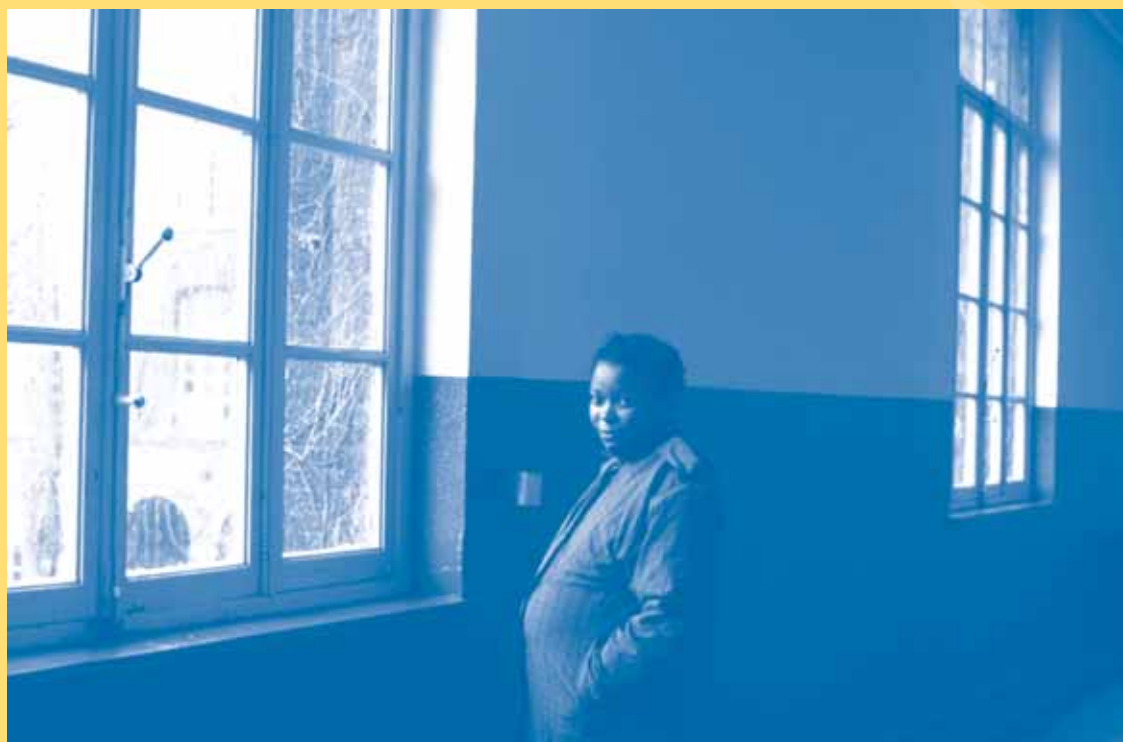


SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS OF REFUGEE WOMEN IN EUROPE



National Policies on Sexual and Reproductive Health
for Asylum Seekers and Refugees



Survey Analysis

June 2005

Kristin Janssens
Marleen Bosmans
Prof. Dr. Marleen Temmerman

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Table of Contents

Table of Contents	5
Acknowledgements	7
List of Abbreviations	9
Executive Summary	11
CHAPTER 1.	
INTRODUCTION	15
1.1. Objectives of the Questionnaire	17
1.2. Target Group	17
1.3. Methodology	18
1.3.1. The Questionnaire	18
1.3.1.1. <i>Structure of the Questionnaire</i>	18
1.3.1.2. <i>Peer Review and Testing</i>	18
1.3.2. Identification of Key Stakeholders in Asylum Seekers' and Refugees' Sexual and Reproductive Health	20
1.4. Response Rate	21
CHAPTER 2.	
SURVEY ANALYSIS BY COUNTRY	23
2.1. Sexual and Reproductive Health Policies and Entitlement to Sexual and Reproductive Health Services for Asylum Seekers and Statutory Refugees	25
2.1.1. Sexual and Reproductive Health Policy, Entitlement to Sexual and Reproductive Health Services, Preconditions	25
2.1.2. CONCLUSIONS	32

2.2. Sexual and Reproductive Health Services for Female Asylum Seekers and Statutory Refugees	33
2.2.1. Sexual and Reproductive Health Services for Female Asylum Seekers and Statutory Refugee Women	33
2.2.2. CONCLUSIONS	40
2.3. Research into Sexual and Reproductive Health of Asylum Seeking and Refugee Woman	43
2.3.1. Research Needs	43
2.3.2. CONCLUSIONS	44
2.4. Recommendations	45
2.4.1. Recommendations for Improved Sexual and Reproductive Health Policies by Country	45
2.4.2. Recommendations for Improved Sexual and Reproductive Health Services by Country	47
2.4.3. GENERAL RECOMMENDATIONS FOR IMPROVED SEXUAL AND REPRODUCTIVE HEALTH POLICIES AND SERVICES	53
 CHAPTER 3.	
CONCLUSIONS	53
3.1. Sexual and Reproductive Health Policies and Entitlement to Sexual and Reproductive Health Services	55
3.2. Sexual and Reproductive Health Services for Asylum Seeking and Refugee Women	55
 CHAPTER 4.	
RECOMMENDATIONS	59
 ANNEXES	63
Annex 1. Covering Letter Questionnaire	65
Annex 2. Introduction Letter to the Questionnaire	67
Annex 3. Questionnaire Sexual Reproductive Health of Refugee Women	70

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*Kristin Janssens
Marleen Bosmans
Prof. Dr. Marleen Temmerman*

List of Abbreviations

The background of the top section features a yellow gradient with a faint, stylized illustration of several human figures in various dynamic poses, suggesting movement and human interaction.

AIDS	Acquired Immunodeficiency Syndrome
A&M	Aids & Mobility European Network
ASRW	Asylum Seeking and Refugee Women
AS	Asylum Seeker
EC	European Commission
ECRE	European Council on Refugees and Exiles
ERF	European Refugee Fund
EU	European Union
EU MS	European Member States
HIV	Human Immunodeficiency Virus
IPPF	International Planned Parenthood Federation
NGO	Nongovernmental Organisation
SRH	Sexual and Reproductive Health
SRHR	Sexual and Reproductive Health Rights
STDs	Sexually Transmitted Diseases
STI	Sexually Transmitted Infection
YWCA	Young Women's Christian Association

Executive Summary

This survey analysis is part of a wider research project into the *Integration of Refugee Women in Europe through the Promotion of Their Sexual and Reproductive Health Rights*, conducted by the International Centre for Reproductive Health at Ghent University and supported by the EC/European Refugee Fund. The project was carried out from February 2004 until June 2005, and consists of three main parts: a literature review, a survey analysis, and an international workshop.

This survey analysis is based on the outcomes of a widely disseminated questionnaire in the 15 old EU Member States,¹ which aimed for each Member State 1) to assess whether the country has a national policy on sexual and reproductive health (SRH), 2) to assess whether this policy also applies to asylum seekers / statutory refugees, 3) to identify how this SRH policy is implemented with regard to asylum seeking and refugee women (ASRW), 4) to identify needs and gaps in national SRH policies with regard to asylum seekers / statutory refugees, 5) to identify needs and gaps in the provision of SRH services for ASRW, and 6) to formulate recommendations for improved SRH policies and health service provision for ASRW.

Chapter 1 provides further background information on the target group, the adopted methodology and the response rate of the questionnaire. In Chapter 2, a descriptive analysis is presented per country of 1) SRH policies and asylum seekers' and statutory refugees' entitlement to SRH services, 2) SRH services for ASRW, 3) identified research needs concerning SRH of ASRW, and 4) recommendations for improved SRH policies and services. Chapter 3 presents the overall conclusions and in Chapter 4 policy recommendations for improved SRH policies and SRH provision for ASRW are formulated.

1 Austria, Belgium, Denmark, Finland, France, Germany, Greece, Ireland, Italy, Luxemburg, Portugal, Spain, Sweden, the Netherlands, and the United Kingdom.

The study focuses on asylum seekers and statutory refugees, since these two groups have different rights and entitlements in the EU MS. Asylum seekers are not fully entitled to all health services provided in the EU MS. Statutory refugees, on the other hand, are fully entitled to national health services, under the 1951 UN Convention relating to the status of refugees (article 23). The study targeted stakeholders, directly and indirectly involved in health care provision for ASRW, on different levels: 1) ministries; 2) reception and integration agencies; 3) health centres; 4) reception centres for asylum seekers; 5) non-governmental organisations (NGO's); and 6) humanitarian organisations.

Assessing whether the governments of EU MS have a national SRH policy, and whether this also applies to asylum seekers and statutory refugees, has proven to be a difficult task. National governments of the EU MS seem to have no clear SRH policies that pay attention to the specific needs of ASRW. Moreover, health care providers and staff at reception centres do not always seem to be properly informed about their country's public health policy concerning SRH, and about asylum seekers' and refugees' entitlement to SRH services. Obviously there are considerable differences between EU MS with regard to their national public health policies and asylum seekers's entitlement to SRH services. Not only do asylum seekers have limited access to the national health system in most EU MS, the scope and quality of SRH services to which refugees and asylum seekers have access, vary greatly in the EU MS.

It is not clear who is responsible in the EU MS for providing SRH services for ASRW, and there seems to be considerable differences between the MS in the provision of services that are adapted to the needs of ASRW. Although the poor response rate to the questionnaire did not allow a detailed analysis of needs and gaps in the provision of SRH services for ASRW that could be representative for the countries included in the survey, a great need to improve SRH service provision for ASRW has been identified. The provision of adequate and comprehensive information on SRH related issues, and on ASRW's rights and entitlement to SRH services, is a key issue in making SRH services more accessible to ASRW. In this regard, it is important to note that health care providers and staff at reception centres do not always seem to be properly informed about the availability of SRH services and possibilities for support, in order to be able to provide adequate information. Other barriers that prevent ASRW from accessing SRH services² are related to language and communication difficulties, cultural diversity, lack of knowledge and awareness of SRH issues,

2 The identified difficulties for ASRW in accessing SRH services are partly related to the acceptability of SRH services.

sexual behaviour and attitudes, religion, gender, sex of health staff, mistrust, the role of the male partner or husband, and the consultation appointment system. In addition, ASRW cannot always afford SRH services and supplies, which particularly affects asylum seeking women who have often limited financial resources.

In general, research on ASRW's SRH needs and rights is very limited. Apart from the need to conduct more research in the broad field of SRH of ASRW, some specific research needs have been identified: 1) the impact of ASRW's specific contextual background on their SRH status and behaviour; 2) the impact of migration and reception policies on ASRW's SRH status; 3) strategies to promote sexual health in reception centres; 4) the prevalence of unwanted pregnancies among young asylum seekers and refugee women; 5) conceptions about the use of contraceptives; 6) the use of a rapid assessment tool to assess ASRW's knowledge, attitudes and practices regarding their SRH; 7) gender issues - such as the relationship between men and women - in connection with cultural backgrounds; and 8) best practices in the promotion of SRH education and prevention, taking culturally related issues into account.

