

# Research with Young Migrant Women on Sex, Fertility and Motherhood

For young migrant women, their families and those who work with them in community, education and health settings as well as policy makers.

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## What is This Booklet About?

This booklet presents key findings from HSE Crisis Pregnancy Programme (CPP) research with young migrant and minority ethnic women on sexuality, fertility and motherhood. Two studies in particular were drawn on. Crisis Pregnancy Programme Report No. 25 '*Attitudes to Fertility, Sexual Health and Motherhood amongst a sample of Non-Irish National Minority Ethnic Women Living in Ireland*' is a qualitative study comprising research interviews with young women aged 18 to 30 from three migrant communities - Chinese, Polish and Nigerian - and young women from the Muslim faith community. Crisis Pregnancy Programme Report No. 24, '*the Irish Contraception and Crisis Pregnancy Study-2010*', surveyed 3,002 people to access views and practices in relation to pregnancy, sexual behaviour and sexual health in Ireland. The study included a supplementary sample of 261 Polish and Nigerian women aged 18 to 34 who had moved from their countries to live in Ireland after the age of 13 years.

The research showed that while migrant women share many perspectives with Irish women in how they feel about fertility, sex and motherhood, some specific issues featured relating to culture and/or migration. The research findings in this booklet provide an understanding of the challenges young migrant women may encounter as they try to live out healthy, safe and fulfilling sexual lives as newcomers to Ireland and/or as members of minority ethnic communities here. These findings can help parents in migrant families and those working with young people and migrant communities to understand what it is like to be a young migrant woman living in Ireland today. Issues covered include learning about relationships and sexuality, use of health services and, how young women make sense of different meanings and services relating to sexuality as they move between cultures.

The research revealed that women who migrate to a new cultural environment can experience conflict between their culture of origin and the new, host culture in the areas of relationships and sexuality. It showed how a young woman coming to Ireland as part of a family can experience different issues to a woman who migrates to Ireland alone. The findings demonstrated how migrant women encounter particular challenges in knowing about and making use of sexual and reproductive health services in Ireland. In presenting these findings it is important to emphasise the diversity represented within migrant communities; issues highlighted here will not be experienced in the same way by all migrant women.

We hope the research findings will provoke thought, discussion and interest among young migrant women, their families and those who work with them in community, education and health settings, as well as policy makers. Readers may use the research as a basis for discussion or to raise awareness of issues covered or they may want to get practical information or advice about some of the issues raised in the research. A set of resources are listed at the end of the booklet for this purpose.

## What Does the Research Tell Us?

- A key finding of this and previous Irish studies was that young women are considered to be more responsible for sexual morality far more than young men are.
- Young migrant women considered messages and meanings attaching to sexuality in Ireland as 'westernised' and more permissive than in their cultures of origin.
- Some women encountered conflicting messages about appropriate sexual behaviour for young women as they moved between their culture of origin and Irish 'westernised' culture. These women had to make sense of a variety of different messages about fertility, sex and motherhood they received from home, school and their community.
- Women from each of the diverse national, cultural and ethnic backgrounds described how sex and pregnancy before marriage were associated with fear, shame and guilt in the cultural messages they received from home.
- Some young migrant women considered that sexual behaviour affected not only a young woman's reputation but that of her family and her wider community.
- Migrant women may be subjected to particular expectations and pressures that mean a pregnancy will be experienced as a crisis pregnancy.
- Gaining knowledge about and access to sexual and reproductive health (SRH) services has particular challenges for young migrant women.
- Some migrant women returned to their country of origin to access SRH services rather than using Irish service providers.

## Knowledge of Sexuality, Relationships and Pregnancy

- While some women reported receiving sex education at school, for many this on its own was insufficient to equip them with the knowledge they needed to live out healthy, safe and fulfilling sexual lives.
- The women reported that key messages about sexuality were more likely to be communicated to them through indirect or implicit means rather than through open, on-going communication between parents (or other adults) and daughters (or young women).
- Discussion about sexuality in the home may have been closed down because some young women feared that showing an interest in sexual matters suggested that they may be sexually active or interested in sex.
- Different messages and levels of openness about sexuality were found at home, in communities, at school and in the media. This sometimes left young women feeling confused, powerless or fearful.
- Magazines, friends and the internet were key sources of information regarding sexuality for the young women.

## Sexual Values and Cultural Expectations

- As stated earlier, studies with both Irish and migrant women found that young women are considered to be more responsible for sexual morality, far more than young men are.
- Young women's socialising and relationships tended to be more closely monitored and controlled; young men were seen to have more freedom.
- Migrant women described closer control and monitoring of female sexual behaviour by parents and communities in their countries of origin, than they perceived to be the case in Ireland.

[Mum] kind of left the school to deal with it. You don't come home and discuss or, you know, talk about it with your mum or your dad or whatever it was ... Learn in school - that's it - end of story.

