



# An exploration of how asylum seeking/refugee women perceive and respond to preventive health interventions.

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## Background.

Migration an increasing issue for all countries, with resultant “super-diversity” (Vertovec, 2007).

Health systems need to recognise and respond to this.

The Wittgenstein Centre for Demography and Global Human Capital

<http://www.global-migration.info/>





## Implications for health care.

Language and communication difficulties (<http://www.fp7restore.eu/>; <http://www.gla.ac.uk/research/az/gramnet/research/trainingmodel/>)

Barriers to accessing and providing effective primary care for asylum seekers (O'Donnell et al 2007, Roshan 2005)

Lack of knowledge of primary care health promotion and screening (O'Donnell et al 2007)

Lack of knowledge of chronic disease risk and NCDs.



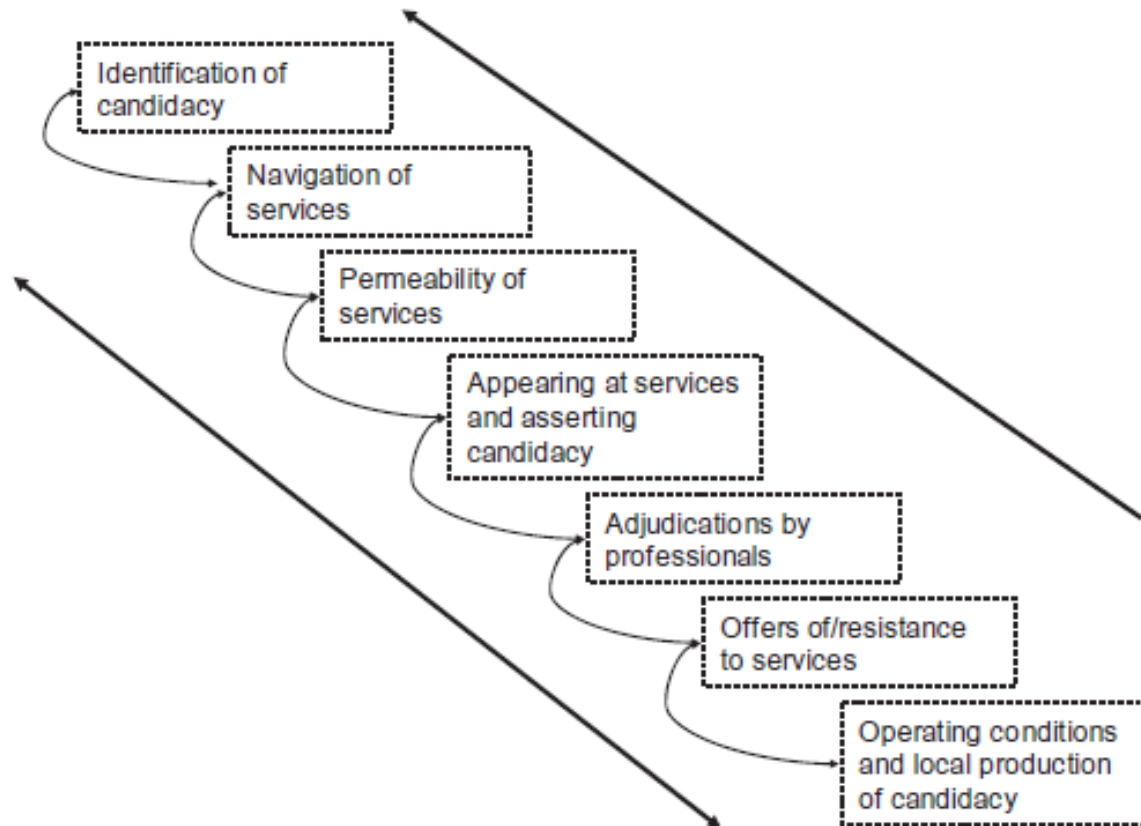
## Candidacy as a theoretical lens.

Candidacy is a dynamic concept that captures the idea that individuals' views of whether they are a candidate for particular illnesses or conditions, and the associated interventions and services, are socially constructed.

Formed both personally and through interactions with practitioners and systems.

Developed by Dixon-Woods in SR into health care access for vulnerable populations.





Mackenzie et al. Social Policy & Administration 2013.



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### Migrants partly to blame for A&E waiting times, Tory MP says

Migrants are to blame for putting extra strain on A&E departments because they go to hospitals when they are ill instead of visiting a GP, Tory MP Chris Skidmore has said.



