

Master of Public Health

Master de Santé Publique

**Understanding the Role of Primary Prevention Initiatives on Improving Healthcare
Access for African Migrant Women in Île de France.**

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Executive Summary

Although primary prevention plays a fundamental role in long-term health, it is often overlooked by migrants due to barriers such as language, cultural differences, and limited knowledge of the healthcare system. This paper highlights the barriers that African migrant women face in the Île de France region and the actions implemented by associations, such as the Secours populaire français (SPF), to alleviate these barriers and improve healthcare access. This research also underlines the relationship between institutional and non-institutional actors and to what extent the preventive actions of organizations like SPF align with government health objectives.

This thesis consists of five sections. The literature review defines key concepts, presents an overview of the French healthcare system, and examines barriers that migrants, especially African women, face in accessing care. It also describes SPF's role in promoting preventive actions and encouraging healthy behaviors.

This thesis evaluates the challenges faced by African migrant women in the Île de France region and presents actionable strategies to address them. It highlights the importance of collaborations with health institutions and includes recommendations to facilitate access to care.

Based on qualitative data obtained from six semi-structured interviews with health representatives from four SPF-affiliated federations present in Île de France, the study reveals the barriers, the feasibility of proposed solutions, and the actions already in place to address them.

The research study concludes with a summary of key findings, policy recommendations and suggestions for future research. It also provides insights based on expert opinions and lived experiences, demonstrating how primary prevention can improve healthcare access for migrant women.

Finally, this research paper provides an answer to the posed research question, with a focus on the analysis and conclusions derived from it. Based on this research, conducting preventive measures to reduce the barriers to seeking care effectively supports better access to health care, while evaluating the relationship between associations and institutional/non-institutional actors.

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List of Abbreviations

SPF: Secours populaire français

AME: Aide Médicale de l'Etat

CSS: Complémentaire Santé Solidaire

SS: Social Security

CMU: Couverture Médical Universelle

CNAM: Caisse Nationale de l'Assurance Maladie

CPAM: Caisse Primaire de l'Assurance Maladie

UHC: Universal Health Coverage

SDG: Sustainable Development Goals

HIV: Human Immunodeficiency Virus

FGM: Female Genital Mutilation

TROD: Test Rapide d'Orientation Diagnostique

STI: Sexually Transmitted Infections

NGO: Non-governmental Organisations

WHO: World Health Organisation

EHESP: École des Hautes Etudes en Santé Publique

I- Introduction

1- Background and Context

While healthcare is recognized as a fundamental human right in Europe—guaranteeing access to preventive and medical care in cases of illness or pregnancy—this right remains significantly more accessible to citizens than to migrants (Duguet, 2011; Lebano, 2020). The French healthcare system has made efforts to offer health coverage to all individuals residing in the country, including undocumented migrants (Duguet, 2011). However, despite legal guarantees of universal access, healthcare inequalities persist among migrants—particularly women—due to language barriers, cultural differences, and limited knowledge of how to navigate the healthcare system (Lebano, 2020; Ouanhnon, 2023; Duguet, 2011; S., 2019). Furthermore, studies show that preventive care is often deprioritized and less accessible for migrant women (Ouanhnon, 2023). Given that half of all migrants in France come from Africa (INSEE, 2023), African migrant women represent a key population for understanding healthcare access barriers.

This research aims to analyze the challenges African migrant women face in accessing healthcare in the Île de France region, with a particular focus on the role of primary prevention initiatives led by Secours populaire français (SPF). Based on the findings, the study proposes recommendations and program improvements to enhance healthcare access for African migrant women, ensuring that associations complement governmental efforts to address health inequalities.

The goal of this research is to support associations and public health stakeholders in better identifying the barriers limiting healthcare access for African migrant women and in evaluating the effectiveness of primary prevention programs in addressing these challenges. Additionally, it seeks to examine the extent to which prevention strategies align with national policies on migrant health, emphasizing the importance of collaboration between institutional and non-institutional actors.

2- Problem Statement and Research Questions

African migrant women in the Île-de-France region face multiple barriers to accessing healthcare, including language difficulties, limited awareness of their healthcare rights, and systemic structural challenges. Primary prevention initiatives, which emphasize health promotion and disease prevention, have the potential to mitigate these obstacles and improve health outcomes for this vulnerable population.

This thesis explores the role of primary prevention initiatives, particularly those implemented by the SPF, in addressing healthcare access barriers among African migrant women in the Île-de-France region.

The research is guided by the following questions:

- 1- What are the main barriers preventing African migrant women from accessing healthcare services and professionals in Île-de-France?
- 2- What primary prevention initiatives has SPF implemented to help migrant women overcome these barriers?
- 3- What additional strategies could be recommended to further reduce the barriers faced by African migrant women?
- 4- How effective is the collaboration between associations and public health institutions in improving equitable healthcare access for migrant women?

3- Objectives

This study aimed to examine existing evidence on interventions designed to reduce healthcare access barriers for African migrant women in Île-de-France, with a particular focus on primary prevention strategies implemented by SPF. It also seeks to better understand the specific challenges faced by these women and to evaluate the role of both institutional and non-institutional actors in addressing those challenges. In addition, the study proposes recommendations that could further improve healthcare access for this population.

The primary objectives of the study are to identify the key obstacles preventing African migrant women in Île-de-France from accessing healthcare and to assess how effectively SPF's primary prevention programs address these barriers. As secondary objectives, the study explores the collaboration between SPF and institutional as well as non-institutional health actors, analyzing how these partnerships contribute to healthcare service delivery. It also aims to propose actionable recommendations to reduce access barriers and promote more inclusive healthcare practices.

II- Literature Review

Healthcare System in France

The French healthcare system, established after World War II as part of the broader social security framework, has evolved to prioritize universal access to care (Vignier, 2018). It is primarily structured around a mandatory public health insurance scheme known as Assurance Maladie, which is funded through social contributions and managed by the French Ministry of Health (Vignier, 2018). This system covers both French citizens and legally residing foreign nationals who are employed, studying, or otherwise affiliated with a social security recipient (Vignier, 2018).

