Diversity and inclusive primary healthcare

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PHARMAC Seminars
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What we will cover

Definition of Refugee and Refugees Arrive in NZ

Female Genital Mutilation (FGM)

Case Study

Definition of a Refugee

“A refugee is a person who, owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion is outside the country of his nationality and is unable, or owing to such fear, is unwilling to avail himself of the protection of that country.”
- 1951 Convention Relating to the Status of Refugees

Statistics


THE WORLD'S TOP 10
REFUGEE HOST COUNTRIES
TURKEY (2.5M+)
IRAN (979,400)
PAKISTAN (1.6M)
LEBANON (1.5M+)
CHAD (369,500)
JORDAN (2.7M+)
ETHIOPIA (736,100)
DRC (383,100)
KENYA (553,900)
UGANDA (477,200)

3 Ways Refugees Arrive in NZ

Quota Refugees

750 (+/- 10%), Settlement support funded by MBIE

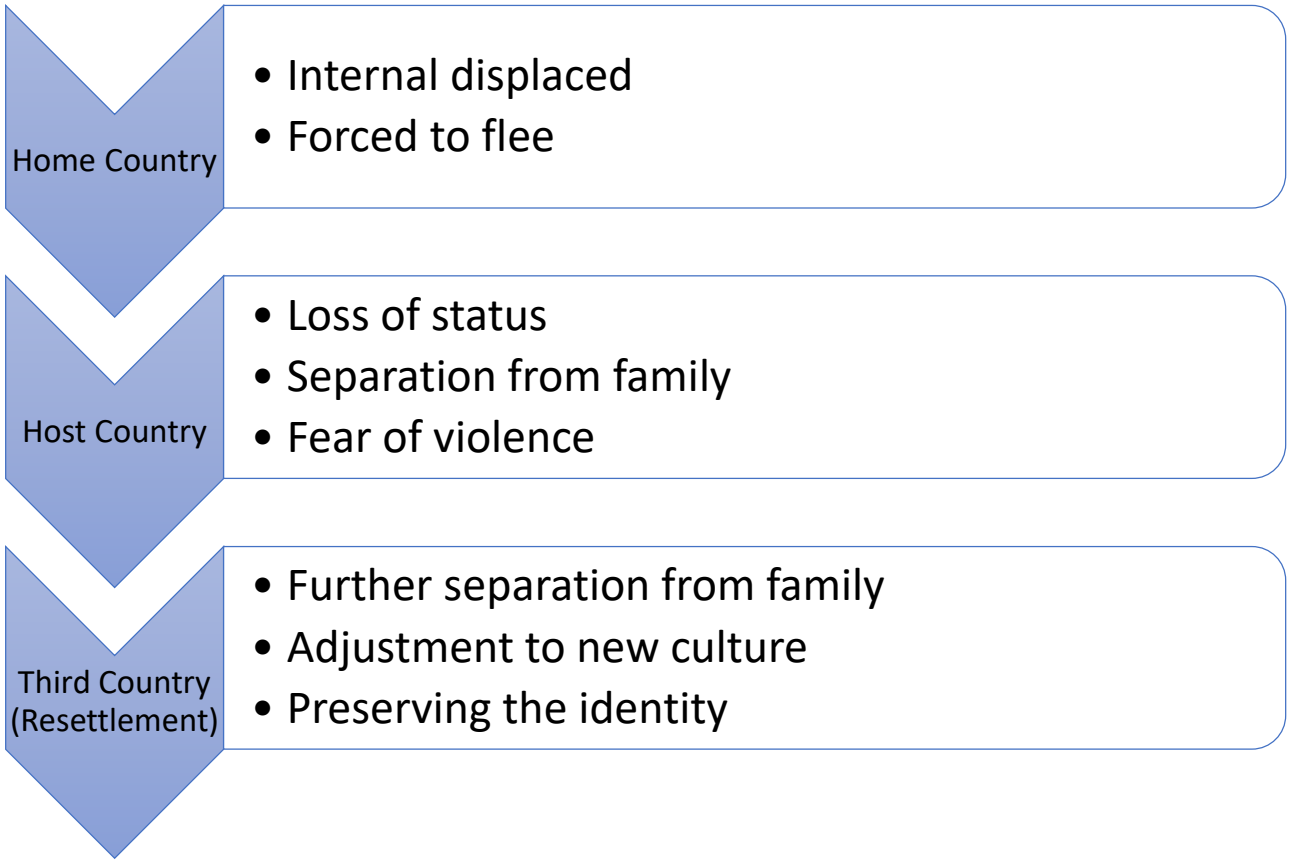
Refugee Family Support Category

Up to 300/yr

Convention Refugees (asylum seekers)

Around 300-350 applications/yr, around 30% accepted

Refugee Migration Process



Challenges facing Resettlement of Refugees

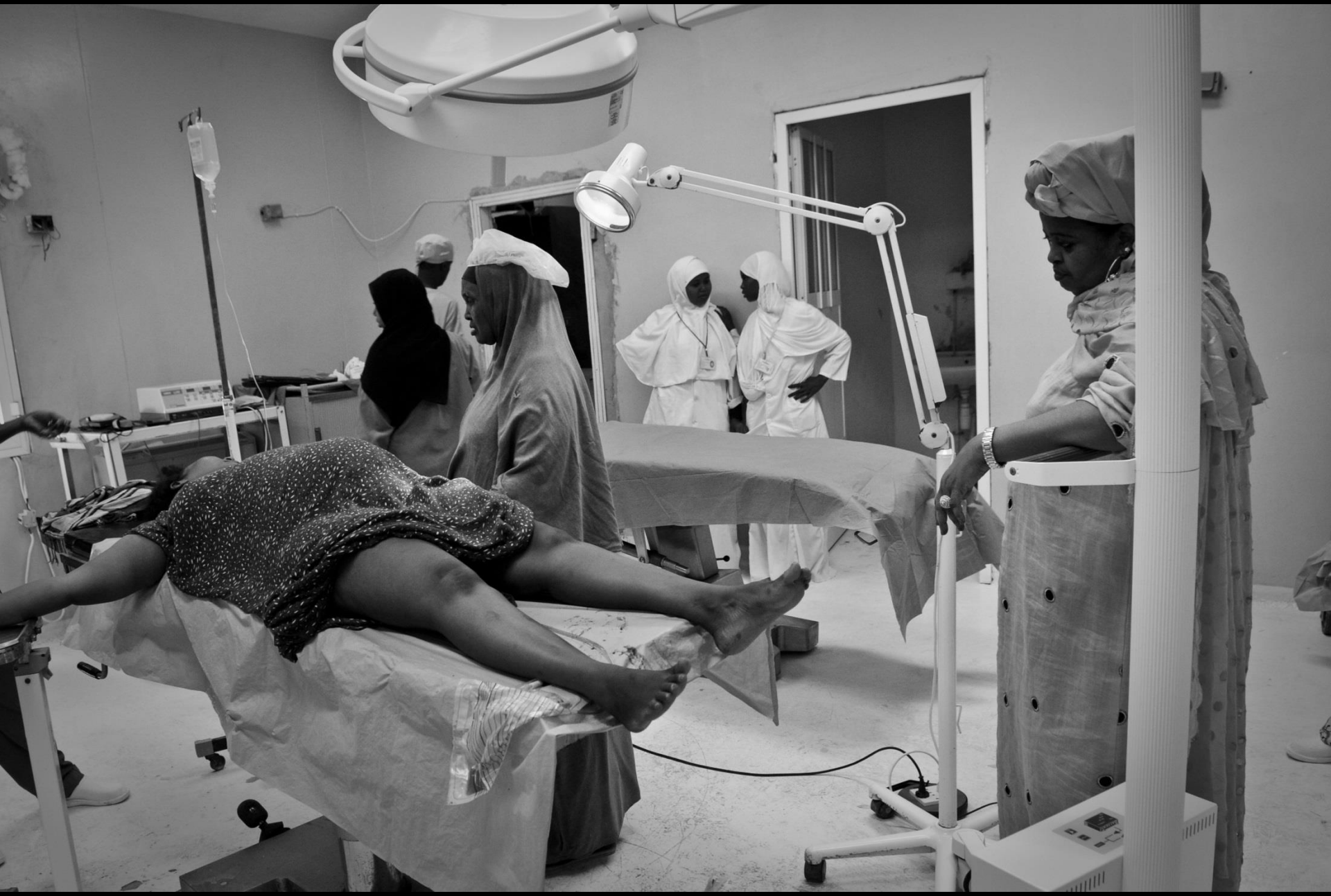
- Language
- Culture
- Schools
- Employment
- Transportation
- Bills
- Budget
- Banking
- Health and Mental Health
- Substance Abuse
- Climate
- Loss

