Reproductive Health in Refugee Women

Heike Thiel de Bocanegra, PhD, MPH
Associate Professor  Department of Obstetrics and Gynecology, University of California, Irvine

SPH 295 International Health, University of California, Davis

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Objectives

- Identify statistics of refugee arrivals to the US
- Compare Canadian and US refugee screening guidelines for contraceptive use
- List impact of refugee status on maternal morbidity
- Describe the Refugee Reproductive Health Network (ReproNet)
Poll questions

The US does not receive any refugees at this moment.

In 2018, Canada received more refugees than the U.S.

10% of refugees to the US arrive in California.

More than half of refugees to the US arrive in ten states.

The counties with the largest percentages of refugees in California are:

A. San Diego, Los Angeles, San Francisco
B. San Diego, Los Angeles, Sacramento
C. San Diego, Los Angeles, San Jose
Pathways to Safety for Victims of Persecution or Organized Violence

Victims of persecution or organized violence

- Internal displacement within own country
- Emigration to neighboring country
  - Remain in neighboring country (temporarily or permanently)
  - Asylum granted by high-income country
  - Move on to high-income country

Refugee Settlement Program
- Ideally including government assistance & community support:
  - Health assessment and health care services
  - Housing
  - Education
  - Employment
  - Psycho-social support

Or

Temporary Protection
- With the expectation of returning home when conditions permit

Asylum application
  - Accepted
  - Rejected
    - Voluntary return or deportation
    - Irregular residence
      - Risk of apprehension

No asylum application
Assistance to refugees after arrival

- Specific date of entry
- Standardized health exam at entry to US
- Support from resettlement agencies to integrate, including “cultural orientation” and Medicaid enrollment assistance (90 days)
- Eligible for Medicaid for at least eight months

Assistance for asylum seekers varies by state
U.S. Refugee Admissions

Number of Refugees Per Fiscal Year

- 2010: 73,311
- 2011: 56,424
- 2012: 58,238
- 2013: 69,926
- 2014: 69,987
- 2015: 69,933
- 2016: 84,994
- 2017: 53,716
- 2018: 22,496
- 2019: 30,000

US Refugee Processing Center
Trump to Cap Refugees Allowed Into U.S. at 30,000, a Record Low

Syrian refugees preparing to leave Beirut, Lebanon, this month to return to their homes in Syria. Photo Credit: Anwar Amro/Agence France-Presse — Getty Images
U.S. refugee resettlement drops, falling below Canada in 2018

Number of resettled refugees, in thousands

Note: Nations shown are top four resettlement countries. Complete data for UK prior to 2004 is not available through the UNHCR. Figures rounded to the nearest thousand. Source: Pew Research Center analysis of United Nations High Commissioner for Refugees data, accessed June 12, 2019.

PEW RESEARCH CENTER
US Refugees by state, 2019

Top states for U.S. refugee resettlement in fiscal 2019

Number of refugees resettled by state

<table>
<thead>
<tr>
<th>State</th>
<th>Refugees Resettled</th>
</tr>
</thead>
<tbody>
<tr>
<td>Texas</td>
<td>2,500</td>
</tr>
<tr>
<td>Washington</td>
<td>1,900</td>
</tr>
<tr>
<td>New York</td>
<td>1,800</td>
</tr>
<tr>
<td>California</td>
<td>1,800</td>
</tr>
<tr>
<td>Kentucky</td>
<td>1,400</td>
</tr>
<tr>
<td>Ohio</td>
<td>1,400</td>
</tr>
<tr>
<td>North Carolina</td>
<td>1,300</td>
</tr>
<tr>
<td>Arizona</td>
<td>1,200</td>
</tr>
<tr>
<td>Georgia</td>
<td>1,200</td>
</tr>
<tr>
<td>Michigan</td>
<td>1,100</td>
</tr>
</tbody>
</table>

Note: Fiscal year ended on Sept. 30, 2019. Numbers rounded to the nearest hundred.

