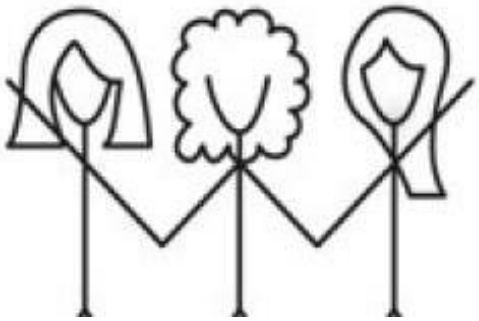
Experienced health and wellbeing of female undocumented migrants after following the programme of Wereldvrouwenhuis Nijmegen

Research report
03-26-2018
5017 words



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Period: 01-08-2018 until 03-30-2018 (12 weeks)

Abstract

Objective
The purpose of this exploratory qualitative study is to investigate how undocumented migrant women who have followed a programme offered to them by the Wereldvrouwenhuis Nijmegen (a volunteer support organisation for female undocumented migrants) experience the programme itself and their health and wellbeing after following the programme.

Design
Qualitative study using semi-structured interviews. The topic list for the interviews was based on existing literature and expert opinion. Interviews were transcribed ad verbatim and open coding has been used to analyse them. 10% of the transcripts was doublecoded. General themes were identified from the transcripts.

Participants
Current and former inhabitants of the Wereldvrouwenhuis Nijmegen were included in the study. They were approached with information on the study by volunteers from the Wereldvrouwenhuis in person or by phone. Informed consent was obtained before the interviews.

Results
For participants, there was a clear distinction between their lives before, during and after following the programme by the Wereldvrouwenhuis. Before, they were often afraid and experienced feelings of hopelessness. They felt their lives had lost value. During their stay, they felt safer and supported. They considered the lessons in the Wereldvrouwenhuis as highly useful, especially the language lessons. After the programme, they felt more empowered and also they regained a purpose through following it. Furthermore, women experienced an improved health and wellbeing after following the programme compared to before, mostly due to the personal support they received in the Wereldvrouwenhuis. This personal support helped them diminish barriers in access to healthcare and helped them deal with their mental health problems, which were very common among the interviewed women. Negative experiences with the programme included having trouble with other inhabitants of the Wereldvrouwenhuis and finding the lessons in the programme too hard.

Discussion
This study was, to our knowledge, the first to investigate the effect of a specific intervention for female undocumented migrants on their health and wellbeing. Participants did indeed experience an improved health and wellbeing after following the programme.
Strengths of the study included the varying characteristics of the participants; the fact that interviews all took place in a safe and trusted environment for participants and that the information that they provided was of such nature that they seemed comfortable during the interviews.
Limitations include the language barrier between interviewer and interviewee; the fact that only one interview was held at the end of or after following the programme; not all interviews were audio-recorded and some participants desired the presence of a third party during the interview. Future research into this topic may benefit from performing several consecutive interviews with the same women at different times during their stay at the Wereldvrouwenhuis. Also, statistical analysation of quantitative data obtained by filling out structured questionnaires at the beginning, during and after a stay at the Wereldvrouwenhuis would be of added value.
All in all staying at the Wereldvrouwenhuis and following its programme were experienced as highly beneficial by the participating undocumented migrant women. In the future, we would recommend that this kind of intervention will be made available for a larger group of female undocumented migrants in the entire Netherlands.

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Introduction

An estimated 35000 undocumented migrants live in the Netherlands. Approximately 24% of them are female[8]. Female undocumented migrants experience specific problems that lead to a remarkably poor physical and mental health[7,23]. These problems exist of obstacles in accessing healthcare[9,19], lack of (social) support[3,9,11,14], mental health problems[12,24], and problems associated with their status of being both an undocumented migrant[9,12,14] and a woman[1,13].
As this is ethically unacceptable, it is important to find a way to optimise these women's physical and psychological health and to address the specific problems that they face.

Physical health problems

While most research focuses on mental health of undocumented migrants[7], physical health in this group is also affected substantially by their migration and undocumented status[7,21]. Undocumented migrants consider their physical health poor more often than any other (migrant) group[7]. More than half of all undocumented migrants suffer from one or more chronic condition and most of them experience one or more somatic symptoms at any given time[7,21]. These symptoms vary from headaches, neck and/or shoulder pain, back complaints to dental problems and eye problems[7]. It has not been researched why undocumented migrants experience so much more physical problems.

