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Redressing Gendered Health Inequalities of Displaced Women and Girls

Pregnancy and Access to Antenatal Care during Displacement

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Preliminary results: ReGHID Survey-Honduras.

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Redressing Gendered Health Inequalities of Displaced Women and Girls

University of Southampton

Preliminary results: ReGHID Survey-Honduras

A study of the sexual and reproductive health of returnee migrant women

Pregnancy and access to antenatal care during displacement

Guaranteeing access to prenatal care and the provision of information about pregnancy, delivery and postpartum at all stages of pregnancy is a fundamental part of sexual and reproductive health and rights (SRHR). With this in mind, highlighting where the need for information and access to services are going unmet during pregnancy is key to the promotion and improvement of those programs tasked with ensuring that the SRHR of migrant women are being met during displacement.

The ReGHID study of returnee women in Honduras[1] has shown that 3% of women and adolescents that have been mother experienced at least one pregnancy during displacement (Tab.1). Although this is a small proportion, there was explored the needs and barriers faced by migrant women during their journey through a number of indicators that follow. By displaying this information, we intend to provide a snapshot about the situation of pregnancy during displacement and the information required to meet the Sexual and Reproductive Health Rights and rights in the human mobility framework.

Table 1. Pregnancies during migratory journey

Women who have had any live births		
Pregnancy during displacement	21	2.8%
Other Pregnancies	725	97.2%
Total	746	100%

Of all the women who reported being pregnant during their migratory journey (21), 90% stated that they had experienced at least some pregnancy-related ailment. Vaginal bleeding was the most frequently reported symptom (Tab. 2). Whilst other migrant women reported unidentified pain. Exploring this information by access to antenatal consultations shows that 3 out of 7 women who suffered this condition (vaginal bleeding) did not access the health system. In general, a third of all women who experienced ailments during pregnancy didn't obtain antenatal healthcare attention.

[1] Survey implemented in collaboration with International Organisation for Migration (IOM). Sample size was 1,235 returnee woman and adolescents in Returnee Reception Centres in San Pedro Sula, Honduras. June-July 2022. See infographic and preliminary report of ReGHID survey in the following link https://gcrf-reghid.com/publications/

Issues about access to antenatal care during displacement

- Vaginal bleeding was the symptom most frequently experienced by pregnant women.
- One in three pregnant migrant women did not access an antenatal consultation during displacement.
- Two out of three women reported needing more antenatal consultations than they actually had, which shown unmet prenatal care needs during the migratory journey.

Table 2. Ailment or symptoms associated with pregnancy during displacement by access to antenatal consultation

Pregnancy related ailment during displacement	Access to antenatal consultation		
	Yes	No	Total
Anaemia	0	1	1
Baby stopped growing	1	0	1
Urinary Infection	2	0	2
High blood pressure or Preeclampsia	2	1	3
Vaginal Bleeding	4	3	7
Other	2	3	5
Unspecified Ailment	2	0	2
Subtotal	13	8	21
%	61.9%	38.1%	100%

Another characteristic of women who experienced pregnancy during displacement (Tab. 3) is that only one of these women was also travelling with offspring under 15 years old. while an equal proportion of women were travelling alone or with others (9 women; 47% of women expecting a baby).

Table 3. Pregnancy-related ailments during displacement by travelling condition

Ailment during displacement	Travelling alone	Travelling with others	Travelling with children	Total	%
Anaemia	0	1	0	1	5.3%
Baby stopped growing	1	0	0	1	5.3%
Urinary Infection	1	0	1	2	10.5%
High blood pressure or Preeclampsia	1	2	0	3	15.8%
Vaginal Bleeding	3	4	0	7	36.8%
Other	3	2	0	5	26.3%
Subtotal	9	9	1	19	100.0%
%	47%	47%	5%		

In addition, the last country all women who were pregnant during displacement reached before their return was Mexico (Tab 4). The need to access healthcare arose when they were in transit in that country compared with the other countries they went through during the migratory journey.

