

Sexual and Reproductive Health



WHAT IS NEEDED: THE ADVANCEMENT OF MIGRANT AND REFUGEE WOMEN AND GENDER DIVERSE PEOPLES' SEXUAL AND REPRODUCTIVE HEALTH AS IT IS **ESSENTIAL TO ACHIEVING HEALTH, GENDER, AND SOCIAL EQUITY.**

18% Higher Higher rates of major depressive disorder during pregnancy

Pregnant refugee women report higher rates of major depressive disorder (32.5%) in the antenatal period compared with pregnant Australian-born women (14.5%) (Rees et. al 2019).

Rees S, Fisher JR, Steel Z, Mohsin M, Nadar N, Moussa B, Hassoun F, Yousif M, Krishna Y, Khalil B, Mugo J, Tay AK, Klein L & Silove D (2019) Prevalence and risk factors of major depressive disorder among women at public antenatal clinics from refugee, conflict-affected, and Australian-born backgrounds, JAMA Network Open, 2(5).



The rate of perinatal deaths for overseas born mothers (10.2) is higher than for mothers born in Australia (10).

Australian Institute of Health and Welfare. (2022). Australia's mothers and babies.

11% Lower Lower rates of BreastScreening for Non-English speakers

People who speak a language other than English at home typically have lower screening rates in BreastScreen Australia than those who only speak English at home (40.2% compared with those who speak English only at 51.5% in 2019-2020) (AIHW 2022)

*Australian Institute of Health and Welfare. (2022). BreastScreen Australia monitoring report 2022. Canberra: AIHW.

WHAT RESEARCH SHOWS

Available research shows that compared to Australian-born, non-Indigenous women, migrant and refugee women are:

- At greater risk of suffering poor maternal and child health outcomes.
- At greater risk of contracting a sexually transmitted condition such as HIV and hepatitis.
- More likely to experience prolonged and severe family violence and more likely to experience barriers to accessing support.
- Less likely to have evidence-based, in-language and culturally appropriate information about contraception and more likely to experience barriers to sexual reproductive healthcare, including abortion care and support services.

KEY RECOMMENDATIONS

- Invest and strengthen intersectional policy development and analysis to ensure that Australian government policy impacts positively on migrant and refugee women's sexual and reproductive health.
- Develop innovative education and advocacy interventions that are specifically tailored for migrant and refugee women and involve representatives of migrant communities, and women in particular.
- Remove residency restrictions to ensure all sexual and reproductive health prevention, early intervention, support and treatment services and interpreting services, are available to migrant women free of charge, regardless of migration status. Support services should be available to all migrant and refugee people on all visa categories in Australia to avoid a multi-tiered system in which certain groups of residents and citizens have access to more support than others.
- Train sexual and reproductive health service staff and the interpreting workforce in gendered, cross-cultural awareness.
- Ensure that migrant and refugee women have access to multilingual information about women's sexual and reproductive health and related services.
- Co-design future support services with migrant and refugee women and engage migrant and refugee women in the co-design of service options through active outreach and consultation by bi-cultural staff.
- Develop a national framework for collecting disaggregated sexual and reproductive health data.
- Provide continuing funding and support for a peer-based, community-led, multilingual health educator workforce to enable them to deliver free, accessible, and culturally and linguistically responsive sexual and reproductive health information that meets the needs of migrant and refugee women and non-binary people in Australia.



Read the 'Act Now' Report from MCWH on Advancing Health Equity in SRH



Read the 2021 Data Report on Sexual and Reproductive Health produced by MCWH