

Interreg



ITALIA-SLOVENIJA



INTEGRA

Progetto standard co-finanziato dal Fondo europeo di sviluppo regionale
Standardni projekt sofinancira Evropski sklad za regionalni razvoj

Rete transfrontaliera per le donne migranti:
integrazione sociale, salute sessuale e riproduttiva

Čezmejna mreža za priseljene ženske:
socialna integracija, spolno in reproduktivno zdravje

Healthcare Professionals' point of view The project «La parola è salute» (Knowing the language equals being healthier)

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Trieste, 4.2.2019

TRAINING COURSE FOR HEALTH AND SOCIAL
WORKERS



Review of the literature (2000-2018):

International guidelines and documents from
CMAJ, OMS, ONU, PAI, UNFPA, UNICEF

Scientific papers concerning migrant
women's sexual and reproductive health
(SRH) from Medline, PudMed, Update



Background

WHO European Region January 2019:

- Risk factors for poor migrant maternal health include several that are directly related to being a migrant (...) These risk factors expose women to a range of specific risks (...)
- **These risk factors, combined with lower access to family planning and contraception and lower uptake of general gynaecological health care, all contribute to the poorer pregnancy outcomes ...**



Background

- Linguistic barriers are a paramount issue for migrant patients and have a negative impact on their access to health services and health (Higginbottom et al. 2014; Small et al. 2014)
- In several countries, health care professionals do not receive specific training concerning foreign patients during formal education programs (Menghesha et al. 2018; Lazar et al. 2013)



Knowing the language is a protective factor

Patients who do not speak the language of the hosting country are:

- Less integrated
 - Less likely to access health services
 - Less likely to follow screening programs
- Less likely to receive good quality health care
- Less likely to get complete information and good quality communication from doctors



Project objectives

- Collect sound data on the field, in our reality, at the Burlo Hospital, and especially:
 - See how many foreign patients access the hospital and which are their countries of origin
 - Understand which are the main barriers to meet their Sexual Reproductive Health (SRH) needs
 - Explore the experience and practice of the staff (doctors, midwives, nurses, medical assistants OSS)



Contribute to GUIDELINES & HEALTH INDICATOR



Data collected at the Burlo Hospital

From January to April 2018:

A Midwife (C.S.) observed on the field 39 medical examinations concerning foreign women from several different countries (Eastern Europe, Africa, Asia)

She took notes on several aspects of the interaction aiming at identifying problems and good practices



In one third of these cases communication and linguistic barriers were a serious issue



Data collected at the Burlo Hospital

From March to May 2018:

- Questionnaires to 77 foreign patients administered by a midwife and a doctor in training (in Italian, English or French)
- Women came mainly from Eastern Europe (41.6%), Sub-Saharan Africa (28.7%), Pakistan/Bangladesh (11.7%)
- 40% of the women speak only a little Italian or not at all, and 84.4% say that language barriers are the main problems they encounter when accessing health care services



Data collected at the Burlo Hospital

Considering the comments added at the end of the questionnaire:

- Most patients are satisfied for the care they receive
- Some explain that they feel more caring attitude and attention in Italian health services than in their country of origin
- Some note that in Italy they receive high quality care for free and that this would be not available in their country of origin



Data collected at the Burlo Hospital

From September to November 2018:

- A questionnaire for the staff was specially created based on the literature and on the issues resulting from data collected so far
- All doctors, midwives, nurses and «OSS» (healthcare workers)

RESPONSE RATE: 88.5% (N = 115)



Data collected at the Burlo Hospital

Main problems with foreign patients according to the staff:

Making a diagnosis is harder (74.1%)

Language barriers (63.2%)

Recovering medical history is more difficult (59.8%)

NB: All these issues would improve if foreign patients spoke the language of the hosting country!



Data collected at the Burlo Hospital

Patients from which countries pose more difficulties to the staff?

All staff:

Afghanistan (40%)

Bangladesh (39.1%)

Pakistan (21.7%)

Nigeria (20.9%)

NB: Women from these countries are a minority of the patients' population, but they show linguistic problems and different cultural beliefs and traditions



Data collected at the Burlo Hospital

Patients from which countries pose more difficulties to the staff?

Doctors/doctors in training	Midwives	Nurses	OSS
Nigeria (43.3%)	Bangladesh (44.4%)	Afghanistan (53.3%)	Afghanistan (57.1%)
Afghanistan (36.7%)	Afghanistan (33.3%)	Bangladesh(53.3%)	Bangladesh (52.4%)
Kosovo (23.3%)	Nigeria (15.6%)	Pakistan (40.0%)	Pakistan (38.1%)



Data collected at the Burlo Hospital

- How many are much or very much interested in receiving specific training?

Role	N	%
Doctors	15	78.9
Doctors in training	10	90.9
Midwives	37	84.1
Nurses	13	86.6
OSS	20	95.2



Data collected at the Burlo Hospital

- How many had the opportunity to follow at least 1 specific class during their regular training?