Healthcare coverage is administered through the French Social Security (SS) office, which reimburses approximately 70% of standard healthcare costs (Vignier, 2018). The remaining 30%—not covered by the public system—must be paid out-of-pocket, through private insurance, or by employers (Vignier, 2018). However, lower-income populations often struggle to afford this supplemental insurance. As a result, they may qualify for complementary coverage provided by the Caisse Nationale de l'Assurance Maladie (CNAM), known as Complémentaire Santé Solidaire (CSS) (Vignier, 2018).

In 1999, Universal Health Insurance Coverage (Couverture Maladie Universelle, CMU) was introduced to provide access to individuals previously excluded due to administrative or socio-professional criteria (Vignier, 2018). This scheme guarantees basic health insurance to legally residing but economically inactive individuals, with additional income-based coverage available (Lefebvre, 2019).

France also offers Aide Médicale d'État (AME), or State Medical Assistance, to undocumented migrants who have lived in the country for at least three months. AME provides full coverage for essential services, including emergency care, chronic illness treatment, and high-cost procedures (Sargent, 2017). However, recent restrictions on AME have sparked concerns about the erosion of healthcare rights for undocumented migrants, particularly those facing economic hardship who may deprioritize healthcare altogether (LFFI, 2024; Duguet, 2011).

Migration and Healthcare Access

Migration is a global phenomenon with significant implications for public health, particularly in Europe, where an increasing number of migrants face barriers to accessing healthcare (Vignier, 2018). Many migrants, especially those from Africa, endure difficult migration journeys and experience precarious living conditions upon arrival in their host countries (Vignier, 2018). The United Nations' third Sustainable Development Goal (SDG), Universal

Health Coverage (UHC), underscores the importance of equitable healthcare access for all populations, including migrants (Vignier, 2018).

France has historically positioned itself as a welcoming destination for migrants, a trend reflected in the steady rise in immigration since 2005 (Ouanhnon, 2023). As of 2023, immigrants make up 10.3% of the French population, with nearly 3.5 million individuals of African origin (INSEE, 2023). This large African migrant population faces particular health challenges, with those from sub-Saharan Africa often experiencing deteriorating living conditions and declining health outcomes (Bousmah, 2023).

Despite the comprehensive nature of the French healthcare system, notable disparities persist. Underserved regions suffer from physician shortages, especially in maternal and child health alongside overcrowded public hospitals, complex administrative processes, and systemic delays that hinder equitable care access (Sargent, 2017; Duguet, 2011). In Île-de-France, African migrant women are particularly affected by compounded barriers, including lack of information, linguistic and cultural obstacles, administrative burdens, geographic isolation, and limited familiarity with the French healthcare system (Ouanhnon, 2023; Lebano, 2020).

Health Challenges Faced by Migrants

The health challenges faced by migrants are often compounded by discrimination, poor working conditions, and barriers to healthcare access (Lebano, 2020; Fair, 2020). These factors contribute to higher risks of chronic diseases and poorer physical and mental health outcomes, especially among sub-Saharan African migrants. Women in this group face gender-specific health issues such as elevated maternal health risks, domestic violence, and psychological distress related to migration trauma (Fair, 2020). Financial constraints, exacerbated by budget cuts in France's healthcare system since 2007, have further intensified health inequalities, resulting in a "double penalty" for economically marginalized populations (Sargent, 2017).

Barriers Faced by Migrant Women in Healthcare

Migrant women in France face significant healthcare inequalities, largely due to language barriers, cultural differences, and limited access to services such as pregnancy and gynecological screenings (Lebano, 2020; Ouanhnon, 2023). Nearly half of the migrant population in France originates from Africa (INSEE, 2023), with African migrant women disproportionately affected. Discrimination, cultural misunderstandings, and a lack of awareness about their healthcare rights often discourage them from seeking care (Rivenbark, 2020; Ouanhnon, 2023).

1. Cultural and Religious Barriers

African migrant women frequently encounter cultural barriers that influence their health behaviors, particularly traditional family structures and beliefs (Fair, 2020; Whembolua, 2015). In many African cultures, healthcare decisions are collective and guided by community norms, contrasting with the individualistic, patient-centered care model in France (Ouanhnon, 2023; Fair, 2020). Traditional beliefs, such as misconceptions about HIV transmission or the rejection of medical advice due to cultural reasons, contribute to health disparities (Whembolua, 2015; Barrio-Ruiz, 2024). Religious beliefs also influence health behaviors, such as the rejection of preventive screenings due to misconceptions about their religious significance (Barrio-Ruiz, 2024).

2. Healthcare Practices and Cultural Misunderstandings

Cultural dissonance further complicates healthcare access for African migrant women. For example, many may avoid seeking medical care due to fears that cultural practices like female genital mutilation (FGM) will be misunderstood or stigmatized by healthcare providers (Barrio-Ruiz, 2024). The lack of cultural competence among healthcare professionals contributes to feelings of alienation and reluctance to engage with the system (Barrio-Ruiz, 2024; Rivenbark, 2020). Moreover, cultural misunderstandings about reproductive health, such as resistance to contraception or cesarean sections, intensify the challenges these women face when navigating healthcare services (Barrio-Ruiz, 2024; Whembolua, 2015). Insufficient cultural awareness can result in neglectful or insensitive care, creating a hostile environment that further deters African migrant women from seeking necessary healthcare (Barrio-Ruiz, 2024).

3. Language Barrier and Healthcare System Navigation

Language barrier is a significant obstacle for migrant women in Île-de-France, impeding their ability to communicate with healthcare professionals and access care (Barrio-Ruiz et al., 2023). This linguistic divide fosters anxiety and fear, leading to the avoidance of healthcare services (Barrio-Ruiz et al., 2023). Furthermore, many migrant women are unaware of their healthcare rights and how to navigate France's complex healthcare system, which delays or prevents their access to essential services, including prenatal care and screenings (Vignier, 2018; Ali, 2020).

