

Sexual health of migrant women attending the French Red Cross Health Prevention Centers in French Guiana in 2021.

Authors : Leslie Alcouffe (1,2), Adriana Gonzalez (1,2), Muriel Volpellier (2), Luana Bitan (3), Biancaelena Panfili (2), Guerline Jean (1), Annette Zephirin (1), Pierre Marie Creton (2), Florence Huber (1,2) Nicolas Vignier (4).

(1) Réseau Kikiwi, Guyane
(2) French Red Cross of French Guiana
(3) Université des Antilles
(4) Corevih Guyane & CIC Inserm 1424, Centre Hospitalier de Cayenne

INTRODUCTION :

French Guiana :

- Region of France located in South America.
- Important migratory flows: > 1/3 of the actual population born abroad.
- Important precariousness: ½ of the households live under the poverty line (particularly households where the reference person was born abroad), high unemployment rate.

Sexual health :

- French region with the highest HIV prevalence (1.18 - 1.35% in 2016).
- Among people living with HIV foreign-born people are largely overrepresented and for the majority of them the acquisition of HIV took place on French territory.

Women and migration :

- Migration can have adverse effects on the health of individuals, for direct reasons (infectious diseases, exposure to violence, etc.) or indirect reasons (loss of social network, instability, etc.).
- Migrant women were identified as particularly exposed to violence, and more likely than men to engage in transactional (survival) sex.
- The link between transactional sex, multi-partnering and HIV acquisition was established.
- Beyond practices, in French Guiana, being female is a factor associated with lack of awareness of the risk of exposure to sexually transmitted infections and barriers to accessing care.

MAIN OBJECTIVE :

To estimate situations of sexual vulnerability among migrant women over 18 years of age who consult in the Red Cross Prevention and Health Centers of Cayenne and Saint Laurent du Maroni in French Guiana in 2021.

METHOD :

Cross-sectional survey of mixed methodology :

- A descriptive cross-sectional epidemiological part including women over 18 years old consulting the Red Cross Health Prevention Centers in Saint Laurent du Maroni and Cayenne in 2021.
- A qualitative explorative part conducted via semi-directive interviews with the care teams of the same centers during the same period.



Sexual health [...] requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence - WHO

Table 1: Descriptive socio-demographic data of migrant women over 18 years of age consulting the French Red Cross Health and Prevention Centers in Cayenne and Saint Laurent du Maroni in 2021 (n=382).

	Numbers and percentages	
	n	%
Age	380	
Under 25 years old	112	29.5
26-35 years old	145	38.1
Over 35 years old	123	32.4
Country of birth	382	
Haiti	307	80.4
Dominican Republic	34	8.9
Surinam	22	5.7
Other countries	19	5.0
Year of arrival	382	
Before 2020	211	55.2
2020 or 2021	171	44.8
Declared financial situation	382	
Comfortable or very comfortable	24	6.3
Good	65	17.0
Difficult or very difficult	293	76.7
Alcohol consumption	382	
Low consumption	293	76.7
Misuse	89	23.3
History of rape	382	
No	307	80.4
Yes	75	19.6
History of transactional sex	382	
No	269	70.4
Yes	113	29.6
History of physical or partner violence	382	
No	259	67.8
Yes	123	32.2
Having been threatened during lifetime	382	
No	281	73.3
Yes	101	26.7
Possible depressive disorders (PHQ4)	382	
Absence of depressive disorders	150	39.3
Depressive disorders	232	60.7
Possible anxiety disorders (PHQ4)	382	
Absence of anxiety disorders	150	42.4
Anxiety disorders	232	57.6

RESULTS :

Qualitative analysis, regarding the caregivers interviewed (n=12), they report :

