# Perspectives of health professionals about refugee and migrant women's access to, and utilisation of sexual and reproductive health care in Australia: a Q methodological study

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# BACKGROUND

**Cultural and linguistic diversity in Australia is increasing**

- 26% Australians born overseas
- 20% had one of their parents born outside

**Three immigration pathways-**women account **50%**

1) Migration for skilled migrants
2) Family migrants
3) Humanitarian program (e.g., refugees, asylum seekers, women at risk)

**Sexual and reproductive health (SRH) of refugee and migrant women**

- Experience poor SRH outcomes
- Poor utilization of SRH care
- Low awareness about SRH issues

# GAPS IDENTIFIED IN THE LITERATURE

**Overall**

- little attention has been given-**only 2.2% research has focused on multicultural health issues**

**Focus**

- the views and experiences of accessing SRH care has been addressed **exclusively from the perspectives the women using interview and survey methods**

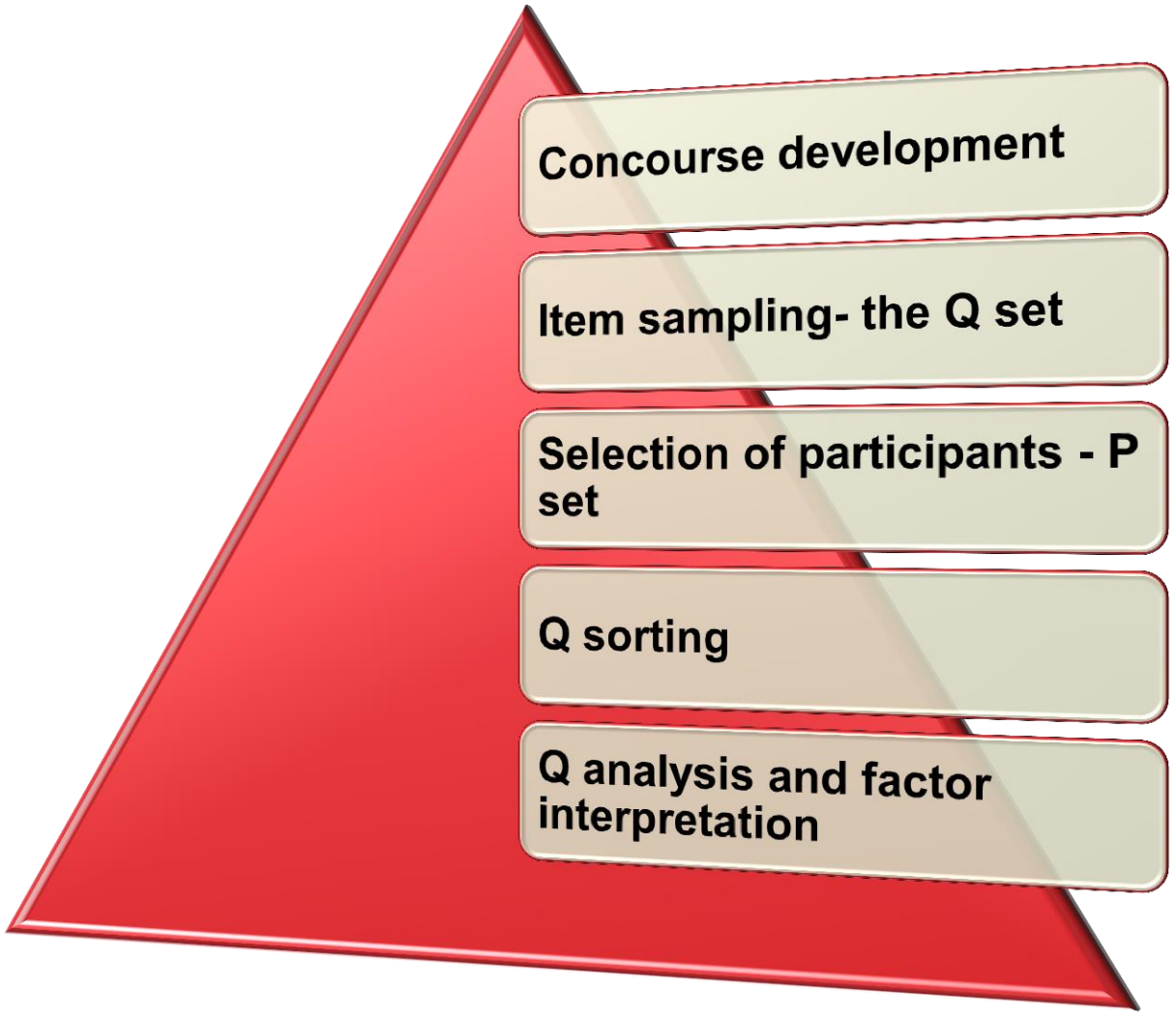
**Significance**

- understanding the perspectives of health professionals is crucial in ensuring that the SRH needs of these women are met