Experienced obstacles in accessing healthcare

In the Netherlands, the general practitioner is the gatekeeper to the Dutch healthcare system. Access to healthcare is therefore largely dependent on access to a general practitioner. The obstacles that female undocumented migrants experience in accessing healthcare consist of both institutional and personal obstacles, and lead to a poor self-rated overall health[19,20,24]. Personal obstacles include fear, shame and lack of information about health and the Dutch healthcare system. Institutional obstacles include inadequate financing and lack of knowledge within healthcare facilities about providing healthcare to undocumented migrants[19,20]. In addition to this, poor language proficiency also reduces healthcare utilisation, because of both personal reasons (increased feelings of shame) and institutional reasons (bad communication)[11,17,18,19].

Support by organisations

Women who are supported by a (volunteer) support organisation experience less obstacles in accessing healthcare than women who are not supported by a (volunteer) support organisation[18]. Previous research has not come to a conclusion as to why this is the case. However, lack of information about the Dutch healthcare system is often mentioned as a reason for (female) undocumented migrants to refrain from seeking medical care[18,24]. Healthcare education and personal support by a volunteer in finding a general practitioner, both of which are often offered by support organisations, may thus be the reason for improved healthcare utilisation[19].
Another important factor is the importance of social support and recognition for one's health. Especially in (undocumented) migrants, social support is crucial for both experienced physical and mental health[12,25]. In addition to the practical help that support organisations offer, the social and emotional support they provide may lead to an improved experienced health.

Mental health problems

Not only physical health problems, but also mental health problems are highly prevalent among migrants in general, but particularly in female undocumented migrants[9,12,24]. Reasons for this high burden of mental health problems can be divided into predisplacement factors, migration itself with its accompanying stressors and postdisplacement factors[3,11,14].

Predisplacement factors include persecution, violent conflict or war in the country of origin. In women, this almost always results in sexual violence as well [1,12,13,14]. Age of the refugee at the time of displacement is important: children and adolescents have better mental health outcomes than adults, and people over the age of 65 have significantly worse outcomes. Females are more likely to suffer from mental health problems after displacement than men[13,14].

The most important stressor resulting from migration itself is (sexual) violence during migration, which affects more than one third of all refugees and is more prevalent in women than in men[2,13].

Postdisplacement stress that is faced by female undocumented migrants include marginalisation[14], discrimination[3,10,11,13] (both as a migrant and as a woman[1]), socioeconomic disadvantage[3,10,11,12,13,14], loss of social support[11,12,14], separation from family members[10,13], homesickness[10], (sexual and domestic or familial) violence[10,11], difficulties with acculturation[3,10,11,14] and cultural bereavement[10,14]. For undocumented migrants specifically, fear of deportation and uncertainty about the future may lead to a sense of hopelessness, depression and anxiety[9,10,11,12,13].

Economic factors such as not having the right to work as an undocumented migrant or being exploited through the black labour market also have a negative impact on mental health[10,12,13,14].

Lastly, living circumstances are of great importance to wellbeing and mental health[12,14]. For female undocumented migrants, it is often difficult to find a safe place to stay and their living circumstances put them at high risk for mental health problems[12,13]. They are highly vulnerable to exploitation, sexual abuse, harassment and violence[1,12,13]. If they fail to find safe shelter, their homelessness puts them even more at risk for such traumatic events[4,6].

For support for their mental health problems, female undocumented migrants turn to family, friends and religion first[23,24]. Barriers for seeking help from a doctor for mental health problems include the taboo on these problems, lack of trust in general practitioners' competencies regarding mental health and the aforementioned general barriers in accessing healthcare[23]. Once undocumented migrants gain access to healthcare and mental health problems are discussed, satisfaction with the provided care is high[24]. This leads to the conclusion that an improved access to healthcare may not only result in better physical health, but in better mental health as well.

Wereldvrouwenhuis Nijmegen

Since 2012, Stichting Wereldvrouwenhuis Mariam van Nijmegen supports and counsels homeless female undocumented migrants. The organisation, which works with female volunteers only, owns two houses in Nijmegen in which it offers safe shelter to a maximum of twelve women simultaneously for a limited period of six months and provides them with an obligatory programme. Also, women receive personal assistance to help them solve any current medical and psychological problems and to build a social network. So far, from 2012 until 2017, the Wereldvrouwenhuis has taken in and provided a programme for 70 female undocumented migrants[22].