4. Healthcare System Integration and Preventive Care

African migrant women often come from countries where preventive healthcare is not a frequent practice, and they only seek care when ill (Fair, 2020; Ouanhnon, 2023).

This lack of familiarity with preventive health measures, combined with fears about unfamiliar healthcare practices, discourages these women from engaging with the French healthcare system (Fair, 2020; Ouahnnon, 2023).

5. Trauma and Mental Health Impact

Trauma, often stemming from pre-migration or migration experiences, significantly affects the physical and mental health of African migrant women (Fair, 2020). The stress associated with these experiences can manifest as physical pain or illness, further complicating healthcare access as these women may feel distrustful of the healthcare system. Nonetheless, domestic violence, a critical but under-recognized issue, remains a significant barrier for African migrant women, who may be unaware of their rights or the legal protections available in France (Fair, 2020).

General Information about the Secours populaire français

History of the Secours populaire français, specifically Médecins du SPF

According to the Charter of Secours populaire français (SPF), the organization was founded in 1945. SPF is the heir to popular movements whose core values it has preserved over the decades while evolving significantly into a broad-based solidarity association.

SPF includes a sector called Médecins du Secours populaire français, composed of more than 7,000 volunteer health professionals dedicated to supporting vulnerable populations through assistance and prevention for over 45 years. This initiative was launched in October 1980, following an earthquake in Algeria.

Currently, SPF operates around 1,300 health and solidarity centers across France, including nearly 80 health relays managed by volunteer professionals from medical and social fields. These centers regularly assist individuals in need by providing support, listening, and referrals to specialized structures or organizations. Importantly, SPF's approach is not to replace healthcare professionals but to engage them in reception, listening, and referral roles.

In addition to fixed health relays, SPF runs mobile clinics with similar missions and activities. These mobile units specifically target underserved territories, particularly rural areas classified as "medical deserts," aiming to reach people lacking access to health services. Their objectives include raising awareness on health topics, guiding individuals in understanding and exercising their health rights, providing education on navigating the healthcare system, and offering attentive listening and orientation.

Overall, SPF's work focuses on three primary actions: guiding individuals in accessing their health rights, orienting them toward specialized professionals or health services, and promoting awareness and prevention.

Initiatives lead by the Médecins du SPF

According to internal reports shared by SPF (2024), various federations across France implemented targeted health initiatives in 2024 to address healthcare access barriers for vulnerable populations. Although the report does not specifically focus on African migrant women, it highlights health challenges affecting broader vulnerable groups, including migrants. Given the demographic profile of France, Île-de-France specifically, where a significant portion of the vulnerable population includes African migrant women, it is reasonable to interpret these initiatives as indirectly benefiting this population (INSEE, 2023). Therefore, this thesis considers the preventive health activities of SPF federations as relevant to understanding and addressing the barriers faced by African migrant women in accessing healthcare.

The initiatives highlighted in the report focus on overcoming key healthcare barriers such as lack of awareness, limited access to services, and cultural challenges. Below are the main initiatives implemented by the SPF federations across France to support individuals in navigating the healthcare system and securing their health rights:

- **Collaboration with the Caisse Primaire de l'Assurance Maladie (CPAM):** SPF federations work in collaboration with the CPAM to implement programs across all federations. These initiatives aim to educate people about their health rights and how to fully exercise them. SPF federations not only provide information but also offer guidance on how individuals can activate their health rights, such as applying for complementary healthcare when eligible and registering for Social Security. They also help individuals navigate the healthcare system and direct them to free healthcare services.
- **Primary Prevention Education:** SPF federations focus on educating individuals about primary prevention issues. These initiatives cover a wide range of topics, including sexually transmitted diseases, vaccination, mental health, violence against women, menstrual poverty, education on a balanced nutritional diet before and after pregnancy as well as for seniors, sexual health and contraception, all types of chronic diseases such as diabetes, cardiovascular (for both men and women), renal, and others.

SPF federations also participate in national health campaigns such as "October Rose" (breast cancer awareness) and "Mars Blue" (colorectal cancer awareness), along with other solidarity initiatives. Another initiative implemented to support women is the distribution of pillows designed to alleviate the pain of women who have undergone breast cancer treatment.

- **Screenings performed by SPF Doctors:** SPF federations conduct auditory and visual screenings in partnership with other associations. These projects provide free eyeglasses and hearing aids to individuals in need, ensuring better access to essential healthcare services. Additionally, diabetes testing is done at the federation sites to enable early diagnosis and proper referral. On the other hand, TROD testing (rapid diagnostic tests) for sexually transmitted infections (STIs) is performed at the federation's sites.
- **Collaborations for Screenings and Testing:** SPF federations collaborate with numerous associations to perform various screenings and tests that cannot be performed by the SPF doctors or on federation premises. This partnership model expands preventive care, allowing a wider range of individuals to receive crucial health screenings for cancer, renal, STI's and other essential health checks, in locations that may not otherwise have the capacity to provide these services.
- **Education on Basic Hygiene, Infant Care, and Distribution of Kits:** SPF federations organize workshops to educate women about menstrual hygiene which aims on alleviating menstrual insecurity and other women and pregnancy health-related topics. They also distribute hygiene kits to women and provide infant formula, addressing critical health and hygiene needs among vulnerable populations.
- **Comprehensive Health and Well-being Initiatives:** SPF federations also organize various well-being workshops, including those focused on auto self-massage techniques. Additionally, they offer physical activity sessions for seniors, as well as first aid training and pediatric care for volunteers.
- **Digital Health Guidance:** SPF federations guide and teach individuals how to use technology to schedule medical appointments, search for specialists, and access relevant health information, thus empowering them to manage their healthcare needs more efficiently.

