Social determinants of sexual and reproductive health in Europe focusing on migrant population

G. Lazdane
Sexual and Reproductive Health Programme
WHO Regional Office for Europe
Content

• WHO - who are WHO?
• Why social determinants of health?
• Migration in Europe
• Why it is important to know and what can be done to improve SRH of migrants in Sweden?
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• Why social determinants of health?

• Migration in Europe

• Why it is important to know and what can be done to improve SRH of all in Sweden?
GOVERNANCE

World Health Assembly

Executive Board

WHO Constitution
Executive Board, DG
Resolutions and decisions
http://apps.who.int/gb/or/

Regional Committees

Standing Committee of RC - only in WHO/Europe

10-13 September 2012
Malta
WHO headquarters - Geneva

DG – Dr Margaret Chan

O.Chestnov - ADG NCDs and Mental Health

C.F.Etienne – ADG Health Systems and Services

M.-P.Kieny - – ADG Innovation, Information, Evidence and Research

F.Bustreo - ADG Family, Women’s and Children’s Health

- Ageing and Life Course
- Immunization, Vaccines and Biologicals
- Maternal, Newborn, Child and Adolescent Health
- Reproductive Health and Research

• Ethics and Social Determinants
RD – Ms Zsuzsanna Jakab

Division of NCD and Health Promotion

- Healthy ageing
- Child and adolescent health
- Sexual and reproductive health
- ...
WHO Collaborating Centres working in the area of SRH in Sweden

• WHO CC for Research in Human Reproduction - Department of Woman and Child Health, Division for Obstetrics & Gynaecology Karolinska Hospital –
  Director Prof.K.Gemzell-Danielsson

• WHO CC for Development of Quality Indicators to Improve Perinatal Health Systems – Department of Obstetrics and Gynaecology, University Hospital of Lund
  Director Prof.K.Marsal

• WHO CC for Research in Human Reproduction - Department of Women's and Children's Health, Section for International Maternal & Child Health, Uppsala University Hospital
  Director Prof.G.Lindmark
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  Director Prof. K. Marsal

• WHO CC for Research in Human Reproduction - Department of Women's and Children's Health, Section for International Maternal & Child Health, Uppsala University Hospital
  Director Associate Prof. E. Darj
Content

• WHO - who are WHO?
• **Why social determinants of health?**
• Migration in Europe
• Why it is important to know and what can be done to improve SRH of all in Sweden?
Why social determinants of health?
Health is

... a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity

WHO, 1946
The CSDH – closing the gap in a generation

The Marmot Review – Fair Society Healthy Lives

Review of the Social Determinants of Health and the Health Divide in the WHO European Region
Female life expectancy at birth, CIS and EU member states
Healthy life years and life expectancy at birth, 2008

Males

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Females

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Legend:

- Healthy life years
- Years in ill health
Percent reporting their health as good or very good by household income quintile in Latvia and Sweden, 2008

Source: Bradshaw & Mayhew (personal communication), 2007 data from EU SILC 2008
Sweden has a long history of attention to health equity and SDH issues. A comprehensive public health policy was adopted by the Swedish Parliament, the Riksdag, in April 2003. It pushes health up on the political agenda and affords equity in health high priority. The overall aim of the policy is to “create societal conditions for good health on equal terms for the whole population”.

To help achieve this aim through multisectoral efforts, the Government has established eleven “domains of objectives” with connections to SDH. They are:

- participation and influence on society;
- economic and social security;
- secure and favourable conditions during childhood and adolescence;
- healthier working life;
- healthy and safe environments and products;
- health and medical care that more actively promotes good health;
- effective protection against communicable diseases;
- safe sexuality and good reproductive health;
- increased physical activity;
- good eating habits and safe food;
- reduced use of tobacco and alcohol, a society free from illicit drugs and doping, and a reduction in the harmful effects of excessive gambling.
Attention to service utilization barriers

Figure 1. Conceptual framework of providers’ influence on client utilization of sexual and reproductive health services.

Note: Areas in blue represent where programmatic changes are most feasible.

Unmet need for family planning and wealth quintile (DHS)
Unmet need for family planning and education (DHS)
Social exclusion, disadvantage and vulnerability (commissioned studies for the European Review)

- Roma
- Child poverty
- Migration/Displacement (focus on illegal migrants)
- Disability
MOVEMENT WITHIN OR ACROSS BORDER

Free

Coercion/Forced

Migration

- Consent
- Legal
- Improvement of livelihood

Smuggling

- Consent
- Illegal
- Brokerage fee
- Improvement of livelihood

Trafficking

- Forced
- Deception
- Debt Bondage
- For purpose of exploitation, servitude, entrapment

International migration

• Developed regions – 2 million migrants per year

• 5-10% (20%) of all the population in WE are migrants
Figure 1: Population change by component, EU-27, 1990–2009 (per 1 000 population)
Factors influencing SRH of migrants
CAUSES AND CONSEQUENCES: WHAT DETERMINES OUR SEXUAL AND REPRODUCTIVE HEALTH?
SRH problems of migrants:

1. **Epidemiology of diseases and risk factors** (HIV/STI; unwanted pregnancy, abortion; contraceptive use, ...)

2. **Psychosocial and cultural aspects** (norms, attitudes regarding family, social relationships, FGM, sexuality and gender)

3. **Communication** (language, communication style)

4. **Moral and ethical dilemmas** (sexuality education, virginity, poligamy...)

World Health Organization

Regional Office for Europe
Non-nationals or immigrants as % of all HIV/AIDS cases
NOTE: % of AIDS cases in countries not reporting HIV
Sources: Euro HIV; national reports
Psychosocial and cultural aspects

- **Islam** “I am sinful anyway, why to use condoms?”

- **FGM**
  - Regulations: Denmark (1981),…
  - ICRH (Ghent, Belgium) - WHO CC; Sweden, Denmark,…
  - SH of Young Black and Minority Ethnic People Project – the Trust for the Study of Adolescents; UK

- **Traditional Folk medicine in the family**
Communication

- Language barriers when SRH issues are discussed
- Service providers perception “the image of ethnic minority” (i.e. denial of south Asian drug use)
- Multi-ethnic clinics
Moral and ethical dilemmas

- Sexuality education:
  - *Cultural loss*
  - *Orientation in a new reality*
  - *Stigmatization*
Barriers to access to health care services:

- Lack of **basic information** on sexual and reproductive health
- **Legal** framework
- **Limited availability** of different contraceptives and other SRH commodities
- **Financial** costs
"I feel like they’ve taken my smile and I can never have it back.”

Lithuanian woman trafficked to London
Nordic School of Public Health

NORDIC COUNCIL OF MINISTERS
Nordic-Baltic knowledge overview

Action plan for removing obstacles to health care access in sexual trafficking
WHO Ethical and safety recommendations for researching, documenting and monitoring sexual violence in emergencies

WHO ETHICAL AND SAFETY RECOMMENDATIONS FOR INTERVIEWING TRAFFICKED WOMEN

www.who.int/gender/documents/
Trafficking and Health

- **Increased vulnerability** of trafficked person exacerbates health risks

- Little is known about *morbidity* or mortality during forced migration

- Living and work-situations of trafficked persons often are not conducive to good health
Conclusions

• In many European countries **disaggregated data** on SRH of migrant population are missing

• In improving SRH of ALL, **social determinants of health** should be analysed
WHO EURO assistance to countries

• Assistance in developing **national policies** and strategies focusing the SRH needs of migrant population

• Assistance to the member states in **implementation WHO guidelines and standards**

• Analysis of the existing information of SRH of migrants, defining the gaps, problems and ways to overcome them