Programme offered by the Wereldvrouwenhuis

The obligatory programme exists of several components: language training, empowerment education, several physical activities such as learning how to cycle or swim, and health and healthcare education. These components were carefully chosen in order to achieve maximum benefit for the inhabitants of the Wereldvrouwenhuis.

Language training

As mentioned before, poor language proficiency leads to a decreased healthcare utilisation[6] and poor self-rated physical and mental health, particularly in women[15,17]. By teaching Dutch three times a week, it is expected that inhabitants of the Wereldvrouwenhuis will have an improved language proficiency after their stay. The impact of learning the language of the country where one is currently residing is large; it is associated with autonomy, sense of achievement and aspirations[17]. It also helps women to feel more confident when dealing with healthcare professionals[18].

Empowerment lessons

Empowerment has proved to be a strong and efficient tool to improve wellbeing[5]. It is recognised worldwide as a core concept of health promotion or even a prerequisite for health[26]. Empowerment is especially important to people who feel powerless and unable to change or control their own situation[16,28], which often is the case for female undocumented migrants.
The WHO defines empowered women as women who "understand their value to society and can demand their right to access quality health services"[27]. Empowerment has also been described as giving those who are 'outsiders' (as female undocumented migrants often are in society) a voice and an understanding of decisions that affect their lives[16].
Previous research has shown that empowerment education is an effective method to improve empowerment, and that it leads to improved health-related outcomes[5,26,28].

Health and healthcare education

While healthcare education has not been researched as a tool to improve health and wellbeing in female undocumented migrants, it seems likely that it will be beneficial to them. After all, lack of knowledge about health, lack of information about healthcare and unawareness of the Dutch healthcare system are experienced as obstacles in accessing healthcare[19,20,23,24]. Healthcare education was therefore added to the programme of the Wereldvrouwenhuis to decrease these experienced obstacles and improve healthcare utilisation and health-related outcomes.

Krachtwerk

The volunteers who provide the training as well as personal counselling and support, followed a specific training programme themselves, so that they are better prepared to teach the inhabitants of the Wereldvrouwenhuis. They were trained to use Krachtwerk, a proven effective methodology, which utilises the strengths and inherent power of people to help them strengthen their societal participation and self-direction[29].

Objective

The purpose of this exploratory qualitative study is to investigate how women who have followed the programme by the Wereldvrouwenhuis Nijmegen experience their health and wellbeing after following the programme, and what their experience with the programme was. It is expected that they will experience the programme as beneficial and that their health and wellbeing will have improved through following the programme.

Research questions

How do female undocumented migrants experience their health and wellbeing after following the programme offered by the Wereldvrouwenhuis Nijmegen?
How do female undocumented migrants experience the programme offered by the Wereldvrouwenhuis Nijmegen?

Methods

Setting

For this exploratory study, a qualitative approach using semi-structured interviews was chosen. This approach seemed most feasible as no previous research had been conducted on this intervention (the programme by the Wereldvrouwenhuis) or any similar intervention and in this way, the best insight into the topic was expected. Also, conducting research in female undocumented migrants is very difficult and time-consuming. For this reason, data collection had to be efficient. Obtaining qualitative data from semi-structured interviews was the most efficient method and provided sufficient information for the exploratory nature of this study.

Inclusion

The study population consists of current and former inhabitants of the Wereldvrouwenhuis Nijmegen. Possible participants were approached by trusted volunteers from the Wereldvrouwenhuis in person or by phone with information about the study. It was stressed that participation was voluntary and that there would be no consequences if one did not want to participate. Inclusion followed purposeful sampling and strived for maximum variation regarding age, educational level, country of origin and length of stay in the Netherlands. Inclusion continued until theoretical saturation of data was reached.

Consent

After once more explaining the purpose of the study, the voluntary character of participation and assuring anonymity, written informed consent was obtained from all participants before the interviews. Denial or withdrawal of consent terminated the interview. Before starting the interview, all participants were informed that they were allowed to stop the interview at any time.

Topic list

The topic list for the semi-structured interviews was based on existing literature and expert opinion. The topics in the topic list include general characteristics of the participant, their self-rated physical health, their self-rated mental health and their experiences with the programme offered by the Wereldvrouwenhuis (see Appendix 1). The topic list was fine-tuned during the research process so newly found factors could be implemented in it.