(Nigerian Focus Group 1, age 20 - 29)

My mother, not in detail, she just sometimes reminded me 'Don't do it. You're still too young. You're still too young and don't do it till you grow up,' or something like that

(Jia, Chinese, aged 24)

It would be healthier and better for a young woman to have possibilities that somebody talked to her, so she could be more aware, be able to choose. 'Cause in knowing, being aware of how sexuality becomes formed, we are more able to decide and make conscious decisions. I didn't have the knowledge so I wasn't able always to decide in a right way.

(Weronika, Polish, aged 30)

- Many research participants reported that sex and pregnancy before marriage are frowned upon in their culture.
- Migrant women described how migration is usually seen as an opportunity to 'better' one's self. Those coming to Ireland with their families described how migrant families can feel the expectations of those 'back home' that they will progress, placing particular pressures on the next generation to succeed.
- In the context of such pressures to succeed, women perceived that young women who behave in a sexually 'improper' way threaten their life chances by diverting attention from school, risking their reputation, threatening the prospect of a good marriage and in particular risking pregnancy and motherhood early in life and outside of marriage.
- For migrant families a young, unmarried daughter becoming pregnant signals a failure to optimise enhanced educational opportunities in the new country of residence. It also signals a failure by her family to maintain the moral standards of their home country of origin.
- Young migrant women who arrived independently into what they perceived to be a new, more permissive sexual culture encountered new opportunities and in some cases pressures to be sexually active, while at the same time being distant from monitoring and guidance of parents.
- The transition to living independently, often in a youth-oriented community of other young migrants, in a new country with a different language and culture resulted in some young women feeling overwhelmed and ill-equipped to take control of their sexual lives.
- Conflicting messages about sexuality can make some women confused and even fearful about sex and relationships, and may leave them feeling powerless or out of control in relation to their sexuality.

## Sexual Experiences and Pregnancy

- Findings regarding sexual history showed that over 95% of migrant women surveyed (age range 18 to 34) had experienced sex, similar to the national sample.
- Knowledge of contraception was high - reported by 84% of Nigerian women and 90% of Polish women, similar to the national sample. The majority (94%) had used some type of contraception during the previous year.
- Over one-fifth (23%) of migrant women surveyed reported experiencing a pregnancy when they did not want to be pregnant. This compares with 35% of women surveyed in the national sample who had experienced a crisis pregnancy.
- In the qualitative study reasons cited by women for having sex without contraception despite not wanting to get pregnant included: feeling pressure to have sex before feeling ready, male resistance to condom use, difficulties accessing contraception, reticence about using hormonal contraception and lack of knowledge about sexual health in general.
- Migrant women tended to want to be married before having children. This contrasts with findings from research with Irish women, which shows that being married before having children is less important now than it was in the past.

## Sexual and Reproductive Health (SRH) Services

- There were high levels of variation in how knowledgeable and experienced migrant women were regarding sexual and reproductive health services in Ireland.
- Entitlement to non-universally available services in the Irish health system varies according to legal status. Women who have no or limited entitlement to medical cards are significantly less likely to use Irish health services.

There was a stage where I thought I was, I was pregnant ... I would talk to my friends about it. It was very, it was very risky situation for me. Because I was scared. And in terms of my parents and my family, I didn't want them to be disappointed in me or anything. And I didn't want them to know that I was having unsafe sex.

(Nigerian Focus Group 2, age 18-20)

One of the girls [among my friends] she had sex with someone just over one month after she came here. She didn't have much experience and she said it didn't, what she explained to me, she explained to us was that she didn't have sex and she didn't understand why she got pregnant.

(Shu, Chinese, aged 23)

I actually don't know much about how to see a doctor here. I didn't know what GP was. I only heard people talking about GP. I actually still don't know what GP is.

(Ling, Chinese, aged 23)

- Women reported low levels of engagement with Irish health services due to language issues, limited knowledge of services and unfamiliarity with how to access services. Pharmacies were often cited as a key source of information and advice on health issues. Some women used websites to get contraceptives.
- Young migrant women who retained strong links to their home country described engaging in 'transnational' health service usage. This involved returning to their home country for healthcare. Reasons for doing so included perceived high cost of GP services in Ireland, being familiar with services 'at home', being consulted with in their native language and a preference for the way healthcare was approached in their home country.
- Some women bought contraceptive products from pharmacies and doctors in their home countries, sometimes 'bulk buying' to try to ensure they had what they needed until their next visit home.
- Transnational health service use means that migrant women may have no contact with local GPs or other primary healthcare services, such as crisis pregnancy counselling services. This means they may find it hard to access services quickly and locally if the need arises.
- Primary care services, such as GPs, SRH services and pharmacies are an important point of contact and provide information on and referral to other specialist services. Women who do not use primary care services may find it hard to connect with other services that they need.
- Another factor that can affect migrant women's contact with SRH services is the language and terms used by services such as 'crisis pregnancy', which are unique to the Irish health system. Some terms and service titles are only understood through local 'tacit knowledge', which is acquired over time and is unavailable to those recently arrived into Ireland. These terms may mean that a woman may not understand the services offered by a particular service provider or their relevance to her.
- Accounts of women who did experience a crisis pregnancy revealed a lack of knowledge about crisis pregnancy support services, which left them more isolated and reliant on personal networks, particularly parents.