It should be noted that the actions of the SPF are not aimed at a specific population or type of intervention. They are intended for anyone in a precarious or difficult situation, regardless of nationality, gender, or age. The actions mentioned above are general and fundamental, and many other actions are underway.

Limitations Faced by the Federations

While SPF's health initiatives are commendable, several challenges continue to impact their effectiveness, particularly in underserved areas. According to the organization's 2024 annual report, one of the primary obstacles is the difficulty in recruiting health volunteers, which

limits the capacity of local federations to deliver comprehensive care. Additionally, the persistence of “medical deserts”, regions with limited access to healthcare professionals and services, further complicates care delivery, especially in rural areas.

Migrant populations face significant barriers in prioritizing health services. These challenges often lead to missed appointments and lost opportunities for essential support. Furthermore, a considerable number of individuals living in precarious conditions, especially migrants—tend to neglect their health and underutilize primary prevention services due to the numerous burdens they face in their daily lives. As a result, preventive screenings and routine medical checkups are often deprioritized, posing a major obstacle to promoting long-term health engagement.

Prevention as a Strategic Priority for Public Health Policy

Based on the *Projet de Loi de Financement de la Sécurité Sociale (PLFSS)* for 2025, the projected social security deficit for the period 2025 to 2028, already significantly high in 2024, is expected to worsen. In response, the Senate has identified the expansion of prevention initiatives as a strategic priority. This objective stems from several pressing factors: the aging population, the growing prevalence of chronic diseases, and rising healthcare costs associated with medical advancements. Prevention is seen as a necessary solution to alleviate the healthcare burden and improve population health outcomes.

In parallel, meetings organized by the CPAM with associations like SPF reveal that *l'Assurance Maladie* is also prioritizing prevention to address the increasing burden of chronic illness. Their strategy emphasizes early detection, improved patient follow-up, and the implementation of preventive measures such as health education and routine screening. These efforts aim to curb disease progression and reduce reliance on costly medical interventions.

In conclusion, despite France’s comprehensive healthcare system, African migrant women in Île-de-France continue to face numerous barriers to healthcare access, including discrimination, language and cultural differences, and systemic obstacles. Primary prevention initiatives, particularly those led by community associations, show promise in mitigating these barriers by improving health literacy, bridging cultural gaps, and familiarizing migrant women with the healthcare system. However, there remains a lack of research on the specific impact of association-led initiatives on healthcare access for African migrant women. This thesis seeks to address this gap by examining how these initiatives contribute to reducing access barriers and by underscoring the importance of strengthening collaboration among associations and between associations and public health institutions. By presenting insights from health representatives who work directly with African migrant women, this research highlights the need to implement concrete actions aimed at mitigating

the barriers they face. The gap in studies that specifically highlights the role of such initiatives in improving healthcare access remains significant and clearly observable.

III- Methodology

1. Research Design

This study adopted a qualitative research design, employing semi-structured interviews and purposive sampling to explore how understanding the research problem was addressed. Qualitative research is used to provide a deeper understanding of real-world and complex problems (Tenny, and Brannan, 2017). Consequently, in-depth interviews were conducted with key health representatives within the SPF federations to gain insights into their experiences and perspectives on the barriers faced by African migrant women in accessing healthcare. Additionally, the study assessed the role of primary prevention interventions implemented by these federations to support migrant populations.

The sample size in the quantitative is often bigger than the qualitative study since qualitative studies focus more on the quality of the findings and on understanding the observation from an insightful point of view.

2. Participants Profile and Requirements

The inclusion criteria are:

- Current health representatives working within SPF federations.
- Representatives from federations that implement primary health interventions.
- Federations located in Île de France.
- Federations that work directly with African migrant women in Île de France.
- Participants who agree to participate in an interview, with consent for audio recording.
- Individuals with sufficient experience and insight into the healthcare access challenges faced by African migrant women.

The non-inclusion criteria are:

- Those who lack direct experience in primary health interventions or in working with African migrant women.

The exclusion criteria are:

- Individuals who decline to participate in the research study.

3. Data Collection

A small-scale participant sample has been used to conduct interviews; this section includes the practical parts of the executed semi-structured interviews. The sample chosen does not include all the people working in the health field targeting African migrant women in Île de France due to the limited time, lack of resources, and availability. Nonetheless, the interviewees selected for this research were health representatives from the SPF who are directly involved in organizing and delivering preventive health initiatives to migrant populations. They were chosen based on their professional roles—which involve direct contact with migrant women—and their location of work, which is Île-de-France, the geographical focus of this study.

The interviews consisted of 17-21 questions focusing on perceived impacts, challenges, and the efforts and propositions undertaken by the federations to improve healthcare access for migrant groups, especially African migrant women, and the perceived relationships with public health institutions. A detailed interview guide is provided in Appendix A and B. The development of the semi-structured interview guide was informed by preliminary research, the 2024 annual reports provided by the federation, and a literature review. The guide explored key themes such as healthcare access barriers, the perceived impacts of primary prevention initiatives organized by SPF, the propositions for facilitating and reducing healthcare, and institutional and project management implications. The inclusion of these themes ensured a comprehensive investigation of the study's objectives.

To encourage in-depth exploration of participants' perspectives and experiences, the interview guide incorporated open-ended questions within each theme. The flexibility of the questions enabled participants to freely discuss all relevant aspects, ensuring a rich and detailed understanding of the topic. Furthermore, the guide was structured into thematic sections, allowing for a logical and cohesive flow that ensured thorough coverage of all relevant issues.

Before conducting the interviews, several key project documents were analyzed, including the 2024 LFSS, the federations' 2024 annual health report, and narrative reports while using the guides, developed by the researcher and the access to health and rights team in the national association of the SPF, covering the role and missions of the SPF doctors, health relays and the rights of migrants. This preliminary analysis provided a comprehensive understanding of the themes, challenges, and expected outcomes of the study, as well as the importance of health prevention initiatives. This background knowledge was essential for formulating relevant and targeted interview questions.