Data collection

All interviews were conducted by the researcher (HA, junior researcher with training in qualitative research) during January - March 2018. The interviews were conducted at the Wereldvrouwenhuis Hatert, the Wereldvrouwenhuis Lent and the current residencies of former inhabitants of the Wereldvrouwenhuis Hatert. The interviews lasted approximately half an hour each.
All participants spoke either English or Dutch, even though proficiency in these languages was not an inclusion criterion. Three women opted to have a volunteer from the Wereldvrouwenhuis present during the interview, because they either felt insecure about their language proficiency or about the interview itself. For purposes of this research report, all Dutch quotes have been translated to English by the researcher.

Data processing and analysis

Most interviews were audio-recorded and transcribed ad verbatim. Two interviews were not audio-recorded at the request of the participants; the researcher took notes during these interviews and elaborated on them directly after the interviews had ended.

Open coding was applied to the transcripts by the researcher (HA). 10% of the interviews were doublecoded by the supervisor (MvdM, professor by special appointment, extensive experience in qualitative research).

The interviews were thematically analysed one by one, so newly found factors could be implemented in the following interviews. Atlas.ti was used to make this analysis more efficient. From the analysis of the interviews, general themes about experiences with the programme and self-rated health and wellbeing were identified.

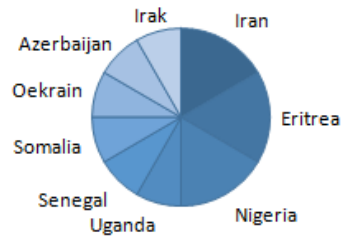
Ethical justification

This study was waved from ethical approval by the CMO Arnhem Nijmegen (number…??).

Results

After interviewing twelve current and former inhabitants of the Wereldvrouwenhuis, theoretical saturation was reached. The women who participated were aged between 25 and 74 years and represented nine different nationalities. They had been in the Netherlands for varying lengths of time. Their marital status, number of children and educational background differed as well. These and other characteristics of the participants are illustrated in table 1.

Table 1: Characteristics of the study population

General characteristics		**Number of participants (N=12)**
Age		42.8 (mean) 25 – 74 (range)
Years in the Netherlands		6.7 (mean) 1.3 – 16 (range)
Marital status	Unmarried	8 (66.67%)
	Married	1 (8.33%)
	Divorced	1 (8.33%)
	Widowed	2 (16.67%)
Children	Yes	5 (41.67%) (2.2 children (mean), 1-4 children (range))
	No	7 (58.33%)
Education	None	1 (8.33%)
	Primary	6 (50%)
	Secondary	4 (33.33%)
	Tertiary	1 (8.33%)
Number of spoken languages		3 (mean) 2 – 6 (range)
Dutch language proficiency	No spoken Dutch, no understanding of the language	1 (8.33%)
	Small Dutch vocabulary, some understanding of the language	7 ((58.33%)
	Can express oneself in Dutch, good understanding of the language	4 (33.33%)
Countries of origin		

The women's narratives were clearly divided into two parts: their lives before they were living in the Wereldvrouwenhuis and their lives since living in the Wereldvrouwenhuis.

Life before staying in the Wereldvrouwenhuis

Before, their living circumstances were often unsafe and they were not sure if their primary needs would be met. Many women were afraid of being caught by police. They often moved places because of this fear and because of difficulties with finding a place where they could stay for a longer time. This led to stress, worries and feelings of anxiety.
In addition to this, women felt like they were wasting their time and that in waiting, they had lost their purpose in life. This caused feelings of powerlessness and hopelessness.

"And ehh, in Iran we say time is some like gold. You losing the time, you losing the value. [...] I cannot do the work, I cannot study, I cannot be positive in my life"

"I came here when I… when I'm 21, I'm 26 now, still in the same place! [...] Some days there is some time you wake up and you feel hopeless."

Another stressor that was often reported was homesickness. Some women still had family in their country of origin; others missed their home country itself.

"My, eh… I miss my children, always thinking, thinking."

"We cannot go back Iran, and... difficult for us."

Participants often reported that all this stress had resulted in physical problems and that they considered their health before living in the Wereldvrouwenhuis poor. Sleeping problems were also highly prevalent.

Health after staying in the Wereldvrouwenhuis

After their stay in the Wereldvrouwenhuis, however, women felt that they were relatively healthy, even with some health problems.

"I'm with a good health. Yeah. A small problem everybody have."