Table 4. Pregnancy-related ailments during displacement by last country reached

Ailment during displacement	Country from last country reached			
	Mexico	USA	Total	%
Anaemia	1	0	1	5.3%
Baby stopped growing	1	0	1	5.3%
Urinary Infection	2	0	2	10.5%
High blood pressure or Preeclampsia	3	0	3	15.8%
Vaginal Bleeding	7	0	7	36.8%
Other	5	0	5	26.3%
Subtotal	19	0	19	100.0%

Lack of additional information could be identified in prenatal consultation during displacement (Tab.5). 23% of women that were able to access prenatal care consultation received more information about the symptoms they were experiencing, 31% received information about places they could go in an emergency or to give birth and 61% stated that they would have liked access to more antenatal consultations than they had.

Table 5. Requirement for information on pregnancy care and access to services

Information and Service access requirements unmet				
	Yes	No	Total	%
Received information on ailments experienced during displacement	3	10	13	23.1%
Received information during an antenatal consultation about where to go in an emergency or during labour	4	9	13	30.8%
Would have liked more antenatal consultations during displacement	8	5	13	61.5%

Access to Antenatal Care – Barriers and Facilitators

- A lack of information related to the location to healthcare centres was the main barrier in accessing prenatal care services. Concerns over medical attention cost were also reported.
- Free access to prenatal care consultation was reported as a facilitating factor for service access.

Regarding barriers to prenatal care service access (Tab. 6), migrant women who had experienced a pregnancy during their displacement reported no knowledge about where healthcare services were located. Eight women stated they were unable to access antenatal consultation services because they did not know where to go.

Table 6. Information about how to access antenatal care by service access

Knew where to attend	Access to antenatal care during displacement			
	Yes	No	Total	%
Yes	13	0	13	62%
No	0	8	8	38%
Subtotal	13	8	21	1

The women who were able to access the service, however, reported they had information about where to attend in order to receive antenatal care. Another frequently reported barrier to service access was concern about the cost of treatment and that there was a lack of money to pay for it (Tab. 7).

Table 7. Barriers to antenatal care service access by travelling condition

Reason for not attending to antenatal consultation	Travelling alone	Travelling with others	Total	%
Didn't have any money	1	3	4	50.0%
Didn't know they were pregnant	1	1	2	25.0%
Transportation difficulties	1	0	1	12.5%
Nobody available to accompany them	0	1	1	12.5%
Subtotal	3	5	8	100.0%

Lastly, the women interviewed who had experienced a pregnancy indicated that the principal facilitating factor for accessing antenatal care was whether or not the consultation in a health centre was free (Tab. 8).

Table 8. Factors facilitating access to antenatal care.

Reason for attending antenatal consultation	Total	%
The consultation was free	12	92.3%
Service was near by	1	7.7%
Total	13	100%

Recommendations

- Pregnant women have the right to receive timely information and antenatal care while displaced, irrespective the nature of their settlement or migratory condition, residence status, nationality or age.
- Data indicates pointed out highly vulnerable groups such as displaced pregnant women travelling alone, women experiencing pregnancy-related ailments and with no access to antenatal services.
- Implementation and promotion of programmes and initiatives which provide access to health care and follow-up migrant women along the most heavily transited migrant routes are vital for public health policies with gender perspective. This entails initiatives that adapt medical centres and migrant attention centres with the related resources to offer needed services considering their particularities.
- Promote and socialise pregnancy care practices during the migratory journey, identify high risk behaviours that could compromise mother's and baby's health, disseminate information about health centres which offer free antenatal services during migratory routes and highly migrant influx locations.
- Monitoring cases of pregnant women according to migratory status across migratory routes or places with a high migrant influx, so that antenatal consultations given to migrant women can be followed-up appropriately during their displacement.
- Promote awareness in health service providers (health and social workers) about potential migrant conditions and sensitisation about vulnerable groups during migration. Training in the intersection between health, migration and gender. Create manuals, protocols to approach migrant population with gender perspective.