Hello everyone

I worked as a general practitioner for over 20 years with the "médecins solidarité Lille" association.

The mission of this association is to provide medical and social care for patients without medical coverage. Within this framework, we provide medical care up to the point of entitlement, which then enables referral to mainstream medicine.

The vast majority of our patients are migrants. Some are new arrivals, others have been in France for a long time.
A third (33%) come from sub-Saharan Africa; 20% from North Africa; 19% from Europe (EU or not); 16% from the Near and Middle East.
The follow-up time is around 3 to 6 months.

It is through my own experience that I will address the subject of

Sexual and reproductive health for migrants, refugees and asylum seekers

What is sexual health?
According to the World Health Organization (WHO): "Sexual health is a state of physical, emotional, mental and social well-being related to sexuality, and not merely the absence of disease, dysfunction or infirmity. (Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the ability to have safe and pleasurable sexual experiences, free from coercion, discrimination and violence. To achieve and maintain good sexual health, the human and sexual rights of all people must be respected, protected and fulfilled.

The physical, emotional and mental well-being of migrants is often compromised when it comes to sexual and reproductive health.
There are many reasons for this, but the main ones are as follows:
- almost systematic exposure to physical and, above all, sexist and sexual violence by women, and sometimes even men, in the course of their migratory journey.
- the great precariousness they face in Europe
- a degraded psychological state

For example, Mariama came to my consultation: she's 28 years old, of Guinean origin, recently arrived in France, and currently living on the streets. She has come to see me about a sore on her leg that has been present for several months. I find myself face to face with a sad-looking, frightened young woman who says very little. Clinical examination reveals a poor general condition, a large abscess on the leg and multiple large lymph nodes in the groin, indicating a generalized infection. At the end of the consultation, the young woman also tells me about a "thing" that was put in her arm in Libya. She doesn't know what it is, it worries her and she'd like to have it removed.
Because of her poor general condition, combined with an infectious state, I suggested that she stay in hospital for a check-up. After 3 weeks in hospital, I saw Mariama again, and the diagnosis was disseminated tuberculosis associated with major depression and post-traumatic

syndrome. Treatment was instituted, with psychological follow-up and shelter in emergency accommodation for asylum seekers.
Mariama tells us a little about her background: she migrated because of major domestic violence (she even lost a pregnancy as a result of being beaten) and felt her life was in danger. During her journey, she was raped and sold to a prostitution ring in Libya, which is why they put a "thing" in her arm (2 contraceptive implants!!).

Mariama is now physically better, cured of her tuberculosis, but she remains in great psychological distress and rarely leaves her room, still needing psychological care. The road to getting better will be a long one.

After this typical example, I'm going to develop the main reasons for the deterioration in migrant women's sexual and reproductive health:

1)Sexual violence against women

Sexual violence against women is common throughout the migratory process, and almost systematic for women from Africa. It is often one of the reasons for migration, as Europe, with its human rights, represents a door of hope.

Exposure to violence is a major factor throughout their journey:

a) In the country of origin :

- marital violence with rape in the context of forced or involuntary marriages, particularly in polygamous couples.
- Violence in the context of ethnic, religious or political conflicts. Rape is regularly included among the acts of physical and psychological violence (referred to as a weapon of war).
- violence based on sexual orientation. Homosexuality is a crime in 78 sub-Saharan African countries.
- community violence such as genital mutilation

I remember a Gambian patient. After an already painful experience of forced marriage and domestic violence, her family learned of her homosexuality. Her husband and family rejected her and threw her out. She approached human rights associations, but the police arrested her and then released her for lack of evidence. The same group of police went to her home to beat, rape and humiliate her, ending up scalding her genitally. She fled Gambia fearing for her life.
When she arrived in France, she came to MSL with chronic abdominal pains. No organic etiology was found. The pain was undoubtedly secondary to her history.

When these acts of violence become the reason for migration for women, and sometimes for men too, it's a way of escaping death.

Trends in female migration: In 2005, 23% of women came to threaten their country (French ANRS survey -Parcours2017), compared to 8% in 1996.

b) During the journey, women are highly exposed and vulnerable:

- young women
- some travel alone
- ignorance of the dangers (prostitution, etc.) and of the law (fear of pressing charges)
- a price has to be paid to the smugglers for the journey (3000 to 10000 E Guinea - France)
  . Need to work: prostitution can be a means ...a currency)
  . Rape in Libya caught on video by smugglers to make families pay.

-Prey for prostitution and slavery networks.

c) On arrival in Europe, they remain highly vulnerable and easy prey:

As soon as they arrive in France, and even later if their asylum application is rejected, migrants are in a very precarious situation. This precariousness, combined with their lack of personal housing, isolation, residence permits and income, exposes women to the risk of violence. The fact that they have migrated in order to survive is a further factor of vulnerability.