Some of the women still felt their health was poor. These were all women aged over 50 years.

If use of medication was mentioned, it almost always concerned medication for sleeping or contraceptives. However, satisfaction with sleeping medication was remarkably low.

"Yes… but… the medicine for sleeping, not like it. Yes, not good."

Despite of this, the general impression that participants had of Dutch healthcare was very positive. It was also clear to them for which problems they could go to a doctor. They learned this at the Wereldvrouwenhuis. An interesting find was that most women used to be afraid to go to a doctor because of their status as an undocumented migrant. Only after a volunteer of the Wereldvrouwenhuis or another trusted person such as a contact person from Vluchtelingenwerk had assured them that going to a doctor was safe, they regained their trust in doctors and other healthcare workers.

"Mm... In the beginning, yeah, when I become illegal, in the beginning, ehm... I never went to the doctor or anything, when I needed, because I eh... scared. Maybe they... police come and catch me and send me to the eh... close camp or something. Because of this, in the beginning, I not trusting to anyone, but after I come here, and here we go to the hospital with Fifi, then, I can get the trust."

"But when you are out of the procedure, you don't have nothing. So when I come to vrouwenhuis, vrouwenhuis they find for me everything. […] For the first time also they took me to the general practitioner, they say 'this is your general practitioner, so if you get ill, you have to come here.'"

Unfortunately, several women also mentioned having bad experiences with doctors or healthcare, ranging from not feeling understood by their doctor, being seen by one of the assistants instead of a doctor and having students present during their doctor's appointment.

"When I went to ehm… to do the ultrasound, for my problem, and eh… this lady brought in like 5 students! I was like, the main object to learn from. I was like, okay, maybe they're learning, but I was feeling uncomfortable."

Mental health and wellbeing after staying in the Wereldvrouwenhuis

Homesickness and stress were still a problem for women while living in the Wereldvrouwenhuis; mostly stress about being inside a lot, having to wait for procedures to start again and uncertainty about the future.

The women applied various coping mechanisms to deal with their stress and other mental health problems. Keeping busy to avoid thinking too much, or physical exercise like walking or cleaning to empty their heads were regularly used coping mechanisms. Other coping mechanisms that were mentioned were reminding oneself that everything passes, looking forward to the future and positive thinking. Some of the women visited a psychiatrist or psychologist. All women who did, found this really helpful.

"How? Eh… seeing a psychiatrist! (laughs) Yeah, he helped me a lot. […] Yeah… just talking about it every month, if you feel down, he says: if you feel down, just make an appointment, anytime. So yeah, he really did help me a lot, and… he told me how to beat stress, not to be stressed too much… Yeah, how to handle it. I learned from him. And it helped."

Others, however, did not think going to a doctor for your mental health could be useful. Their way to deal with mental health problems was handling them alone.

"Ehh… I believe it… when you feel-feeling is down, just you can help to yourself. Nobody can't help to you. If I am sick, yes, I need the doctor, but for feeling, just I can help to myself."

While these coping mechanisms were highly variable, all women found solace in being able to confide in each other and the volunteers in the Wereldvrouwenhuis about their mental health issues.

"If you are upset, if you are crying, they come, they talk to you, they... hug you, they give you some hope."

"Yes, Emmy [volunteer], I spoke to her, always, to help me… what comes… good for me."

Personal support

The volunteers were not only valued as confidantes, but were generally experienced as warm, friendly and very forthcoming. No bad experiences with volunteers were reported.
The most frequently used term for the volunteers was 'feeling like family'. Participants mostly appreciated the fact that the volunteers helped them without expecting anything in return.

"Eh, they are sometimes, some like sister, or mother, to the people."

"Volunteer, they okay, because volunteer, they volunteer work, is eh… for free. Is eh… they did for free, from their hearts, to us. I respect very much if somebody use their time to come me, even speak with me, even for one minute, I respect it very very much."

Experiences with the Wereldvrouwenhuis

Besides positive experiences in their health and with the volunteers, the programme of the Wereldvrouwenhuis itself was also considered beneficial by participants. They were feeling safer, more empowered and had acquired skills that they considered helpful for their future.

<u>Feeling safer</u>

Staying in the Wereldvrouwenhuis made the women feel safer for a number of reasons. As some of the women lived on the streets before they came to the Wereldvrouwenhuis, or in other precarious circumstances in which they never knew if they would have a roof over their heads at night and enough money to buy food and other primary provisions, they felt that the Wereldvrouwenhuis offered them safety and comfort by providing both food and shelter.