SRH is a basic human right of all men and women without discrimination. National governments of EU MS need to take measures in order to respect, protect and fulfil the SRH Rights of asylum seekers and statutory refugees. Europe can take an important lead in sensitising the EU MS about the importance of SRH, and in encouraging them to develop policies and strategies for improving SRH of both asylum seekers and statutory refugees. Obviously, the implementation of appropriate programmes will require the necessary human and financial resources. Additional resources are also needed for conducting more research in all SRH related issues, which pays attention to the specific needs of ASRW. A final recommendation relates to the need to conduct more research into ASRW's SRH rights, status, and needs in the new EU MS.

There is a growing awareness in the European Union of the need to enhance women's – including refugee women's – sexual and reproductive health rights (SRHR). Many studies have shown that health and human rights are especially at risk among the most vulnerable populations in society, such as children, women, migrants, refugees, and asylum seekers.

The EU has no explicit policy or legislation on SRH. Public health policy is high on national political agendas and most governments do not want the European Union (EU) to interfere with it. This is especially true in the field of SRH and SRHR. It is not clear, however, to which extent EU MS pay attention to SRH in their national public health policies, and whether specific attention is paid to the SRH needs and rights of asylum-seeking and refugee women (ASRW). As part of the broader project on SRH rights and needs of refugee women in Europe, a questionnaire was developed to gain insight into the SRH policies in the old European Member States (EU MS).

1.1. Objectives of the Questionnaire

1. To assess whether there is a national policy on SRH.
2. To assess whether this policy also applies to asylum seekers / statutory refugees.
3. To identify how this SRH policy is implemented with regard to ASRW.
4. To identify needs and gaps in national SRH policies with regard to asylum seekers / statutory refugees.
5. To identify needs and gaps in the provision of SRH services for ASRW.
6. To formulate recommendations for improved SRH policies and health service provision for ASRW.

1.2. Target Group

The study targeted various stakeholders that are directly and indirectly involved in health care provision for ASRW, at different levels: 1) Ministry of Labour, Ministry of Health and Welfare, Ministry of Justice; 2) Reception and Integration Agencies³; 3) health centres; 4) reception centres for asylum seekers; 5) non-governmental organisations (NGO's); and 6) humanitarian organisations. The questionnaire was disseminated in the 15 old EU MS: Austria, Belgium, Denmark, Finland, France, Germany, Greece, Ireland, Italy, Luxemburg, Portugal, Spain, Sweden, the Netherlands, and the United Kingdom.

³ 1 & 2: European Refugee Fund contact persons (see also 1.3.2.).

1.3. Methodology

1.3.1. The Questionnaire

1.3.1.1. Structure of the Questionnaire

The survey analysis is part of a broader research project supported by the EC/European Refugee Fund, under the Community Actions Programme 2003. It focuses on refugee women's SRH status, needs and rights in the EU and relevant EU public health policies. The questionnaire was developed on the basis of a literature review on refugee women's SRH status, needs and rights in the EU.⁴

The questionnaire was semi-structured with both closed and open-ended questions. The survey looked at SRH policies for asylum seekers and refugees with a refugee status, SRH services for ASRW, and research into SRH of ASRW. The survey took a rights-based approach and therefore included questions on the accessibility, affordability and acceptability of SRH services for ASRW (see Annex 3).

The questionnaire was drafted in English.

1.3.1.2. Peer Review and Testing

In a first phase, the design of the questionnaire was discussed with Mr. Bram Tuk, Senior Consultant on Prevention of Pharos, the national refugees and health knowledge centre in the Netherlands (see <http://www.pharos.nl/>).

In a second phase, the questionnaire was peer reviewed by Dr. Brigitta Essén, Gynaecologist, Department of Clinical Sciences/Obstetrics & Gynaecology, Malmö University Hospital, Lund University, Malmö, Sweden, and by Dr. Lazar Manirankunda, Institute of Tropical Medicine, Antwerp, Belgium. Dr. Birgitta Essén commented that many service providers do not make a distinction between "asylum seekers" and "refugees with a refugee status". She also suggested taking illegal refugees⁵ into account, and to follow a uniform terminology throughout the questionnaire. With regard to the many details in the questionnaire she remarked that it would ask a lot of time to complete the questionnaire. Dr. Lazar Manirankunda suggested to use the categories "adult women/men" and "adoles-

4 Janssens K., Bosmans M., and Temmerman M., *Sexual and Reproductive Health and Rights of Refugee Women in Europe. Rights, Policies, Status and Needs (Literature Review)*. Ghent, Academia Press, June 2005.

5 Also commonly referred to as "undocumented migrants".

cent women/men” for both asylum seekers and refugees with a refugee status to frame the organisations’ target group. He observed that the questionnaire was quite extensive.

Members of the steering committee of the project – consisting of Prof. Dr. E. Brems, Human Right Centre, Ghent University, Ghent, Belgium; Prof. Dr. H. Pinxten, Department of Comparative Cultural Sciences, Ghent, Belgium; Dr. Mia Honinckx, Fedasil, Brussels, Belgium; Dr. Ilse Kint, Institute of Tropical Medicine, Antwerp, Belgium; Thomas Demytteneare, Sensoa, Antwerp, Belgium; and Dr. Flotea Mallya, YWCA Antwerp, Antwerp, Belgium⁶ – provided us with additional comments. Prof. Dr. Brems was very pleased to see that the questionnaire was developed from a rights-based approach, addressing the availability, accessibility, affordability and acceptability of SRH services. Dr. Honinckx suggested to explicate the definition of SRHR and to clarify the abbreviations used in the questionnaire. She further suggested to add “prevention of mother to child transmission” as an important aspect of SRH care provision. Prof. Dr. Pinxten remarked that it might not be necessary to make a distinction between asylum seekers and statutory refugees with regard to the affordability and acceptability of SRH services.

All comments have been taken into account in the finalisation of the questionnaire. We decided to keep the focus on asylum seekers and statutory refugees, since asylum seekers are not fully entitled to all health services provided in the EU. Statutory refugees, on the other hand, are fully entitled to national health services, under the 1951 UN Convention relating to the status of refugees (article 23). Although we recognise the importance of paying attention to the SRH of undocumented refugees, we did not add this as a separate category, as they were not within the scope of the project.

The peer-reviewed questionnaire was twice pre-tested in a reception centre in Antwerp, Belgium (Red Cross Centre ‘Linkeroever’). First, the questionnaire was discussed in a meeting with Marijke Akkerman, Nils Teck, and Martine Van Herck. The final version of the questionnaire was pre-tested by Nils Teck. No difficulties in completing the questionnaire were encountered. Filling out the questionnaire took about 45 minutes.

6 Dr Flotea Mallya was involved in the consultation with Marijke Akkerman, Nils Teck, and Martine Van Herck of Red Cross Centre ‘Linkeroever’ in Antwerp.

1.3.2. Identification of Key Stakeholders in Asylum Seekers' and Refugees' Sexual and Reproductive Health

The identification of key-stakeholders in SRH for asylum seeking and refugee women was a difficult task, since there is no centralised data bank of reception centres in Europe. We have tried to find the co-ordinates of reception centres through contacting the ERF contact points, main stakeholders in the field of refugee women's SRH, and by means of an extensive search on the Internet. This has had limited success.

We further identified stakeholders through contacting humanitarian organisations (such as *Caritas* and *Médecins Sans Frontières*), EU Networks (IPPF, YWCA, A&M), and other European projects (ECRE, 12 "Migrant Friendly Hospitals"). In addition, we also sent the questionnaire to the contact persons of the European Refugee Fund.

The questionnaire was sent to 243 organisations, through the following contacts in the 15 old EU MS:

- Refugee organisations that participated in a European Project on integration of refugees in the European Union ⁷
- Reception centres for asylum seekers
- Caritas Europe
- Red Cross Centres
- YWCA Network
- Aids & Mobility national focal points
- IPPF European Network Member Associations
- *Médecins Sans Frontières*
- 12 "Migrant Friendly Hospitals" (European Project)⁸
- ERF contact persons ⁹

The questionnaires were first sent by post. After four weeks an electronic reminder was sent.

7 One part of the project resulted in a Good Practice Guide on the Integration of Refugees in the European Union, *The Good Practice Guide on Health*, ECRE Task Force on Integration, Consiglio Italiano Per I Refugiati (CIR), Rome, 2002 www.refugeenet.org

8 Further information about this project can be found at the following websites: <http://www.mfh-eu.net> and <http://www.mfh-eu.net/conf/downloads/AmsterdamDeclaration2004.pdf>

9 http://europa.eu.int/comm/justice_home/funding/refugee/doc/EFR-contact_persons%20update_281.03.031.pdf

1.4. Response Rate

The response rate to the questionnaire was rather poor, which makes it very difficult to come to a comparative analysis. To get an idea why the response rate was low, we made an overview of the organisations that responded to the questionnaire. Two targetted organisations did not respond: YWCA and Aids & Mobility. Although YWCA is known to have specific programmes for migrants and refugees, SRH might not be one of their activities and concerns. None of the Aids & Mobility national focal points responded. HIV/AIDS is often seen as a public health priority, particularly for migrant populations, but initiatives in this field might not be linked with the broader area of SRH.

We assume that, in general, SRH might not be an issue of concern for most of the organisations that received the questionnaire, or that the questionnaire might have been too specific for some. One of the organisations for example, sent us a reaction, explaining that they did not have the necessary knowledge in order to reply to our very specific questionnaire and that in addition, they did not have time to compete it since they had a heavy workload already.¹⁰

From some EU MS, such as Denmark, Germany, Italy, Portugal, Spain, and Sweden, we did not receive any response. From Austria, Belgium, Finland, France, Greece, Luxembourg, the Netherlands, Ireland, and the United Kingdom twenty-one responses were received. Some respondents only referred to one of both groups – female asylum seekers or statutory refugee women – depending on their experience and knowledge.

10 One of the possible assignments for a European Network on SRH(R) of refugee women, one of the aims of this project, could be more in depth research, for example to map SRH policies in the different EU countries (possibilities in order to launch such a Network will be discussed during the Workshop planned in January 2005).

Due to the low response rate and the high inconsistencies and vagueness in the responses, a comparative analysis was not feasible. Hence we decided to limit ourselves to a descriptive analysis.

2.1. Sexual and Reproductive Health Policies and Entitlement to Sexual and Reproductive Health Services for Asylum Seekers and Statutory Refugees

In order to identify whether national governments of EU MS have a policy on SRH, respondents were asked whether their country has a national SRH policy, and whether this policy distinguishes between asylum seekers and statutory refugees. Secondly, respondents were asked to indicate to which SRH services asylum seekers and statutory refugees are entitled and whether these entitlements are subjected to certain preconditions.