To avoid staying on the streets, they sometimes agree to stay with strangers, whether from their own community or not. The latter may take advantage of the situation, with payment in kind or, more seriously, sequestration, slavery and prostitution.

Prostitution networks are numerous and present at every stage of their journey. Some exploitation and human trafficking networks are skilfully set up in the country of origin, based on traditional beliefs, financial and family pressures, and fear of reprisals. At the outset, they are promised a better life, a project, a job in Europe .... Which sometimes turn out to be the gates of hell.

I'm thinking of a young Guinean woman who came to see me at msl. After her studies, she wanted to escape a forced marriage. A "well-meaning" friend offered her a job in Canada where she could look after children: a dream! The trip took place by plane with an unscheduled stopover... Then by train to an unknown destination. She found herself sequestered in an apartment where she was raped and then used as an object of prostitution. After a few months, she managed to escape her tormentor's vigilance and escaped from her confinement. Wandering the streets, she learns that she is in Lille ... and in France.

This sexual violence destroys or hampers their general health, both physical and psychological.

2) Precariousness in itself has negative repercussions on sexual and reproductive health.

- It is a factor of instability in affective and sexual life.
- Lack of housing or overcrowding and lack of privacy in cramped quarters are not conducive to affective life and sexual relations, especially for couples.
- Medical care not considered a priority.
- The care circuit is poorly understood

3) An often degraded psychological state, even for those who have escaped violence.

There are many reasons for this: isolation, precariousness, cultural and family uprooting, language barriers, but also the failure to regularize their status despite months of waiting,

inactivity while waiting, disappointment at promises of a better future that never materialize. A sense of failure can be accompanied by a feeling of shame.

And now we can turn to the consequences of violence, precariousness and psychological suffering on sexual and reproductive health.

1) **Physical health :**

*a) **Exposure to HIV infection***

Among migrants ;
- 30-50% of infections occur in France
- 30% for women

We now know that there is a link between HIV infection and sexual violence, and that sexual violence leads to increased transmission (lack of condoms, wounds, etc.).

- Precariousness (housing, irregularity, isolation, etc.) is also a source of risk-taking (difficult access to condoms, transactional sex).
- Lack of knowledge about sexual health, particularly the mode of transmission, and reluctance to use condoms in certain communities…
- Relationship to disease varies from one community to another.
- Fear of the disease, fear of the pimp, fear of stigmatization sometimes delay treatment...

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*b) **Genital mutilation:***

- They are a source of physical and psychological complications: pain during intercourse, lack of pleasure, difficult childbirth, lack of well-being (around 97% of Guinean women are still circumcised, despite a law prohibiting the practice since 2000, according to the United Nations).
- Many women are in need of reconstruction.

*c) **Pregnancies often poorly monitored:***

- Fear of the institution, but also fear of travelling in an irregular situation for fear of being arrested. Some don't even consult a doctor until they're 7, 8 or even 9 months along.
- Lack of knowledge of care systems and changes in place of residence are sources of breaks in follow-up. The language barrier hinders understanding of follow-up, issues and risks.
- Lack of housing puts follow-up in the background, as the urgency lies elsewhere.
- Post-partum care often non-existent
- Studies show a risk of maternal death nearly 2 times higher for foreign women than for French women (santé périnatale des femmes étrangères en France, InVS, BEH, 2012).

*d) **Contraception:***

Some patients are unfamiliar with contraception options and care channels. This leads to unwanted pregnancies and abortions. Pregnancy is often the point at which the need for contraception arises.

2) Psychological health

These migration routes are a source of psychological suffering:

- Loss of self-confidence,
- Sense of shame
- Chronic anxiety.

They are also at the root of more serious pathologies such as depression, post-traumatic syndrome and psychiatric decompensation.
Of course, these psychological conditions also affect sexual and reproductive health.

There may be psychological difficulties in accepting an unwanted pregnancy, especially if it is secondary to rape, but also if it follows an evening encounter, or simply if their situation is not conducive to welcoming a child.

However, for some, the arrival of a pregnancy is also a source of hope for social integration and/or regularization, a call to life and to better days, and at last, sweetness and love in a very difficult daily life.
Sometimes the only freedom they have left.

Some ideas for improving health :

- The fight against networks ...smugglers and pimps....
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- Reducing precariousness among migrant women: access to personal housing, residence permits and work.
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- Promote prevention, discussion groups and gynecological follow-up.
- Promote psychological care
- Promoting language learning