"I… I am good. I am here, I was in the street, and now I am here, I see myself up again! Very happy. Yes, for me, real, real, happy."

"We know we never be hungry, because every things have here."

The fact that they lived with only women made the Wereldvrouwenhuis feel safer for inhabitants than if men had also been present. Women considered themselves more vulnerable than men for sexual assault and exploitation, and the fact that they could not be used or exploited during their stay in the Wereldvrouwenhuis also helped create a safe environment.

"You know, I had eh... my daughter with me, and she was beautiful, and each place we go to for stay we had a problem, because if that place have a man, they want the sex, they want to become girlfriends, or some, some things like this. But in this house, because everybody is a woman, a volunteer is look at here, and they careful from everybody, we don't have this problem. Because of this, here is very safe for us."

<u>Acquiring skills</u>

The lessons that are given in the programme of the Wereldvrouwenhuis were highly valued by all participants, especially the Dutch lessons. The women felt that they learned many useful things and that they were more independent after following the lessons.

"Yeah, all this from they taught us at vrouwenhuis… How to be, how to be bold, and stand in the public, how to express yourself."

Empowerment

Following the programme of the Wereldvrouwenhuis was considered to be empowering, because participants felt they were able to use their own strengths again or had been able to develop these and that they had been given tools to advance their independence. The empowerment lessons were indispensible to this result. In line with feeling more empowered, most respondents also felt that through the programme of the Wereldvrouwenhuis, they had regained a purpose.

"I've grown up to be a strong woman."

"This one is a more, now is comfortable to use your power. [...] I can focus for my life, I can focus for my future, I can do the many things here now."

Downsides of the programme

While the experiences with staying in the Wereldvrouwenhuis were generally very positive, some negative aspects of it were also mentioned.

Living together with other women, for example, was a topic on which participants in the interviews were divided. Most of them did not mind living with other women, or even considered it a positive aspect of living in the Wereldvrouwenhuis and describing it as having sisters.

"I have only one sister, and when I was growing up, I never had, I never had that eh… thing of sisters doing everything together [...] So for me being with these women, it's ehm, yeah, it's kind of eh… I would say family thing of course, and all the quarrels, it's sibling stuff, so, so yeah, it's a new experience for me though. [...] It's nice. I like it."

"If you stay with people, don't look… oh, they're from this country, they're from that country, look, we are here all in same situation, also, so together, together doing things, helping... seem... seem family, right?"

Others, however, mentioned disliking it or considering it detrimental to their wellbeing. One women even mentioned that a conflict she had with another woman in the Wereldvrouwenhuis had traumatised her.

"So I'm like, okay, this will be difficult… I've never been in… with so many women, like talk to like that, I thought like, okay, this will be hard."

"Especially when I was in vrouwenhuis, all the time we [speaker and another woman] were having problem. […] And also they don't listen to other side of the story. And it really hurt me. [...] It gave me trauma. I was seeing psychologist and she said: stop thinking about it, but it hurt me too much."

Furthermore, mostly practical problems were mentioned, such as not having enough allowance to buy necessary or desired items, for instance phone cards or certain self-care products.

"Yeah, for me, big problem, the problem for money. In one week, 10 euro, 10 euro for receipt for call from Eritrea… Not… eh… not enough for Eritrea"

"Because in this life, how can you survive with 10 euro? Tell me, can you survive with 10 euro? We women, we need a lot of things... not for 10 euro!"

A complaint that was made several times was that the Wereldvrouwenhuis did not help women find work, as work would help distract them from their thoughts and earn their own money. This would also lead to more independence.

"Also they have to search for them small small work from the beginning, yeah. Because Netherland life, very independent. It is important to have work."

As levels of education and knowledge differed between women, for some of them the lessons were too easy, while for others they were too complicated.

"Empowerment lessons... hard. I don't understand. I ask! But I still don't understand."

"But another thing, is not good. For myself. Is not good. Bike lesson, bike – I know how to bike! Bike lesson, bike lesson, they give me diploma, that diploma help me with what? With work? With what? And then I hate, for myself, I don't like crea [creativity lessons]."