Why do people from refugee backgrounds need special consideration as users of health services ?

- Vulnerable communities: low socio-economic families; high fertility rates; women at risk; medical/disabled category
- Reducing inequalities: CVD/Diabetes; poor oral health; acculturation impacts
- Equitable access: low English language and literacy levels; interpreters needed

Health care experiences and health seeking behaviour

- Psychological health on arrival
- Rape and Torture
- Resettlement Issues
- Grief, Loss and Isolation
- Loneliness
- Physical health
- Intergenerational Issues
- Previous health care experiences
- Unfamiliarity with concept of screening
- Limited health knowledge
- Religious beliefs
- Traditional role of women
- Myths & beliefs surrounding health care



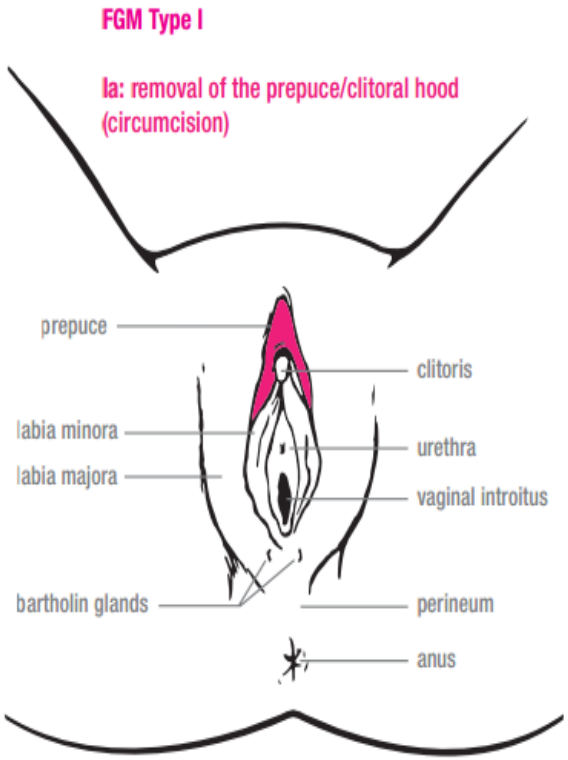
Female Genital Mutilation (FGM)

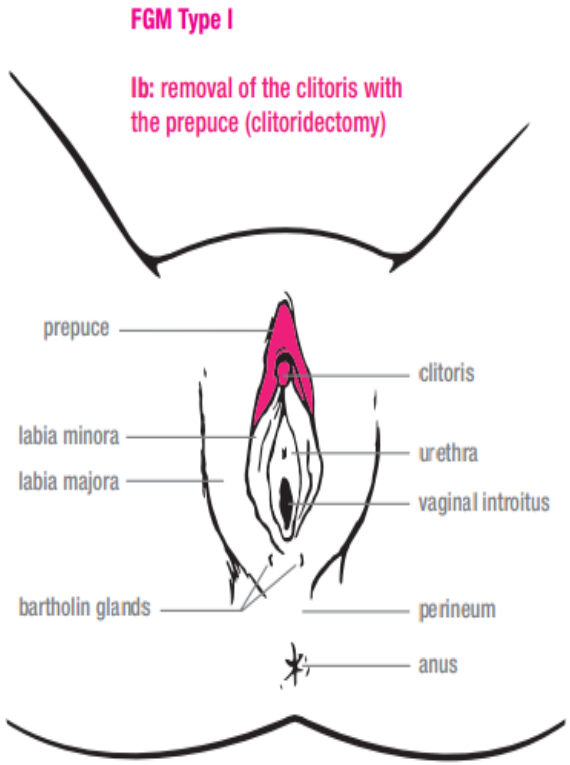
'All procedures which involve partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons.'

World Health Organization (2016)[1]

FGM Type 1 and subtypes

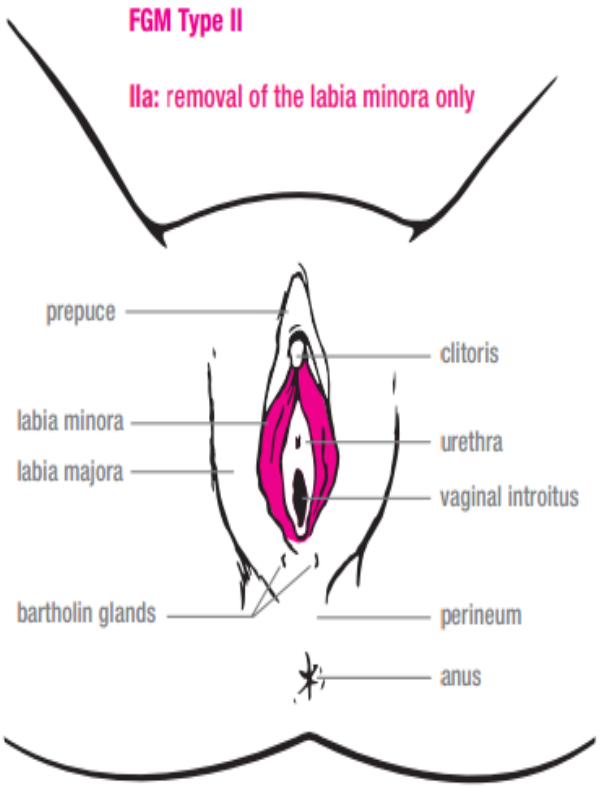
Type I Partial or total removal of the clitoris (clitoridectomy) and/or the prepuce

