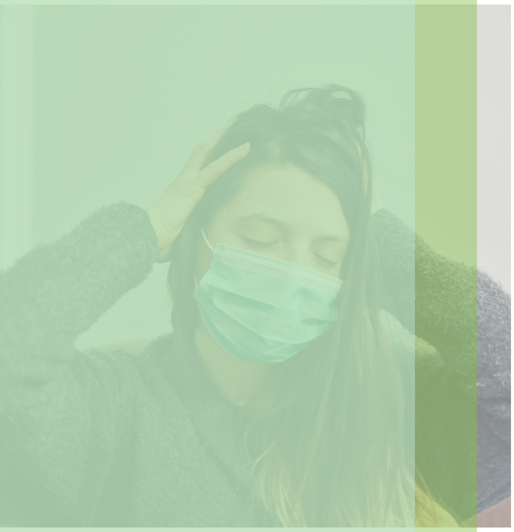
> **The home visits were great... More support needed for women who suffer with postnatal depression so they don't feel like a bad parent.**

On the negative side, some of the respondents found it very difficult to maintain good nutrition through pregnancy, in particular when living in Direct Provision. There have been multiple reports from asylum seeker representative groups highlighting the inadequate provision of meals by accommodation and catering providers contracted by the State to accommodate those awaiting a decision on international protection. Whether the food is insufficient in portion or nutrition, or culturally inappropriate, this has implications for all residents but especially expectant mothers who are responsible for another life.

> **The food was shocking. I was given chicken nuggets and a few wedges. It looked like a happy meal from McDonalds, meanwhile I was breastfeeding... The Kitchen Staff and the Medical practitioners must belong to 2 different worlds; medical field and fast-food industry...**

Another respondent mentioned that there was not adequate support for her to recognise and receive support for post-natal depression. Another wished that there would be better access to information for migrants – an introduction to health services and signposting to the right services. While this may be provided to those in State accommodation seeking international protection, there is no “welcome material” for other categories of migrants which instead depend on informal support and initiative to seek help. There may be a need for extra public information on maternal health services to reach the wider community.

COVID-19



In this section we asked respondents if they, or someone in their family had contracted Covid-19. We also asked if they had enough information and support on the virus during the pandemic, and whether their health had declined in the course of the pandemic.

Only a small number of respondents had directly contracted the virus but every respondent had been affected by the pandemic and had a lot to say about the information and services available. Those who had recovered from the virus were mostly positive about the healthcare they received saying that the healthcare staff they encountered were professional and helpful.

On the subject of information and support, the majority of respondents found the HSE information campaigns to be useful to educate about proper hygiene and safety. Respondents felt equipped to prevent the spread and to protect themselves and their families. Further, the extra measures of lockdown, quarantine and social distancing made many respondents feel safer and that it was a good way to handle the pandemic.

On the other side, some respondents felt that there was growing paranoia and a loss of a sense of community because of the pandemic, where neighbours would suspect others of being unsafe or engaging in risky behaviour. Further, there were respondents who could not socially distance themselves and were forced to share a room with those they did not trust as a result of the system of Direct Provision. Not having their own accommodation is difficult in the best of times, but this pandemic has been particularly difficult for those in the shared accommodation of Direct Provision.

It would be safer if I did not have share the room with two other people. It is really stressful when you don't know where your roommates have been and we have to share the same facilities everyday.

There was a very slight decrease in self-reported health since the pandemic began, and that was mostly down to mental health. The stress of worrying about catching the disease, loss of regular routines and isolation from close ones has compounded to put mental strain on everyone. Mental health care providers have reported an increase in patients seeking their services and advocates have called on the government to provide more funding to mental health initiative to help people cope with public health restrictions. Everyone needs a lifeline to get them through the challenging times of this global pandemic, whether that is connecting with a friend or seeking formal help, now is not the time to forget about our mental health.

I found that the pandemic made people paranoid and lose a sense of community. There is no going back to the times before the pandemic. I found that keeping intouch and meeting up with friends in a safe manner comforting.I don't know what I would do without that kind of support.

Recommendations

Although this report was conducted during a global pandemic, many of the recommendations coming directly from participants have been requested for years, and will apply long after we have a long-term plan for preventing the spread of coronavirus. Overall, participants were pleased with the public health efforts to educate about the spread of the disease, to give practical guidance to prevent contraction. Respondents were thankful for the enormous efforts of frontline workers in keeping society healthy and safe. Government safety measures were overall welcomed and seen as a necessary measure for the health of women and their families. However, respondents were still concerned about isolation and about their mental health during the pandemic. Further, many of the strategies to prevent the spread were out of the control of people seeking international protection who find themselves in shared accommodation, even shared rooms, with people who they do not trust and management they do not trust.

- Adequate resourcing to mental health services to ensure that individuals, families and communities do not suffer long-term harm from the prolonged stress of this global pandemic.
- Connect patients with doctors and counsellors who share their background and language. Where this is not possible, there should be cultural competency training across the board for healthcare providers to ensure greater sensitivity to the backgrounds and needs of their patients and to ensure better health outcomes.
- Improve public health information on maternal health services in Ireland and on post-natal depression.
- Reform the system of Direct Provision in Ireland. In this survey, and in our twenty years of working with migrants, we have seen how Direct Provision heightens inequality in all aspects of life – in work, socially, in housing and in health. Respondents in our

survey were grateful to have a medical card to access services but Direct Provision systemically creates health issues – by putting pressure on people with existing conditions and trauma, in centres with inadequate catering and in shared accommodation which allows the spread of contagious diseases. Our recommendation, not for the first time, is for government to reconsider its system of accommodation for people seeking international protection. There are many reports, published by government departments and committees recommending the dismantling and reform of the system of Direct Provision. This system costs the physical and mental health of its residents. It costs the State more money outright by contracting out to private companies for profit, rather than a social care model. And it costs the State more in the long-term with the healthcare cost and loss of human capital through physical and mental health conditions which are worsened by the State-designed system.