2.1.1. SRH Policy, Entitlement to SRH Services, Preconditions

Austria (2)

- SRH Policy

The answers to the questions on Austria's SRH policy were not consistent. One respondent replied that Austria has a national policy on SRH. However, according to the other respondent, Austria has not. Remarkably, this respondent

replied also that Austria distinguishes between asylum seekers and statutory refugees in its SRH policy.

- Entitlement to SRH Services

According to the first respondent mentioned above, both asylum seekers and statutory refugees are fully entitled to all SRH services. The other respondent, however, responded that asylum seekers and refugees with a refugee status are only entitled to antenatal care, postnatal care, safe delivery, emergency obstetric care, family planning, screening for STIs, treatment of STIs, screening for HIV/AIDS, treatment of HIV/AIDS, prevention of mother to child transmission of HIV, screening for cervical cancer, treatment of cervical cancer, and to services for victims of sexual violence. According to this respondent neither asylum seekers nor statutory refugees are entitled to family planning, supply of contraceptives, abortion and post-abortion care (abortion is legalised in Austria).

- Preconditions for Asylum Seekers and Statutory Refugees to be Entitled to SRH Services

In order to be entitled to SRH services both asylum seekers and statutory refugees need to have social/health insurance.

Belgium (4)

- SRH Policy

It is not clear whether Belgium has a national SRH policy or not. Only one organisation responded that there is a national SRH policy, which is valid only for the Belgian citizens and not for refugees. Other respondents did not know whether Belgium has a SRH policy.

- Entitlement to SRH Services

According to two respondents, both asylum seekers and statutory refugees are entitled to the full range of SRH services. One respondent did not know whether asylum seekers are entitled to these services. According to another respondent, asylum seekers are not entitled to STI screening, including testing for HIV/AIDS, and cervical cancer screening.

- Preconditions for Asylum Seekers and Statutory Refugees to be Entitled to SRH Services

Three respondents did not know whether there is a precondition for asylum seekers to be entitled to SRH services. One respondent responded that asylum seekers are expected to go to the medical service in the reception centre, and that

especially for those who do not stay at a reception centre access to SRH services is difficult. Only one respondent replied that there are no preconditions for statutory refugees. The other respondents did not answer this question.

Finland (3)

- SRH Policy

All respondents replied that Finland has a national policy on SRH.

- Entitlement to SRH Services

According to two respondents, Finland's SRH policy distinguishes between asylum seekers and statutory refugees. Both respondents responded that statutory refugees are entitled to all SRH services, but gave different answers with regard to asylum seekers' entitlement to SRH. One responded that asylum seekers are not entitled to the screening and treatment of cervical cancer. The other respondent replied that asylum seekers are not entitled to cervical cancer screening, but that they are entitled to treatment of cervical cancer. This respondent further added that asylum seekers are not entitled to the supply of contraceptives, nor to STI screening and treatment of STIs. According to this respondent, asylum seekers are entitled to both the screening and treatment of HIV/AIDS.

In contrast, the third respondent declared that both asylum seekers and statutory refugees are fully entitled to all SRH services.

- Preconditions for Asylum Seekers and Statutory Refugees to be Entitled to SRH Services

According to one respondent there are no preconditions for asylum seekers and statutory refugees to be entitled to SRH services.

One respondent declared that asylum seekers are only entitled to SRH services in case of emergency services.

A third respondent replied that the nurse at the reception centre offers basic health services (especially counselling and support) to asylum seekers. However:

“When they need treatments or anything special, the nurse estimates in EVERY CASE, whether the client really needs it or not. Ass [asylum seekers] are not automatically entitled to the services, especially treatments.”

France (2)

- SRH Policy

One of the respondents replied that France has a national policy on SRH, but the other respondent did not know.

- Entitlement to SRH Services

According to the first respondent France does not distinguish between asylum seekers and statutory refugees: both are fully entitled to all SRH services.

The other respondent, however, declared that there is indeed a distinction between asylum seekers and statutory refugees. This is not reflected, however, in the answer on the entitlement to SRH services, as this respondent replied that both are entitled to all SRH services.

- Preconditions for Asylum Seekers and Statutory Refugees to be Entitled to SRH Services

The respondent who replied that France has a SRH policy answered that for asylum seekers the precondition in order to be entitled to these SRH services is “*not having a tourist visa*”, adding that this is a “*rare situation*”. The other respondent answered not to know whether there are preconditions for asylum seekers. According to both respondents there are no preconditions for statutory refugees.

Greece (3)

- SRH Policy

All respondents answered differently to the question whether their country has a national policy on SRH: the answers were respectively “yes”, “no”, and “I don’t know”.

The respondent who replied that Greece has a national SRH policy made the following comment:

“Often inaccessible due to public servants’ unawareness of refugee laws or due to refugees’ lack of knowledge of refugees’ law; Delay of the issuing of the red card due to bureaucracy; Multicultural difficulties; Difficulty in oral communication (Greek or other European language).”

The respondent who replied that Greece has no national SRH policy commented that asylum seekers go through a lengthy legal procedure in order to be officially recognised as such. Throughout this period – which may exceed up to two years

- they have access to SRH services, but they have to cover the total cost.
 - “ (...) The “pink card” that certifies the legal status of asylum seeker [sic] entitles them to free medical and pharmaceutical support. Refugees are also entitled to free medical and pharmaceutical support.”

- Entitlement to SRH Services

The first respondent replied that Greece distinguishes in its national SRH policy between asylum seekers and statutory refugees. This, however, is not reflected in the response to the question related to entitlement: according to this respondent, both asylum seekers and statutory refugees are fully entitled to all SRH services.

The second respondent, who replied that Greece has no national policy on SRH, declared that Greece does not distinguish between asylum seekers and statutory refugees in its national SRH policy. According to this respondent, both are fully entitled to all SRH services.

The third respondent did not know whether Greece has a national SRH policy, but replied that no distinction is made between asylum seekers and statutory refugee: both were said to be fully entitled to all SRH services.

- Preconditions for Asylum Seekers and Statutory Refugees to be Entitled to SRH Services

All respondents replied that for both groups there is no precondition to be entitled to SRH services.

Luxembourg (2)

- SRH Policy

Both respondents answered differently to the question whether there is a national policy on SRH in Luxembourg. One replied “Yes”; the other “No”.

- Entitlement to SRH Services

One respondent replied that Luxembourg does not distinguish between asylum seekers and statutory refugees in its SRH policy: both are fully entitled to all SRH services.

The other respondent replied that Luxembourg has no national policy on SRH, but that a distinction is made between asylum seekers and statutory refugees with regard to entitlement to SRH services. This respondent replied that asylum seekers and statutory refugees are entitled to most SRH services. According to

this respondent, neither asylum seekers nor statutory refugees are entitled to family planning and supply of contraceptives. In addition, asylum seekers are not entitled to services for victims of sexual violence. Whether they are entitled to treatment of STIs is not known; but the respondent replied that asylum seekers are entitled to screening for STIs, including HIV/AIDS, and to the treatment of HIV/AIDS. The respondent further mentioned not to know whether statutory refugees are entitled to services in order to prevent mother to child transmission of HIV, and to services for victims of sexual violence.

- Preconditions for Asylum Seekers and Statutory Refugees to be Entitled to SRH Services

One respondent answered that there is a precondition for both asylum seekers and statutory refugees to be entitled to SRH services and specified this as follows:

“Be member of social security system (i.e. be affiliated and their contributions are paid, either by themselves or by the State)”.

The other respondent replied that there are only preconditions for asylum seekers to be entitled to SRH services. As long as asylum seekers are in the asylum procedure they have access to medical assistance.

“(…) they have an illness assurance, paid by the government. The only problem is that asylum seekers have to pay to have access to the medicaments and treatments.”

The Netherlands (3)

- SRH Policy

All respondents replied that the Netherlands have a national policy on SRH.

- Entitlement to SRH Services

According to all respondents the Netherlands do not distinguish between asylum seekers and statutory refugees in its SRH policy: both are fully entitled to all SRH services.

One respondent added, however, that formal access to SRH services does not say much about actual access, since there are great barriers for asylum seekers and refugees to access and use these services. These barriers are mainly related to language, overall communication and cultural differences.

Another respondent commented that, recently, health insurance companies have changed the health insurance package for everybody. Consequently contraceptives are no longer covered. For asylum seekers, who have less financial

resources than other people who live on minimal wages or social security, this could constitute an extra barrier.

- Preconditions for Asylum Seekers and Statutory Refugees to be Entitled to SRH Services

According to all respondents there is no precondition in the Netherlands for asylum seekers and statutory refugees to be entitled to SRH services.

Countries from which only one questionnaire was received:

Ireland (1)

- SRH Policy

This respondent replied that Ireland makes no distinction between asylum seekers and statutory refugees in its SRH policy. The respondent further commented that health services for asylum seekers and refugees are provided on the same basis as for the Irish citizens.

- Entitlement to SRH Services

According to the respondent, both asylum seekers and statutory refugees are entitled to all SRH services, except abortion and cervical cancer screening. The respondent did not know whether both groups are entitled to the supply of contraceptives and to post-abortion care.

- Preconditions for Asylum Seekers and Statutory Refugees to be Entitled to SRH Services

According to this respondent there are no preconditions for either asylum seekers or statutory refugees in order to be entitled to the SRH services.

United Kingdom (1) ¹¹

- SRH Policy

According to the respondent, United Kingdom has a national policy on SRH.

- Entitlement to SRH Services

The respondent replied that the United Kingdom distinguishes between asylum

¹¹ The British Red Cross provided us with a consolidated response of the two replies we received from staff at the British Red Cross Society's West Midlands and Manchester offices.

seekers and statutory refugees in its SRH policy. Nevertheless, the respondent declared that both asylum seekers and statutory refugees are fully entitled to all SRH services.

- Preconditions for Asylum Seekers and Statutory Refugees to be Entitled to SRH Services

The respondent replied that there are no preconditions for asylum seekers or statutory refugees to be entitled to these SRH services.

2.1.2. CONCLUSIONS

The responses to the questionnaire show inconsistencies in the answers about SRH policy and entitlement to SRH services for asylum seekers and statutory refugees. The inconsistencies were twofold. There were discrepancies within the same questionnaire, in addition to discrepant answers between completed questionnaires from one country. This leads us to conclude that either clear SRH policies for ASRW do not exist or that reception centres and health care providers are not properly informed.

Health workers and other service providers targeting asylum seekers and/or refugees have a lack of knowledge of asylum seekers' and statutory refugees' entitlement to SRH services. It is not always clear to service providers whether asylum seekers and refugees are entitled to all the available SRH services or whether they are entitled at all. In some European Member States asylum seekers are not entitled to the full range of SRH services, but there is no hard evidence on the exact limitations. In some countries, asylum seekers may be entitled to free SRH services, but if the health care providers are not aware of this, it has a clear impact on the accessibility and affordability of SRH services.¹²

In some EU countries, there seem to be some preconditions for asylum seekers in order to be entitled to SRH services, but the answers to the questionnaire do not give clear information about this. Preconditions in order to be entitled to SRH services might make access to SRH services even more difficult, knowing that there are many other obstacles for asylum seekers in accessing SRH services.