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Top 10 Countries of Origin of Refugees (10/2019 - 05/2020)

Where America’s Refugees Come From

- Syria: 172
- Russia: 185
- Iraq: 282
- Moldova: 283
- Eritrea: 360
- Afghanistan: 582
- Burma: 1028
- Ukraine: 1409
- Democratic Republic of Congo: 1979

Source: Refugee Processing Center,
Afghan and Iraqi SIV Arrivals

- Special Immigrant Visas holders (SIVs) assisted or were employed by the United States government in Afghanistan or Iraq
- Same support and resources as refugees
- Arrival statistics are reported separately
<table>
<thead>
<tr>
<th>County</th>
<th>Refugee Arrival, 2012-2016&lt;sup&gt;1&lt;/sup&gt;</th>
<th>SIV arrival, 2012-2016&lt;sup&gt;2&lt;/sup&gt;</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>San Diego</td>
<td>13,153</td>
<td>1,490</td>
<td>14,643</td>
</tr>
<tr>
<td>Los Angeles</td>
<td>7,818</td>
<td>511</td>
<td>8,239</td>
</tr>
<tr>
<td>Sacramento</td>
<td>4,348</td>
<td>3,775</td>
<td>8,123</td>
</tr>
<tr>
<td>Other</td>
<td>5,982</td>
<td>3,389</td>
<td>9,371</td>
</tr>
<tr>
<td>California</td>
<td>31,301</td>
<td>9,165</td>
<td>40,466</td>
</tr>
</tbody>
</table>


<sup>2</sup> California Refugee Arrivals Data. California Department of Public Health. [http://www.cdss.ca.gov/inforesources/Refugees/Reports-and-Data/Arrivals-Data](http://www.cdss.ca.gov/inforesources/Refugees/Reports-and-Data/Arrivals-Data)
California Refugees (10/2019-03/2020) and SIVs (10/2019-05/2020) By Nationality

<table>
<thead>
<tr>
<th>Country of Origin</th>
<th>Number of Persons Resettled</th>
</tr>
</thead>
<tbody>
<tr>
<td>Afghanistan</td>
<td>8,588</td>
</tr>
<tr>
<td>Democratic Republic of Congo</td>
<td>1,979</td>
</tr>
<tr>
<td>Iran</td>
<td>61</td>
</tr>
<tr>
<td>Iraq</td>
<td>438</td>
</tr>
<tr>
<td>Somalia</td>
<td>108</td>
</tr>
<tr>
<td>Syria</td>
<td>172</td>
</tr>
</tbody>
</table>

California Refugees (2008-2018) and SIVs (2016-2018) By Nationality

<table>
<thead>
<tr>
<th>Country of Origin</th>
<th>Number of Persons Resettled</th>
</tr>
</thead>
<tbody>
<tr>
<td>Afghanistan</td>
<td>10,387</td>
</tr>
<tr>
<td>Democratic Republic of Congo</td>
<td>1,478</td>
</tr>
<tr>
<td>Iran</td>
<td>20,536</td>
</tr>
<tr>
<td>Iraq</td>
<td>28,095</td>
</tr>
<tr>
<td>Somalia</td>
<td>1,925</td>
</tr>
<tr>
<td>Syria</td>
<td>2,327</td>
</tr>
</tbody>
</table>
Maternal health outcomes of refugee groups

- Undetected health problems like anemia and hypertension
- Iraqi, Somali, and Bhutanese refugees reported delayed initiation of pre-natal care and had fewer prenatal visits compared to US-born populations
- Refugee populations had higher rates of Cesarean sections, stillbirths, preterm births, and lower birth weights among infants
- Post-partum depression also occurred, but many women did not understand what this was, which prevented them from obtaining necessary treatment
Somali Women and Pregnancy Outcomes Postmigration

- Meta-analysis of Somali women in Australia, Belgium, Canada, Finland, Norway, Sweden

