

Experiences of providing abortion care and contraceptive counselling to immigrant women in Sweden

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The 11th FIAPAC Conference, Ljubljana, 3-4 October 2014

Background

- About 15% of the Swedish population are foreign-born
 - Universal access to health care services is a public health goal
 - one cornerstone, promote universal access to safe and secure sexuality and good reproductive health
 - Immigrants from outside Europe report poor or very poor health in general, as compared to Swedish-born
 - Increased risk of unintended pregnancy, induced abortion, and HIV/STDs among immigrants as compared to native-born women in the Netherlands
 - Immigrant women in high-income countries in Europe have higher risk of abortion as compared to native-born women
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Aim of this ongoing study

To explore health care providers experiences of abortion care and contraceptive counselling to immigrant women in Sweden.

Method

- Individual interviews with midwives and doctors in one clinic
 - Audio-recorded and transcribed
 - Thematic analysis
 - Presenting preliminary findings
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Theoretical framework

Patient-centered care, three dimensions:

1. Holistic care

- Encompasses all domains of health (i.e. bio-physical, cognitive, emotional, social and spiritual) and consider all different needs.
- Involves the assessment of patients' conditions and the provision of interventions and services that target patients' conditions

2. Responsive care

- the individualization of care, goal to maintain consistency between the intervention or services to be delivered, and patients' needs, values and preferences

3. Collaborative care

- a partnership between the healthcare professional and the patient that should facilitate patients' participation in making care-related decisions

Preliminary findings

Holistic

Responsive

Collaborative

- In general older
 - Have a family
 - Have had the children that they want
 - Accompanying partner
 - Asylum seekers
 - Roma persons
 - Young women hide contraceptives from parents
 - Honour-based violence if sexually active/in a relationship
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Preliminary findings

Holistic

Responsive

Collaborative

- Communication- interpreter
 - Have poor general knowledge on bodily functions
 - Less experience/knowledge about contraception
 - Withdrawal- common method
 - Misconceptions about contraceptives
 - Attitudes to abortion and contraception is affected by cultural values and norms and laws and regulations in home country
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Preliminary findings

Holistic

Responsive

Collaborative

- Women not always decide themselves
 - Partner crucial in decision-making regarding contraceptives
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Major findings

Holistic

- Knowledge on life situations and access to health care services

Responsive

- Time for contraceptive counselling
- Deeper understanding of motivators for contraception acceptance

Collaborative

- Women with poor knowledge about contraceptives
 - How are decisions-made?
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Conclusion

- Health care providers need to be aware of foreign-born women's specific needs when providing contraceptive counselling
 - If male partners are more involved and informed about contraception, acceptance might increase among foreign-born women
 - More time for contraceptive counselling and repeated counselling sessions might increase the use of and adherence to contraceptives
 - More efforts on post-partum contraception might prevent unintended pregnancies, especially among foreign-born women
 - Interviews with foreign-born women planned
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Thank you

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