"Eh... it [healthcare education] is very good for some people, eh, because if they don't have education and they don't know, they learn many things here. And it is very useful for them. But some people have education, and they, really for that one it's just practice... again! (laughs)"

Discussion

Summary of main findings and comparison to existing literature

During the programme, women felt safer and supported and they acquired useful skills. After following the programme, they felt empowered and experienced a better physical and mental health. All in all, they felt that their lives had improved by staying in the Wereldvrouwenhuis. They felt they had regained power and purpose through the programme.

The female undocumented migrants living in the Wereldvrouwenhuis did not consider their health to be poor, in contrast to undocumented women in other studies[7,21]. This can be considered to be an indication of the positive effect of the programme and the shelter that are offered by the Wereldvrouwenhuis, in combination with the fact that the women in the Wereldvrouwenhuis did not experience obstacles in accessing healthcare, due to the help they received from volunteers. This is in line with the finding in previous research that women who are supported by a (volunteer) support organisation experience less obstacles in accessing healthcare[18].
In our study, it was found that women were often afraid to go to the doctor, fearing deportation or other negative consequences, and that this fear was abated by the support of the volunteers of the Wereldvrouwenhuis. Also, one of the volunteers in the Wereldvrouwenhuis, a former general practitioner, helped women to subscribe to a general practitioner and accompanied them to the hospital if necessary, which helped the women to gain trust in the Dutch healthcare.

Concordant with previous studies[9,12,24] on mental health in undocumented migrants, all women experienced mental health problems, although they did not always refer to them in these terms. Most of the problems were associated with postdisplacement factors, specifically those affiliated with their status as undocumented migrants. Uncertainty about the future, not being able to work, homesickness and lack of social support were often mentioned as reasons for the experienced poor mental health. Women applied varying coping mechanisms to deal with their mental health problems, and also felt that living in the Wereldvrouwenhuis had improved their mental wellbeing. This was to be expected, since their living circumstances there were safe and protected. Also, they experienced social support from both the volunteers and their fellow inhabitants and regained a purpose, which led to improved wellbeing as well.

Strengths and limitations of this study

To our knowledge, this study is the first to investigate an intervention for female undocumented migrants aiming at empowerment and improvement of their health and wellbeing. While it is known that (female) undocumented migrants face all kinds of problems in regard to accessing healthcare and that they often have a poor mental health, specific interventions for this specific group were not

previously evaluated. However, some studies have been performed on interventions for homeless women, a target group that shows some overlap with the target group of female undocumented migrants. None of those looked into empowerment specifically as a tool to improve these women's lives though. Only the Krachtwerk methodology, which is used by volunteers in the Wereldvrouwenhuis as well, was proven effective as a tool for empowerment in homeless women[4,6,29].

The study subjects belong to a group that is often overlooked or not included in research because of practical difficulties. The women who are included in this study are not only all female undocumented migrants, but they also represent different nationalities, ages and educational backgrounds. Therefore, the results of the study may possibly be interpreted as applying to most female undocumented migrants.
All interviews were conducted at a location where respondents felt safe. Trusted volunteers had introduced the interviewer, and she participated in several lessons before and during the time she held the interviews in order to gain the women's trust. All these things together created a safe atmosphere for participating women to be open and honest about their experiences. They expressed themselves freely, resulting in valuable information and insights about both positive and negative experiences they had in their health, wellbeing and with living in the Wereldvrouwenhuis and following its programme.

Limitations of this study included a language barrier; while all participants spoke either Dutch or English to a certain extent, their proficiency in the language of choice was highly variable and some nuance may have gotten lost in translation. Also, three of the participants chose to have a third party present (a volunteer from the Wereldvrouwenhuis). While they did this to feel more comfortable and the volunteers were in no way interfering with the interview, it may have lead to more socially desirable answers. Furthermore, two of the interviews were not audio-recorded at the request of the participants. They were willing to be interviewed but were afraid that if the interviews were recorded, these recordings might somehow be used against them. They did not have objections against the researcher taking notes.
All women were interviewed during or after their stay at the Wereldvrouwenhuis; performing consecutive interviews with the same women at different times of their stay might have yielded more information. Unfortunately, this was not possible in the three-month timeframe of this study.

Conclusions and policy implications

All in all, the experiences with the programme offered by the Wereldvrouwenhuis were positive. The goals of the programme (to improve language proficiency and thereby increasing autonomy, to empower women and to educate them on health and healthcare in order to improve their health and healthcare utilisation) were met. Therefore, it can be concluded that staying in the Wereldvrouwenhuis does indeed lead to an improved experienced health and wellbeing in female undocumented migrants. This may be of interest to stakeholders, for example other (volunteer) support organizations, who may want to refer women to the Wereldvrouwenhuis or implement (elements of) the programme in their own support programmes. Also, this study may be an inducement to set up similar support programmes in other municipalities.

