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(Un)Making Europe:
Capitalism, Solidarities,
Subjectivities



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analyses the political economy of the provision of prenatal, perinatal, and postnatal care in three sites: Greece (Athens), southern Italy (Lampedusa), and an autonomous Spanish city in northern Africa (Melilla). National legislations in these three countries provide women with access to maternity care regardless of their migration status. If and how this access is granted, however, varies significantly between countries. The combined effects of neoliberal cuts in social services and the burgeoning – particularly in Greece and Italy – of the humanitarian sector in response to the advent of refugees have spawned new structures, networks, and dynamics in the countries' healthcare systems. The paper offers comparative insights into the changing roles of public healthcare structures and humanitarian actors and organizations, and interrogates the implications of emerging divisions of labour in the field: Is the humanitarian sector filling a temporary gap, or slowly establishing a more permanent niche? Conversely, how do national health services negotiate the growing entrenchment of their terrain of action? This inquiry generates a related and crucial one: Is healthcare provided to this category of political subjects as a social right or rather on a humanitarian basis? The paper's theoretical conclusions rely on the empirical findings of long-term ethnographic fieldwork conducted in these three sites by researchers of the ERC-funded project EU Border Care.

Violence indicators and health of refugees/asylum seekers: the first five days

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Hotspots are the first reception centers where refugees / asylum seekers make entry and remain up to a maximum of 5 days.

It is in this short period of time that the physical violences suffered by refugees / asylum seekers are discovered by medical personnel. However, indicators of physical violence does not constitute a prerequisite to an even psychological treatment program for the victims. They often have unmistakable signs (burns, injuries, physical fractures and so on) in their body. Physical and sexual violences have as target not only women but also young people and men.

Furthermore, some of them declare to be members of "families fake" and phenomenon of "fake family" is another violence after all those suffered.

The research describes the common experiences to 30 witnesses (doctors, nurses, social workers and educators), who work at the Hotspot Trapani-Milo (Sicily).

It describes an "reasonable map" of physical (concrete signs and related codes of interpretation) and psychological violence indicators (mapping of the emotional scripts) suffered by the victims.

It presents an integrated model of "first response" of victim health support and other essential services (accessible alternative accommodation, legal advice, medical and psychological counseling).

HIV and access to rights for Sub-Saharan immigrants in France: results from the ANRS Parcours survey

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Background In France, HIV-positive foreigners can obtain a residence permit for medical reasons (RPHR) (a 1-year renewable permit). However, associations for immigrants' rights have claimed that if RPHR holders are entitled to long-term permit, they had more difficulty to access them. In this study we assess whether HIV-positive persons are discriminated because of their holding RPHR.

Methods We use data from the ANRS Parcours quantitative survey which was led in 2012-2013 among 1705 randomly-sampled Sub-Saharan immigrants living with HIV/Aids or Hepatitis B in Paris area. This biographical survey allows us to reconstitute the entire history of residence permits. With discrete-time logistic models, we study the determinants of the access to long-term permits and the effect of RPHR on this access. Control variables are included to take the instruction level, the reason of migration, the period of arrival and length of stay into account.

Results The RPHR has a negative impact on the access to long-term residence permits (aOR between 0.15 and 0.27 according to the group, $p < 0.01$), thus RPHR holders are discriminated in their access to long-term permits in France. Additionally, our results reveal an increasing difficulty to access long-term permits since 2005, reflecting the hardening of migratory policy in the last decade.

Conclusions For the first time these results quantitatively measure the discrimination towards HIV-positive Sub-Saharan immigrants in their access to long-term residence permit and they claim for a sustainable legal status for ill foreigners in Europe.

RN16 | Session 10b Ethical Implications of a Sociological Approach to Health and Illness

He said, she said, we said: What are the ethical issues in conducting joint interviews in qualitative health research?

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Until relatively recently it had been supposed by most qualitative researchers that the individual was the natural unit of investigation for interviews, able to speak both about and on behalf of their partner and other family members, and in doing so convey the more relational aspects of their lives. However, recent work involving dyadic interviews (interviewing couples separately and/or together) has led to increased understanding of how couples experience and manage health and illness. Benefits of this method