



UCLG
Committee

Social Inclusion
Participatory Democracy
and Human Rights

**Inclusive Cities
Observatory**

« PROMOTION OF MOTHERS' AND CHILDREN'S HEALTH IN THE IMMIGRANT POPULATION »

Marche Region, Italy

Period of implementation: 2005 (launch) | Study case written in 2010

The social disadvantages of immigrant women and their difficulties in obtaining access to services lead to poorer health results, as shown by many international, national and local epidemiological studies. The research done in the Marche Region has highlighted the following critical points for immigrant women: i) a risk of the late use of possible contraception methods; ii) a lack of participation in birth training and support courses; iii) a low level of home care after the birth; and iv) a lack of information on the labour process. Based on this evidence, the Marche Region has developed this programme to increase the effectiveness of health services in protecting the health of immigrant women. The following activities have been carried out since 2006: i) production of a video (DVD) in 11 languages; ii) a training course at the regional level, to train professionals; iii) free distribution of the video in all the hospitals and health services in the Region; iv) production of information material in various languages as support for the video; and v) follow-up on the use of the video.



The **Inclusive Cities Observatory** was launched in 2008 by the UCLG Committee on Social Inclusion, Participatory Democracy and Human Rights with the aim of creating a space for analysis and reflection on local social inclusion policies. The initiative was developed with the scientific support of Professor Yves Cabannes (University College of London) and the Centre for Social Studies (CES) from the University of Coimbra. At present, the Observatory contains more than sixty study cases mostly developed between 2008 and 2010. Even though many of these cases refer to policies that have already come to an end, they still have much to offer: from capitalizing on the learning acquired by other local authorities to discovering suggestive and alternative means to address social inclusion challenges from a local perspective.

Context

The Marche Region (in Italian, 'Marche') is one of the 20 Italian regions, and is situated in the centre of Italy. This region has a population of 1,577,876 inhabitants, in an area of 9,694 km². It was considered a poor region until the 1960s, with an economy mainly focused on the agriculture and fishing sectors. Over the last 40 years, the Marche Region has recorded significant economic growth due to the development of specialised industries such as footwear and leather articles, furniture and decoration, electric household appliances, and textiles industries, as well as important activities related to fishing and tourism. According to data provided by the Italian Statistics Institute (ISTAT 2010), 3.31% of all the immigrants living in Italy (4,235,059 people) live in this region. According to the ISTAT figures, in early 2010 around 140,000 immigrants lived in its four provinces, representing 7.2% of the total resident population (1,550,120 people), a higher percentage than the figure for Italy as a whole (7%). Over half the immigrants in this region are women (51.6%). Many immigrants work in the region's handicrafts, industrial and tourism activities.

Table 1. Immigrants residing in the provinces and the Marche Region – 01/01/2010

| Provinces | Area (km ²) | Population | Immigrant population (01/01/2010) | Change compared to 2009 (%) | Immigrants / Resident population (%) | Women (%) |
|-------------------|-------------------------|------------------|-----------------------------------|-----------------------------|--------------------------------------|-------------|
| Ancona | 1,940 | 474,630 | 41,320 | 7.1 | 8.70 | 51.5 |
| Ascoli Piceno | 2,087 | 388,621 | 29,952 | 8.1 | 7.70 | 53.1 |
| Macerata | 2,774 | 321,973 | 34,020 | 7.0 | 10.50 | 50.5 |
| Pésaro and Urbino | 2,564 | 364,896 | 35,165 | 6.7 | 9.60 | 51.5 |
| Region | 9,365 | 1,550,120 | 140,457 | 7.2 | 9.06 | 51.6 |

Source: ISTAT (2010)

Level of institutionalisation: Regional

Policy development

Background

The social disadvantages of immigrant women and difficulties when accessing services lead to poorer health, as shown by many international, national and local epidemiological studies (Tognetti Bordogna, 2008; Vannoni and Cois, 2004; Marceca and Geraci, 2001; Ministry of Health, 2000). The following percentages show how many users were admitted to hospital for gynaecological/obstetric reasons in the Marche Region in 2002: 58% for immigrant residents, 47% for immigrants without a residency permit, and 20% of Italian women in the region. Miscarriage is approximately twice as common among immigrant women as among Italian

women, which confirms the fact that immigrant women have less healthy living conditions. Miscarriages among immigrant women account for 27.8% of all miscarriages in the region (Marches Region, 2002). Other research done in the Marches Region has highlighted the following critical points for immigrant women: i) the risk of the late use of possible contraception methods; ii) the lack of participation in antenatal training and support courses; iii) the low level of home care after the birth; and iv) the lack of information on the labour process.