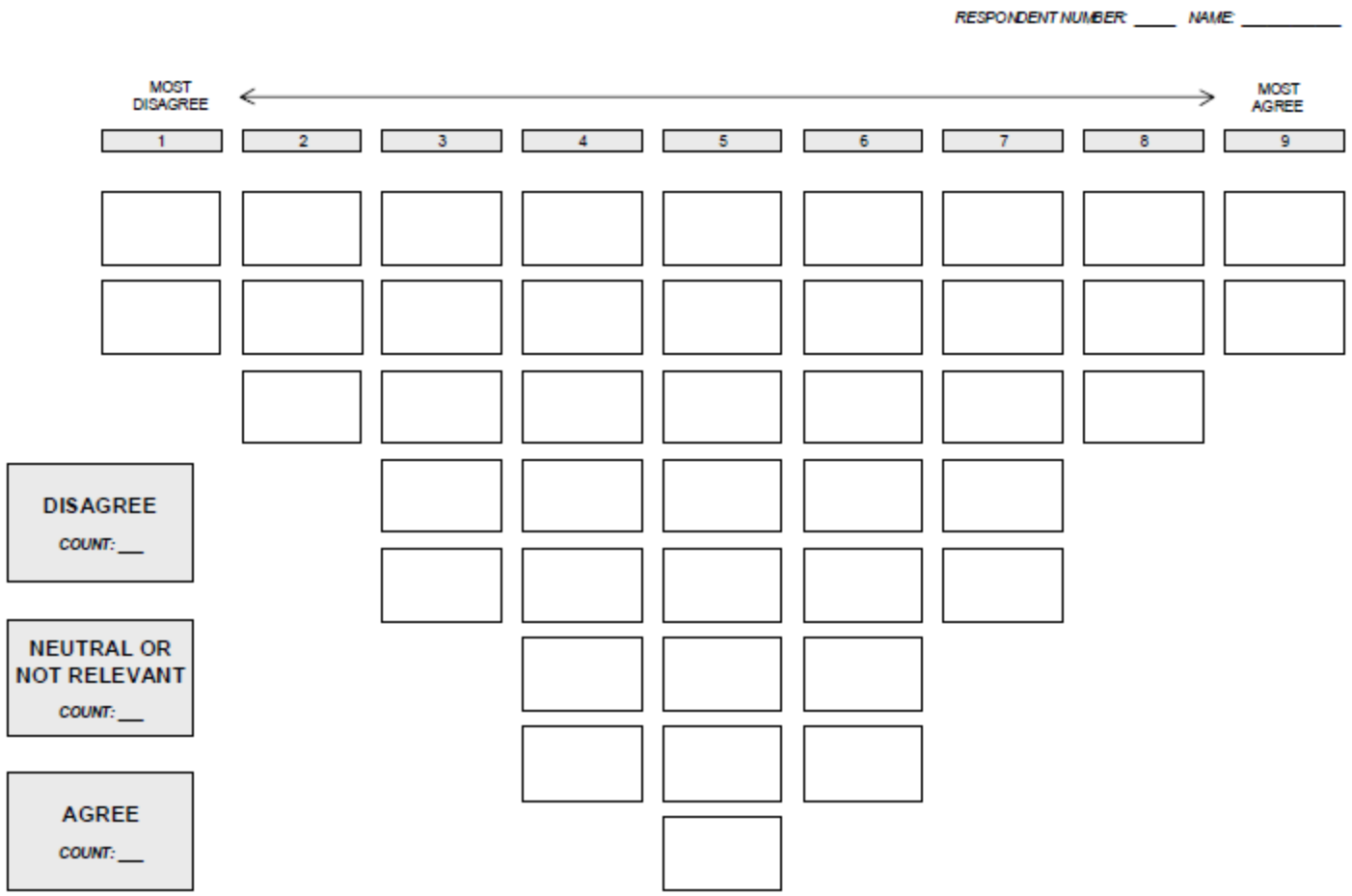
**Aim**

- to examine the perspectives of health professionals regarding providing SRH care to refugee and migrant women in Australia

# Q METHODOLOGY-FIVE MAJOR STEPS



## Annex C: Score sheet for Q sorting



# FACTOR A: COMMUNICATION DIFFICULTIES - HURDLES TO COUNSELLING

**Focus**

- Communication difficulties that inhibit the provision of adequate counselling of refugee and migrant women on SRH issues

**Loading statements**

- Providing SRH care to refugee and migrant women is interesting (6: +3)
- HPs have the time to incorporate the needs of refugee and migrant women (10: -3)
- Refugee and migrant women were seen to have access to culturally relevant SRH information (34: -1)
- Refugee and migrant women experience communication difficulties when accessing SRH care (20: +4).
- It is difficult to adequately provide explanations via an interpreter when providing SRH care to refugee and migrant women (23:+4).
- Refugee and migrant women often do not receive sufficient counselling when accessing SRH care (42: -4)

**Participant comments**

- "**The language barrier prevents** the refugee and migrant women from **openly expressing their needs** and problems as they are unable to comfortably discern their needs"
- "Although I am a native English speaker, I have had frequent **difficulties in being understood at times due to having a strong regional accent**"

# FACTOR B: WE DO NOT DO ENOUGH OR KNOW ENOUGH TO CARE FOR THEM IN A CULTURALLY APPROPRIATE MANNER

## Focus

Healthcare system **limitations in providing culturally appropriate SRH care** to refugee and migrant women.