The participants were contacted through two platforms either by email or phone call, using contact information obtained either from the annual health report of 2024 or provided by the health director of the national association which is familiar with them. As a result, six

interviews were conducted. The target audience was people working in the health field specifically implementing primary prevention initiatives that include African migrant women. Moreover, the people contacted were from the federations of Paris, Seine-Saint-Denis, Haute-de Seine, and Val-d'Oise in Île de France since the research was done on this geographical area where these federations implement health initiatives.

The data was collected from the 13th of May 2025 until the 22nd of May 2025, when the interviewees were interviewed face to face followed by on-site observation. An on-site observation was conducted as part of the research, during which the researcher spent a day with the health representatives of the four federations. The purpose of this observation was to better understand the interventions conducted by these representatives and to observe how they interact with individuals—particularly African migrant women—seeking assistance in accessing healthcare. Through this direct observation, the researcher was able to gain insight into both the types of preventive actions implemented and the practical barriers faced by migrant women in Île-de-France. Additionally, information was sent beforehand to the interviewees through mail allowing a brief overview of the research topic, allowing them the opportunity to prepare. Throughout the interview, participants were asked about the challenges faced by migrant women in seeking health, the strategies and recommendations to reduce the challenges mentioned, and the institutional barriers, implications, and potential solutions. The open-ended questions that were asked during the interviews allowed the interviewees to answer freely without any limitations, and to freely share their experiences and insights. The six interviews conducted took around 2.8 hours, which is an average of 27 minutes per interview. Moreover, the interview question that took the longest to answer concerned the barriers faced by the SPF. Respondents provided detailed responses, sharing various experiences and challenges they had encountered in the field. In contrast, the question that received the shortest response was whether they adapted their interventions based on the barriers faced. This was typically addressed indirectly when they described the interventions themselves and the barriers they aimed to overcome. Nevertheless, to ensure participant comfort, the interview began with a brief introduction, during which participants were informed about the purpose of the study, asked for permission to record the conversation, and assured that their names would remain anonymous and confidential if they wished. Moreover, broad questions concerning their location of work, their field of work, their job position were asked in the beginning and then followed with the specific questions. All interviews were audio-recorded with the explicit consent of the participants and then transcribed by the researcher to ensure accuracy in data analysis.

4. Data Analysis

Thematic analysis is the method used to analyze the data obtained in research. This method was used to be able to analyze data in primary qualitative research (Thomas & Harden, 2008). The thematic analysis consists of three stages: the coding text “line-by-line;” the development of “descriptive themes;” and the generation of “analytical themes” (Thomas & Harden, 2008). Moreover, the development of descriptive themes remains closely aligned with the findings of primary studies. However, the analytical themes delve more into the interpretation aspect generating interpretive constructs, explanations, or hypotheses (Thomas & Harden, 2008).

Moreover, as a first step in analyzing data, the interviews were transcribed and reread to be able to code them properly (Renjith, Yesodharan, Noronha, Ladd, & George, 2021). Moreover, coding aims on reducing the data by fragmenting the information into forms of explanation and comprehensive themes to then be classified into specific themes and ideas (Renjith, Yesodharan, Noronha, Ladd, & George, 2021).

Moreover, NVivo (2015 version), a Qualitative Data Analysis computer software package produced by QSR International, was selected as a tool to fragment the data gathered (Alyahmadi & Al Abri, 2013). Therefore, NVivo was used as a tool to help in coding. This allows researchers to focus more on identifying patterns, interpreting them, and drawing conclusions, leading to more professional and robust results (Alyahmadi & Al Abri, 2013). This software may significantly improve the quality of the research through managing data and ideas, querying data, modeling visually, and reporting (Alyahmadi & Al Abri, 2013).

Using NVivo software, and based on interview transcripts and research questions, a total of fifteen thematic codes were developed to structure the qualitative analysis. These codes reflect recurring themes and categories relevant to the study’s objectives. The table below presents each code, its description, and its connection to the overall research goals.

Table 1. Overview of Thematic Codes Derived from Interview Analysis Using NVivo

Code Title	Description	Connection to Research Objective
Department of the Federation	Ensures data is collected from within Île-de-France, the study’s geographical focus.	Confirms relevance of data to research scope.

Code Title	Description	Connection to Research Objective
Interviewees' Role	Provides context on participants' backgrounds and validates inclusion criteria.	Ensure participants are qualified to address healthcare-related questions.
Health Prevention Initiatives	Identifies preventive actions implemented by the federations.	Evaluates how these initiatives reduce barriers and improve access.
Participation of African Migrant Women	Explores engagement levels of the study's target population in prevention programs.	Directly aligned with assessing the program's reach and relevance.
Perceived Access Barriers	Captures specific barriers faced by African migrant women.	Core objective: identifying access challenges.
Collaborations and Stakeholder Involvement	Assesses partnerships between institutions and community actors.	Aligns with project management and system integration goals.
Suggested Improvements	Gathers field-based recommendations to enhance effectiveness.	Supports practical, actionable outcomes of the study.
Cultural Mediation and Volunteer Impact	Evaluates the role of mediators and volunteers in improving inclusivity.	Supports recommendations to reduce access barriers.
Language Access	Examines the role of language proficiency in navigating the health system.	Highlights structural barriers and need for linguistic support.
Multilingual Communication Strategies	Investigates effectiveness of translated materials and outreach.	Informs health literacy and inclusive strategies.

Code Title	Description	Connection to Research Objective
Health Education on Taboo Topics	Consider the role of workshops addressing sensitive health topics.	Addresses cultural and psychological barriers to care.
Institutional Barriers and Structural Issues	Identifies systemic gaps and evaluates policy alignment.	Directly supports assessment of institutional alignment.
Collaboration with Public Institutions	Explores relationships and synergies between NGOs, associations, and public health institutions.	Helps analyze multi-actor cooperation for service delivery.
Recommendations for Tailored Programs	Captures suggestions to adapt programs to African migrant women's specific needs.	Aims to improve institutional responsiveness and program design.
Final Reflection	Provides space for open-ended insights and additional reflections.	Enhances qualitative richness and supports future research directions.