Based on this evidence, the Marches Region has developed a programme to increase the effectiveness of the health services in protecting the health of immigrant women. The programme for the Promotion of Mothers' and Children's Health was presented to the immigrant population and implemented at a regional level as a result of cooperation between the Regional Health Agency of the Marches Region and the Non-Governmental Organisation 'Without Frontiers – Senza Confini' in Ancona.

Policy objectives

To increase the efficiency and quality of public health services by means of an initiative to promote public health, in order to obtain a higher quality in mothers' and children's health within the immigrant population.

Chronological development and implementation of the practice

Mothers' and children's health is one of the most critical areas as it covers the health of immigrant women in Italy, and improved access to health services is necessary. Access is highly dependent on the information and knowledge that immigrants receive and the quality of the relationship that is created between them and social and healthcare professionals. The following activities to achieve the programme's objectives have been in place since 2006:

- a) Production of a video (DVD) in 11 languages: Italian, English, French, Spanish, Arabic, Russian, Chinese, Romanian, Ukrainian and Bengali;
- b) A training course at the regional level, to train social work and healthcare professionals in mothers' and children's health services in the appropriate and effective use of the video;
- c) The video was distributed to all the maternity facilities in the region and family surgeries, and its use in clinical relationships with immigrant women was explained;
- d) Free distribution of the video in all the hospitals and the health services in the Region;
- e) Production of information material in various languages as support for the video; and
- f) Follow-up of the use of the video, in order to ascertain the critical points and the usefulness of the video, to facilitate communication by professionals, and to identify the cultural aspects that need further work in the future.

The video defines the strategy for providing correct information to immigrants in their mother tongues and provides professionals with tools to facilitate communication. In the medium term, this strategy is expected to improve access to services and increase women's ability to manage their own sexual and reproductive health. The video does not aim to replace the clinical relationship between Italian health professionals and immigrant women, but instead aims to be more effective than printed material on its own. The professionals themselves show the video to immigrant women. The choice of informative content in the video was based on epidemiological data, on scientific evidence in the medical field, on the point of view of

healthcare services professionals, on the experience of intercultural mediators and on the opinions of women of various nationalities: 45 women of 23 nationalities were involved in focus groups and participated in interviews, biographies and group work. The video is divided into five sections:

- i) *'What do I do during my pregnancy?'*, emphasising the need to carry out basic checks in order to prevent illnesses among mothers and children during the early months of pregnancy. This is very important, taking into account that immigrant women are usually late in undertaking these checks;
- ii) *The birth*, which informs mothers about the various ways of giving birth and the fact that their husbands can be present, and explains the importance of keeping the baby with them after the birth;
- iii) The period *after birth and breastfeeding*, which provides information on the irreplaceable nutritional value of mother's milk and the importance of breastfeeding immediately after the birth to stimulate milk production. This section includes images of how the baby should be placed directly on the mother's breast to prevent complications;
- iv) The section *Caring for the child and the mother* provides advice on caring for women during the puerperal period and monitoring the baby's health, and includes instructions for weaning the baby; and
- v) The section *Women's health* talks about contraception, which is a very complex and sensitive subject in discussions with immigrants. Indeed, this subject relates to the woman's most intimate issues and the type of relationship she has with her partner. It also covers the experience, aspirations, symbolism, customs, culture and planning policy of their respective countries. However, taking into account the high level of abortions, providing the appropriate information on contraception is essential. In the Marche Region, as elsewhere in Italy, more than one third of abortions are performed on immigrant women (Candela and Carletti 2009).

Stakeholders, beneficiaries and participatory methodologies

Agents involved

The Marche Region Department of Health; the NGO *Senza Confini (Without Frontiers)*; healthcare professionals; intercultural mediators; and immigrant women.

Beneficiaries

The female immigrant population of the Marche Region and their children.

Participation processes implemented

The work was carried out by a multidisciplinary team of health professionals, intercultural mediators and immigrant women, who brought their knowledge and different points of view to the project. Immigrant women and mothers' and children's health professionals were involved in all phases of producing the video in the various languages, and were also responsible for validating the products obtained. The project team's mixed composition and its adoption of a participatory method ensured a multicultural approach in regards to questions related to women's health, enabled various points of view to be continually assessed, and valuable contributions made by immigrant women to be appreciated.

Institutionalizing and financing

Institutionalization processes

The regional health department of the Marches Region included the video in the Health Plans objectives for 2003-2006 and 2007-2009, and in the budget for the Head Office of the region's Local Health Units.

Financing

The programme was financed by the Savings Banks Foundation of Verona, Vicenza, Belluno and Ancona, the Regional Health Agency of the Marches Region, and the Local Health Units.