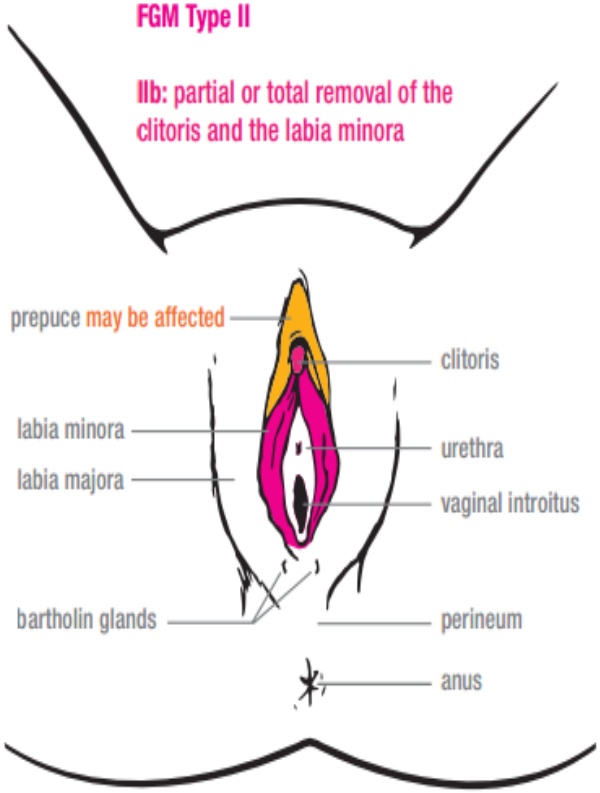




FGM Type 2 and subtypes

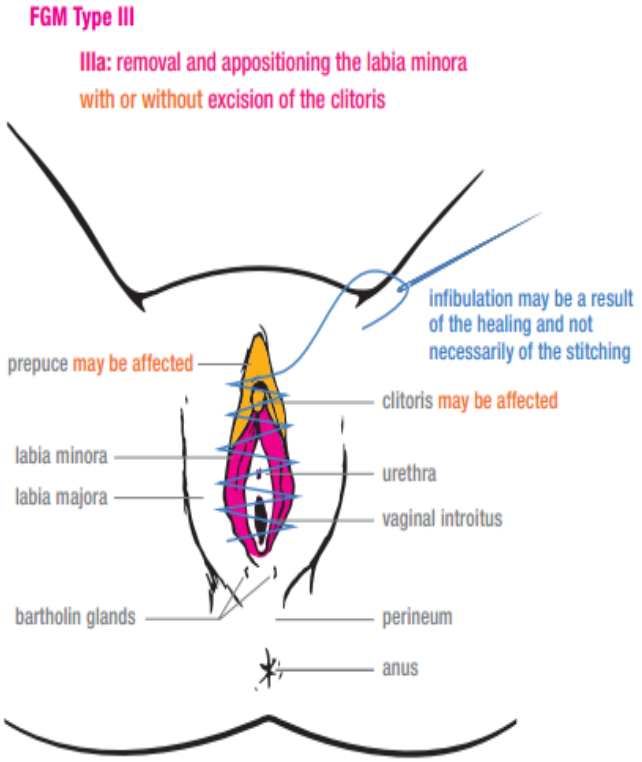
Type II Partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora (excision)