- Lower preterm birth rates
- Reduced low birthweight infants
- Greater prolonged gestation (postdates)
- Higher Cesarean sections (in first births)
- Higher stillbirths
- Lower Apgar scores

Maternal infant health outcomes among Somali refugee women


Compared to US born women, Somali women have
• Increased cesarean delivery due to fetal distress
• Increased delivery after 42 weeks
• Significant perineal lacerations, gestational diabetes, and oligohydramnios
• Poor neonatal outcomes
• Lower 5-minute Apgar scores
• Prolonged hospitalization
• Assisted ventilation
• Meconium aspiration

Refugee health assessment at arrival to the US

- Screening focuses on infectious diseases and mental health issues
- Not designed to provide clinical preventive screening
- No standardized follow up to "referral"
- Review article on Refugee Health to High-Resource country: No assessment of contraception or preconception care needs

Reproductive health questions in refugee screening guidelines

Reproductive health questions:
1) Are you pregnant?
2) How regular is your menstrual cycle?
3) How many pregnancies have you had?
4) How many children do you have?

Question on Female Cutting
Evidence-based clinical guidelines for immigrants and refugees

Kevin Pottie MD MCISc, Christina Greenaway MD MSc, John Feighnter MD MSc, Vivian Welch MSc PhD, Helena Swinkels MD MHS, Meb Rashid MD, Lavenya Narasiah MD MSc, Laurence J. Kirmayer MD, Erin Ueffing BHS MSc, Noni E. MacDonald MD MSc, Ghayda Hassan PhD, Mary McNally DDS MA, Kamran Khan MD MPH, Ralf Buhrmann MDCM PhD, Sheila Dunn MD MSc, Arunmozh Dominic MD, Anne E. McCarthy MD MSc, Anita J. Gagnon MPH PhD, Cécile Rousseau MD, Peter Tugwell MD MSc; and coauthors of the Canadian Collaboration for Immigrant and Refugee Health

Competing interests: See end of document for competing interests.


This document has been peer reviewed.

Correspondence to: Dr. Kevin Pottie, kpottie@uottawa.ca

Canadian refugee health screening guidelines

- Encourage use of checklists and algorithms for systematic assessment
- Implementation of recommendations may take 3-4 visits; If possible, same PCP screens and provides care for the next two years
- Guidelines include testing for cervical cancer, intimate partner violence, contraceptive needs
“To prevent unintended pregnancy, screening for unmet contraceptive needs should begin soon after a woman’s arrival in Canada.”

4.8% refugee women tested positive for being pregnant at the time of the assessment.

1.3% tested positive for chlamydia while 0.6% tested positive for syphilis.
Refugee screening and primary care

- Refugee health assessment not designed to provide clinical preventive screening; referral to primary care
- Unclear whether primary care provider (PCP) is familiar with refugee screening guidelines
- Delay in accessing primary care: Medicaid enrollment, time to first appointment
- Additional delays: Preference for female provider; PCP not providing women’s health services; other priorities at resettlement
Integration of refugee assessment in primary care

Sacramento County Department of Health reorganization 2019

- All primary care clients get a full assessment, regardless the reason of visit.
- Federal refugee assessment is complemented with obstetric and gynecological health, including contraceptive needs.
- Women can stay at same clinic for maternity and gynecologic care. DOH has live interpreters in multiple languages.
- Have to select Medicaid plan that has contract with DOH for continuing primary care.
Medicaid managed care plans

- Follow up of new enrollees about access to contraceptive options

Family PACT – Family planning and family-planning related services

For low-income California residents who do not qualify for Medicaid or who need confidential services

Network of over 2,000 public and private Family PACT providers [www.familypact.org](http://www.familypact.org) - zipcode locator
Which biases did you observe in the assigned articles on contraceptive use in refugee women?


