

# 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

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## Renginaz Ozturk Donmez

Department of Public Health Nursing, Nursing Faculty of Ege University, Turkey

**Correspondence:** Renginaz Ozturk Donmez, Department of Public Health Nursing, Nursing Faculty of Ege University, 35100, Bornova, Izmir, Turkey, Email [renginazozturk@gmail.com](mailto:renginazozturk@gmail.com)

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## 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.<sup>1</sup> The 2015 data from the World Bank indicate that 3% of the world's population (approximately 243 million people) resides in places other than their home countries, in other words, as migrants and refugees.<sup>2</sup> Furthermore, 80% of people around the world who are forced to leave their home countries are women and children.<sup>3</sup> 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,<sup>4-7</sup> 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.<sup>8-17</sup> 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.<sup>8,9,18,19</sup>

## Health needs of migrant women of reproductive age

### 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.<sup>9,10</sup> In addition, migrant women had higher rates of giving birth at home,<sup>8,18</sup> less tolerance for postnatal pain.<sup>8,9</sup> More frequent postpartum complications such as infection,<sup>20</sup> were more likely to give birth to infants with low birth weight or other anomalies,<sup>10</sup> and experienced postpartum depression more frequently.<sup>12,13</sup>

## 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.<sup>14-16</sup> Ochoa et al.,<sup>21</sup> reported that a majority of migrant women had difficulty accessing sexual health and reproductive health services.<sup>21</sup> Other relevant studies conducted in different societies determined that migrant women preferred using conventional but ineffective family planning methods.<sup>6,17,22</sup>

## 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.<sup>7,23</sup> For these reasons, migrant women commonly experience social and psychological problems<sup>3</sup> including stress, low self-respect, distrust, depression, loneliness, isolation<sup>7</sup> sadness, feelings of worthlessness, and domestic violence.<sup>24</sup>

## 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.<sup>4,24</sup> Şimşek<sup>25</sup> determined that 50% of women aged of reproductive age who emigrated from Syria to Turkey had iron deficiency, and 46% had vitamin B<sub>12</sub> deficiency.<sup>25</sup> Some studies have asserted that migrant women are the bridge for transmitting sexually transmitted diseases to others in the local population where they emigrate.<sup>26</sup>

## 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

- Iglesias E, Robertson E, Johansson SE, et al. Women, international migration and self-reported health. A population-based study of women of reproductive age. *Soc Sci Med*. 2003;56(1):111–124.
- Frequency of migrant; 2016.
- Zlotnik H. *Data insight the global dimensions of female migration*. USA: United Nations, International Migration Report; 2002.
- Gushulak B. Healthier on arrival? Further insight into the healthy immigrant effect. *CMAJ*. 2007;176(10):1439–1440.
- Becky R, White J. Seeking Asylum and Motherhood: health and well being needs. *Community Pract*. 2010;83(30):20–23.
- Irani L, Speizer I, Barrington C. Attitudes, beliefs and norms relating to contraceptive use among young migrant and non-migrant adults in urban Dar es Salaam, Tanzania. *Glob Public Health*. 2013;8(9):1048–1062.
- Teng P, Hall BJ, Li LL. The association between social resources and depression among female migrants affected by domestic violence. *Eur J Psychotraumatol*. 2014;5:26528.
- Hennegan J, Redshaw M, Kruske S. Another country, another language and a new baby: A quantitative study of the postnatal experiences of migrant women in Australia. *Women Birth*. 2015;28(4):124–133.
- Shafiei T, Small R, McLachlan H. Immigrant Afghan women's emotional well-being after birth and use of health services in Melbourne, Australia. *Midwifery*. 2015;31(7):671–677.
- Akhavan S, Lundgren I. Midwives' experiences of doula support for immigrant women in Sweden—a qualitative study. *Midwifery*. 2012;28(1):80–85.
- Adanu RM, Johnson TR. Migration and women's health. *Int J Gynaecol Obstet*. 2009;106(2):179–181.
- Collins CH, Zimmerman C, Howard LM. Refugee, asylum seeker, immigrant women and postnatal depression: rates and risk factors. *Arch Womens Mental Health*. 2011;14(1):3–11.
- Bandyopadhyay M, Small R, Watson L, et al. Life with a new baby: how do immigrant and Australian-born women's experiences compare? *Aust N Z J Public Health*. 2010;34(4):412–421.
- Bollini P, Pampallona S, Wanner P, et al. Pregnancy outcome of migrant women and integration policy: a systematic review of the international literature. *Soc Sci Med*. 2009;68(3):452–461.
- Knight M, Kurinczuk JJ, Spark P, et al. Inequalities in maternal health: national cohort study of ethnic variation in severe maternal morbidities. *BMJ*. 2009. p. 338–542.
- Zwart JJ, Jonkers MD, Richters A, et al. Ethnic disparity in severe acute maternal morbidity: A nationwide cohort study in the Netherlands. *Eur J Public Health*. 2010;21(2):229–234.
- Ganmaa D, Rich-Edwards JW, Frazier LA, et al. A comparison of migrants to, and women born in, urban Mongolia: demographic, reproductive, anthropometric and lifestyle characteristics. *Int Health*. 2013;5(4):244–250.
- Renzaho AM, Oldroyd JC. Closing the gap in maternal and child health: a qualitative study examining health needs of migrant mothers in Dandenong, Victoria, Australia. *Matern Child Health J*. 2014;8(6):1391–1402.
- Balaam MC, Akerjordet K, Lyberg A, et al. A qualitative review of migrant women's perceptions of their needs and experiences related to pregnancy and childbirth. *J Adv Nurs*. 2013;69(9):1919–1930.
- Essén B, Johnsdotter S, Hovellius B, et al. Qualitative study of pregnancy and childbirth experiences in Somali women resident in Sweden. *BJOG*. 2000;107(12):1507–1512.
- Ochoa SC, Sampalis J. Risk perception and vulnerability to STIs and HIV/AIDS among immigrant Latin-American women in Canada. *Cult Health Sex*. 2014;16(4):412–425.
- Koc I, Hancioglu A, Cavlin A. Demographic differentials and demographic integration of Turkish and Kurdish populations in Turkey. *Popul Res Policy Rev*. 2008;27(4):447–445.
- Knipscheer JW, Kleber RJ. The relative contribution of posttraumatic and acculturative stress to subjective mental health among Bosnian refugees. *J Clin Psychol*. 2006;62(3):339–353.
- Kurth E, Jaeger FN, Zemp E, et al. Reproductive health for asylum seeking women a challenge for health professionals. *BMC Public Health*. 2010;10:659.
- Şimşek Z, Yentür Doni N, Doğan F. *Iron and B12 and folate deficiency of Syrian refugee women of reproductive age in the city center, 18*. Konya: Public Health Congress Book; 2015. p. 291–292.
- Rai T, Lambert HS, Ward H. Complex routes into HIV care for migrant workers: a qualitative study from north India. *AIDS Care*. 2015;27(11):1418–1423.