The questions posed during the interviews were derived from the research questions and the objectives; therefore, the codes posed will be further used for data analysis allowing the researcher to obtain a conclusion on the research paper and propose recommendations.

5. Ethical Considerations

Before conducting the interviews, all participants were told of the purpose of the research, the voluntary nature of their participation, and the right to withdraw at any time from the study. Verbal consent was obtained before the interview, and participants were assured that their responses would remain confidential as well as their personal information in the final report. Given the professional nature of the participants' roles and the minimal risk involved, formal ethical approval was not required; however, the research followed standard ethical guidelines for qualitative research involving human subjects and the participants gave consent for recording.

IV- Results

As part of this study, six semi-structured interviews were conducted with health representatives from the federations of Paris (FD 75), Seine-Saint-Denis (FD 93), Hauts-de-Seine (FD 92), and Val-d'Oise (FD 95), all located in the Île-de-France region. Additionally, the researcher performed on-site observations during half-day visits to the four federations. These interviews and observations yielded key findings on the barriers to healthcare faced by African migrant women, as well as insights into their perceptions of prevention initiatives.

1. Participation of African Migrant Women in SPF Health Interventions

All interviewees confirmed a substantial participation of African migrant women in the initiatives implemented by SPF. Health representatives consistently reported that this demographic constitutes the majority of individuals seeking federation services. Participant 4 (P4) noted that while SPF avoids ethnic classification, a significant proportion of beneficiaries are of African descent, with approximately three-quarters being women. Nevertheless, Participant 2 (P2) mentioned that although African migrant women initially tend to neglect their health, they become more engaged once they perceive the environment as non-judgmental.

2. Identified Barriers to Healthcare Access

All health representatives confirmed that African migrant women encounter several obstacles in accessing healthcare. The most common barriers identified were:

i. Language and Literacy

Language difficulties were the most frequently mentioned and observed barrier by all six health representatives. This was further confirmed during on-site observations, where challenges in expressing needs and understanding spoken French were noted.

According to P4:

“The language barrier is not considered the main obstacle but one of the obstacles to accessing healthcare.”

Participant 3 (P3) highlighted that many African migrant women face difficulties in reading, speaking, and writing French, with some being completely illiterate in any language.

P3 added:

“This difficulty increases the chances of submitting incorrect documents when applying for health coverage, as the forms are written in French. This further delays the time needed to obtain their rights.”

This barrier not only causes delays in administrative procedures but also leads to misunderstandings about prescriptions, an inability to express symptoms to doctors, and even complete avoidance of care. For example, P2 shared that a mother who could not read

French relied on her child to interpret a prescription. The child misunderstood it, resulting in the mother giving her child teaspoons of coffee instead of the prescribed medication.

ii. Lack of Knowledge About Rights

All six health representatives emphasized that many migrant women are unaware of their healthcare rights (e.g., AME, CSS, social security, and covered services such as vaccines and eyeglasses). Some are unaware that they are eligible for health coverage, and even when aware, they often find the registration process complicated and do not know how to apply.

As stated by P4:

“The main barrier is the lack of awareness of health rights. As a result, many do not apply, and some face significant delays in accessing care due to incorrect or missing documentation, further postponing their access to healthcare.”

Observations confirmed that most migrant women visiting the federations lacked knowledge of available services, had delayed or blocked applications, or did not know how to access them.

iii. Delays in Access to Health Coverage

Participants 1 (P1) and P3 pointed out long waiting times to obtain proof of entitlement to social security benefits, particularly in federations located on the periphery of the region.

P1 stated:

“Delays at the CPAM further prevent these women from seeking care, so they don’t prioritize their health.”

However, all five health representatives mentioned referring women to PASS units in public hospitals if they have urgent needs. For instance, P1 refers them to Médecins du Monde, which can open their health rights directly in urgent cases.

During observations, one woman reported waiting five months for her health coverage. Each time she submitted her application, she was told documents were missing, even though she returned with them the next day. She has now been waiting an additional three months with no response, despite the official two-month maximum processing time.

iv. Fear of Judgment

This barrier was highlighted by most participants.

P2 mentioned:

“Some women avoid seeking healthcare out of fear of being judged or mistreated, particularly due to having undergone female genital mutilation or because their cultural beliefs differ from those commonly accepted in France.”

Participant 5 (P5) added:

“Certain women hesitate to seek care because they are afraid of being judged based on their appearance or clothing, which often reflects their precarious living conditions.”

P4 and Participant 6 (P6) noted that some of these women had previously experienced mistreatment in their countries of origin or during migration and now fear encountering similar treatment in France. This fear is intensified by isolation, as many are alone in a foreign country, sometimes accompanied only by their children, for whom they are solely responsible.

v. Cultural and Religious Beliefs

Cultural and religious beliefs were also identified as major barriers.

As noted by P3:

“Many women who seek care come from cultural and religious backgrounds that often do not align with the prevention services offered in France.”

Similarly, P2 emphasized the challenges of addressing sensitive topics—such as sexually transmitted infections, contraception, and menstruation—with women of African origin. These topics are often seen as conflicting with their cultural or religious values.

P2 explained:

“For example, some women cannot take birth control pills due to religious beliefs—but what about their health if they should not become pregnant? Religion intervenes with good intentions, but sometimes in ways that are not compatible with living in France.”

Additionally, P5 mentioned that women often feel more comfortable speaking with or receiving care from a female doctor. This preference can become a barrier when female practitioners are unavailable.

A sub-barrier linked to culture is male domination, which five participants identified as a significant and common obstacle.

P2 shared:

“I once had to personally speak with a woman’s husband to get his permission for her to attend French language classes offered by the federation.”