# Why cervical screening?

## Cervical screening across the UK

This table summarises the state of cervical screening across the home nations.

|   |  |
|---|--|
| <b>England</b><br>All women aged 25 to 49 are invited every three years. Those aged 50 to 64 are invited every five years.<br><a href="#">» Read more</a> | <b>Northern Ireland</b><br>Universal offer of screening to women aged 25 to 65 years.<br><a href="#">» Read more</a>             |
| <b>Scotland</b><br>All women aged between 20 and 60 routinely invited for cervical screening.<br><a href="#">» Read more</a>                              | <b>Wales</b><br>Cervical Screening Wales invites women aged 25-64 for screening every three years<br><a href="#">» Read more</a> |

Table updated on 23 May 2014.





## Why Glasgow?

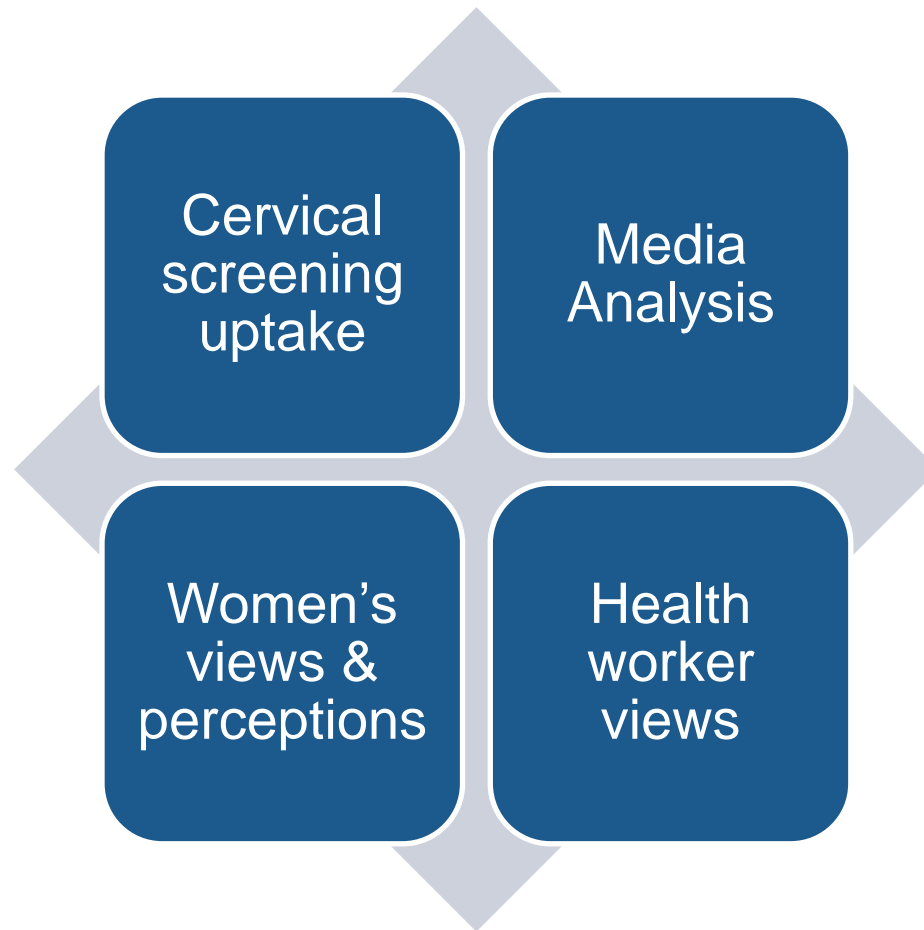
Scotland (2011): 7.0% (370,000) born out with UK & Ireland.

Glasgow: 12.2% (72,400) born out with UK & Ireland.

Includes sizable asylum seeking and refugee population.









Cervical  
screening  
uptake

Media  
Analysis

Women's  
views &  
perceptions

Health  
workforce  
views

Uptake in eligible female  
population in last 3.5 years:

Scotland 70.7%.

NHS Greater Glasgow 66.6%.

In two practices

- General population 96.0%.
- Asylum seekers 30.0%.
- Refugees 46.0%.



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Compared reporting of migrant issues in general and health issues

UK and Scottish:

- Quality broadsheets.
- Mid-market tabloids.
- Popular tabloids.
- Regional newspapers.

2008 – Spring 2013.

Reviewed 577 articles (127 health-related).