Outcomes and reflections

Key results and achievements

A follow-up study showed that in the period between March 2006 and March 2007, 3,331 women saw the video – 85% of these were immigrants of 53 different nationalities. The largest groups of foreign women were from the Maghreb (Morocco and Tunisia), which accounted for 21.3% of immigrants, followed by Albanian women (14.7%), Chinese women (11.7%), and Romanian women (8.2%). The content that was rated most interesting covered contraception (26.1%) and breastfeeding (23.3%). The results of the study showed that some areas require greater emphasis, including: the prevention of female tumours (26%), contraception (22%), and gynaecological diseases and sexually transmitted infections (10.7%).

The extent of participation in the programme by doctors, midwives, nurses and social workers in the Marches Region, the direct participation of the Marches Region Health Office, and the enormous interest it generated among regional and immigrant associations are a major achievement and have become an incentive in rolling out the programme even further. The next step planned is to present the video to hospital paediatricians and community paediatricians to assess the usefulness of the video in these healthcare units.

Overall assessment and replicability or adaptation elsewhere

General assessment

The video on the promotion of health among mothers and babies in the immigrant population of the Marches Region was included in the best practices of the European 'Migrant-Friendly and Culturally Competent Healthcare' Network.

Main obstacles and future challenges

Use of the video in health services often presents difficulties for several reasons: a) the professionals who propose showing a video meet some degree of resistance from colleagues with whom they work; b) there is a lack of will to overcome logistic difficulties (venue, space, equipment, etc.); and c) there is a reluctance to allocate time to immigrant women. These difficulties show that initiatives to improve access to services and care for immigrants require hours of training and clinical audits with professionals in the services. Indeed, the training and skills of professionals in health promotion initiatives are still insufficient.

Another critical point highlighted by immigrant women at various meetings is the need to reinforce the information on the prevention of female tumours and on access to services to

carry out this prevention. Given its complexity, this aspect is not covered in the video, and it is important that health services begin to plan in order to provide a response to this need.

Replicability or adaptation of policy elsewhere

This initiative is easily transferable to other cities and other contexts to the extent that it is possible to raise awareness and mobilise professionals in the mother and baby sector, and to also involve immigrants and intercultural mediators in the various phases of the process to produce the informative and educational materials. According to the promoters of this programme, the experience carried out in the Marche Region shows that limiting the initiative to printed materials, with a simple translation from Italian to other languages, is not sufficient to solve problems of communication with immigrants. According to the programme's coordinator, this simplistic praxis must be avoided as it fails to respect cultural translation. In other words, the meaning of the words is not translated and 'no consideration is given to the words and the symbolic images they evoke acquiring different meanings in different cultural contexts'. Bearing this in mind, it is interesting to consider the opinions of the programme's coordinator on this experience, which could be a conceptual and methodological basis directing the replicability of this experience:

Culturally competent communication includes not only the ability to listen and empathise, but is also a guarantee that patients can obtain the information facilitating access to the diagnosis and treatment and become active agents [in their own health care]. This practice should be carried out as part of an overall strategy which anticipates the intercultural training of professionals, the use of intercultural mediation and health promotion activities (Carletti 2010).

Further information

This case was researched and written by Dr. Mauro Serapioni, researcher at the Centre for Social Studies of the University of Coimbra, using the materials produced by Dr. Patrizia Carletti (Project coordinator).

UCLG Committee on Social Inclusion, Participatory Democracy and Human Rights

Website: <https://www.uclg-cisd.org/>

Contact information: cisd1@uclg.org | +34 933 42 87 70

Bibliography

Candela, S. & Carletti, P., 2009, La misura delle differenze etniche nella salute, *Salute e Società*, 8(1): 116-127.

Carletti, P., 2010, Progetto: *Promozione della salute materno-infantile della popolazione immigrata nella regione Marche*, Osservatorio sulle disuguaglianze della Agenzia Regionale Sanitaria delle Marche e Senza Confini-Onlus di Ancona.

Istituto Italiano di Statistica (ISTAT), 2010 (12 Ottobre), *Popolazione straniera residente in Italia*. Rome: ISTAT.

Marceca, A. & Geraci, S., 2001, La salute. In G. Zincone (ed.), *Secondo rapporto sull'integrazione degli immigrati in Italia*. Bologna: Il Mulino, pp. 215-242.

Ministero della Sanità, 2000, *Relazione sullo stato di salute della popolazione, 1999*.
Rome: Ministero della Sanità.

Regione Marche, 2002, *Lo stato di salute della popolazione immigrata nella Regione Marche*, Report anno 2002. www.ars.marche.it

Tognetti Bordogna, M., 2008, *Disuguaglianze di salute e immigrazione*. Milan: Angeli.

Vannoni, F. & Cois, E., 2004, L'emarginazione sociale, *Epidemiologia e Prevenzione*,
28(3)suppl: 32-39.