

Exploring African migrant women's experience of accessing sexual and reproductive health services in the Midwest of Ireland.

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Established in 1995, GOSHH Ireland (Gender Orientation Sexual Health HIV) is a voluntary, non-profit organisation which provides a range of sexual health and LGBTQI+ supports and services to people in the Midwest of Ireland.



MMCN is a network of Migrants and Irish individuals promoting belonging and community in the Midwest of Ireland by sharing migration experiences, cultures, histories, skills, and knowledge.

OVERVIEW OF PROJECT

- The project was developed as a result of a partnership with MMCN (Midwest Migrant Community Network) and GOSHH Ireland who felt the experiences of migrant women in accessing sexual and reproductive health services needed to be explored.
- It was agreed by the project team that the experiences of African migrant women captured in this report should provide the template for further exploration of the experiences of migrant women from other communities.
- This was a smallscale project that explored the experiences of African migrant women in the Midwest of Ireland with the aim of learning about their needs and providing support as appropriate





PROJECT PROCESS

- Survey African migrant women regarding their experiences in accessing services associated with sexual health and reproductive health.
- Gather their personal stories that they wished to share of their experiences in accessing services in Ireland.
- Provide information and education to enhance migrant women's knowledge about services and empower women in their self-care around sexual and reproductive health.

THEORETICAL FRAMEWORK

- This research project was anchored on the Theory of Change.
- Theory of change can be seen as an “on-going process of discussion-based analysis and learning that produces powerful insights to support programme design, strategy, implementation, evaluation and impact assessment, communicated through diagrams and narratives which are updated at regular intervals” (Vogel 2012, p5).
- This provided a good framework for this project for all parties involved, in its planning, development, review, learning and impact.

PROJECT PARTICIPATION

A total of 45 migrant women participated in this research project. 19 women participated in the online survey.

The participants were all residents of the Midwest of Ireland. They were recruited via several networks and sources in the community.

21 women attended the education sessions in person and 5 women independent of this shared their personal stories



LITERATURE REVIEW

- Studies on sexual and reproductive health of African migrant women in Ireland are not plentiful. We therefore reviewed work conducted abroad and what was currently available in Ireland.
- The studies reviewed showed that the longer migrants stayed in a host country, the more their health deteriorated due to living standards, working conditions, and adoption of risky health behaviour.
- Communicable diseases, noncommunicable diseases (NCDs), mental health and social problems, contributed significantly to the morbidity of new migrants in host countries.
- Additionally, migrants were less likely to access or fully benefit from the healthcare system in their host countries, because of various challenges such as the language barrier, denial of access based on the lack of documentation – (being undocumented), and negative healthcare provider attitudes (Sserwanja and Kawuki 2020).

OUR SURVEY FINDINGS

Cultural and community norms typically discourage any open sexual health discussions, with topics like abortion, termination of pregnancy, and female genital mutilation (FGM) being particularly challenging to address

Overall, these findings highlight significant barriers to open discussions and education about sexual and reproductive health.

Conversations and support young people should gain from their elders particularly between mothers and daughters is not possible

Stigma, shame and taboos surrounding sexual and reproductive health and sexual and gender identity prevents honest and sympathetic conversations

EDUCATION SESSIONS DELIVERED

- This project in conjunction with the survey ran 6 education sessions for migrant women. The topics included Sexual Health and Well-Being, Reproductive Health, Contraception and Family Planning, Women's Health, and HIV awareness.
- During the sexual health and HIV workshops, the facilitators engaged participants in open discussions about their knowledge, awareness, and the sexual health education they received in their home countries.
- This was to provide appropriate and factual information and debunk misinformation.





KEY POINTS FROM SESSIONS

1. The need for education sessions on sexual and reproductive health for migrant women and girls.
2. The signposting of services for newcomer women to enable access to services.
3. Although all attendees understood English and were able to communicate well in the language there were concerns that we did not have the opportunity to provide these sessions to women who had language needs.
4. That may be a consideration for future work with the support of identified communities and appropriate interpreters.



CONTINUED

5. Discussing and addressing taboos and stigmas was a useful exercise in the education and awareness raising process. It helped debunk myths and causes of stigma and taboos.

6. Learning about cultural and faith practices of migrant women in terms of health and well-being was important for trainers, health and social care workers.



PERSONAL STORIES

5 personal stories were shared with the project team on African women's experiences of accessing sexual health clinics, using treatments, their HIV status, accessing gynaecological services and learning about sexual and reproductive health.

RECOMMENDATIONS

The experiences of migrant women in accessing sexual and reproductive health services must improve and they should be consulted on service provision

Sexual and reproductive health services must apply culturally congruent approaches to support migrant women's access to services

There is a need for collaborative working with agencies and organisations who can sympathetically and successfully deliver accessible services, especially in rural communities

RECOMMENDATIONS

Providing links and developing support groups can be beneficial to newcomer women

A need to establish a social safe place where communities could come together to host events and social groups.

Increased awareness among migrant communities about the treatments and healthcare services available to them.

THANK YOU