I think they probably use some terms which you won't pay much attention to their meanings. So I probably would miss the information.

[Yuan, Chinese, aged 24]

I was always visiting doctors in Poland. When I was on holidays I was trying to organise some time to visit a doctor if I had to have a smear test and to get checked. There's a language barrier here in Ireland, so I couldn't go because I just couldn't get the information I'm looking for.

[Julita, Polish, aged 23]

## Specific Cultural Issues

- Female Genital Mutilation (FGM) has been reported to occur in all parts of the world, but it is most prevalent in the western, eastern, and north-eastern regions of Africa and in some countries in Asia and the Middle East. According to the WHO between 100 and 140 million girls and women in the world are estimated to have undergone such procedures, and three million girls are estimated to be at risk of undergoing the procedure every year.
- From a human rights perspective, FGM is perceived as a violation against women. It is a cultural practice originating in beliefs about what is considered proper sexual behaviour, and linking procedures to premarital virginity and marital fidelity.
- Migrant women coming to Ireland may be survivors of FGM. Our findings highlighted how FGM can have long-term psychological and physical consequences for women. Irish sexual and reproductive health services need to be aware of how this can be a feature of migrant women's sexual health needs.
- In 2012 the Irish Government passed a law that makes it a criminal offence to perform or attempt the act of female genital mutilation. It also makes it illegal to remove or try to remove a girl from the State for the purposes of having FGM performed on them.
- Another specific issue featuring in the study was hymen reconstruction, a surgical procedure to reinstate the hymen to make it seem as though a woman has never had sexual intercourse. Hymen reconstruction was referred to by young Chinese women as a procedure that would allow them to present themselves as 'chaste' (sexually inexperienced) on marriage when they returned home to fulfil the expectations of themselves and their family that they would marry and settle down locally.
- Chinese women described 'dowry' exchanges, where women are expected to be 'chaste' to make them more desirable or valuable to potential husbands. They considered that sexual experimentation diminishes women's marriage prospects.

[FGM] gives me a feeling of incompleteness. It takes away my confidence. I cannot stand and talk in a group. Whenever I remember I was mutilated I feel very angry and low emotionally.

[Suliat, Muslim, aged 30]

A lot of parents will say that if their daughters have a sexual relationship before they get married, they will think it's losing face and, yeah, they will think this girl has no personal value.

[Li, Chinese, aged 25]

## Key Messages

- While migrant women shared many perspectives with Irish women in how they felt about fertility, sex and motherhood, there were some differences in how they approached their sexual lives. It is also important to emphasise the diversity represented within migrant communities; issues highlighted here will not be experienced in the same way by all migrant women.
- Migrant women perceived there to be mixed messages and varied levels of openness about sexuality encountered at home, in the wider community, school and the media. This was especially true for young women coming into a new sexual culture that they observed as more permissive than their own. This can make it harder for young women to build a safe and fulfilling sexual life and can detract from a young woman's capacity to feel a sense of agency and control in forging out safe and fulfilling sexual lives for themselves.
- Irish service providers need to be aware that migrant women experience particular expectations and pressures around sexual behaviour from their family or community, which can mean that for very particular reason pregnancy can be construed by a migrant women to be a crisis.
- Migrant women encounter specific challenges in knowing about and accessing SRH services. It is important to ensure that migrant women are aware of the range of reproductive and sexual health services available to them, particularly crisis pregnancy counselling services, and that these services are culturally sensitive.
- Community organisations have a key role to play in helping to make information about health services available and in ensuring services are accessible to and sensitive to the specific needs of migrant communities.