Contraceptive use among Afghan women: Avoid stereotypes

Preterm Birth Postpartum Contraception Study (2017-18)
In-depth interviews with 35 women who had a preterm birth in San Francisco, Alameda, and Fresno countries

Case: 20 yrs, Afghanistan, Pashto-speaking, arrived 6 month pregnant in the U.S.
A family member had her baby a month before at the same hospital and got an IUD.
After talking to her, patient decided to get the IUD as well.
Husband supportive of contraceptive and birth spacing decision.
Lessons from postpartum contraception study on foreign-born mothers

- Arrival advanced pregnancies (few time to do contraceptive counseling by provider)
- No knowledge about contraceptive options in the US or bad experiences with certain methods
- Medical condition that could not be treated in home country
- Section of methods because of experience of friends and family (local and in home country)
- Men may support to contraceptive use and birth spacing decision
- Transportation and child care important
Reproductive Refugee Network (Repro-Net)

- Engagement award, collaboration of University of California campuses with local refugee communities
- San Diego and Sacramento
- Engage in dialogue with refugee communities to investigate their preferences for reproductive health and well-woman care
- Organize symposium at UCD Medical Center, Sacramento spring 2021 to develop a Research and Policy Agenda with and for refugee women
Figure 1: Refugee Reproductive Health Network (RRHN) Governance Structure

- **Patient Task Force (PTF)**
  - 6 Refugee GB members
  - refugee women
  - Quarterly meetings, social media network
  - Refugee-lead small group meetings
  - English, Pashto, Arabic, Farsi, Dari, Suaheli

- **Governance Board (GB)**
  - 6 PTF members
  - 4 PRSP members
  - UC researchers (Thiel, Mody)

- **Meeting and Symposium Planning**

- **Communication**

- **Governance and Decision-making**

- **Panel of Researchers and Service Providers (PRSP)**
  - Researchers and clinical refugees/services providers - quarterly meetings

- GB members at PTF meeting
- GB members at PRSP meeting
- PTF members present at PRSP meetings
- PRSP members present at PTF meetings
ReproNet collaboration with Sacramento County Department of Health - 2020

- Medical chart review of contraceptive use of refugee patients
- Assess pregnancy intention of refugee arrivals after health visit
- COVID-19 phone survey to Afghan and Ukrainian refugees
ReproNet in times of COVID-19

- Change from in-person meetings to virtual meetings
- Assess digital readiness of refugee communities and new opportunities (mosque services on zoom)
- Change in service delivery impacts provider priorities
- **Internship and volunteer opportunities**: Sereen Banna, project coordinator

  sybanna@ucdavis.edu

- **Sign up for ReproNet provider and volunteer contact list:**

  https://ci-redcap.hs.uci.edu/surveys/?s=L49TD9F9E8
Questions and Answers

Contact:
Heike Thiel de Bocanegra, PhD, MPH
University of California, Irvine
Department of Obstetrics and Gynecology
hthiel@hs.uci.edu
References


Population Reference Bureau, international data, Afghanistan, 2018. [https://www.prb.org/international/geography/afghanistan](https://www.prb.org/international/geography/afghanistan)


<table>
<thead>
<tr>
<th>Stage</th>
<th>Health threats</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Pre-conflict</td>
<td>Depend on the country in question, as well as on socioeconomic status, age, sex, etc. WIDE VARIATIONS both within and between countries</td>
</tr>
<tr>
<td>2 Conflict</td>
<td>Physical violence (including torture); deprivation of physical, mental and social needs; separation, loss, traumatic events</td>
</tr>
<tr>
<td>3 Flight</td>
<td>Immigration policies of destination countries increasingly expose would-be asylum seekers to severe threats, including exploitation, violence and death by drowning, hunger or thirst</td>
</tr>
<tr>
<td>4 Shelter</td>
<td>Can be in neighboring region or high-income country, pending legal assessment. Risk of poor conditions, prolonged inactivity</td>
</tr>
<tr>
<td>5 Resettlement</td>
<td>Poor access to health services, unfavorable position in society, discrimination and marginalization. Difficulties in attaining economic self-sufficiency</td>
</tr>
</tbody>
</table>