¹² See e.g. the responses from Greece in paragraph 2.1.1.

2.2. SRH Services for Female Asylum Seekers and Statutory Refugees

In order to identify how a country's SRH policy is implemented with regard to asylum seekers/refugees, respondents were asked to answer questions in connection with the availability, accessibility, affordability and acceptability of SRH services for female asylum seekers and statutory refugee women.

The poor response rate to the questionnaire does not allow a detailed analysis of the needs and gaps in the provision of SRH services for female asylum seekers/refugee women that could be representative for the countries that provided us with information. However, some specific needs and gaps were reflected in the responses to the questionnaires and they can exemplify some needs that might be found elsewhere too. Comments that were given by the respondents relating to the availability, accessibility, affordability, and acceptability of SRH services are represented below.¹³

2.2.1. SRH Services for Female Asylum Seekers and Statutory Refugee Women

Austria (2)

- Accessibility

For statutory refugee women

With regard to the accessibility of SRH services for refugee women, a respondent commented that refugee women are not informed about the availability and possibilities of services, which makes access to SRH services difficult. Targeted measures are needed to improve this access.

- Affordability

For female asylum seekers

With regard to affordability of SRH services for female asylum seekers, the following comment was made: "*The problem is that contraception is very expensive in Austria.*" To tackle this problem is recommended in order to improve health service provision for female asylum seekers.

¹³ Some respondents only referred to one of both groups – female asylum seekers or statutory refugee women – depending on their experience and knowledge.

Belgium (4)

- Availability

For female asylum seekers

One respondent replied that the organisation was not sufficiently informed on the availability of SRH services in order to comment on it.

Reception centres are autonomous in developing their policies and are fully competent for the medical services they provide. In developing their policies they also consider the availability and accessibility of external services. According to one respondent there is quite some uneasiness and unfamiliarity with SRH.

For statutory refugee women

According to one of the respondents, availability of care and treatment is not the problem. But sexual health promotion, AIDS prevention, and sex education in general, should be more systematically offered to refugee women.

For female asylum seekers/refugee women

The Belgian population in general, too often makes use of emergency care and related services, instead of going to a general practitioner. This overburdens available health care services.

- Accessibility

For female asylum seekers

Awareness raising among female asylum seekers is necessary, as they are not used to asking questions.

- Acceptability

For female asylum seekers

There are a lot of obstacles in providing SRH care for asylum seekers. In order to deal with these, time, specific staff, training, among other things, are needed.

It would be interesting to start with a pilot project focusing on the improvement of acceptable SRH services for female asylum seekers.

Finland (3)

- Availability

For female asylum seekers

One respondent commented that all the SRH services for the female asylum seekers are available for them when needed – the nurse working in the reception centre always estimates the need.

The Ministry of Labour, in co-operation with the health authorities, has drafted guidelines and regulations concerning the health services for asylum seekers in the reception centres. These services are said to be functioning reasonably well.

For female asylum seekers/refugee women

In Finland, refugees are entitled to the same health services as citizens in Finland, while asylum seekers are not automatically entitled to all services. A respondent commented:

“Ministry of Labour is responsible for the reception of asylum seekers as well as the costs of the reception centres, and they naturally include RHS service too. Refugees and the Finnish citizens are given RHS services in the public health care centres, which are regulated by the Ministry of Social and Health Affairs. Basically their services and treatments (including reception of doctors) are free of charge – the client pays only nominal compensation of the services. The medicine, including contraceptives, the client buys from the pharmacy.”

- Accessibility

For female asylum seekers/refugee women

More training of staff is needed and different kinds of information materials for asylum seekers would make SRH services for asylum seekers more accessible. One respondent commented:

“Although both are done, it is most often inadequate.”

Specific measures are deemed to be very necessary. Training of the staff and a lot of counselling and information in their own languages for the refugees are needed. The respondent further added:

“The use of interpreters saves a great deal of money, after all.”



- Affordability

For female asylum seekers

One respondent replied that asylum seekers pay 10 euro a month for health care. The reception centre pays the additional costs.

For statutory refugee women

Services are free of charge, but in practice, a small payment is required from both Finnish citizens and from refugees.

- Acceptability

For female asylum seekers

A respondent commented that all the services needed are provided, but asylum seekers face all kinds of barriers in accessing SRH services. The most usual ones are: language, cultural diversity, lack of knowledge, sexual behaviour and perceptions, religion, gender, sex of health care staff, mistrust, role of male partner, husband – wife relation/role, system of making a consultation appointment, and people not attending their consultation appointment.¹⁴ Staff needs training but it cannot always be provided in sufficient quantity and quality.

¹⁴ Listed in Section II, question A4.1 of the questionnaire.

France (2)

- Availability

For female asylum seekers

According to one respondent the availability of SRH services for female asylum seekers in terms of specific services, is poor if not non-existent.

- Accessibility

For female asylum seekers

Asylum seeking women have a lack of knowledge with regard to their rights.

For female asylum seekers/refugee women

Access to institutions that provide SRH services is limited due to an identified fear of entering the institution.

Greece (3)

- Availability

For female asylum seekers/refugee women

One respondent made the following comments with regard to the availability of SRH services for female asylum seekers:

“Unavailable translation in health institutes; Prejudice / Rational discriminations against refugees; Law ignorance enhances unavailability of health services to refugee / asylum seekers; Lack of knowledge of the specific characteristics of the target group creates problems in their provision of health services; Load of work.”

For statutory refugee women

Refugees are entitled to free medical and pharmaceutical support. They are informed by the social service about their rights and they are referred to the national health system.

- Accessibility

For female asylum seekers⁵

Difficulties related to accessing SRH services:

- multicultural group (diversity in terms of origin, sex, age, religion)
- low educational level
- difficulties in oral communication (Greek or other European language)
- institutions or social services for granting benefits are not accessible (due to ignorance or unwillingness to be informed)
- asylum seekers are people on the move
- phenomenon of “institutionalisation”
- insufficient health education (different hygiene standards in their country of origin as well as different understanding of the importance of health)
- isolation, marginalisation, introversion, loneliness
- no easy access to the labour-market (this is the first target for asylum seekers).

- Affordability

For female asylum seekers

One respondent replied that Greece has no national SRH policy and commented that asylum seekers go through a lengthy legal procedure in order to be officially recognised as such. Throughout this period – which may exceed up to two years – they have access to SRH services, but they have to cover the total cost.

“(...) The “pink card” that certifies the legal status of asylum seeker [sic] entitles them to free medical and pharmaceutical support. Refugees are also entitled to free medical and pharmaceutical support.”

According to two respondents, both asylum seekers and statutory refugees are entitled to free medical care in Greece. However, one organisation identified the following barrier:

“All of our services offered are free of charge but we are a clinic, not a hospital and refer patients to other hospitals for many of the services mentioned above. Unfortunately, many state health employees do not know that many of these services are available to asylum seekers and refugees, and therefore request payment.”

15 One respondent commented that availability and accessibility of SRH services are related, so that what applies to the issue of availability also applies to the issue of accessibility.

Luxembourg (2)

- Affordability

For female asylum seekers

Asylum seekers have to pay to gain access to the medicaments and treatments. This might be a barrier to accessing SRH services.

The Netherlands (3)

- Availability

For female asylum seekers/refugee women

The availability of SRH services does not mean that asylum seekers/refugees have actual access to these services. Serious improvement is needed with regard to the accessibility and use of these services. Co-operation between organisations is very much ad hoc and sometimes competitive. There is no central co-ordination.

- Affordability

For female asylum seekers

Asylum seekers often have limited financial resources, which might make access to SRH services difficult. This is especially the case for contraceptives, which are expensive and not covered by health insurance companies in the Netherlands.

- Accessibility

For female asylum seekers/refugee women

Staff needs training in intercultural communication.

Ireland (1)

No comments on the availability, accessibility, affordability and acceptability of SRH services were made.

United Kingdom (1)

- Accessibility

For female asylum seekers/refugee women

It is the responsibility of the staff and volunteers to ask in a sensitive manner whether the client requires sexual health screening and to explain the relevant services that are available. While this is a very sensitive subject, staff felt that the support worker ought to initiate an opportunity for the client to speak out.

Problems in accessing services can have serious consequences as is reflected in the response of United Kingdom:

“Under current policy, a high number of female clients are unable to access SRH care once their asylum claims have been rejected and support for accommodation has been withdrawn. As a result, some women have resorted to prostitution to ensure they have money for the basics.”

Information is needed in different languages.

2.2.2. CONCLUSIONS

On the basis of the findings, it is clear that there is a great need to improve the implementation of SRH policies, where they exist, in order to provide SRH services for asylum seekers and statutory refugees that are accessible, affordable and acceptable. It is also important for countries to pay specific attention to prevention policies with regard to SRH.

Asylum seeking and refugee women have both similar and specific needs. The latter are mainly related to asylum seekers' (lack of) entitlement to available SRH services and (often) limited financial resources. Asylum seekers may also experience additional constraints as they prioritise fulfilling other practical and social needs first.

- Availability

The availability of SRH services for ASRW is closely related to the overall health care provision for migrants in EU MS. There seem to be considerable differences among the EU MS in the provision of health care services for ASRW. In Finland,

for example, one respondent mentioned that there are specific guidelines and regulations on health care provision for asylum seekers in reception centres. In other countries, like France, the availability of SRH services for female asylum seekers in terms of specific services is poor, if not non-existent. Further research is needed to gain a better insight into the availability of SRH services for ASRW in the EU MS.

- Accessibility

The provision of adequate and comprehensive information has been identified as a key issue in making SRH care more accessible to ASRW. Asylum seekers and refugees should be provided with information on the availability of SRH services and where these services are provided. In addition, asylum seekers and refugees should be informed about their rights and their entitlement to different SRH services. Often service providers themselves have a lack of knowledge about asylum seekers' entitlement to services, which might limit the latter's access to available services considerably.

There are a lot of barriers for asylum seekers and refugees that prevent them from accessing SRH services, such as language, cultural diversity, lack of knowledge and awareness about SRH issues, sexual behaviour and perceptions, religion, gender, sex of health care staff, mistrust, role of male partner, husband – wife relationship/role, and the consultation appointment system.

Sexuality is a very sensitive issue for most people, but for some refugee women it might be even more difficult to discuss it openly. This is particularly the case when refugee women have experienced violence in their country of origin or during their flight. Health care providers might also find it difficult to address SRH issues. In order to make SRH services more accessible the following suggestions were made:

- 1) build awareness among ASRW (SRH and rights)
- 2) develop and use different kinds of information materials, which take language and cultural aspects into account
- 2) provide good counselling
- 4) provide information through community organisations
- 5) use interpreters
- 6) train service providers in issues such as cultural differences, communication, legislation affecting ASRW's access to SRH services
- 7) make sure that ASRW do not encounter financial constraints in accessing SRH services, including access to contraceptives.