## USEFUL INFORMATION AND CONTACTS

HSE Crisis Pregnancy Programme  
4th Floor, 89-94 Capel Street, Dublin 1

Tel: 353 1 814 6292  
Fax: 353 1 814 6282

Email: [info@crisispregnancy.ie](mailto:info@crisispregnancy.ie)  
Web: [www.crisispregnancy.ie](http://www.crisispregnancy.ie)

## Helpful Resources

HSE Intercultural Guide provides practical information to health and social care providers on culturally appropriate healthcare. <http://www.hse.ie/eng/services/Publications/services/SocialInclusion/InterculturalGuide>



### Migrant Support Organisations

**Cairde** is a community development organisation working to tackle health inequalities among ethnic minority communities by improving ethnic minority access to health services and ethnic minority participation in health planning and delivery. Cairde provides culturally appropriate information materials about health and health services in Ireland, including GP services, medical card and maternity services. Website: [cairde.ie/resources/information-leaflets/](http://cairde.ie/resources/information-leaflets/)



**AkiDwa** is a national network of migrant women living in Ireland. AkiDwa employs a Migrant Women's Health Worker and campaigns on issues, including FGM. Website: [www.akidwa.ie](http://www.akidwa.ie)

### Relationships and Sexual Health Information

#### Key Contact for Reproductive Health for Migrant Women

Information on sexual and reproductive health services, including crisis pregnancy, for use by those providing services to unmarried pregnant migrant women and parents.

<http://crisispregnancy.ie/wp-content/uploads/2012/05/Key-Contact-for-Reproductive-Health-Information-for-Migrant-Women.pdf>





## Contraception and Sexual Health Information



[www.thinkcontraception.ie](http://www.thinkcontraception.ie) – Information for men and women who want to learn more about sexual and reproductive health, especially contraception.

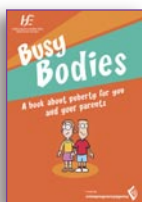
## Pregnancy Support and Information



[www.positiveoptions.ie](http://www.positiveoptions.ie) - +OPTIONS Crisis Pregnancy Services is a directory of State-funded agencies skilled in the area of crisis pregnancy counselling services. Freetext LIST to 50444 for a list of free, trustworthy and non-judgemental counselling services.

Visit [www.positiveoptions.ie/other\\_languages](http://www.positiveoptions.ie/other_languages) for information in six different languages.

## Resources for Parents, Teachers and Youthworkers



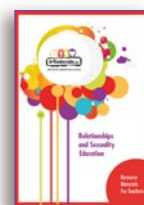
**Busy Bodies** – An illustrated guide to help parents and teachers provide basic information to young people between the ages of 10 to 14 years on the physical and emotional changes that they may experience during puberty in an age-appropriate and positive way. Freetext **BUSY** followed by your name and address to **50444** for a free copy.



**You Can Talk To Me** – Booklet and DVD to assist parents in communicating with their children on sexual health and relationships. Freetext **PARENTS** followed by your name and address to **50444** for a free copy.



**'Advice for Mam's and Dad's – Talking to teenagers about relationships and sex'** – A supplement designed to help parents of older adolescents in talking to their teenagers about relationships and sexuality. Freetext **TALK** followed by your name and address to **50444** for a free copy.



**The Facts** – DVD for parents, teachers and youth workers. It contains information on fertility, contraception, STIs and crisis pregnancy, plus a condom demonstration. Freetext **FACTS** followed by your name and address to **50444** for a free copy.



The **B4uDecide.ie** education initiative is a relationships and sexual health education initiative that was developed to support teenagers, specifically 14-16 year olds, to make healthy, responsible decisions about relationships and sexual health with the ultimate aim of delaying early sex. There are two elements to the initiative: a website and education resource packs for teachers and youth workers.



All of the above are available free of charge from [www.healthpromotion.ie](http://www.healthpromotion.ie)

**TRUST resource** – This DVD and set of 21 senior-cycle lesson plans is available to teachers. For further details visit [www.sphe.ie](http://www.sphe.ie). TRUST is available to youth workers through the National Youth Council of Ireland training (visit [www.nyci.ie](http://www.nyci.ie)) and through training carried out by local health promotion departments.

## Want to Read More?



### Crisis Pregnancy Programme Research Reports

Full research reports are available online for download at [www.crisispregnancy.ie/research-policy/research-reports](http://www.crisispregnancy.ie/research-policy/research-reports).

### The research reports summarised in this booklet are

Report 25, 'Attitudes to Fertility, Sexual Health and Motherhood amongst a Sample of Non-Irish National Minority Ethnic Women Living in Ireland.' interviewed 81 Chinese, Nigerian, Polish and Muslim women to explore attitudes to fertility, sexual health and motherhood from the perspective of migrant, minority ethnic women living in Ireland



Report 24 'The Irish Contraception and Crisis Pregnancy Study 2010 (ICCP-2010)' surveyed 3,002 people to access views and practices in relation to pregnancy, sexual behaviour and sexual health in Ireland. The study included a supplementary sample of 261 Polish and Nigerian women aged 18 to 34 who had moved to live in Ireland after the age of 13 years.

## About the HSE Crisis Pregnancy Programme

The HSE Crisis Pregnancy Programme is a national programme tasked with developing and implementing a national strategy to address the issue of crisis pregnancy in Ireland. Visit [www.crisispregnancy.ie](http://www.crisispregnancy.ie) for more information, news and to sign up to our newsletter.