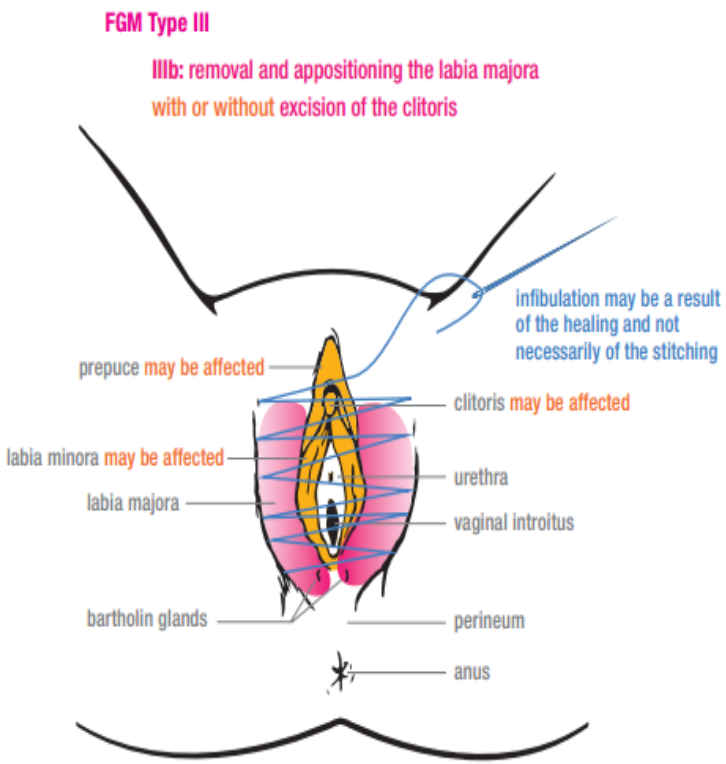




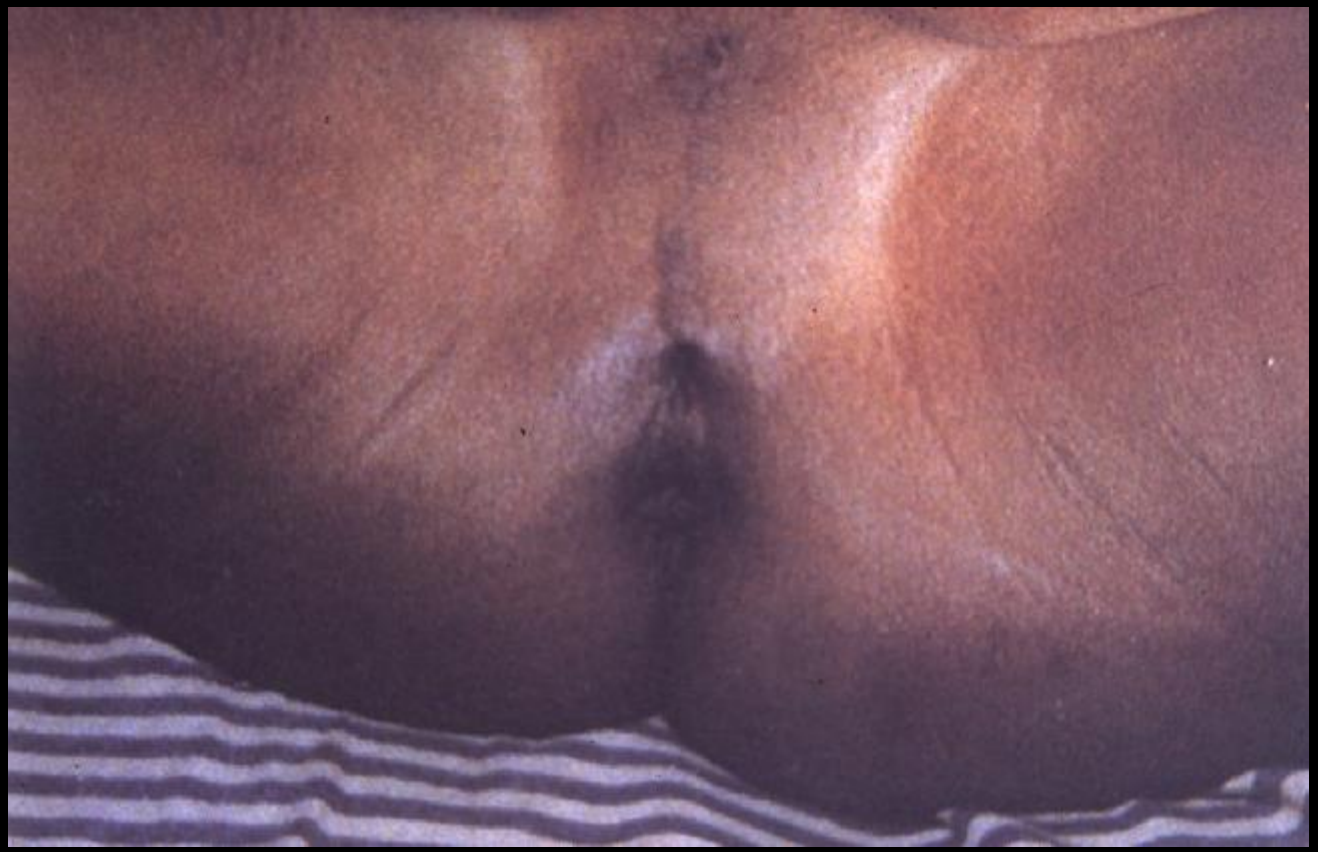
FGM Type 3 and subtypes

Type III Narrowing of the vaginal orifice with the creation of a covering seal by cutting and appositioning the labia minora and/or the labia majora, with or without excision of the clitoris (infibulation)

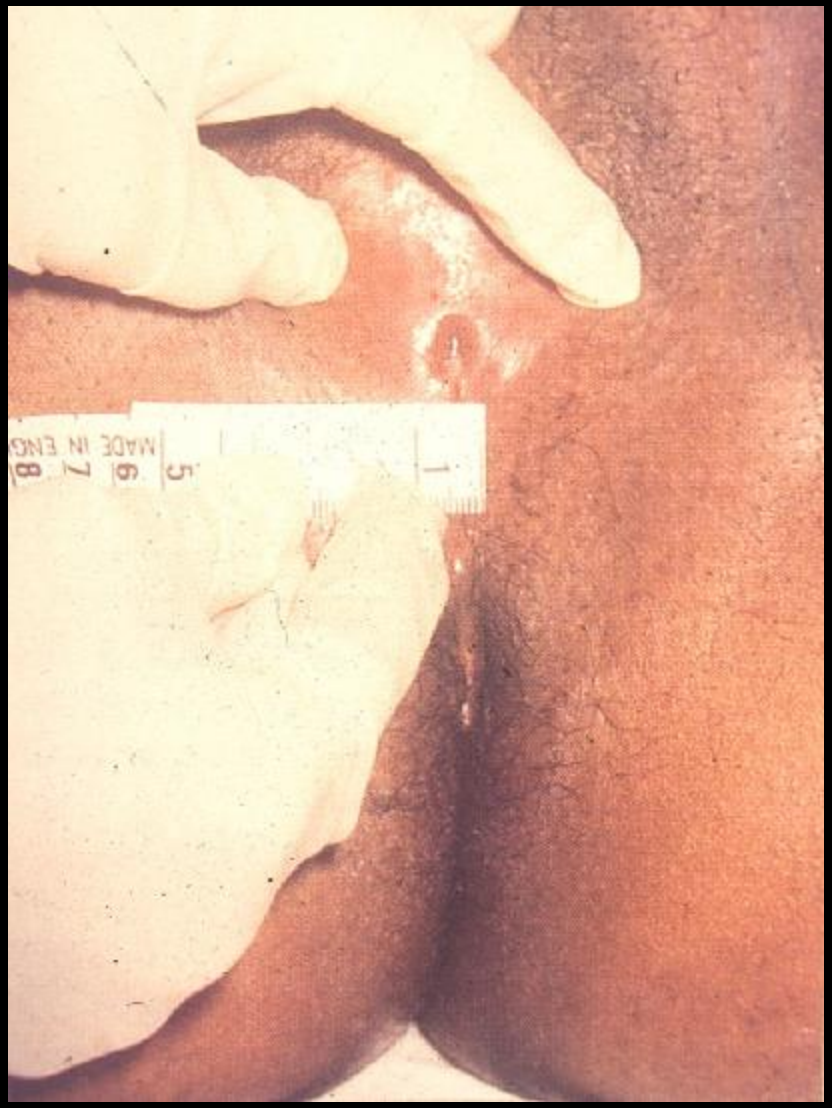




Type 3

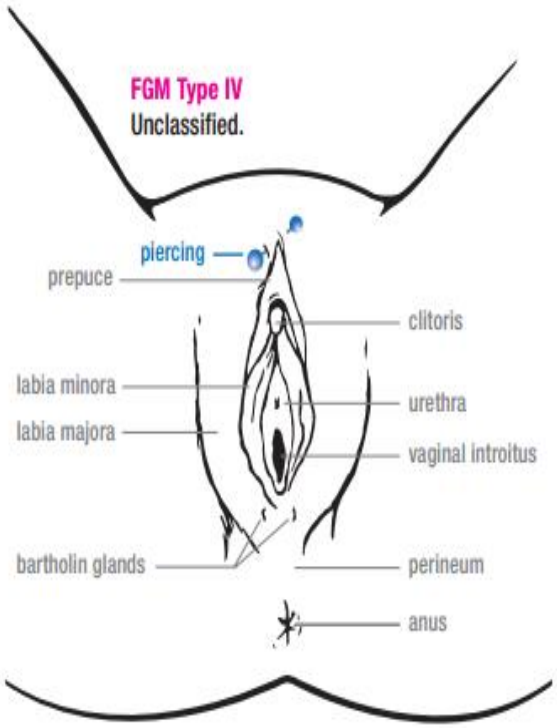


Type 3



FGM Type 4

Type IV All other harmful procedures to the female genitalia for non-medical purposes, for example: pricking, pulling, piercing, incising, scraping and cauterization