## Loading statements

- Healthcare system is not well prepared to fulfil the SRH needs of refugee and migrant women (17: -4)
- Health care professionals are not culturally sensitive (2: +4)
- University curricula did not cover the health care issues of refugee and migrant women (11: +3)
- Supported the need for further professional development/training (12: +3)

**Participant comments**

- "**We do not do enough or know enough to care for them in a culturally appropriate manner**"

- "Health care professionals **need a lot of training re culture of women from various backgrounds** so that they can provide culturally appropriate health care"

# FACTOR C: STRUCTURAL BARRIERS TO ACCESSING SRH CARE

## Focus

- Negative impacts placed on refugee and migrant women due to the healthcare system, despite health professionals treating all women equally

## Loading statements

- Health professionals treat refugee and migrant women equally with Australian-born women(4: -3)
- Health professionals do rely on assumptions based on skin colour (3: -3)
- Australia's healthcare system is difficult to navigate for refugee and migrant women (14; +4)
- Refugee and migrant women do not know what services are available in the healthcare system (30: +2)

## Participant comments

- "I have witnessed **navigation struggle[s]** first hand"
- "There are **multiple layers of bureaucracy** that make the Australian health system very difficult to navigate"
- "Migrant and refugee women **do not have priority access to SRH** care in comparison to Australian-born women"

