

Immigrant Women's Health

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Immigrant Women's Health objectives

- Discussion centered around new immigrants
- Definitions of immigrants
- Domestic health assessment
- Torture
- Female genital cutting

Immigrants

- Persons admitted to the United States as lawful, permanent residents.
- Issued immigrant visas by the Department of State overseas
- or adjusted to permanent resident status by the Immigration and Naturalization Service in the United States.

<http://www.state.ma.us/dph/cdc/rhip/wwwrhip.htm>

Refugees

- Persons who are outside their country of nationality
- Are unable or unwilling to return to that country due to persecution or a well-founded fear of persecution because of race, religion, nationality, political opinion, or membership in a social group.
- Apply for refugee admission to the United States overseas.

<http://www.state.ma.us/dph/cdc/rhip/wwwrhip.htm>

Asylees

- Persons who are in the United States and make their claim for refugee protection here, rather than from overseas.
- Like refugees, they seek protection based on persecution or a well-founded fear of persecution because of race, religion, nationality, political opinion, or membership in a social group.

<http://www.state.ma.us/dph/cdc/rhip/wwwrhip.htm>

Parolees

- Persons who normally would not be admissible to the United States but are allowed to enter temporarily for humanitarian, medical, and legal reasons.
- Parole does not constitute a formal admission to the United States and confers temporary admission status only.

<http://www.state.ma.us/dph/cdc/rhip/wwwrhip.htm>

Illegal alien

- Person who are in the US without documentation
- May have entered the US illegally
- May have entered the US legally and had their visa lapsed

Health Status

- Unique health care needs resulting from factors in the countries of origin such as:
 - Underlying health status
 - Exposure to infectious organism or toxins
 - Nutritional status
 - Health experiences during migration
 - Conditions on arrival to the U.S.

E. Kramer, S. Ivey, Y. Ying, Immigrant Women Health, 1999.

Health Status

- Many refugees come from areas where disease control, diagnosis and treatment are lacking and health systems and surveillance are interrupted.
- Further, vastly different health care beliefs, and cultural and linguistic barriers impede access to information and services.

E. Kramer, S. Ivey, Y. Ying, Immigrant Women Health, 1999.

U.S. Experience

- Immigrant women tend to work in the lowest paying jobs
 - often sweatshops
 - Home health aids, child care workers
 - agricultural work, food packing with exposures to toxins and high injury work environments

E. Kramer, S. Ivey, Y. Ying, Immigrant Women Health, 1999.

U.S. Experience

- May be disempowered by
 - lack of language skills
 - inability to negotiate complex organizations such as health care system

U.S. Experience

- Refugee women may often undergo traumatic experiences
 - prolonged family separation
 - torture
 - rape
 - genital cuttings
 - life in refugee camps under precarious conditions

Ackerman, Lani Kay MD, Health Problems of Refugees

Domestic Health Assessment

- Anemia
- health history and physical exam
- Hepatitis B infection (HBsAg)
- Immunization Status
- Parasitic infection (ova and parasite)
- Pregnancy
- TB infection and disease (PPD, CXR)
- Vision, hearing and dental abnormalities

Ackerman, Lani Kay MD, Health Problems of Refugees

Taking the History Initial Visit

- When she arrived in the U.S
- Current living conditions
- Does she live alone, with friends or family?
- Migration history

Taking the History Initial Visit

- Social history to include
 - income, job, smoking and substance abuse, use of herbs, traditional healing modalities
- Immunization records
- Elicit reviews of systems on symptoms rather than asking the women whether the symptoms are physical or emotional
- Reproductive history and menses

Taking the History Initial Visit

- Ask about previous gynecological exams including pap smear
- Consider deferring more extensive obstetrical history to another visit as refugees may have lost many children
 - obtained detailed sexual history at that visit

Initial Physical Exam

- Initial history will direct the provider to an appropriate physical exam. It should include nutritional status, dental status, general emotional status
- Assess stigmata of folk health practices
 - Cupping, coin rubbing, ritual scarification...
 - Ask the patient's interpretation of those practices, and to inquire where they are for treatment, protection or beauty