For future research into this topic, we would recommend that consecutive interviews with the same women at different times during and after their stay in the Wereldvrouwenhuis are conducted. This could lead to more detailed insights in the benefits and downfalls of the programme.
Also, to further investigate the effects of the programme by the Wereldvrouwenhuis, a structured questionnaire could be filled out by participants at the beginning of, during (after three months) and after (after six months) their stay in the Wereldvrouwenhuis. These quantitative data could then be used for statistical analysis and conclusions could be drawn as to if health and wellbeing of female

undocumented migrants significantly improve by following the programme. These data could prove a valuable addition to the information yielded by this exploratory study.

While it seems that the programme is beneficial for all women who participated, future research could focus on more specific subgroups, such as young females as compared to older females, or more educated women compared to less educated women, so that the programme can be tailored to specific needs to achieve maximum benefit for all women involved.

In conclusion, staying at the Wereldvrouwenhuis and following its programme was experienced as highly beneficial by all undocumented migrant women enrolled. We would recommend that such an intervention will be made available for a larger group of female undocumented migrants in the entire Netherlands.

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Appendix 1: Topic list

Introduction
Thank you for having this conversation with me. My name is Hanneke Albarda and I am studying in Nijmegen to become a doctor. I am currently doing research. I want to find out how you think about your health. I also want to know about your experiences with the training that you followed / are going to follow in the Wereldvrouwenhuis.

First, I would like to know some basic information about you, for example your age and where you come from. Then, we will talk shortly about your health and about your experience with healthcare in the Netherlands. Last, we will talk about your experiences with / your expectations of the training of the Wereldvrouwenhuis.

If there are any questions that you do not want to answer, you don't have to. If you want to take a break or if you want to stop, please tell me and we will do that.

I want to record this conversation on a voice recorder, so that I can listen to it again later and use it for my research. After that, I will delete it. Nobody else will hear it. Is that okay?

Do you understand everything that I have told you so far?
Do you have any questions? If you have any questions later, please ask.

(Fill out informed consent form)

Date:
Respondent number:

Respondent characteristics
Age:
Country of origin:
Religion:
Years in the Netherlands:
Married / living together / engaged / in a relationship but not living together / single
Social network: family/friends/volunteers
Children: yes, (number, ages) / no
Education: no education / primary education / secondary education / higher
Languages: Dutch / English / French / Arabic / other …

Self-rated physical health
I would like to ask you some questions about your physical health.

How would you rate your physical health: very good / good / not good, not bad / bad / very bad
Do you have any medical problems right now?

What could be improved in your physical health?
Do you know where you can go if you are ill?
Have you visited a doctor in the past year? How many times?

Self-rated wellbeing
I would like to ask you some questions about how you feel emotionally / your wellbeing.

How would you rate your general wellbeing: very good / good / not good, not bad / bad / very bad

What could be improved in your wellbeing?
Do you know where you can go if you do not feel well emotionally?

Experiences with Dutch healthcare
I would like to ask you some questions about healthcare in the Netherlands

Are you registered with family doctor / general practitioner: yes / no
If yes, since when:
If no, why not:

Do you know for which problems you can go to the family doctor?
Do you ever go to your family doctor? Why (not)?
Have you ever visited a hospital in the Netherlands?
Why? How many times?

Do you think going to the family doctor could get you into trouble?
Do you think going to the hospital could get you into trouble?

How is the contact with your family doctor?
Are there things that you do not discuss with a doctor? If yes, why?

Expectations of the programme of the Wereldvrouwenhuis
I would like to ask you some questions about what you expect from the training of the Wereldvrouwenhuis.

What do you think you will learn from the training?
Do you think your life will be better after you finish the training? If yes, how?
Do you think it will be easier for you to go to a doctor after you finish the training? If yes, why?

Experiences with the programme of the Wereldvrouwenhuis
I would like to ask you some questions about what your experiences with the programme of the Wereldvrouwenhuis are.

What did you learn from the training?
Do you feel more independent after following the training? If yes, in what way?
Is your life better now that you have finished the training? If yes, in what way?
Is it easier for you to go to a doctor now that you have finished the training? If yes, why?