- Affordability

Asylum seekers and statutory refugees cannot always afford SRH services and supplies. Asylum seekers, in particular, often have very limited financial resources. Contraceptives, for example, are often very expensive, which might be an important barrier for asylum seekers and refugees to have control about birth spacing, and/or to protect themselves against sexually transmitted infections, including HIV/AIDS.

- Acceptability

The identified difficulties for ASRW in accessing SRH services are partly related to the acceptability of SRH services. However, very little comments were made on this issue and mainly referred to the need for specific staff training.



2.3. Research into SRH of ASRW

At the end of the questionnaire the respondents were asked whether they could identify research needs on SRH of female asylum seekers/refugee women.

2.3.1. Research Needs

Austria

- Research is needed with regard to STIs, including HIV/AIDS, to information, prevention, provision of condoms, and counselling.
- Information is needed with regard to the situation of female sex workers: their needs, circumstances, and accessibility to health services.

Belgium

- Impact of the specific context (being a refugee, migration, travelling, reception conditions) on the sexual health status and sexual health behaviour of refugee women.
- Impact of migration policy and reception policy on sexual health status of refugee women.
- Possibilities of sexual health promotion in reception centres.

Finland

- No special needs were identified but one respondent commented that “research information is always needed in this field”.

France

- Sexual and gender-based violence is identified as an issue of concern, and the respondent added that further research is needed into all SRH issues.

Greece

- No suggestions for further research were made.

Ireland

- No suggestions for further research were made.

Luxembourg

- No suggestions for further research were made.

The Netherlands

- In general, research in this field is very limited. Only with regard to STI/HIV/AIDS more information is available.
- Reports on abortion rates are not specific enough in order to make a risk analysis.
- The prevalence of unwanted pregnancies among young asylum seekers / refugee women is not known.
- More research is needed into the issue of domestic and sexual violence.
- Research is needed into conceptions and ideas about contraceptives.
- There is a need for rapid assessment tools to assess knowledge, attitudes and practices.
- Information is needed with regard to gender and the relationship between men and women, related to culture.

United Kingdom

- There is a huge need for research into the best way to promote education and prevention, taking cultural issues into consideration.

2.3.2. CONCLUSIONS

In general, research into ASRW's SRH needs and rights is very limited. Apart from the need to conduct more research in the broad field of SRH of ASRW, some specific research needs were identified:

- 1) the impact of ASRW's specific contextual background on their SRH status and behaviour
- 2) the impact of migration and reception policies on ASRW's SRH status
- 3) strategies to promote sexual health in reception centres
- 4) the prevalence of unwanted pregnancies among young asylum seekers and refugee women
- 5) conceptions and ideas about the use of contraceptives
- 6) the use of a rapid assessment tool to assess ASRW's knowledge, attitudes and practices regarding their SRH
- 7) gender issues, such as the relationship between men and women, in connection with cultural backgrounds
- 8) best practices in the promotion of SRH education and prevention, taking culture related issues into account.



2.4. Recommendations

At the end of each topic the respondents were asked to provide us with comments and recommendations.

2.4.1. Recommendations for Improved SRH Policies by Country

Austria

- No recommendations were made.

Belgium

- An evidence-based SRH policy should be developed in collaboration with relevant governmental and non-governmental organisations in this field.
- A national SRH policy in Belgium should take into account that asylum seekers who do not stay at a reception centre have additional barriers in accessing SRH services.
- Awareness should be raised among policy makers that providing good quality SRH services that are effective requires the necessary means.

Finland

- No recommendations were made.

France

- Increase the access to institutions providing SRH services (because of an identified fear of entering the institution).

Greece

- Female asylum seekers should have immediate access to the Hellenic Health System even if they have not officially applied for a refugee status.
- As soon as the asylum seekers/refugees enter Greece they should be informed about their rights and obligations by the responsible statutory services.
- The period between the application for and recognition of refugee status should be shorter.
- State hospital employees should be trained on the laws that affect access of asylum seekers and refugees to SRH services.

Ireland

- No recommendations were made.

Luxembourg

- A national SRH policy in Luxembourg should take into account that asylum seekers often have limited financial resources, which may make access to SRH services difficult (e.g. to pay for contraceptives, medicines and treatments).

The Netherlands

- A national action plan should be developed with regard to SRH for newcomers, including asylum seekers and refugees, and a national steering group on SRH should be set up.
- SRH should be a module in the integration programmes for refugees.
- Information officers should be provided with training in language and culture.
- More suitable information material or other methods for knowledge transfer (e.g. theater, puppetry) should be developed and provided.
- Allow the insurance company that covers asylum seekers to take contraceptives back into the health insurance package.¹⁶

United Kingdom

- No recommendations were made.

¹⁶ Recently, the health insurance package was changed for everybody in the Netherlands. As a result contraceptives are no longer covered.

2.4.2. Recommendations for Improved SRH Services by Country

Austria

- Affordability

For female asylum seekers

- Contraception should be affordable for asylum-seeking women. In Austria this is very expensive.

Belgium

- Availability

For female asylum seekers

- Sexuality and SRH related issues are often very sensitive issues that ASRW may not easily talk about, not even with health staff. Efforts should be taken to facilitate openness to talk about SRH issues.
- Asylum-seeking women should be made aware about their rights and opportunities.
- Staff at reception centres should have more knowledge about the availability of SRH services for asylum-seeking women.
- More money and time should be invested, especially in the domain of prevention and counselling.

For refugee women

- SRH services should be integrated in existing services and groups, e.g. in the government integration programme.

- Accessibility

For female asylum seekers

- Asylum-seeking women should be made aware of SRH issues, as many of them are not used to asking questions.
- To overcome the many barriers in providing accessible SRH care for asylum-seeking women requires time, specific staff, training, etc. Therefore, an elaborated SRH policy is needed, including the means to implement it. Proposed idea: to start with a pilot project.

For female asylum seekers/refugee women

- More information should be provided about free access to services that are easy to access¹⁷ for asylum seekers/refugees.

Finland

- Accessibility

For female asylum seekers and refugee women

- Measures to improve access to SRH services for ASRW are much needed. Staff should be (better) trained. Sufficient counselling and different kinds of information materials in their own languages should be provided. Interpreters should be available.

- Acceptability

For female asylum seekers and refugee women

- Staff should be trained in providing acceptable SRH services.

France

- Accessibility

For female asylum seekers and refugee women

- Measures should be taken to facilitate access of ASRW to health services.
- Better information should be provided, e.g., through community organisations.

Greece

- Accessibility

For female asylum seekers

The following measures are necessary to improve access to SRH services:

- education for cultural mediators and the target group (peer educators)
- education for “the statutory services human resources”

¹⁷ Referred to as “laagdrempelige diensten”.

- multilingual brochures
 - health education programs
 - state hospital employees should be trained in the laws pertaining to health benefits for asylum seekers and refugees.
- Affordability

For female asylum seekers

- The period needed for official recognition of the legal status of the asylum seeker should be shorter.¹⁸

Luxembourg

- No recommendations were made in order to improve SRH services for ASRW.

The Netherlands

- Availability

For female asylum seekers and refugee women

- Organisations should collaborate, and this should be centrally coordinated.
- Accessibility

For female asylum seekers and refugee women

- *Actual* access should be provided to qualitatively and acceptable SRH services.
 - Health care providers should be trained in cultural aspects and intercultural communication.
- Affordability

For female asylum seekers

- Financial barriers should be removed. More specifically: “Allow the insurance company that covers asylum seekers, to take contraceptives back

18 Regarding the affordability of SRH services one respondent commented: “Asylum seekers need a long-time legal procedure in order to be recognised officially as such. Through out [sic] this period - which may exceed up to 2 years - they have access to SRH services but they have to cover their total cost. In fact this can be proved forbidding [sic] for the majority of them.”

into the package.”¹⁹ This is especially important for asylum seekers who usually have very limited financial resources.

- Acceptability

For female asylum seekers and refugee women

- Staff should be multicultural (for better intercultural communication).

United Kingdom

- Availability / Accessibility

For female asylum seekers

- Grassroots work with the refugee community groups should be developed, and persons from these communities should be trained in order to ensure that information is passed on.
 - It is suggested that a multilingual help-line should be set up, or a programme consisting of sessions distributing information in different languages.
- Acceptability

For female asylum seekers

- Relevant information should be translated in the languages of the client, e.g. also through the use of interpreters.

¹⁹ Recently, the health insurance package has been changed for everybody in the Netherlands, with the consequence that contraceptives are no longer covered. For asylum seekers – who usually have limited financial resources – this could mean an additional barrier.

2.4.3. GENERAL RECOMMENDATIONS FOR IMPROVED SRH POLICIES AND SERVICES

The respondents provided us with the following recommendations for improved national SRH policies and SRH services, adapted to the needs of ASRW.

SRH Policies

1. National governments should develop an evidence-based SRH policy in collaboration with governmental and non-governmental organisations.
2. A national SRH policy should take the specific needs of ASRW into account, with particular attention for the needs of asylum-seeking women (e.g., affordability of SRH services, including access to contraceptives).
3. A national action plan on SRH should be developed for newcomers, including ASRW.
4. In order to provide good quality SRH services, which are effective and adapted to the needs of ASRW, the necessary human and financial resources should be supplied.
5. Measures should be taken to improve easy access to institutions for ASRW.
6. Asylum-seeking women should have access to SRH services, regardless of their status.
7. ASRW should be informed about their rights (and duties).
8. SRH education should be integrated in national integration programmes for refugees.
9. Appropriate information materials and other methods of knowledge transfer should be developed and provided for ASRW.

SRH Services

10. ASRW should be made aware of their rights and opportunities, including their right to SRH services.
11. SRH services should be affordable for ASRW, including access to contraceptives.

12. Appropriate information should be provided in different languages.
13. Organisations who provide services for ASRW should collaborate. This collaboration should be centrally coordinated.
15. Health care staff and staff at reception centres should receive training on
 - a) laws that affect the access of asylum seekers and statutory refugees to health services
 - b) ASRW's entitlement to SRH services
 - c) availability of SRH services
 - d) intercultural communication and language skills
 - e) issues related to different cultural backgrounds
 - f) how to address SRH issues in a sensitive manner.
16. SRH services and/or information provision should be integrated into existing services and programmes of (community) organisations.
17. Health care staff should have access to interpreters, and/or should be multi-cultural.



3.1. Sexual and Reproductive Health Policies and Entitlement to Sexual and Reproductive Health Services

National governments of the EU MS do not seem to have clear policies that pay attention to the specific SRH needs of ASRW. Moreover, health care providers and staff at reception centres do not always seem to be properly informed about their country's public health policy concerning SRH and the entitlements of asylum seekers and refugees to SRH services. There are also considerable differences between EU MS, regarding their national public health policies and the entitlement of asylum seekers to SRH services.