<http://www.state.ma.us/dph/cdc/rhip/rha/clinic.pdf>

Initial Physical Exam

- Consider deferring genito-urinary and rectal exam to a later date (unless there is a gynecologic complaint or prenatal care)
- At that time, elicit information on domestic violence and/or female genital cutting in a nonjudgmental manner where appropriate

Formulating a Treatment Plan

- Discuss the diagnosis in the words the patient has used for her symptoms and illness, and add the western term for the problem
- Inquire whether certain family members should be present when the treatment plan is discussed (given the central role of the family as caregiver in certain cultures)

Prescribing Medications

- Do not assume access to OTC meds due to barriers such as language, literacy levels, and income
- Information should be delivered by a trained interpreter when appropriate and at the appropriate literacy levels

Medical Problems in Refugees All countries

- Malnutrition (Nutritional Assessment)
- Hepatitis B (HbsAg)
- TB (PPD)
- Anemia (CBC)

Health Problems of Refugees, Ackerman, Lani Kay

Medical Problems in Refugees Former Soviet Union

- Low immunization rate
- Diphtheria
- Alcohol abuse
- Dental caries
- Plague
- Cholera
- Radiation Exposure
 - Chernobyl
 - most affected- Belarus, the southwestern regions of Russia, and the northern part of Ukraine.

Health Problems of Refugees, Ackerman, Lani Kay

Medical Problems in Refugees Former Yugoslavia

- Depression
- Low immunization rate
- Diphtheria
- Dental caries

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Medical Problems in Refugees South East Asia

- Depression
- Intestinal parasites
- Post traumatic stress disorder
- Syphilis

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Medical Problems in Refugees

Cuba

- Dengue fever

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Medical Problems in Refugees

Haiti

- Intestinal parasites
- Filariasis
- Low immunization rate
- Typhoid fever
- Syphilis
- Dengue fever
- HIV infection

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Medical Problems in Refugees

East Africa

- Intestinal parasites
- Filariasis
- Leishmaniasis
- Low immunization rate
- Dental caries
- Typhoid fever
- Malaria
- HIV infection

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Medical Problems in Refugees

Middle East

- Depression
- Intestinal parasites
- Leishmaniasis
- Low immunization rate
- Post traumatic stress disorder
- Dental caries
- Trachoma

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Torture

- 5% to 10% of foreign-born persons presenting in large, urban health maintenance organizations have been tortured in foreign countries.
- Violation of medical neutrality; attacks on hospitals and physicians; interference with the medical care of civilians; and the use of poison gas, land mines, torture, mass executions, systematic rape, or forced relocations are all forms of violence that affect the physical and psychological well-being of persons.

Anne-Marie Audet, MD, MSc, SM, et al, The Role of the Physician ... Torture and in the Treatment of Its Survivors

Sequelae of Torture

- Psychological –post traumatic stress disorder
 - Irritability, hypervigilance, difficulty concentrating, major depression, adjustment disorders
- Skin
 - Burns, electrical injuries

Anne-Marie Audet, MD, MSc, SM, et al, The Role of the Physician ... Torture and in the Treatment of Its Survivors

Sequelae of Torture

- Cardiopulmonary
 - Blunt trauma: rib fractures, hemothorax
- Gastrointestinal
 - Blunt trauma: rupture of spleen, contusion of the liver, stress-related, GI bleeding
- Urologic
 - Hematuria from blunt trauma to the kidney or urethra, hemoglobinuria from muscle injury

Sequelae of Torture

- Gynecologic
 - Sexual assaults (rape, insertion of foreign bodies in vagina)
 - Irregular uterine bleeding
 - Amenorrhea
 - Salpingitis
 - Rape related pregnancies

Anne-Marie Audet, MD, MSc, SM, et al, The Role of the Physician ... Torture and in the Treatment of Its Survivors

Sequelae of Torture

- Musculoskeletal
 - Acute swelling of muscles, fractures, joint dislocation
 - Chronic (non-specific) back pain, myalgias, healed fractures
 - Falanga: compartment syndrome of the foot from repeated beating of the soles of the feet

Anne-Marie Audet, MD, MSc, SM, et al, The Role of the Physician ... Torture and in the Treatment of Its Survivors