Role	University	At the hospital	Other classes
Doctors	11.8	21.0	-
Doctors in training	40.0	-	-
Midwives	36.8	32.5	23.1
Nurses	-	64.3	21.4
Medical assistants (OSS)	8.3	21.0	14.3



Why investing on language knowledge?

- Patients are receiving good quality care in the SSN (National Health Service)
- Improving communication with foreign patients is essential to keep these standards high

EMPOWERING WOMEN IS ESSENTIAL



Why investing on language knowledge?

EMPOWERING WOMEN IS ESSENTIAL

- We need to give more skills and practical tools to women in order to make them more autonomous:
 - more effective communication tools (video, leaflets, pictures)
 - written information at the discharge, possibly in their language
 - Give them a chance to learn the language of the host country whenever we can, for instance AT THE HOSPITAL



Practical tools to overcome linguistic barriers

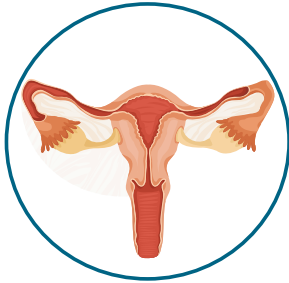
- All the following tools are available in 9 languages: Albanian, Arabic, Bengali, English, French, Romanian, Serbian, Turkish (+ Slovenian or Italian)
- Leaflets about family planning
- Video with basic information about body anatomy and women's legal rights
- Discharge letter
- Italian Classes at the hospital



Leaflets about Family Planning in 9 languages (Turkish)

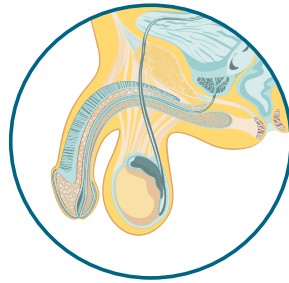
Kadın üreme sistemi

Vajina: Dış genital bölgelerden rahime uzanan kas kanalı
Rahim: Rahim hamilelik sırasında fetüse ev sahipliği yapan ve besleyen bir organdır.Rahimin alt kısmının vajinanın içinde bittiği yere Serviks (rahim boynu) adı verilir.
Endometrium(rahim iç zarı): Rahimi içten kaplayan hormonlara karşı duyarlı rahim iç zarı.
Tüpler: Yumurtanın ve spermin bulunduğu ve döllendiği bir çift uzun kanal
Yumurtalık: Yumurta ve kadınlık hormonu üreten (östrojen ve progesteron) bir çift bez



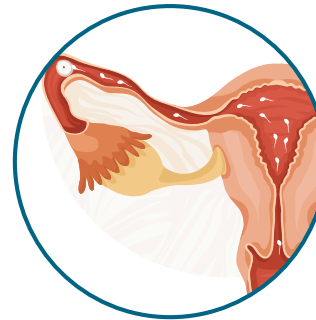
Erkek üreme sistemi

Penis: Cinsel ilişki sırasında vajinaya spermi bırakan(boşaltan) organ.
Sünnet derisi (penis üst derisi): Penis başını bir başlık gibi kaplayan cilt kısmı. Bazı kültürler kaldırılmasını öneriyorlar. Bu gibi durumlarda operasyonun, oluşabilecek enfeksiyon,kanama ya da daha kötü durumlarla karşılaşmamak için doktor tarafından yapılması gerekmektedir.
Testisler: Spermi içeren bezler, yani erkek tohumları.
Üretra(İdrar borusu, idrar kanalı): İdrarın ve spermin içinden geçtikleri kanal



Döllenme

Cinsel ilişki sırasında sperm vajinanın içine bırakılır, bırakılan spermeler rahim içine girerler ve rahim içerisinde yukarı doğru ilerleyerek yumurta ile buluşacağı tüpün içine girerler. Sperm ile yumurtanın buluşmasına Döllenme denir ve hamileliğe yol açar.
Normalde kadın, adet döngüsünün ortasında yumurta üretir, hamile kalmak için en uygun zaman adet kanamasının başladığı günden itibaren sayılarak 8. ve 20.günler arasında kalan dönemdir.Bazen kadınlar öngörülemeden değişik zamanlarda yumurtalayabilirler.



Doğum Kontrol Yöntemleri

Erkek Prezervatifi (Kondom,Kılıf)

Doğum kontrol yöntemlerinin bir parçasıdır. Prezervatif yada diğer adı ile kondom ince bir kılıfır, genelde lateksten yapılır,spermin vajinaya girmesini ve istenmeyen hamilelikleri önler.

Prezervatif cinsel yollarla bulaşan hastalıklardan koruyan tek yöntemdir(ÖRN. Frengi,belsoğukluğu,hepatit, HIV gibi)
Sadece cinsel ilişkiden önce takılırsa doğru ve düzgün çalışır.