EPIDEMIOLOGY

Global Epidemiology

At least 200 million girls and women in 30 countries have experienced FGM

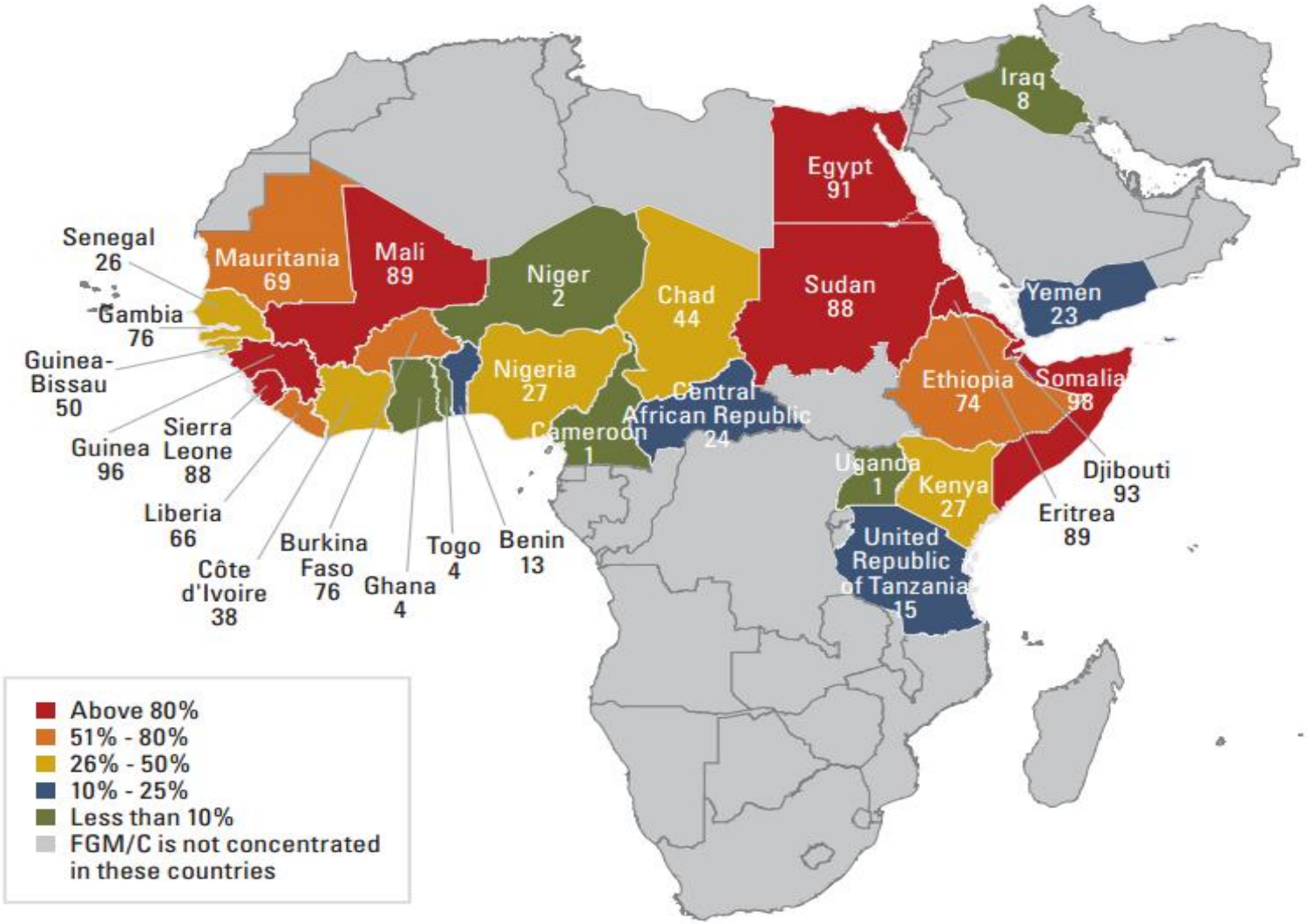
Of these 200 million, more than half live in Indonesia, Egypt and Ethiopia