Health and human rights are proven to be at risk among the most vulnerable groups of society, such as asylum seekers and refugees. Throughout Europe, statutory refugees are fully entitled to access to national health services under the 1951 UN Convention relating to the status of refugees (Art. 23). The right to health for asylum seekers in Europe, on the other hand, varies greatly according to national legislation. Asylum seekers have limited access to the national health system in the EU MS and the extent of limitation varies greatly.²⁰ In some countries asylum seekers are only entitled to emergency care; a few countries make certain exceptions (e.g., for children and pregnant women); and in some countries the entitlement to health services remains unclear. Very few countries provide asylum seekers with “full access” to the national health services.²¹ As a result, the scope and quality of SRH services to which refugees and asylum seekers have access, vary greatly among the EU MS.

3.2. Sexual and Reproductive Health Services for Asylum Seeking and Refugee Women

Although the poor response rate to the questionnaire does not allow for a detailed analysis of the needs and gaps in the provision of SRH services for ASRW that could be representative for the countries included in this survey, a great need for improving SRH service provision for ASRW has been identified.

It is not clear who is responsible in the EU MS to provide SRH services for ASRW. The availability of SRH services for ASRW is closely related to overall health care provision for migrants in EU MS. In the EU MS different models are

20 See for more specific information on the entitlement to health in the old European Member States: http://www.refugeenet.org/health/grids_1.html (accessed on November 17, 2004).

21 Based on data of the ECRE Task Force on Integration, Theme “Health” (1997-2000). For more specific information on entitlement to health in the old European Member States see http://www.refugeenet.org/health/grids_1.html

used to provide health care for asylum seekers and refugees. Some states take direct responsibility; other states delegate the responsibility of the health check and medical assistance to an NGO. There is also a so-called ‘southern European model’, where NGOs and charitable organisations (such as *Caritas* in Italy, *Médecins du Monde* in Greece, *Le Comède* in France, the Red Cross in Spain) offer free medical care to migrants in general, including undocumented migrants, asylum seekers and refugees who are not yet able or not allowed to access the national health system. The Netherlands appears to be the only country that guarantees asylum seekers full access to health care services (“except for in vitro fertilisation and treatment for transsexuality”).²²

The provision of adequate and comprehensive information is a key issue in making SRH care more accessible to ASRW. Difficulties in accessing SRH services are related to language and communication problems, cultural differences, a lack of trust, differences in sexual behaviour and perceptions, but also to a lack of information on their rights and entitlement to SRH services, a lack of information on available SRH services, and a lack of knowledge of SRH issues.

Asylum-seeking women also have very specific needs as they are not always fully entitled to SRH services, and may consequently face additional barriers in accessing SRH services. Asylum-seeking women, in particular, suffer from isolation, marginalisation and loneliness, and are mainly preoccupied with their asylum procedure in order to get the legal status as a refugee. In addition, asylum-seeking women usually have limited financial resources, which affects their access to SRH services, especially with regard to treatment, medicines and contraceptives. These barriers have a profound impact on their SRH, and may compromise their SRH by the time they receive their refugee status.

Moreover, health care providers and staff at reception centres are not always properly informed on asylum seekers’ rights and entitlements to SRH services, nor on the availability of SRH services and possibilities for support. This lack of knowledge may affect the information and services delivered to asylum seekers and refugees.

Insufficient attention is paid to the provision of SRH services that are accessible, affordable and acceptable. In order to develop and implement such services, staff needs appropriate training and enough time to provide adequate SRH care.

²² Consiglio Italiano Per I Refugiati (CIR), Good Practice Guide on the Integration of Refugees in the European Union, *The Good Practice Guide on Health*, ECRE Task Force on Integration, Rome, 2002:10-11.

This survey analysis was limited to the old EU MS, which generally have high standards of SRH, taking into account indicators such as contraceptive use, HIV/AIDS prevalence, abortion rates, maternal and child morbidity and mortality rates. New MS and accession countries were not included in this survey. It should be noted, however, that there still exist great disparities in SRH standards between EU MS and even within MS. Moreover, in many Eastern European countries contraceptive use remains low, leading to a high prevalence of unwanted pregnancies and induced abortions. In countries where women's SRH status is generally lower, it may be assumed that more vulnerable populations, such as ASRW, are particularly affected.

1. As SRH is a basic human right of all men and women without discrimination, national governments of EU MS should take measures in order to **respect, protect and fulfil SRHR of asylum seekers and statutory refugees**.
2. **Respect:** SRHR should be recognised by the EU MS and by the different organisations that provide health services for ASRW.
3. **Protect:** All laws, regulations, and measures that limit ASRW's access to SRH services should be revised.
4. **Fulfil:** Measures should be taken to improve the availability, accessibility, affordability, and acceptability of SRH services.
5. The EU should take the lead in sensitising the EU MS about the importance of SRH, and in encouraging them to develop policies and strategies for improving SRH of both asylum seekers and refugees.
6. More research into all issues related to the SRH needs and rights of ASRW should be conducted, both at the national level and comparatively at the European level.
7. Specific research into ASRW's SRH rights, status and needs in the new EU MS is recommended.

Ghent, August 23, 2004

Re: Research into “Integration of Refugee Women in Europe through the Promotion of Their Sexual and Reproductive Health Rights” - QUESTIONNAIRE

Dear Mr. or Mrs

The International Center for Reproductive Health is a research center, established in 1994 within the Faculty of Medicine at the Ghent University in Belgium. We look at the broad area of sexual and reproductive health (SRH) in an interdisciplinary way, and from a rights based approach, involving not only medical but also political, legal, environmental, social and cultural aspects.

Currently we are conducting research into the “Integration of Refugee Women in Europe through the Promotion of Their Sexual and Reproductive Health Rights”. This project received a grant from the European Commission, within the “ERF Community Actions 2003” programme of the European Refugee Fund. The overall objective is to improve the integration of refugee women through the promotion of their sexual and reproductive health rights.

In annex to this letter, you will find a questionnaire aimed at gathering information on the SRH policy for asylum seekers / refugees in your country. In addition, we are interested to know how this health policy is implemented and in this respect we have formulated questions regarding the availability, accessibility, acceptability and affordability of SRH services for asylum seekers, and refugee women in particular.

We would be very grateful if you would be willing to allocate some of your time to complete this questionnaire. Your co-operation would be a valuable contribution to the promotion of sexual and reproductive health rights of refugee women in Europe.

The questionnaire is strictly confidential and will only be used in connection with this research. Should you have any additional questions concerning the project or the questionnaire in particular, please contact Kristin Janssens or Marleen Bosmans at Kristin.Janssens@Ugent.be, Marleen.Bosmans@Ugent.be, or at telephone number +32 - (0)9 - 240 52 82.

Most of you will receive a hard copy of the questionnaire by post, but if possible, we prefer a completed electronic version of the questionnaire. Please let us know if you didn't receive an electronic version of the questionnaire. We shall then send it to you immediately.

Please return the completed questionnaire by September 30 by fax, post or email to:
International Centre for Reproductive Health (ICRH)

Ghent University

Kristin Janssens and Marleen Bosmans

De Pintelaan 185 P3

9000 Ghent, Belgium

Fax: +32-9-240.38.67

Kristin.Janssens@Ugent.be

Thanking you in advance for your kind co-operation.

Sincerely Yours,



Prof. Dr. Marleen Temmerman, Director ICRH
Marleen Bosmans, Project Co-ordinator, Political Scientist
Kristin Janssens, Project Officer, Anthropologist



Project supported by the European Commission – European Refugee Fund.

ANNEX 2

CONFIDENTIAL

Introduction to the questionnaire on SRH of Refugee Women

Research Project: Integration of Refugee Women in Europe through the Promotion of Their Sexual and Reproductive Health Rights

- Introduction
- Sexual and Reproductive Health and Rights
- Methodology
- Objectives of the questionnaire
- Instructions for completing this questionnaire

Introduction

There is a growing awareness in the European Union about the need for the enhancement of women's – including refugee women's – sexual and reproductive health (SRH) rights. Many studies have shown that health and human rights are especially at risk among the most vulnerable in society, including children, women, immigrants, refugees, and asylum seekers.

Research into the sexual and reproductive needs and rights of refugee women in Europe and other developed countries is still very young and little attention is paid to refugee women's access and use of health services, and to SRH services in particular.

Sexual and Reproductive Health and Rights

Issues related to SRH include safe motherhood, teenage pregnancies, antenatal and postnatal care, safe deliveries, emergency obstetric care, abortion and post-abortion care, family planning and contraceptive use, sexually transmitted infections (including HIV/AIDS), cervical cancer, sexual and gender based violence (sexual violence, physical violence, domestic violence, forced prostitution, issues related to harmful traditional practices such as female genital mutilation and honour killing).

Sexual and reproductive rights rest on the recognition of the basic and human right of all couples and individuals to decide freely and responsibly the number, spacing and timing of their children, and to have the information and the means

to do so. They also include the right of all to make decisions concerning reproduction free of discrimination, coercion and violence.¹

Objectives of the questionnaire

This questionnaire is aimed at gathering information from organizations in 15 European Member States with the following specific objectives:

1. to assess whether there is a national policy on sexual and reproductive health
2. to assess whether this policy also applies to refugee women
3. to identify how this health policy is implemented with regard to asylum seekers/refugees
4. to identify needs and gaps in national SRH policies with regard to asylum seekers/refugees
5. to identify needs and gaps in provision of SRH services for female asylum seekers /refugee women
6. and to formulate recommendations for improved SRH policies and health service provision for female asylum seekers / refugee women.

Methodology

We have chosen to send this questionnaire to organizations in 15 European Member States²:

- refugee organizations that participated in a European Project on integration of refugees in the European Union
- reception centres
- Caritas Europe
- Red Cross Centres
- YWCA Network
- Aids & Mobility national focal points
- IPPF European Network Member Associations
- Médecins Sans Frontières
- 12 “Migrant Friendly Hospitals” (European Project)
- European Refugee Fund contacts.

1 United Nations, *Report of the International Conference on Population and Development, Cairo, 5-13 September 1994, A/CONF.171/13/Rev.1* (Article 7.3).

2 At the start of this project the 15 EU Member States were: Austria, Belgium, Denmark, Finland, France, Germany, Greece, Ireland, Italy, Luxemburg, Portugal, Spain, Sweden, The Netherlands, and the United Kingdom.

Instructions for completing this questionnaire

We have opted for a questionnaire that is easy to fill out by ticking boxes. In case an item is missing you can add this under “[other]”. Apart from this, there is room for comments and recommendations at the end of each topic.

After completing Section I and II, you will find two separate sections on SRH services under Section III: A for asylum seekers and B for refugees with a refugee status. Depending on the target group of your organization we kindly ask you to fill in Section A and/or Section B, and then to continue with Section III.C and Section IV.

We are looking forward to receiving your completed questionnaire, which will provide us with valuable information to promote sexual and reproductive health rights of refugee women in Europe. If you have further questions, please don't hesitate to contact us: Kristin.Janssens@Ugent.be, Marleen.Bosmans@Ugent.be, Tel.: +32 (0) 9 240 52 82.