In another case, P2 added:

“A family received financial aid from the government, but the husband used it all on restaurants and at a bar-tabac, leaving his wife without money to buy necessities like sanitary pads.”

Similarly, P3 noted that in most cases where families seek assistance, the man leads and makes all decisions, further limiting women’s autonomy. P5 added that some women are prohibited by their husbands from using contraception, further demonstrating the impact of male dominance.

vi. Lack of Anticipation and Absenteeism

Absenteeism and poor anticipation of healthcare needs were reported as significant challenges by all respondents. Many African migrant women fail to attend scheduled appointments or regularly engage in preventive activities, compromising follow-up and continuity of care.

Two interviewees (P1 and P2) attributed this behavior to cultural norms, explaining that women often focus on immediate needs rather than long-term planning for medical appointments or renewing essential documents such as residency permits.

P3 added:

“Some women deprioritize administrative and health-related tasks, relying on others to manage them. As a result, residency permits sometimes expire unnoticed, leading to suspension of health coverage.”

P4 and P5 also noted that people in precarious situations often prioritize food and basic needs over healthcare.

Finally, P6 attributed absenteeism to factors such as isolation, lack of childcare, transportation difficulties, and financial constraints.

vii. Lack of Available Medical Practitioners

Participants P4 and P5 identified a shortage of medical practitioners as a major barrier to healthcare access across Île-de-France, not just in their federations. They also mentioned the difficulty of finding doctors who accept patients covered by AME or CSS and who do not charge extra fees.

P5 added:

“Some doctors tend to refuse patients with AME or CSS coverage, despite this practice being prohibited by law.”

3. Solutions and Recommendations

The federations surveyed generally implement comparable programs designed to enhance healthcare access, with implementation approaches adapted to address context-specific barriers. While core objectives align, operational strategies vary according to local challenges and institutional capacities. Based on identified barriers, the following evidence-based strategies and recommendations emerged from our analysis:

Solutions for the Lack of Knowledge about Rights

Guidance in Accessing Health Rights and Orientation

All health representatives agreed that a lack of knowledge about health rights is a major barrier. To address this, the federations have established partnerships with CPAM, through which they assist individuals in applying for health coverage and guide them toward CPAM

services. In addition, CPAM offers free comprehensive health check-ups to everyone with a health plan—except for those covered by AME. However, the CPAM affiliated with FD 93 is an exception, as it also accepts residents with AME.

The federations also refer individuals to partner associations and private institutions that provide health services—such as Médecins du Monde, Croix-Rouge, France Terre d’Asile, Essilor, and SOS Hépatites—which offer support in legal, social, and medical areas, among others.

Observations conducted during visits to the four federations confirmed that individuals are actively guided through the process of applying for health coverage and are referred unconditionally to the appropriate services. For instance, during one visit, an initial rapid eye screening was carried out for an African woman, who was then referred to a partner association that offers free eye exams and glasses when necessary.

Solutions and Recommendations discussed for Cultural and Religious Beliefs

Implementation of Awareness Campaigns

The six health representatives reported organizing workshops, collaborating with various associations, and using educational tools to raise awareness among all beneficiaries—including African migrant women—on sensitive health topics such as cancer, the importance of screenings, sexually transmitted diseases (STDs), and contraceptive use.

P1 shared with surprise:

“We had initially expected low attendance at contraception awareness sessions, but the sessions quickly reached full capacity.”

Due to high demand, P1 had to conduct multiple sessions to accommodate all interested participants. Conversely, P5 reported an instance of zero participation, which may have been due to cultural factors or transportation costs, although the exact reason remained unclear.

Regarding cases of genital mutilation, P2 emphasized that while SPF does not intrude on personal matters, families are reminded that they are on French territory, where the practice is illegal.

Workshops on Sensitive and Taboo Topics

P2 stated:

“It is important to tackle taboo and sensitive topics since it is a way to reduce misconceptions in certain health topics and to highlight the importance of seeking preventive screenings and initiatives to reduce the occurrence of vital risks.”

P3 mentioned:

“It tends to empower women to seek care.”

P5 echoed the importance of these efforts, noting that educating individuals—especially women—on preventive health measures remains essential.

For example, P5 highlighted:

“Even though zero participation is often observed in certain topics for various reasons, it is essential to keep on persevering because one day they will be able to achieve the goal of reaching the population and observing participation.”

P6 further emphasized that workshops should only be conducted in a secure and supportive environment. Sessions should offer space and time for open sharing and be co-constructed by the women themselves, rather than imposed in a top-down manner.

Presence of Volunteers/Employees from Similar Cultural Backgrounds

P2 expressed both support and opposition regarding the presence of staff from similar cultural backgrounds:

“It is easier to build trust if they are from the same culture; however, it sometimes creates exclusion to other workers.”

P2 elaborated:

“Individuals from the same cultural background often approach me directly and speak to me in their native language due to the immediate trust placed in them. However, this sometimes leads to the exclusion of another colleague with the same role, which creates a sense of disrespect despite our shared mission.”

According to P3:

“It is important to have people from the same cultural backgrounds; however, these people are in France, and what is much more important is to be able to build a relationship of trust no matter what cultural background or nationality one is, and the way one approaches these individuals.”

P1, P4, and P5 noted that the presence of volunteers or staff who share the same cultural background and language helps women express themselves more freely and increases their willingness to seek care without fear of judgment.

P6 concluded:

“The presence of multicultural employees is a solution that alleviates a lot of barriers.”

In addition, P6 proposed organizing workshops where migrant women share their personal success stories to foster trust and further encourage others to seek care.

Solutions and Recommendations discussed for the Language Barrier

Assisting in Understanding the French Language:

P3 shared:

“As a solution to the language barrier, I often use sign language, focus on using simple and clear French vocabulary, and repeat information to ensure understanding, noting that this approach is generally effective.”

Additionally, P1 mentioned that they offer French classes designed to help individuals better express themselves, particularly regarding health-related topics.