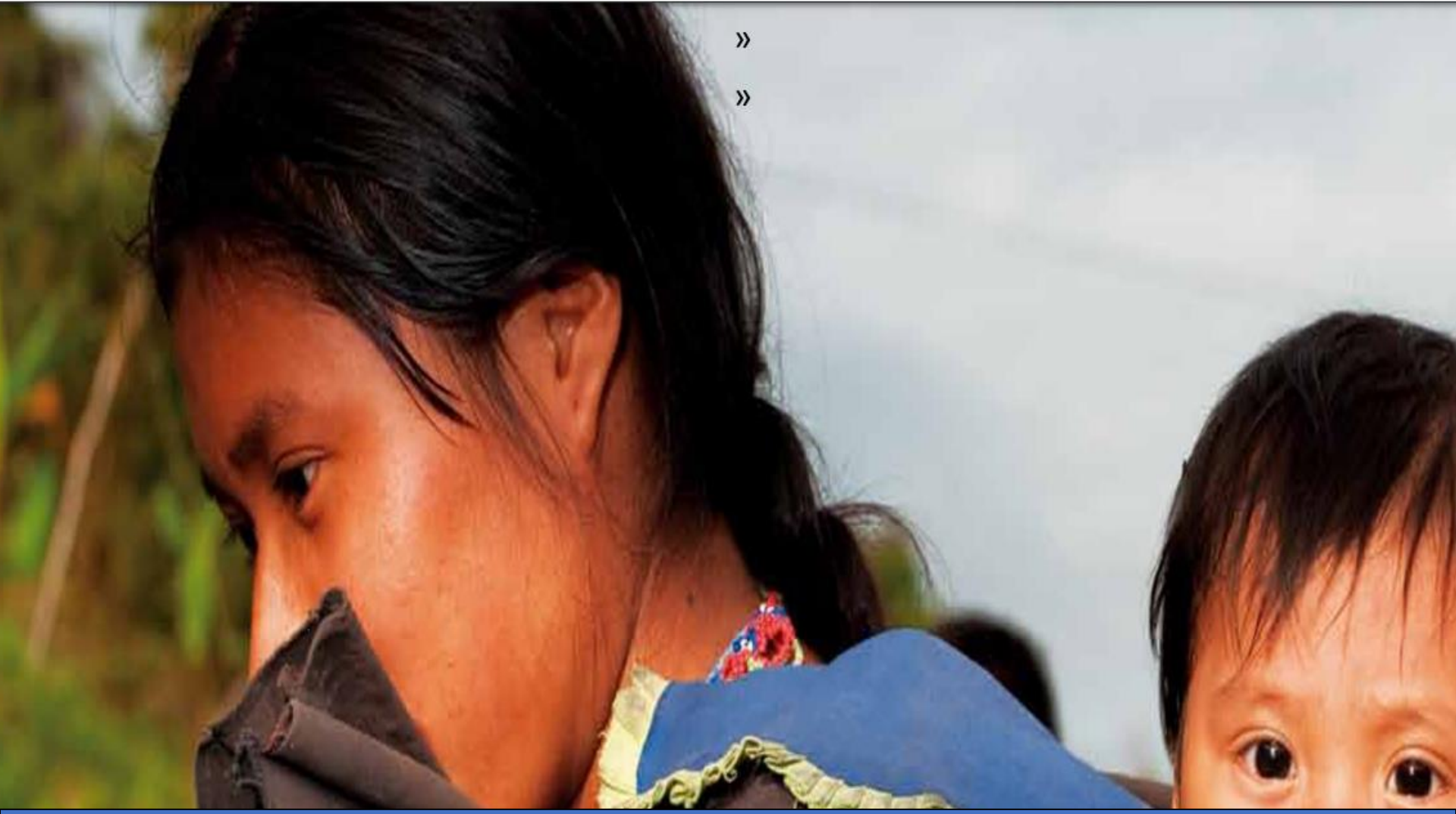
44 million are girls below age 15

Current progress is insufficient to keep up with increasing population growth. If trends continue, the number of girls and women undergoing FGM/C will rise significantly over the next 15 years [2]

UNICEF 2016

FGM Prevalence across Africa[3]





FGM has also been documented by WHO in countries such as India, Indonesia, Iraq, Israel, Malaysia and United Arab Emirates. There are also anecdotal reports FGM occurs in several other countries including Colombia, Democratic Republic of Congo, Oman, Peru and Sri Lanka.[1]

Estimated FGM Prevalence

- Indonesia - 86-100% [11]
- India (Dwoodi Bohra) - prevalence unknown [11]
- Iran - 40-85% minority tribes only [11]
- Iraq - 38-70% (Kurdistan boarder)[11]
- Kurdistan - 41-73% [11]
- Colombia - 50% Embera tribe [12]
- Malaysia - 62% (some religious groups)[13]

NZ Population Snapshot

	Female population in NZ	Auckland	Born in NZ	Prevalence in Country of Origin
Indonesian	2301 (55.6% female)	60%	23%	86 -100%
Egyptian	507 (45.7% female)	47.6%	22.3%	91%
Ethiopian	664 (53.3% female)	61.9%	23.1%	74%
Somali	809 (50% female)	33.1% (Waikato)	31.3%	98%
Eritrean	126 (51.9% female)	58%	17.5%	89%
	4,407 females			

2013 Census Data

BACKGROUND TO THE PRACTICE

HOW FGM IS PERFORMED

NAC NIGERIA

INDONESIA - FGM A CUTTING TRADITION

Photo - Stephanie Sinclair, Story - Sara Corbett

Female circumcisers and their attendants waiting in an elementary-school classroom, where they do their work. When a girl is taken — usually by her mother — to a free circumcision event held each spring in Bandung, Indonesia, she is handed over to a small group of women who, swiftly and yet with apparent affection, cut off a small piece of her genitals.

BELIEFS SUSTAINING THE PRACTICE

Sexuality

Tradition

Myths

Religion

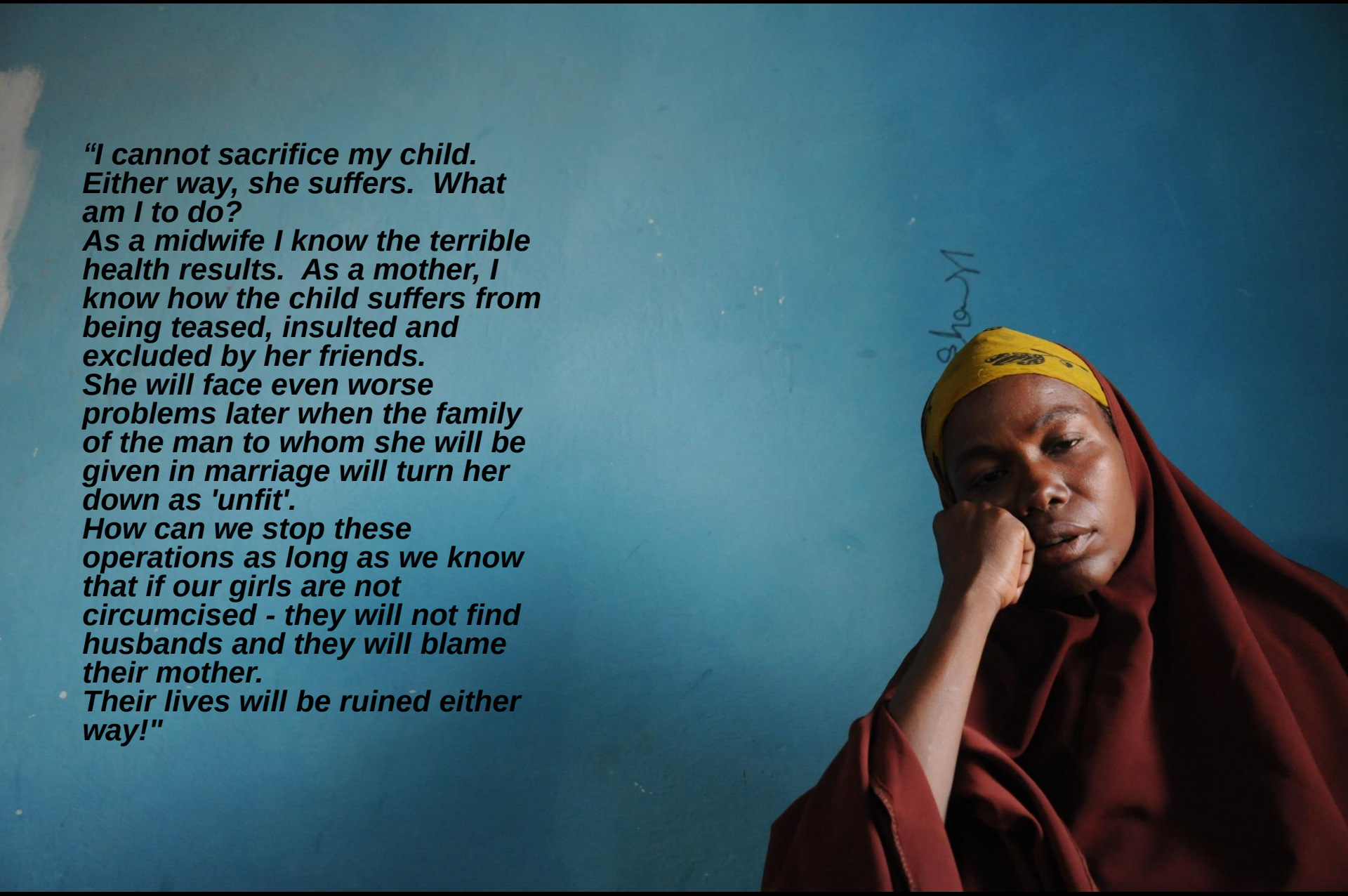
The position of women

Family honour/bride price

Lack of education

Role of circumcisors

Sociological pressures


“I cannot sacrifice my child. Either way, she suffers. What am I to do?
As a midwife I know the terrible health results. As a mother, I know how the child suffers from being teased, insulted and excluded by her friends.
She will face even worse problems later when the family of the man to whom she will be given in marriage will turn her down as 'unfit'.
How can we stop these operations as long as we know that if our girls are not circumcised - they will not find husbands and they will blame their mother.
Their lives will be ruined either way!"