COMMENTS																																				
II.4.	Do you have further comments on the SRH policy in your country with regard to asylum seekers / refugees?																																			
RECOMMENDATIONS																																				
II.5.	Do you have suggestions for the improvement of the SRH policy for asylum seekers / refugees in your country?																																			
III.	SEXUAL AND REPRODUCTIVE HEALTH SERVICES																																			
<i>Section A. SRH Services for female asylum seekers</i>																																				
III. A1.	AVAILABILITY																																			
III. A1.1.	<p>Does your organization offer asylum seekers a medical screening at arrival?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No — GO TO QUESTION III.A1.3. <input type="checkbox"/> I don't know</p>																																			
III. A1.2.	<p>Please indicate if this medical screening includes one or more of the following tests and whether this is voluntary (V) or compulsory (C). <i>Tick only the box 'YES' if you don't know whether it is C or V.</i></p> <table border="0"> <thead> <tr> <th>Yes:</th> <th>V</th> <th>/</th> <th>C</th> <th>No</th> <th>I don't know</th> <th></th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>STI's in general</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>HIV/AIDS</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>pregnancy test</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>[other:]</td> </tr> </tbody> </table>	Yes:	V	/	C	No	I don't know		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	STI's in general	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HIV/AIDS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	pregnancy test	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	[other:]
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III. A1.3.	<p>Please indicate if your organization provides one or more of the following health services.</p> <p><input type="checkbox"/> information on health services <input type="checkbox"/> counselling / advise <input type="checkbox"/> treatment <input type="checkbox"/> support <input type="checkbox"/> health care services <input type="checkbox"/> [other] ...</p>																																			

III. A1.4.	<p>Which contraceptives are supplied* to female asylum seekers by your organization?</p> <p><input type="checkbox"/> oral contraception <input type="checkbox"/> emergency contraceptive pill <input type="checkbox"/> male condom <input type="checkbox"/> female condom <input type="checkbox"/> Norplant <input type="checkbox"/> female sterilisation <input type="checkbox"/> vasectomy <input type="checkbox"/> intrauterine device (IUD) <input type="checkbox"/> diaphragm <input type="checkbox"/> [other]:</p> <p><i>* Please only tick the box when the organization actually provides the contraceptive(s).</i></p>																																																																
III. A1.5.	<p>Please indicate which SRH services are provided by your organization to female asylum seekers. For which services do you refer to other institutions/organizations?</p> <p>counselling (C); treatment (T); support (S); not provided (NP); referral (R)</p> <table border="0"> <thead> <tr> <th>Y E S*</th> <th>NP</th> <th>I don't</th> <th>R</th> </tr> <tr> <th>C T S</th> <th></th> <th>know</th> <th></th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> antenatal care</td> </tr> <tr> <td><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> postnatal care</td> </tr> <tr> <td><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> emergency obstetric care</td> </tr> <tr> <td><input 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III. A1.6	<p>Please summarize if you have further comments on the availability of SRH services for FEMALE asylum seekers in your country.</p>																																																																

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III. A1.7	Do you have suggestions for the improvement of the <i>availability of SRH services</i> for FEMALE asylum seekers in your country?																																														
III. A2.	ACCESSIBILITY																																														
III. A2.1.	<p>Does your organization provide special measures to improve access to SRH services for FEMALE asylum seekers?</p> <table border="0"> <thead> <tr> <th>Yes</th> <th>No</th> <th>I don't know</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> employment of female health staff</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> interpreting and translating services</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> employment of health staff with a refugee background</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> information provision on SRH rights of asylum seekers</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> information provision on availability and range of SRH services</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> training of health care staff</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> - female genital mutilation and safe delivery</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> - sexual violence</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> - gender training</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> - socio-cultural aspects</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> - differences in health seeking behaviour and perceptions</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> - medical health care expectations of people with different cultural background</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> - knowledge of health care in refugee countries</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> [other:]</td> </tr> </tbody> </table>		Yes	No	I don't know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> employment of female health staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> interpreting and translating services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> employment of health staff with a refugee background	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> information provision on SRH rights of asylum seekers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> information provision on availability and range of SRH services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> training of health care staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> - female genital mutilation and safe delivery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> - sexual violence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> - gender training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> - socio-cultural aspects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> - differences in health seeking behaviour and perceptions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> - medical health care expectations of people with different cultural background	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> - knowledge of health care in refugee countries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> [other:]
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III. A2.2.	<p>Does your organization provide FEMALE asylum seekers with information about the availability of following SRH services?</p> <table border="0"> <thead> <tr> <th>Yes</th> <th>No</th> <th>I don't know</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> antenatal care</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> postnatal care</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> safe delivery</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> emergency obstetric care</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> abortion (where legal)</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> post-abortion care</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> family planning</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> (modern) contraceptives</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> screening for and/or treatment of STI's</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> screening for and/or treatment of HIV/AIDS</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> screening for and/or treatment of cervical cancer</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> relief and support of victims of sexual violence</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> female genital mutilation</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> [other:]</td> </tr> </tbody> </table>		Yes	No	I don't know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> antenatal care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> postnatal care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> safe delivery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> emergency obstetric care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> abortion (where legal)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> post-abortion care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> family planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> (modern) contraceptives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> screening for and/or treatment of STI's	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> screening for and/or treatment of HIV/AIDS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> screening for and/or treatment of cervical cancer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> relief and support of victims of sexual violence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> female genital mutilation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> [other:]
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> [other:]																																													

III. A2.3.	<p>In which form is the information about available SRH services provided to FEMALE asylum seekers?</p> <p><input type="checkbox"/> printed material</p> <p><input type="checkbox"/> audio-visual material</p> <p><input type="checkbox"/> informative sessions</p> <p><input type="checkbox"/> separate sessions for women</p> <p><input type="checkbox"/> separate sessions for men</p> <p><input type="checkbox"/> sessions for both men and women</p> <p><input type="checkbox"/> separate sessions for adolescents</p> <p><input type="checkbox"/> [other:]</p>																																												
COMMENTS																																													
III. A2.4.	<p>Please summarize if you have further comments on the <i>accessibility of SRH services</i> for FEMALE asylum seekers in your country.</p>																																												
RECOMMENDATIONS																																													
III. A2.5.	<p>Do you think specific measures are necessary to improve the <i>access to SRH services</i> for FEMALE asylum seekers? Do you have recommendations?</p>																																												
III. A3.	AFFORDABILITY																																												
III. A3.1.	<p>Are the SRH services your organization provides free of charge or not?</p> <table border="0"> <thead> <tr> <th style="text-align: left;">Yes</th> <th style="text-align: left;">No</th> <th style="text-align: left;">I don't know</th> <th></th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>antenatal care</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>postnatal care</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>safe delivery</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>emergency obstetric care</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>abortion (where legal)*</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>post-abortion care</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>family planning</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>supply of contraceptives</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>screening for STI's</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>treatment of STI's</td> </tr> </tbody> </table>	Yes	No	I don't know		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	antenatal care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	postnatal care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	safe delivery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	emergency obstetric care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	abortion (where legal)*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	post-abortion care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	family planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	supply of contraceptives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	screening for STI's	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	treatment of STI's
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	<table border="0"> <thead> <tr> <th data-bbox="267 196 297 220">Yes</th> <th data-bbox="345 196 374 220">No</th> <th data-bbox="422 196 529 220">I don't know</th> <th data-bbox="477 225 844 407"></th> </tr> </thead> <tbody> <tr> <td data-bbox="267 225 297 249"><input type="checkbox"/></td> <td data-bbox="345 225 374 249"><input type="checkbox"/></td> <td data-bbox="422 225 452 249"><input type="checkbox"/></td> <td data-bbox="477 225 658 249">screening for HIV/AIDS</td> </tr> <tr> <td data-bbox="267 252 297 276"><input type="checkbox"/></td> <td data-bbox="345 252 374 276"><input type="checkbox"/></td> <td data-bbox="422 252 452 276"><input type="checkbox"/></td> <td data-bbox="477 252 651 276">treatment of HIV/AIDS</td> </tr> <tr> <td data-bbox="267 280 297 303"><input type="checkbox"/></td> <td data-bbox="345 280 374 303"><input type="checkbox"/></td> <td data-bbox="422 280 452 303"><input type="checkbox"/></td> <td data-bbox="477 280 707 303">screening for cervical cancer</td> </tr> <tr> <td data-bbox="267 307 297 331"><input type="checkbox"/></td> <td data-bbox="345 307 374 331"><input type="checkbox"/></td> <td data-bbox="422 307 452 331"><input type="checkbox"/></td> <td data-bbox="477 307 700 331">treatment of cervical cancer</td> </tr> <tr> <td data-bbox="267 334 297 358"><input type="checkbox"/></td> <td data-bbox="345 334 374 358"><input type="checkbox"/></td> <td data-bbox="422 334 452 358"><input type="checkbox"/></td> <td data-bbox="477 334 844 358">relief and support of victims of sexual violence</td> </tr> <tr> <td data-bbox="267 362 297 385"><input type="checkbox"/></td> <td data-bbox="345 362 374 385"><input type="checkbox"/></td> <td data-bbox="422 362 452 385"><input type="checkbox"/></td> <td data-bbox="477 362 593 385">[other]:</td> </tr> <tr> <td data-bbox="267 389 297 413"><input type="checkbox"/></td> <td data-bbox="345 389 374 413"><input type="checkbox"/></td> <td data-bbox="422 389 452 413">—</td> <td data-bbox="477 389 525 413">NONE</td> </tr> </tbody> </table>	Yes	No	I don't know		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	screening for HIV/AIDS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	treatment of HIV/AIDS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	screening for cervical cancer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	treatment of cervical cancer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	relief and support of victims of sexual violence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	[other]:	<input type="checkbox"/>	<input type="checkbox"/>	—	NONE
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III. A3.2.	<p>If SRH services are not free of charge, do you identify it as an obstacle to access of SRH services? Please explain.</p>																																
COMMENTS																																	
III. A3.3.	<p>Please summarize if you have further comments on the <i>affordability of SRH services for FEMALE</i> asylum seekers in your country.</p>																																
RECOMMENDATIONS																																	
III. A3.4.	<p>Do you have recommendations for the improvement of the <i>affordability of SRH services for FEMALE</i> asylum seekers in your country?</p>																																

III. A4.	ACCEPTABILITY	
III. A4.1.	What kind of obstacles in providing SRH care for FEMALE asylum seekers do you identify?	<input type="checkbox"/> language <input type="checkbox"/> cultural diversity <input type="checkbox"/> lack of knowledge <input type="checkbox"/> sexual behaviour and perceptions <input type="checkbox"/> religion <input type="checkbox"/> gender <input type="checkbox"/> sex of health care staff <input type="checkbox"/> mistrust <input type="checkbox"/> role of male partner <input type="checkbox"/> husband – wife relation/role <input type="checkbox"/> system of making a consultation appointment <input type="checkbox"/> people don't attend their consultation appointment <input type="checkbox"/> [other:]
COMMENTS		
III. A4.2.	Please summarize if you have further comments on the <i>acceptability of SRH services for FEMALE</i> asylum seekers.	
RECOMMENDATIONS		
III. A4.3.	Do you have any suggestions for improvement of the <i>acceptability of SRH services for FEMALE</i> asylum seekers in your country?	