Discharge letter (Albanian)



E dashur Zonje,

ju percjellim urimet tona me te perzemerta per ju dhe femijen tuaj, gjithashtu ne momentin e daljes nga spitali duam t'ju japim disa informacione shendetsore.

Qepjet afer vagines nqs jane vendosur, do te bijne vete brenda 10 diteve. Plaga duhet te lahet butesisht me uje dhe sapun pa e ferkuar dhe duhet fshire mire duke e tamponuar. Duhet mbajtur e thare dhe peceta higjenike duhet nderruar shpesh. Ne qofte se plaga eshte me e thelle mjeku do ju japin keshillat e duhura.

Pas lindjes ju do te keni humbje gjaku me ngjyre te erret, kafe, qe mund te zgjasin 20-40 dite.

Ne qofte se humbjet e gjakut behen me te bollshme (duke mbushur nje pecete higjenike per gjyse ore ose me pak) duhet te paraqitesh ne spitalin tone.

Nese e ushqeni femijen vetem me qumeshtin e gjirit tuaj cikli juaj menstrual mund te mos shfaqet per disa muaj, por kjo nuk do te thojë qe ju nuk mund te mbeteni shtatzane.

Ushqyerja e femise vetem me qumeshtin e gjirit zvogelon mundesine per te mbetur shtatzane por nuk e perjashton kete mundesi plotesisht.

Nese e ushqeni femijen tuaj pjeserisht me qumesht gjirit dhe me shtese qumeshti artificial ose plotesisht me qumesht artificial, cikli menstrual do ju kthehet me heret dhe kjo kohe varion ne varesi nga njera grua ne tjetren. Ne kete rast duke patur rraport seksual te pambrojtur mund te kesh nje tjetër shtatzani.

Kur te paraqiteni ne kontrollin e radhes tek gjinekologu pas 40 diteve mund te flitni per metodat kontraceptive.

Metodat kontraceptive qe mund te perdoresh jane keto:

NESE USHQEN ME QUMESHT GJIRI:	
CILA?	KUR?
Prezervativi	Menjehere kur ke rraport
Pilula kontraceptive qe permban progestogen qe duhet marre c'do dite pa u nderprere (bej kujdes: eshte nje pilule e ndryshme nga ajo qe merret nese nuk e ushqen femijen me qumesht gjiri)	Menjehere kur ke rraport
Spiralja	Pas 2-3 muajsh nga lindja

NESE NUK USHQEN ME QUMESHT GJIRI:	
CILA?	KUR?
Prezervativi	Menjehere kur ke rraport
Pilula kontraceptive	Nga dita e pare e ciklit menstrual te pare
Spiralja	2-3 muaj pas lindjes

Kurset e mbas-lindjes jane te hapura dhe ofrohen gratis prane Konsultorit Familjare.

Atje ndodhet gjithashtu nje hapsire nene-femi ku ju mund ta peshoni bebin tuaj 2 dite mbas lindjes ose kur jua rekomandon mjeku dhe atje mund te merrni keshilla dhe mbeshetje persa i perket ushqyerjes me gji.

Videos with basic information

Two videos with basic information in 9 languages about:

- The body anatomy and family planning
- Fundamental legal and human rights (e.g informed consent, safe abortion, free choice about sexual reproduction...)

The video are a sequence of simple and symbolic images with words in Italian, subtitles and a voice commenting in different languages

They will be played continuously in several waiting rooms



Italian classes

- Italian classes for all foreign patients during recovery or while waiting for a medical examinations
- One hour every day from 5th February on by voluntary teachers from «Casa Internazionale delle Donne»

المشروع : الكلمة صحتة

ابتداءً من نهار الثلاثاء الواقع في 5 فبراير 2019، سيتم توفير دروس لتعزيز معرفة اللغة الإيطالية للمرضى الأجانب في قسم التوليد والأمراض النسائية. ستكون المدرسات المتطوعات حاضرات:

الثلاثاء و الأربعاء و الجمعة من الساعة 11 صباحاً حتى 12 ظهراً
في مكتبة الطابق الرابع الدرج B
في قسم التوليد وأمراض النساء

يمكن للمريضات المهتمات القدوم في الأيام والأوقات المشار إليها للاستفادة مباشرة من هذه الخدمة.

ستكون المدرسات حاضرات في نفس هذه الأوقات للدخول إلى أقسام المستشفى وتقديم الدروس للمريضات الأخريات الراغبات.

المرجع Prof. Ricci, dott. F. Scrimin

للحصول على معلومات وتوضيحات:

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tel. 349 4336782 (Chiara Semenzato)



اللغة العربية





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Thanks for your attention!



ANY QUESTIONS?



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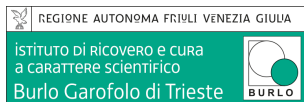
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Lead partner / Vodilni partner



UNIVERSITÀ
DEGLI STUDI DI TRIESTE

Partner di progetto / Projektni partnerji



Partner associato / Pridruženi partner



Grazie / Hvala