COMPLICATIONS

Complications

Short term complications

Shock, bleeding, pain, urinary retention, injury to adjacent tissue, infection, fracture or dislocation, failure to heal, death [4]

Long term complications

Difficulty passing urine, UTIs, difficulty with menstruation,

chronic pelvic infections & infertility, HIV transmission,

difficulties with sexual health screening, genital tissue damage [4]

Complications

Labour and birth complications

Difficulty assessing the progress of labour, bleeding, possible long term obstetric complications, infant resuscitation at delivery, stillbirth and neonatal death.

Sexual complications

Difficulty with sexual intercourse, painful intercourse, fear associated with intercourse, reduced sexual desire and arousal, decreased lubrication, reduced frequency of orgasm, inability to orgasm. [4]

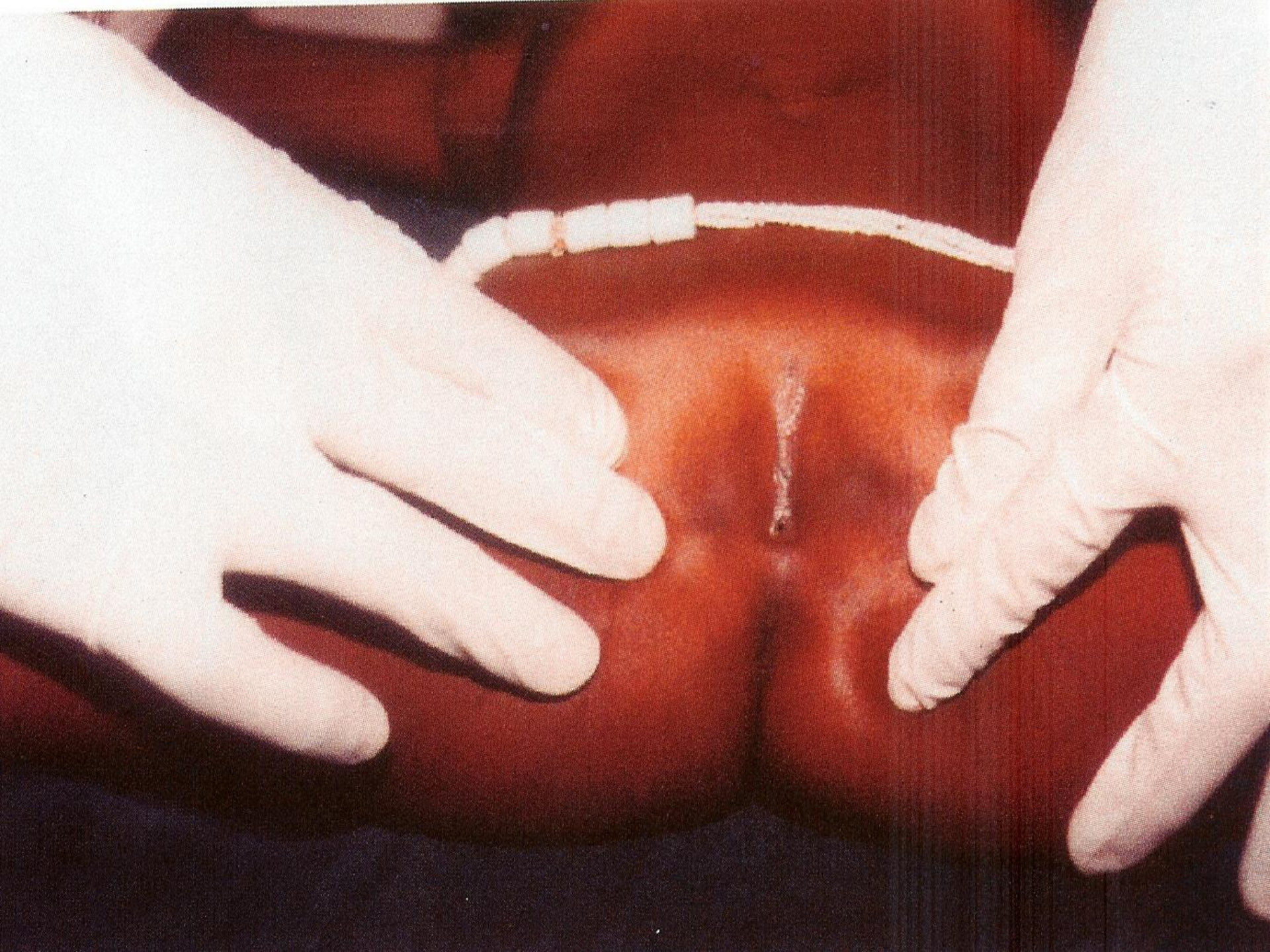
Complications

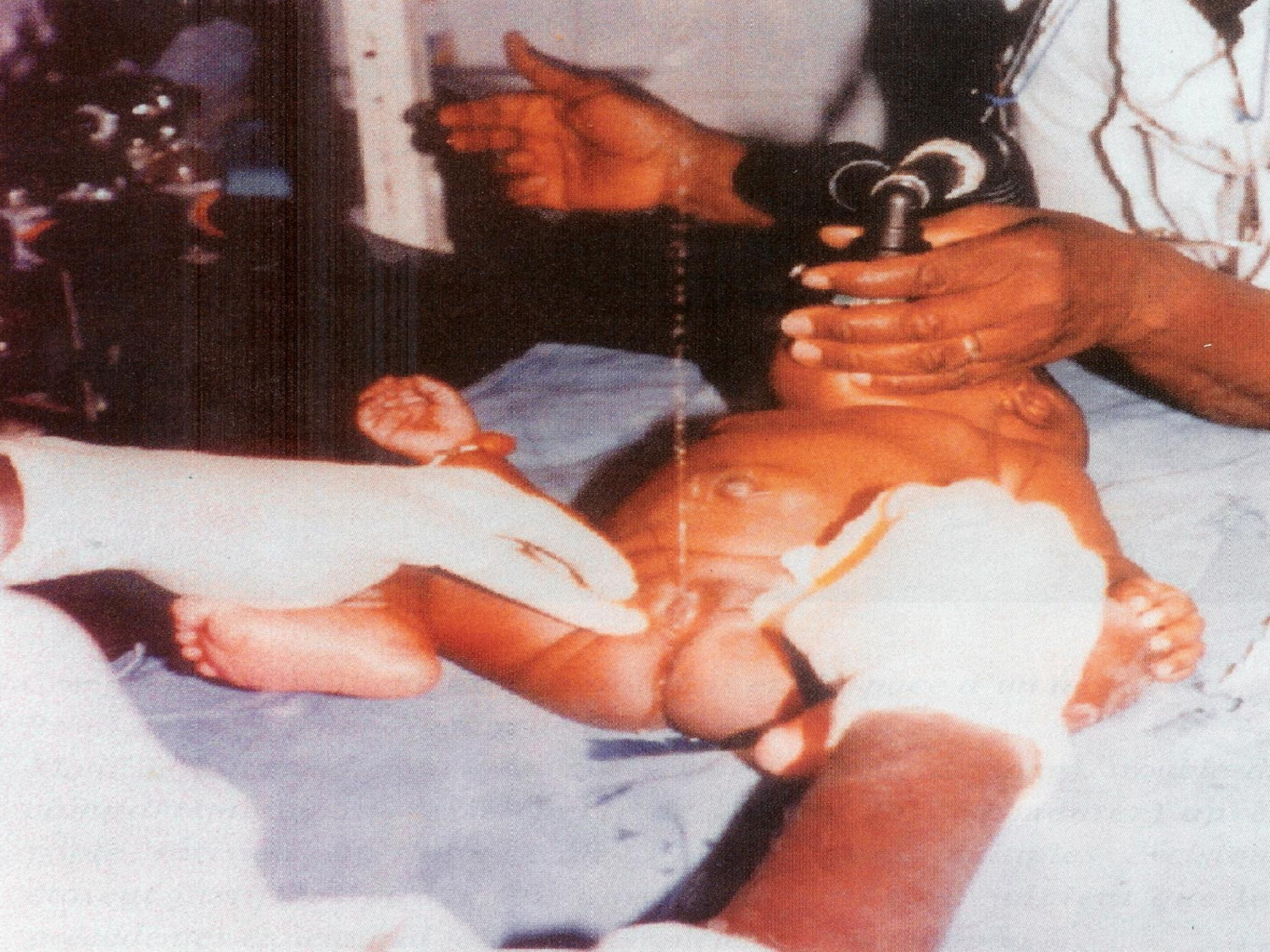
Psychosocial complications

Little research conducted

Case studies in Western countries
Children: fear, submission, loss of trust, betrayal, anxiety, fear of being circumcised. **Adults:** anxiety, depression, PTSD [4]

Psychological trauma of <u>NOT</u> undergoing FGM
Stigma, alienation from their peers and community, shame, fear of being outcast from family and ineligible for marriage, fear of being ostracised and considered promiscuous.





Psychosocial Complications

- **Case studies in Western countries**

  Children: fear, submission, loss of trust, betrayal, anxiety, fear of being circumcised.

  Adults: anxiety, depression, PTSD, sexual dysfunction and feelings of incompleteness. [21]

- **Psychological trauma of <u>NOT</u> undergoing FGM**

  Stigma, alienation from their peers and community, shame, fear of being outcast from family and ineligible for marriage, fear of being ostracised and considered promiscuous.

CONSIDERATIONS FOR CULTURALLY COMPETENT CARE

“When my midwife here examined me, she was shocked and angry. She put her hands on her hips and said ‘Why did you do that!’ I felt very ashamed.”

Experiences in Western Health services

- Attitudes of Health Professionals (unconscious bias)
- Lack of knowledge
- Involvement of father in sexual health issues
- Labour and delivery experiences
- Poor communication regarding delivery and postpartum care
- Counselling – foreign concept

“My Doctor never talked about re-stitching the circumcision or what would happen afterwards…I was left wide open and thought I was incontinent for months”


“We are very shy showing Doctors our private parts because they are shocked at what they see, and they often call in the other Doctors and nurses to look at us…we sometimes feel too ashamed to go back to them.”

FGM 2008 Health Care Survey

- overall increase in FGM awareness amongst health professionals
- lack of communication between LMC's and women
- significant lack of antenatal genital assessments
- lack of labour and birth planning
- higher rate of caesarean sections

Considerations for culturally competent care

- Cultural awareness and sensitivity (religion)
- FGM understanding
- Refugee issues
- Health professionals' own attitudes
- Terminology
- Appropriate use of interpreters
- Sexuality issues – clitoral restoration
- Access CALD Resources www.caldresources.org.nz