Sequelae of torture

- Neurologic
 - postconcussion syndrome, skull fracture, intracranial hemorrhage, subdural hematoma, convulsions
 - Chronic headaches, memories problems, cognitive difficulties, vertigo
 - Chronic nerves injuries: ulnar, superficial radial nerves, median or medial planar nerve neuropathy

Sequelae of Torture

- Otorhinolaryngologic
 - Perforation of the tympanic membrane leading to sensorineural deafness and tinnitus and conduction defect
- Ophthalmologic
 - conjunctivitis
- Dental
 - broken teeth, loss of teeth

Caring for Victims of Torture

- Physicians should be able to recognize the health consequences of torture, so that they can identify patients with signs and symptoms related to such abuses.
- It is also important that they provide patients with, or refer them to, the most appropriate care and resources available

Anne-Marie Audet, MD, MSc, SM, et al, The Role of the Physician ... Torture and in the Treatment of Its Survivors

Female Genital Cutting

- Female circumcision is practiced today in 26 African countries, with prevalence rates ranging from 5 percent to 99 percent
- The practice is known across socioeconomic classes and among different ethnic and cultural groups, including Christians, Muslims, Jews, and followers of indigenous African religions

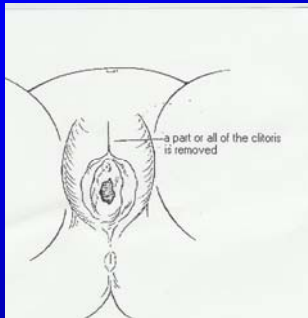
Toubia N. Female circumcision as a public health issue. NEJM.1994;331

Female Genital Cutting

- Type I
 - excision of the prepuce, with or without excision of part or all of the clitoris

http://www.who.int/health_topics/female_genital_mutilation/en/

Type I Clitoridectomy



Female Genital Cutting

- Type II
 - excision of the clitoris with partial or total excision of the labia minora

http://www.who.int/health_topics/female_genital_mutilation/en/

Type II Clitoridectomy

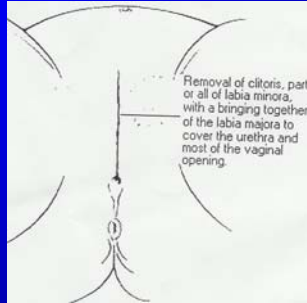


Female Genital Cutting

- Type III
 - excision of part or all of the external genitalia and stitching/narrowing of the vaginal opening (infibulation)

http://www.who.int/health_topics/female_genital_mutilation/en/

Type III Infibulation



Female Genital Cutting

- Type IV
 - pricking, piercing or incising of the clitoris and/or labia; stretching of the clitoris and/or labia; cauterization by burning of the clitoris and surrounding tissue;
 - scraping of tissue surrounding the vaginal orifice (angurya cuts) or cutting of the vagina (gishiri cuts);

http://www.who.int/health_topics/female_genital_mutilation/en/

Sequelae of FGC

- Long-term complications are associated more often with infibulation than with clitoridectomy alone, because of interference with the drainage of urine and menstrual blood.
- Chronic pelvic infection causes pelvic and back pain, dysmenorrhea, and possibly infertility. Chronic urinary tract infections can lead to urinary stones and kidney damage.

Toubia N. Female circumcision as a public health issue. NEJM.1994;331

Sequelae of FGC

- Infibulation can lead to fetal death and necrosis of the septum between the vagina and bladder can cause vesicovaginal fistula
- Tightly infibulated women, on the other hand, may need deinfibulation before their first sexual intercourse or first vaginal examination can take place

Toubia N. Female circumcision as a public health issue. NEJM.1994;331

Legal and Ethical Considerations

- The Vienna Declaration of the World Conference on Human Rights held that traditional practices such as female genital cutting were violations of human rights. This position has been adopted by various United Nations health and human-rights organizations.
- Circumcising a girl under the age of consent would most likely be considered illegal under child-abuse laws in the United States.

<http://cyber.law.harvard.edu/population/fgm/fgm.htm>

Questions & Answers

