

Transatlantic Collaboration in Times of a Pandemic



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An international collaboration addresses the family planning and reproductive health needs of women seeking asylum in Switzerland. The aim is to bring awareness to the experiences of migrant and asylum-seeking women accessing SRH and to improve access to care for female migrants as a fundamental reproductive justice and healthy equity concern.

Access to sexual and reproductive healthcare (SRH) is a fundamental component of women's wellbeing and quality of life.¹ Women's physical and mental health benefits directly from effective and affordable family planning services, including contraception and abortion: SRH constitutes an integral part of women's healthcare.² Furthermore, high-quality SRH reduces the incidence of unplanned pregnancy, ultimately contributing to gender equality, social justice, and global economic development.¹ Yet for many migrant women, access is difficult, costly, and not prioritized – even in affluent, high-income countries.

The current global refugee crisis has drawn greater attention internationally to research around access to SRH care for migrant women. Many projects have focused on women's access to healthcare in resettlement countries, such as Canada, the United States, Australia, and Switzerland. This includes research I have conducted as a research trainee in Canada.

How do Syrian refugee women experience access to our health care services?

As a graduate student in Health Promotion at Dalhousie University in Halifax, Canada, my thesis research was focused on understanding Syrian refugee women's experiences accessing healthcare services and social supports after birth. It was while writing my own research that I first encountered the work being done in the Department of Health Professions and the Midwifery Division at the Bern University of Applied Sciences.

After hearing about a call for international research proposals, I connected with Prof. Dr. Eva Cignacco to explore our shared passion for women's health equitable access to care. I was successfully funded by a Canadian grant for graduate research students, the Michael Smith Foreign Study Supplement. With funding to pursue a collaborative research project, Dr. Cignacco and I decid-

ed to further explore access to SRH for women seeking asylum in Switzerland, as over 11,000 people sought asylum in 2020 alone.³

Despite its importance,¹ rates of SRH service use remain low among asylum-seeking women, resulting in negative health outcomes.⁴⁻⁶ The rate of unwanted pregnancy is high among asylum-seeking women; their rate of induced abortion is 2.5 times higher than in the local Swiss population.⁷ This disparity may be one sign of a failure to adequately provide accessible and affordable family planning supports and contraception to asylum-seeking women in Switzerland.⁸

Barriers in the access to contraceptives

Pre-arrival experiences and post-arrival barriers negatively influence access to contraceptives for asylum-seeking women.⁸ They often have lower educational attainment, which may impact SRH literacy.⁹ Certain cultural and religious groups promote abstinence, and stigmatize the use of contraceptives.⁹⁻¹³ Post-resettlement, women's SRH is often neglected, given that resettlement needs, such as securing housing and employment, often take precedence.^{6,9,11} Access to SRH services is limited by women's access to childcare, transportation, and their ability to navigate a foreign health system.^{6,8} Language and communication barriers complicate service use, particularly when interpretation services are not funded, as is the case in Switzerland.^{9,11,14} While abortion services are publicly funded, contraceptives must be paid for by the women themselves.⁸ As gainful employment is restricted for asylum-seekers,¹⁵ the cost of contraceptives is an exceptional barrier.^{8,16}

With all of this considered, Dr. Cignacco, myself, and colleague Milena Wegelin put together a proposal to interview women seeking asylum in Switzerland to learn more about their experiences accessing reproductive care. High-quality SRH reduces the incidence of un-

planned pregnancy, ultimately contributing to gender equality, social justice, and global economic development.¹ The aim of the interviews were:

1. Understand the barriers and facilitators to effective family planning and contraceptive use among asylum-seeking women and their partners in Switzerland.
2. Evaluate asylum-seeking women's underlying need for and use of abortion services in Switzerland.

Though our collaboration to date has been virtual, I will be travelling to Bern this fall as participant interviews continue.

Our partnership has extended further into knowledge mobilization. Dr. Cignacco, alongside colleagues Paola Origlia, Milena Wegelin, Jean Anthony Grand-Guillaume-Perrenoud, and myself are in the process of implementing the first international course on the sexual and reproductive health needs and experiences of migrant women in the context of forced migration, offered through the Swiss School of Public Health.

Through these collective efforts, we hope to bring greater awareness to the experiences of migrant and asylum-seeking women accessing SRH. Impaired access to care owing to migration status remains a fundamental reproductive justice and healthy equity concern.

Women's physical and mental health benefits directly from effective and affordable family planning services, including contraception and abortion. Yet for many migrant women, access is difficult, costly, and not prioritized – even in affluent, high-income countries.

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