Health needs of migrant women of reproductive age

Abstract

The aim of this study was to examine the effects of migration on women’s health. Migration is a global phenomenon, and the number of women migrating has been increasing in recent years. These women are doubly disadvantaged as both women and migrants. In particular, migration has a negative, multidimensional effect on the health of women of reproductive age. Thus, it is important that health professionals determine areas for improvement in order to enhance the health of women of reproductive age who are migrants with the purpose of launching the appropriate initiatives.

Keywords: health needs, health status, migrant women, immigration, reproductive age

Introduction

Migration is a phenomenon that has existed in all periods of human history and is directly related to societies’ socio-cultural, economic, and political structure.1 The 2015 data from the World Bank indicate that 3% of the world’s population (approximately 243million people) resides in places other than their home countries, in other words, as migrants and refugees.2 Furthermore, 80% of people around the world who are forced to leave their home countries are women and children.3 The most marked characteristic of the migration phenomenon today is its “womanization”. Although our knowledge about the relationship between migration and women’s health is increasing,4,5 we still have limited understanding about the effects of migration on the health of women of reproductive age. The aim of this article is to elucidate the health needs of migrant women who are of reproductive age.

To do so, the author made a search of the health problems experienced by migrant women of reproductive age from several databases (Google Scholar, PubMed, EBSCO host, and CIHANL) using the keywords “migrant women of reproductive age, health needs, health status.” It was found that the health needs of these women were categorized under the subtitles of antenatal and postnatal care needs, needs related to reproductive health and family planning, and needs related to mental health problems and chronic diseases.6,7 The relevant literature indicates that migrant women’s health needs are influenced by cultural differences, lack of social support, language and communication barriers, discrimination, anxiety, and past experiences.8,9,10,11

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Antenatal and postnatal care needs

It was determined that migrant women sought out antenatal and postnatal care less frequently than did women who were lifelong residents of the country the migrants had emigrated to.9,10 In addition, migrant women had higher rates of giving birth at home,4,11 less tolerance for postnatal pain.9 More frequent postpartum complications such as infection,20 were more likely to give birth to infants with low birth weight or other anomalies,12 and experienced postpartum depression more frequently.12,13

Reproductive health and family planning needs

Studies that investigated migrant women’s health found that these women were in poorer health than local women in the same areas.14-16 Ochoa et al.,17 reported that a majority of migrant women had difficulty accessing sexual health and reproductive health services.18 Other relevant studies conducted in different societies determined that migrant women preferred using conventional but ineffective family planning methods.6,17,22

Needs related to mental health problems

People who immigrate to other countries are expected to learn a different language and adapt to new attitudes and roles. More important, they have left behind familiar social networks.23 For these reasons, migrant women commonly experience social and psychological problems’ including stress, low self-respect, distrust, depression, loneliness, isolation’ sadness, feelings of worthlessness, and domestic violence.24

Needs related to chronic diseases

In general, migrants’ countries of origin are less developed than the countries they emigrate to. Thus, it is more common for them to face chronic disease risk factors related to lifestyle, such as being overweight, physically inactive, and consuming a nutrient-poor diet.25-27 Şimşek25 determined that 50% of women aged of reproductive age who emigrated from Syria to Turkey had iron deficiency, and 46% had vitamin B12 deficiency.28 Some studies have asserted that migrant women are the bridge for transmitting sexually transmitted diseases to others in the local population where they emigrate.26

Conclusion and recommendations

Like all individuals, women, especially those of reproductive age, are affected by the phenomenon of migration in myriad ways. It is of primary importance that migrant women live in healthy conditions to protect their well-being and that necessary precautions be taken to achieve this goal. Health professionals should determine the areas in need of improvement regarding migrant women’s health and launch the necessary initiatives. To provide such quality service, health professionals should seek out the necessary information, be successful at interpersonal relations, be multicultural versed, and be capable of displaying ethical behavior.
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Conflict of interest
The author declares no conflict of interest.

References

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