Case Study

Amina is a woman originally from Somali. She lived in Sudan for many years and is a registered nurse. She and her husband Abdi arrived in New Zealand 10 months ago under the Refugee Quota. Amina and Abdi have been married 7 years. She has been pregnant 4 times and has not carried full term. They are desperate for a child.

Amina has been referred to a midwife by a GP. She is 10 weeks pregnant.

Case Study

Yasmin arrived in New Zealand. She hadn't met her husband before but he picked her up at Auckland airport late one afternoon. She and her new husband lived in Maurewa and there were no other Ethiopian women living there.

She knew no one, she was very isolated and after 10 months of spending 10-12 hours alone each day while her husband was at work, her first daughter arrived. Her husband was violent and after 8 years of living in fear of being killed, she left him and took their two children.

She lived in Housing New Zealand accommodation with her children. She was receiving the domestic purposes benefit and working casually at a rest home, her father was terminally ill in Ethiopia and every spare dollar she had went to Ethiopia for his care. Recently, the Ministry of Social Development summonsed her to the Waitakere District Court and have charged her with benefit fraud of $68,000. She can't sleep and cries frequently.

When I met Yasmin, she says she's not feeling well, her periods are very heavy and she is experiencing urinary incontinence. She tells me she is wearing a baby's nappy as her menstrual flow is extreme and she is unable to prevent leakage with usual pad. She tells me she has been incontinent of urine on and off through her life and it started when she was eight after her circumcision. It is unusual for Ethiopian girls to undergo FGM at eight years old and she tells me her mother worked for the government and it was just at the time when FGM was becoming illegal in Ethiopia. Her mother was fearful she would lose her government job if anyone found out. When Yasmin was eight her mother changed jobs and Yasmin was circumcised.

Yasmin has been to the GP about the heavy bleeding and was prescribed iron tablets. She was too fearful to talk to her doctor about her circumcision or her urinary incontinence. She has never talked to a health professional about the violence she suffered from her husband, the sexual violence she experienced while living with him for eight years or her overall sadness and loneliness.

Case Study

Amina is originally from Somalia and has been living in New Zealand with her husband Yusuf for five years. When she was four years old she underwent FGM Type 3, which is customary in Somalia. She has a two-year-old daughter and is 37 weeks pregnant with her second child. She had a caesarean section with her first child and is feeling nervous that she will have another caesarean with this child. She is 37 weeks pregnant but has not had a conversation with her midwife that she has experienced FGM.

Resources

FGM Resources

A range of comprehensive FGM Resources, including Antenatal, Delivery & Birth and Deinfibulation Guidelines and Child Protection Recommended Guiding Principles are available at: www.fgm.co.nz

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