

Migrant Sexual Health Help-seeking in High Income Countries

A Systematic Review

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Outline

- Background
- Methods
- Results
- Conclusions



Background

- ❑ **Almost 3.1%** of the total global population are migrants (1).
- ❑ In the twenty year period from **1990 to 2010** there was rapid growth in the international migrant population, **from 156 million to 214 million people respectively** (2).
- ❑ The number of international migrants living in high income countries has **increased significantly from 82.3 million to 135.6 million people over the past two decades** (3).



1. Nygren-Krug H. *International migration, health and human rights: World Health Organization; 2004.*
2. United Nations. *Trends in International Migrant Stock: The 2008 Revision. New York: 2009.*
3. OECD-UNDESA. *World Migration in Figures: OECD-UNDESA; 2013 [cited 2015 19 December]. Available from: <http://www.oecd.org/els/mig/World-Migration-in-Figures.pdf>.*

Reasons for migrating

- Safety and security
- Health
- Labour
- Economic inequalities between high and low income countries
- Family reunification (4-6)

Factors that influence migrants' sexual health help-seeking behaviour

- Personal and interpersonal influences
- Social and cultural factors
- Environmental factors (7, 8)

Study Aim & Objectives

To systematically identify and report on the sexual health help-seeking behaviour of adult migrants in high income countries.

Research motivated by increasing diagnoses of HIV amongst individuals from Culturally and Linguistically Diverse groups in a number of states.

Study Objectives

- To assess types and source of health-related help-seeking behaviour including sexual health help-seeking used by and available to migrants in high income countries;
- To identify factors that enable sexual health help-seeking behaviour of migrants in high income countries;
- To explore factors that are barriers to sexual health help-seeking behaviour of migrants in high income countries.



Methods

- PsycINFO, MEDLINE, ProQuest, PubMed, Scopus, Global Health, Web of Science and the Cochrane databases were searched
- Date range: Articles published from January 2000 to October 2015.
- Google Scholar was used to verify the results of the database searches.
- Only full text, peer reviewed journal, published in English were included.
- Titles, abstracts, and articles were reviewed by at least two independent reviewers.
- Registered in PROSPERO International Prospective Register of Systematic Reviews (registration number: CRD42015023330)



Inclusion Criteria

- Qualitative and quantitative evidence.
- Exploring adult migrant sexual health help-seeking behaviour
- Male and female migrants (documented) aged 18 years or older.
- Residing in high income countries (according to World Bank OECD criteria) which have Universal Health Care (UHC)

Excluded:

- Studies published prior to 2000;
- Non-peer reviewed articles and grey literature;
- Studies predominantly about participants under 18 years old;
- Studies of interventions conducted in low and middle-income countries.
- Studies conducted in countries that did not have universal health care



Search Strategy

Search terms:

(migrant, immigra*, “sexual health”, “reproductive health”, “help-seeking behavior”, “health seeking behavior”)*

All relevant variations, including MeSH terms were used depending on database requirements and specifications.