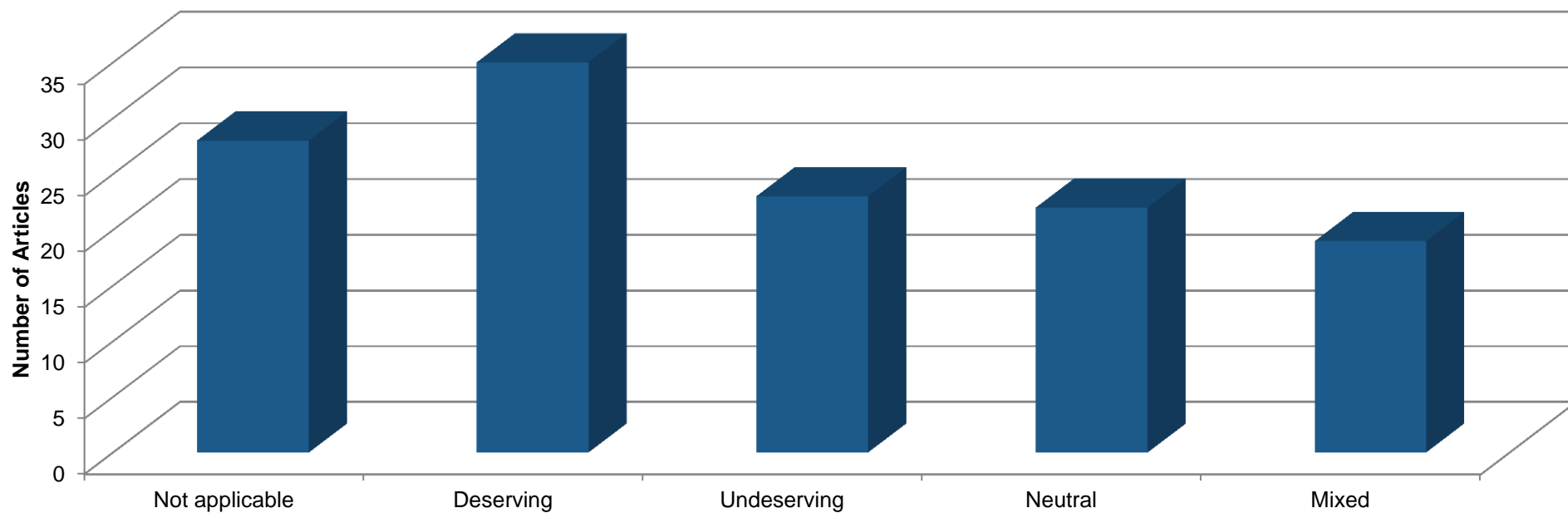


## Key findings.

- Reporting on migration and migrants a constant presence in UK media.
- Many “voices” reported – politicians predominated.
- Right leaning papers draw on anti-migrant think tanks.
- Often more sympathetic to individual migrants, than to migration per se.
- Less sympathetic when group “faceless” – unclear or mixed group.



## Portrayal of Deservingness for Healthcare





## Asylum seeking women and health

- Most discussed migrant group with regards to health
- High in the migrant hierarchy: most positive migrant tone and the group seen as most deserving of healthcare, after Ghurkas and Trafficking victims
- 6/7 of the mental health articles were about asylum seekers, 3 of these focused solely on female asylum seekers
- Asylum seeking women were portrayed sympathetically with regards to their health needs and backgrounds: victims of trauma, sexual violence and FGM.



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Focus groups and face-to-face interviews with 16 women.

Mix of countries, including Middle East and Africa.

Family physicians and community health workers.



## Key findings from women.

- Although often portrayed as deserving of healthcare in the media, this was not internalised by the women interviewed.
- Newspaper stories don't deter them from seeking care, but do make them feel uncomfortable.
- Lack of knowledge about the purpose of cervical screening.
- Cultural issues and language difficulties.
- Need for more appropriate information.
- Peer support valued.





- **Feeling that the media portrays asylum seekers and refugees unfairly.**

*‘You don’t read much good about it [migration], they’re here to take the houses, jobs you know most of the time, something’s wrong they have done..... it can be an issue having access to services because the person I am going to see he or she thinking like you know, she agrees with what they say.’ (Interviewee 1)*



## Key findings from health care professionals.

- FGM and sexual assault a barrier to screening.
- More training and support for staff, particularly in use of interpreters and in relation to FGM.
- No open acknowledgement of media influence.



## Conclusions.

- Media stories do impact on people's feelings of deservingness.
- For women, more targeted reassurance and information, e.g. through trusted community groups, may be required.
- For professionals, increased support and training, especially in relation to FGM and sexual assault.