Section B. SRH SERVICES for <i>refugee women with a refugee status</i>																																																																	
III. B1.	AVAILABILITY																																																																
III. B1.1.	<p>Please indicate which SRH services are provided by your organization to refugee women. Or do you refer to other institutions/organizations?</p> <p>counselling (C); treatment (T); support (S); not provided (NP); referral (R)</p> <table border="0"> <thead> <tr> <th>Y E S*</th> <th>NP</th> <th>I don't know</th> <th>R</th> </tr> <tr> <th>C T S</th> <th></th> <th></th> <th></th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> antenatal care</td> </tr> <tr> <td><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> postnatal care</td> </tr> <tr> <td><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> emergency obstetric care</td> </tr> <tr> <td><input type="checkbox"/> <input 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obstetric care	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> family planning	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> supply of contraceptives	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> abortion (where legal)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> post-abortion care	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> STIs	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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III. B1.2.	<p>Which contraceptives are supplied to refugee WOMEN by your organization?</p> <p><input type="checkbox"/> oral contraception</p> <p><input type="checkbox"/> emergency contraceptive pill</p> <p><input type="checkbox"/> male condom</p> <p><input type="checkbox"/> female condom</p> <p><input type="checkbox"/> Norplant</p> <p><input type="checkbox"/> female sterilisation</p> <p><input type="checkbox"/> vasectomy</p> <p><input type="checkbox"/> intrauterine device (IUD)</p> <p><input type="checkbox"/> diaphragm</p> <p><input type="checkbox"/> [other]:</p>																																																																
COMMENTS																																																																	
III. B1.3.	<p>Please summarize if you have further comments on the <i>availability of SRH services for refugee WOMEN in your country.</i></p>																																																																

RECOMMENDATIONS																																														
B1.4.	Do you have suggestions for the improvement of the <i>availability of SRH services</i> for refugee WOMEN in your country?																																													
III. B2.	ACCESSIBILITY																																													
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III. B2.2.	<p>Does your organization provide refugee WOMEN with information about the availability of following SRH services?</p> <table border="0"> <thead> <tr> <th>Yes</th> <th>No</th> <th>I don't know</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> antenatal care</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> postnatal care</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> safe delivery</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> emergency obstetric care</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> abortion (where legal)</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> post-abortion care</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> family planning</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> (modern) contraceptives</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> screening for and/or treatment of STI's</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> screening for and/or treatment of HIV/AIDS</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> screening for and/or treatment of cervical cancer</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> relief and support of victims of sexual violence</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> female genital mutilation</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> [other:]</td> </tr> </tbody> </table>	Yes	No	I don't know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> antenatal care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> postnatal care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> safe delivery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> emergency obstetric care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> abortion (where legal)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> post-abortion care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> family planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> (modern) contraceptives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> screening for and/or treatment of STI's	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> screening for and/or treatment of HIV/AIDS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> screening for and/or treatment of cervical cancer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> relief and support of victims of sexual violence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> female genital mutilation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> [other:]
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III. B2.3.	<p>In which form is the information about available SRH services provided to refugees?</p> <ul style="list-style-type: none"> <input type="checkbox"/> printed material <input type="checkbox"/> audio-visual material <input type="checkbox"/> informative sessions <ul style="list-style-type: none"> <input type="checkbox"/> separate sessions for women <input type="checkbox"/> separate sessions for men <input type="checkbox"/> sessions for both men and women <input type="checkbox"/> separate sessions for adolescents <input type="checkbox"/> [other:]
COMMENTS	
III. B2.4.	<p>Please summarize if you have further comments on the <i>accessibility of SRH services for refugee WOMEN</i> in your country.</p>
RECOMMENDATIONS	
III. B2.5.	<p>Do you think specific measures are necessary to improve the access to <i>SRH services for refugee WOMEN</i>? Do you have recommendations?</p>

III. B3. AFFORDABILITY

III. B3.1. Are the SRH services your organization provides free of charge or not?

Yes	No	I don't know	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	antenatal care
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	postnatal care
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	safe delivery
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	emergency obstetric care
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	abortion (where legal)*
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	post-abortion care
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	family planning
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	supply of contraceptives
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	screening for STI's
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	treatment of STI's
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	screening for HIV/AIDS
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	treatment of HIV/AIDS
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	screening for cervical cancer
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	treatment of cervical cancer
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	relief and support of victims of sexual violence
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	[other]:
<input type="checkbox"/>	<input type="checkbox"/>	—	NONE

III. B3.2. If SRH services are not free of charge, do you identify it as an obstacle to access of SRH services? Please explain.

III. B4. ACCEPTABILITY

III. B4.1. What kind of obstacles in providing SRH care for refugee WOMEN do you identify?

- language
- cultural diversity
- lack of knowledge
- sexual behaviour and perceptions
- religion
- gender
- sex of health care staff
- mistrust
- role of male partner
- husband – wife relation/role
- system of making a consultation appointment
- people don't attend their consultation appointment
- [other:]

COMMENTS

III. B4.2. Please summarize if you have further comments on the *acceptability of SRH services* for refugee **WOMEN** in your country.

RECOMMENDATIONS

III. B4.3. Do you have any suggestions for improvement of the *acceptability of SRH services* for refugee **WOMEN** in your country?

Section C. SRH services for female asylum seekers / refugee women

Do you know other organizations working in the field of SRH of female asylum seekers/refugee women? Could you provide us with contact addresses?

IV.	Research into sexual and reproductive health of female asylum seekers / refugee women
RESEARCH NEEDS	
	<p>Could you identify research needs on SRH of female asylum seekers/refugee women?</p> <p>SRH related issues: Safe motherhood, Family planning, Sexually Transmitted Infections, including HIV/AIDS, Cervical cancer, Sexual and Gender Based Violence.</p>

Thank you very much for completing this questionnaire !

Please send the questionnaire to: Kristin.Janssens@Ugent.be

Or to:

Kristin Janssens

International Centre for Reproductive Health

University Hospital Ghent

De Pintelaan 185 P3

9000 Ghent

Belgium

Fax: (+32)-9-240.38.67

Acronyms

ART	Anti-retroviral therapy
FGM	Female Genital Mutilation
HIV	Human Immunodeficiency Virus
NGO	Nongovernmental Organization
SRH	Sexual and Reproductive Health
STI	Sexual Transmitted Infection

Glossary

Antiretroviral therapy (ART): Treatment that suppresses or stops a retrovirus. One of the retrovirus is the human immunodeficiency virus (HIV) that causes AIDS. Retroviruses are so named because they carry their genetic information in the form of RNA rather than DNA so that the information must be transcribed in “reverse” direction — from RNA into DNA.

Asylum seeker: An asylum seeker is an individual who is seeking asylum and whose refugee status has not yet been determined.

Counselling: Counselling is a process of communication by which a person is helped to identify her or his sexual and reproductive health needs and to make the most appropriate decisions about how to meet them. Counselling is characterized by an exchange of information and ideas, discussion and deliberation.

Diaphragm (contraceptive): A barrier method of **contraception** that is available by prescription only and must be sized by a health professional to achieve a proper fit. A diaphragm covers the cervix and parts of the vaginal wall.

Emergency obstetric care: Basic care includes parenteral antibiotics, oxytocic and sedatives; manual removal of the placenta; manual removal of retained products of conception; and assisted (vaginal) delivery. Comprehensive district level care would also include obstetric surgery and blood transfusions.

Female genital mutilation or **female circumcision:** A general term for a variety of traditional surgical procedures which excise or partially excise external female genitalia. This is done before puberty.

HIV-positive: A person who is tested to be positive for the presence of antibodies to HIV (anti-HIV) is termed HIV-positive. Children born to HIV infected mothers may be HIV positive for some time because the maternal antibody crosses to the baby prior to birth and persists for up to 18 months.

Intrauterine contraceptive device (IUD): A device inserted into the uterus (womb) to prevent conception (pregnancy). The IUD can be a coil, loop, triangle, or T-shape. It can be plastic or metal.

Norplant contraceptive: Implantable progestin in the form of Norplant was approved by the U.S. Food and Drug Administration (FDA) for contraception in 1990 and the newer Norplant 2 was approved in 1996 for contraception.

Refugee A refugee is a person who is forced to leave his/her home country because of fear of persecution based on certain limited grounds.

Refugees with a refugee status (also called “Convention refugees”) are persons determined to be refugees by the authorities of States that have acceded to the 1951 Geneva Convention and or Protocol. As such, they are entitled to claim the rights and benefits which those States have undertaken to accord to refugees.

Sexually Transmitted Infections (STIs): Also called venereal disease (VD) (an older public health term) or sexually transmitted diseases (STDs). Sexually transmitted infections are infections spread by the transfer of organisms from person to person during sexual contact. In addition to the “traditional” STIs (syphilis and gonorrhea), the spectrum of STIs now includes HIV infection, which causes AIDS; Chlamydia trachomatis infections; human papilloma virus (HPV) infection; genital herpes; chancroid; genital mycoplasmas; hepatitis B; trichomoniasis; enteric infections; and ectoparasitic diseases (i.e., diseases caused by organisms that live on the outside of the host’s body).

Support of victims of sexual violence: Victims of sexual violence can get relief through counselling services and social support. Counselling services can take a variety of forms, and victims interested in counselling can choose between individual, family or group therapies, and/or opt for formal or more informal support groups

Supportive care: Treatment given to prevent, control, or relieve complications and side effects and to improve the patient’s comfort and quality of life.

Treatment of HIV/AIDS: see *Antiretroviral therapy (ART)*.

Vasectomy: A surgical procedure designed to make a man sterile by cutting or blocking both the right and left vas deferens, the tubes through which sperm pass into the ejaculate.



International Centre for Reproductive Health

The International Centre for Reproductive Health (ICRH) was established in 1994 in response to the International Conference on Population and Development (ICPD, Cairo, 1994). ICRH is a multidisciplinary research centre at the Ghent University. The main objective of ICRH is to improve sexual and reproductive health in its broadest sense. Through research, training, technical assistance and development projects in Belgium, Europe and developing countries, ICRH seeks to improve the accessibility, acceptability and quality of sexual and reproductive health services from a rights-based and gender-sensitive approach.

Prof. Dr. Marleen Temmerman is the director of ICRH and promotor of the research conducted by Kristin Janssens and Marleen Bosmans.

Kristin Janssens is a cultural anthropologist with fieldwork experience in Australia. After her studies she worked in the field of women's rights, with a specific focus on sexual and reproductive rights.

Marleen Bosmans is a political scientist who is mainly involved in policy support research for the Belgian Development Cooperation. Her research focuses particularly on the rights-based approach of sexual and reproductive health of vulnerable groups in conflict and post-conflict settings.



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