

ACCESS TO PREVENTIVE SEXUAL AND REPRODUCTIVE HEALTH CARE FOR WOMEN FROM REFUGEE LIKE BACKGROUNDS: A SYSTEMATIC REVIEW

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Background:

Globally, the number of forcibly displaced women is growing. Women from refugee like backgrounds (WRLBs) have poorer health outcomes compared to migrant and host country populations. Poor health outcomes are a result of under-resourced health systems in their country of origin, the migration journey and challenging resettlement in host countries. Preventive sexual and reproductive health (SRH) needs of WRLBs are poorly understood. The review aims to establish evidence about access to preventive SRH care of WRLBs.

Methods:

A systematic review of qualitative, quantitative and mixed methods studies of women's and healthcare professionals (HCPs) perspectives was undertaken. The MEDLINE, PsycINFO, Embase, CINAHL, Psych Info and Global health databases were searched for publications up to 30th April 2020. Three authors performed full text screening independently. Publications were assessed for quality. Findings were thematically extracted and reported in a narrative synthesis. Reporting followed the PRISMA recommendations.

Results:

The search yielded 4083 results, of which 28 studies met inclusion criteria. Most related to contraception and cervical or breast screening. Three main themes and ten subthemes relating to SRH care access were identified: interpersonal and patient encounter factors (including knowledge, awareness, perceived need for preventive SRH care; language and communication barriers), health system factors (including HCP discrimination and lack of quality health care financial barriers, HCP characteristics; health system navigation) and sociocultural factors and the refugee experience (including family, religious and cultural factors).

Conclusion:

This review identified multifactorial individual and system level barriers and enablers of WRLBs access to preventive SRH care. Comprehensive and patient centred approaches are need to improve access to SRH care for WRLBs. These findings can inform policy and clinical practice to improve SRH care for a particularly disadvantaged and vulnerable group of women.

Key words:

Prevention, public health, reproductive health, priority populations, sexual and reproductive health, primary care