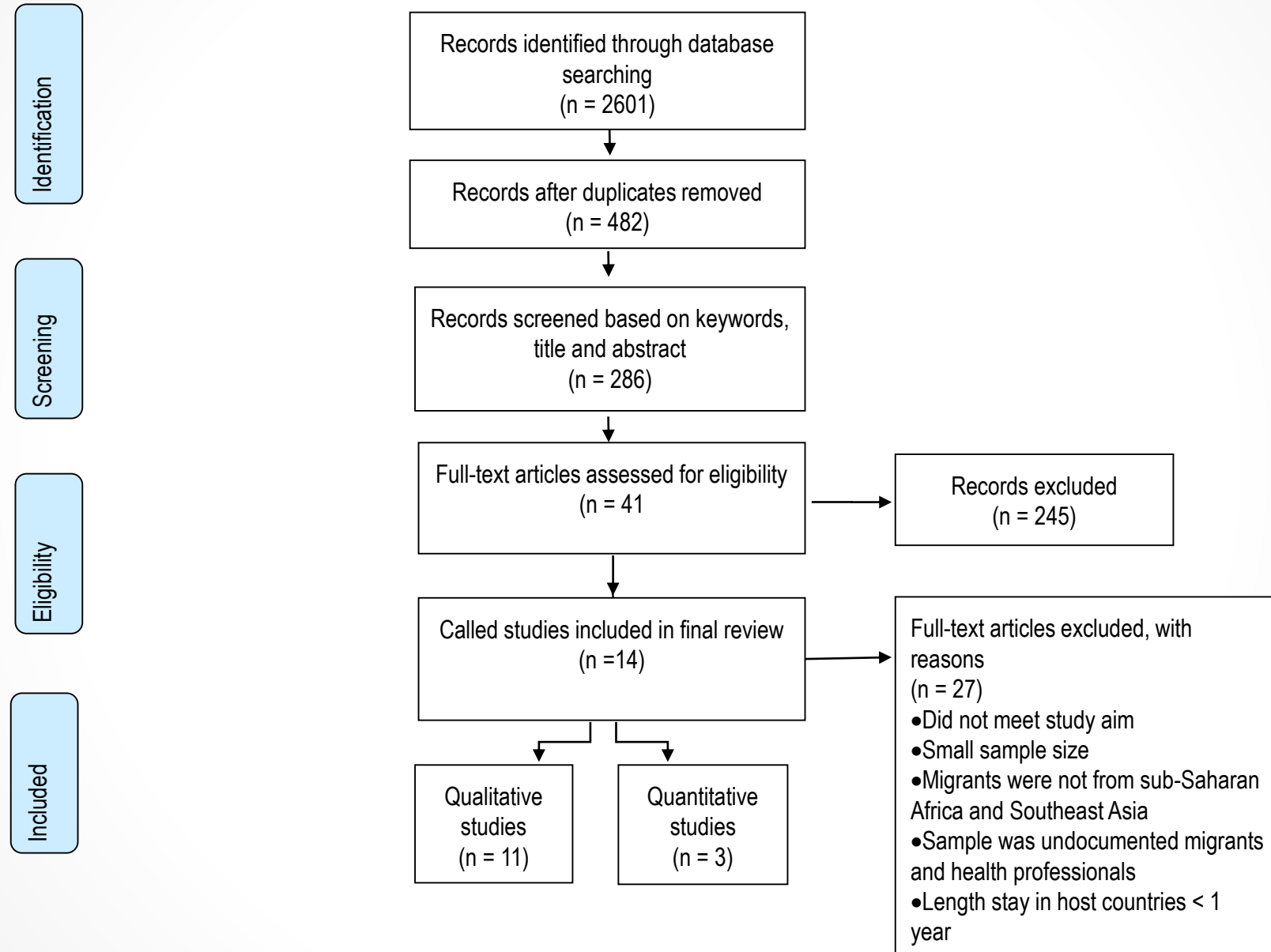


Results

- 2601 studies identified in the original search
- 14 articles met inclusion criteria for the systematic review
- 11 qualitative and 3 quantitative studies conducted in Australia, Spain, Netherlands, the United Kingdom, Belgium, Scotland, the Republic of Ireland, and Sweden.



Figure 1. Flow diagram of the study selection process



Key Findings

a. Sources of sexual health help-seeking of migrants

- GPs were most common source of information for sexual health information
- More likely to seek sexual health information via sexual health clinics.

b. Enabling factors

- Good health literacy to to seek help and access health services.
- Strong relationships with families, such as parents, spouse, and children.
- The relationship between healthcare providers and patients.

c. Barriers to help-seeking and accessing health services among migrants

- Low socio-economic status, poverty and unemployment were barriers, particularly HIV testing and care.
- Discrimination and racism
- Organisation, structure, location, and availability of health service
- Gender norms and culture



Conclusion

- Inadequate knowledge about sexual health was shown to present barriers to HIV testing or treatment, exacerbated when the cost for HIV testing and treatment was not affordable
- Embarrassment, shame, anxiety, fear of deportation, fear of positive test results, and fear of social stigma, were all factors which were shown to discourage migrants from health service utilisation.
- This review highlighted the important role of GPs as a source of information for migrants along with family, peers, community members, religious leaders, mass media, and the Internet.



So What?

- Increasing global migration has seen increases in acquisition of STIs and BBVs amongst migrants and other mobile populations.
- Better understanding the barriers and enablers to sexual health help-seeking can inform more targeted interventions to reduce vulnerability to STIs and BBVs among mobile populations.
- This review is the first study to systematically assess migrants' sexual health help-seeking in high income countries.
- The review provides some direction in relation to factors that may affect help-seeking behaviour of migrants from sub-Saharan African and Southeast Asia countries living in high income countries such as Australia.