# FACTOR D: CULTURAL CONSTRAINTS ON EFFECTIVE COMMUNICATION

## Focus

- **Recurrence of communication difficulties** despite the use of interpreters

## Loading statements

- Communication difficulties persist even if interpreters are used (24: +3)
- Refugee and migrant women do not commonly disclose their SRH issues in front of an interpreter (26:+3)
- Providing explanations via an interpreter is a difficult task when consulting refugee and migrant women (23: +4)
- Refugee and migrant women are reluctant to express their needs when accessing SRH care (40: +2)
- Refugee and migrant women prefer health providers from their own cultural background (13: +4)

## Participant comments

- "Due to **cultural and religious facts and barriers**, refugee and migrant women may not feel comfortable to talk about their SRH matters to an interpreter"
- "a health professional having the same background with the patient is more culturally congruent and language barrier doesn't exist in this instance"

# FACTOR E: THE IMPACTS OF CULTURAL COMPETENCY (OR THE LACK THEREOF) ON HEALTH CARE PROVIDERS' PERSPECTIVES ON GIVING SRH CARE

## Focus

- Health practitioners' **lack of cultural competency to provide SRH care** to refugee and migrant women

## Loading statements

- Health professionals lack the competency to provide SRH care to various groups of refugee and migrant women (9: +3)
- The diverse belief systems related to health among refugee and migrant women is a challenge when providing SRH care (39: +3)
- Consultations with refugee and migrant women were neither interesting (6: -2) nor satisfying (8: -4).
- Further training for health professionals regarding refugee and migrant women's SRH (12: +3).

## Participant comments

- "Many (not all!) health care workers **do not have the necessary cultural understanding of sexual matters** in various communities to deal well and effectively when working with these women"

# FACTOR F: LOW INCOME AND LANGUAGE BARRIER: IMPEDIMENTS IN MEETING REFUGEE AND MIGRANT WOMEN'S UNIQUE SRH NEEDS

## Focus

- Focused on the hurdles refugee and migrant women face when they try to access SRH services to satisfy their unique needs

## Loading statements

- Refugee and migrant women have unique SRH needs (27: +3)
- SRH needs are different from that of Australian-born women (28: +3)
- HPs are culturally sensitive to care for refugee and migrant women (2: -4)
- HPs treat them equally compared to Australian-born women (4: -3)
- Refugee and migrant women's lower income affects their access to SRH care (19: +4)
- Language barriers diminished their satisfaction with the care (22: +4)

## Participant comments

- "lower income will affect their access to health care due to needing to go through the public health system and unable to access private health system"

# FACTOR G: SRH SERVICES ARE ACCESSIBLE, BUT NOT CULTURALLY RELEVANT

## Focus

- **Cultural inappropriateness of the SRH services available** to refugee and migrant women

## Loading statements

- SRH services and information in Australia are easily accessible (32: -3)
- Refugee and migrant women do not have access to culturally relevant SRH information (34: +4)
- Refugee and migrant women prefer providers from their own background (13: +4)
- Health professionals provide better care for patients from the same culture as themselves (5: +2)

## Participant comments

- “I feel that services could be appreciated, but **they are not able to be accessed in a way that suits individuals concerned** - e.g. it is too confronting or is not viewed favourably by their particular culture or religion perhaps”

- “The health service is set up in such a way that it is tailor-made to address the **needs of a "common woman" in terms of SRH**”

# CONCLUSIONS

- The identified perspectives reveal the complexity of providing SRH care to refugee and migrant women in Australia
- Language and cultural differences compromise the communication between HPs and the women resulting in insufficient counselling.
- Australia's healthcare model-perceived to be culturally inappropriate for refugee and migrant women.
- HPs-felt inadequately trained to care for refugee and migrant women in a culturally appropriate manner.
- A more culturally adaptive healthcare model
    - considers their linguistic, cultural and socio-economic backgrounds
    - engages health professionals on an ongoing process of building cultural competency

# QUESTIONS?