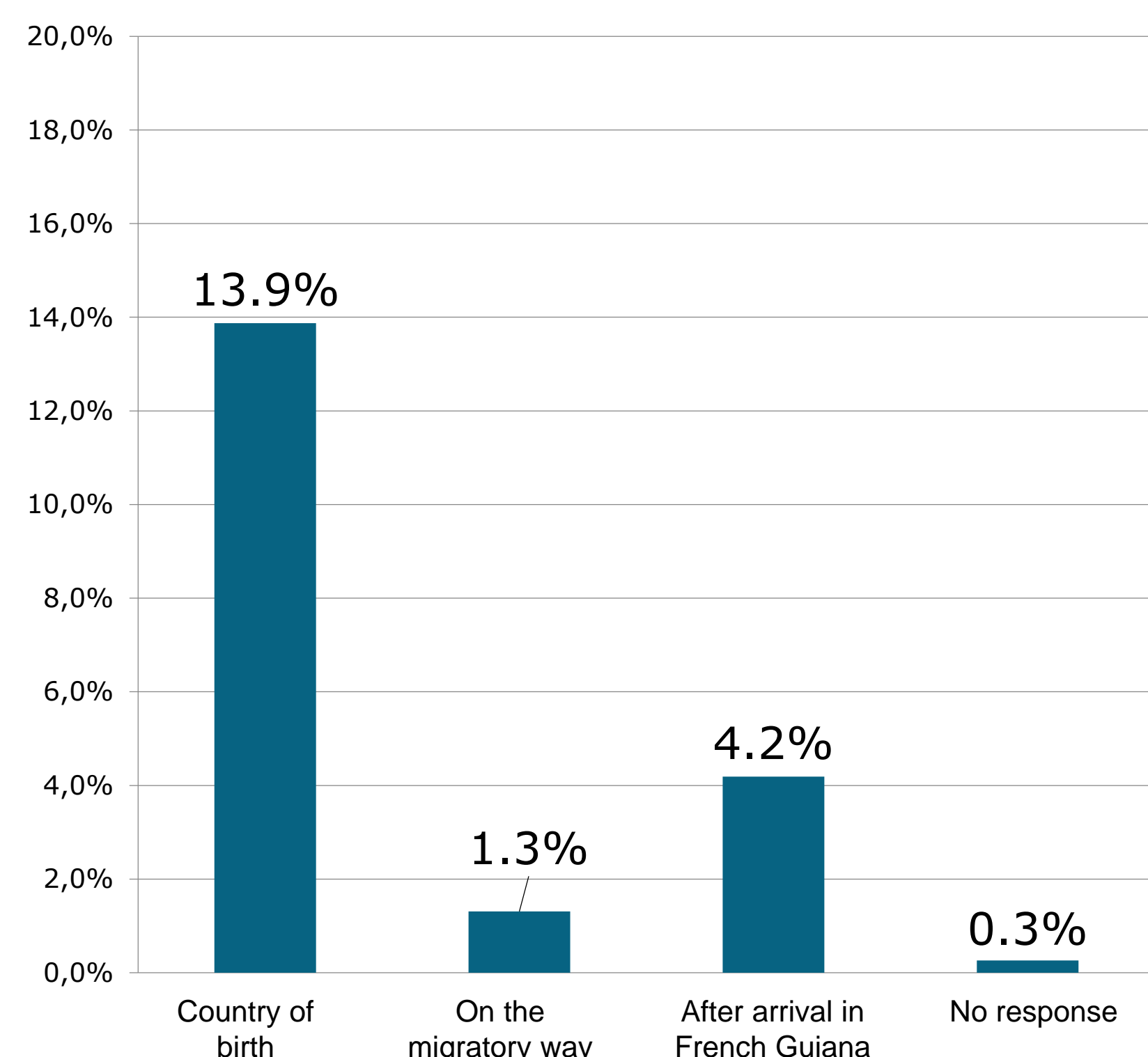


Figure 1 - Location of rape suffered, by percentage among women over 18 years of age who visited Red Cross CPS between May and August 2021, out of the entire sample (n=382)

Manual step-down multivariate logistic regression analysis:

Lifetime rape was associated with :

- History of threats
aOR=3.69 [1.96-6.96]
- History of physical violence
aOR=12.95 [6.51-25.75]

Transactional relationships (for food, money, or shelter) in their lifetime associated with :

- Being born in the Dominican Republic
aOR = 5.59 [1.84-16.95]
- Living in French Guiana for more than 2 years
aOR = 2.32 [1.38-3.92]
- Heavy alcohol use
aOR = 2.57 [1.46-4.53]
- History of threats
aOR = 2.03 [1.14-3.63]
- History of rape
aOR = 1.92 [1.03-3.60]
- Depressive disorder
aOR = 2.08 [1.21-3.60]

Different consultant profiles :

The caregivers identified women born in the Dominican Republic as informed and evolving in constructed social networks. However, women born in Haiti were described as more vulnerable, due to isolation. Difficulties in communicating with these consultants were mentioned.

"The Dominican women know them very well, they arrive on French territory, when they come to see us at the Red Cross they are very familiar. I don't have enough experience, the Haitian women are too hard to contact".

"Many people put themselves in danger because of their lack of information, I think in particular of Haitian women".

A difficult administrative and financial situation :

The caregivers described this precariousness at all levels: administrative, financial, food. Housing was mentioned as particularly susceptible to being exchanged for sexual relations.

« Because the basic problem here is housing, this question of housing, you arrive in a country, you can't work, for the simple reason that you don't have your papers. You have to eat, you have to have somewhere to sleep. »

Existing care services, but multiple barriers :

According to the caregivers, the place of information is a key element of access to health services. Moreover, the low level of information contributes to a sexuality that exposes people to the risk of acquiring sexually transmitted infections. Transport was also mentioned, particularly in western French Guiana.

"The problem is that people either don't know, or they don't have transportation, or they don't know where to go. It's always that, the offer exists but for migrant women, access is complicated".

Exposure to sexual violence and the use of transactional sex :

Caregivers describe women who are highly exposed to violence, whether sexual, physical, or mental. Regarding transactional sex, again different profiles are described: women arriving from the Dominican Republic and evolving in constructed networks, women born in Haiti, more isolated and exposed to transactional sex that is hidden and difficult to identify.

"Transactional sex, yes it happens, yes, some people do it. It's already hard, it's hellish and to get out of it they exchange what, either for rent, etc. It's commonplace, there's this kind of exchange (...) 'transactional sex' (...) Even if I can't identify them, there are quite a few that exist ».

Mental health :

Caregivers describe the mental health of the women as degraded, with insufficient care available to meet their needs.

CONCLUSION :

These elements illustrate the cumulative vulnerability of the women interviewed. Different profiles are highlighted here, with different needs. Women born in the Dominican Republic are more likely to have been (or to be) involved in transactional relationships, while Haitian women are described as being further away from care, which contributes to their vulnerability.

Exposure to sexual violence is particularly high, and the majority of rapes occurred in the country of origin. However, it is important to note that sexual violence after arrival affects a significant number of women. Systematic screening for violence and the extensive use of diversified prevention tools are key elements of risk reduction. Supporting women who have been subjected to violence from a physical, moral and juridical point of view is necessary. The information and involvement of local community actors play a major role in empowering women in terms of health, in addition to protecting them.

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