

# Migration, minorities and health

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## **Access, utilization and perceived quality of Maternal Healthcare in Migrants**

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Migratory trends represent development opportunities for Europe, considering the specific needs of the labour market, essential to the maintenance (reconfiguration?) of the social structure and recovery of economic and cultural development (Caldas, 2007; Padilla & Miguel, 2009). Recent migration flows (background preceding the global economic crisis, since there are no updated data besides a purely empirical framework of contemporary reality) show the feminization of migration and increased participation of migrant women in European demography (Bunevicius, 2009; Rumbold, 2011). A major challenge affected by migration is related to the provision of universal and equitable health care, basic accessibility and quality of services, regardless of gender, ethnicity or country of origin (Dias et al, 2011; Ingleby et al., 2005). Current research suggests that immigrants tend to have worse health indicators in pregnancy (maternal, infant and child mortality), more sexual and reproductive complications and impoverished pregnancy outcomes (greater incidence of premature and low birth weight babies), often associated with late intervention, lack of resources and inadequate health care (Carballo, 2009; Machado et al, 2007).

European lines of research indicate that the morbidity associated with pregnancy, as well as some sexual and reproductive complications, tend to be higher among immigrants. There is also evidence that the outcomes of pregnancy tend to be disadvantaged (losses shown in general state of health, with significant weight to public health), particularly the greater incidence of preterm and low birth weight babies. This population also has the worst health indicators associated with higher maternal,

spontaneous abortion, increased incidence of postpartum depression, negligible gynecological follow-up and poor prenatal education.

It can be pointed out that a key aspect of integration and acceptance lies, above all, on supplying accessibility to make informed decisions (that implies the availability of multilingual information in different contexts, and ideally providing multicultural mediators, trained to be sensitive and attentive to diversity and cultural specificity), to allow constructed knowledge of legislation and civil rights, and especially access to education as the core of developing full autonomy.

Equity in access, utilization and quality of health care becomes especially relevant in these populations, particularly in pregnancy. Thus, our research objectives are posed: measuring the perception of immigrants on the quality of antenatal care; to understand if there are differences in the quality and appropriateness of care received between immigrants and Portuguese, and assess the existence of specific barriers and facilitators influencing access and utilization of health services. At the core of this research is the study and observation of the "citizenship of health" and its determinants regarding immigrant women's health care and their access to maternal and child health services as a key element of the enactment of citizenship rights in Portugal.

Our research adopts a mixed methodology (quantitative and qualitative interface). We intended to assess whether the qualitative data collected (semi-structured interviews) converge with health indicators (questionnaire) - triangulation techniques. Given the specific nature of monitoring access, utilization and quality of maternal health care, a comprehensive interpretation of the resulting information will be made (content analysis of information emerged), and confronted with quantitative data contiguously collected and statistically analyzed (maternal health outcomes).

This main participants of this project are pregnant women / recent mothers, immigrants (cases) and Portuguese (comparison group).

The immigrants were children of foreign parents, born outside the national territory: Eastern European countries, Brazil and PALOP (more representative ethnic groups of the Portuguese immigration context). In Porto, civic associations and four referral hospitals serving the metropolitan area were contacted in order to gather information about the targeted population.

Our country presents a very inclusive law in terms of integration policies compared with the European Union, particularly regarding free access to health care for pregnant women and new mothers. However, from law to practice, there are a number of gaps that contribute to the systematic worsening of integration and health indicators of the immigrant population. Some relevant preliminary results illustrate the need to change the point of attention from ensuring accessibility (preposition achieved at the national level) and focus public health policies towards quality assurance in the provision of care for pregnant immigrant women (a trend that exists in most European countries, sharing the assumption of health as a universal right). Most of the barriers and needs identified are related to issues not covered in the legislation, which facilitate the interpretability of the law and its usurpation by professionals who first receive the immigrants, increasing the vulnerabilities arising from the migration process