Translating Materials and Offering Multilingual Awareness Campaigns

Both participants (P1, P2) stated that performing multilingual campaigns such as flyers, posters, advertisements into multiple languages is helpful because it makes the information clearer and reaches a larger number of migrant women.

However, Interviewee 2 pointed out:

“Multilingual campaigns can be challenging due to the vast linguistic diversity among African migrants, making it difficult to cover all languages. Therefore, for essential information, I refer women to associations that provide interpreter services.”

In contrast, P3 disagreed with translating materials or relying on translating, explaining:

“Even with translation, the processes in France differ significantly from those in migrants’ countries of origin.”

P3 focuses instead on using photo flyers and visual aids to communicate effectively. P4 pointed out that there is a vast linguistic diversity as did P3; however, P4 proposed focusing on three main languages—French, English, and Arabic—as they are the most widely spoken and shared, and recommended using these languages on flyers and all types of printed awareness materials, such as vaccination reports. P6 expressed the importance of having multilingual materials and outreach since they tend to send a good message, increasing readability and reachability.

Offering French Classes

Both participants (P1, P2) fully support this recommendation, as they already provide French

classes. They emphasized that learning French helps women build confidence, reduces fear around seeking healthcare, enables them to understand prescriptions, express themselves at medical appointments, and ultimately facilitates integration into French society. Both participants (P3, P5) agreed as well, highlighting that French classes help ease integration, simplify form-filling, and reduce miscommunication.

Furthermore, P6 stated:

“It is really essential to offer French classes since it will help them rely on themselves and be able to express themselves if they need help and while seeking care.”

Solutions for Male Domination:

P3 explained:

“When I encounter male domination, I try to empower their wife by giving her the responsibility and ensuring that official files are registered in her name. This leads to increased confidence and satisfaction among the women”

P3 also expressed that if men attempt to use religion as an argument, they are reminded that they are living in France, a secular country where women have equal rights and responsibilities.

Solutions for Absenteeism and Poor Anticipation:

As this barrier is common across several federations, all three respondents (P2, P4 and P5) address it by proactively calling individuals before their appointments to remind them and emphasize the importance of attending. Meanwhile, P3 encourages personal responsibility by holding individuals accountable for missed appointments or expired documents, aiming to foster greater awareness and care in managing their health-related obligations.

4. Relationships with health institutions and associations

The relationship between the federations and health institutions such as the CPAM is described as very positive, with effective collaboration in place. All federations have signed formal agreements with the CPAM, expressing that this allows them to prioritize appointments for the people they support and offers direct links with agents to further facilitate and follow applications.

As stated by P3:

“According to my prior experience working directly within CPAM, this has created a valuable direct connection, which helps me resolve complex or blocked applications more efficiently.”

Additionally, both P1 and P2 shared that they collaborate with municipal health services to which they refer individuals to them, further demonstrating strong local partnerships.

Beyond CPAM and social security, all federations reported collaborations with a variety of institutional partners, which provide referrals to more affordable or free health services for migrants. Both participants (P4, P5) stated that they tend to visit all the Municipal Social Action Centers to obtain contact with social workers and public scribes to then refer the individuals to them since the services offered by the SPF are to complement the public health services and not to replace, as highlighted by them.

5. Perceived Institutional Barriers

Despite these positive partnerships, all five interviewees highlighted some remaining institutional barriers related to CPAM and the social security system, particularly the long waiting times to receive health coverage. They explained that the procedure often involves repeatedly submitting missing documents and then waiting for responses, which can be especially lengthy for individuals sometimes in urgent need of care. P1 and P3 explained that the language used in official government platforms and forms tends to be overly complex, creating accessibility challenges for non-French speakers or those with limited literacy. Furthermore, the scarcity of interpreters in hospitals remains a significant obstacle for many women as shared by P2. In addition to these institutional barriers, P5 raised the issue of the absence of lists that identify the doctors that accept to receive individuals with AME, CSS, or even that do not impose additional fees.

Adding to that, P4 underscored:

“We are observing a shortage and a decrease of public services in France knowing that the people mostly concerned to reduce the health burden are the people in challenging life conditions.”

Nonetheless, P6 expressed the lack of adaptability of the institutions to the realistic situation that migrant women face.

P6 highlighted:

“Some women are sometimes sent back and forth from one health institution to another without being proposed any concrete solution.”

6. Proposed Propositions for the Institutional Barriers

Based on the barriers identified by the interviewees, several corresponding solutions were proposed. Both P1 and P3 recommended the use of simplified language in official government platforms and administrative forms to make them more understandable and

accessible to non-French speakers, thereby reducing errors and delays in accessing services. Additionally, P5 and P6 suggested the dissemination of clear informational materials, including lists outlining misunderstood procedures and directories of healthcare professionals who accept specific health coverage plans, to improve cooperation and accessibility.

P6 emphasized the need for greater engagement and collaboration between associations and public institutions to enhance service delivery and ensure that interventions are adapted to the actual needs of the populations served:

“More engagement and collaborations should be made between associations and institutions to enhance the services given and to adapt the services based on their needs.”

P2 also highlighted the importance of ensuring the presence of interpreters across all healthcare services to facilitate and encourage care-seeking among migrants. Furthermore, P4 stressed the need for stronger oversight of healthcare providers to prevent the exclusion of individuals with state medical aid (AME), or other vulnerable populations perceived as unable to pay.

IV- Key Discussion of Findings

The findings of this study highlight the diverse barriers that African migrant women face in accessing healthcare in Île de France and it underscores the importance of the role of primary prevention initiatives implemented by associations and notably in this study the SPF to address these gaps.

Participation of African Migrant Women and Perceived Barriers

Based on the responses obtained from the interviews and the on-site observations, the strong presence and participation of African migrant women were observed therefore, aligning with the existing regional demographic data which states the predominance of African origin among migrants in Île de France ((INSEE), 2023). However, the main barriers identified through the interviews, observations, and grey literature included language and literacy difficulties, lack of knowledge about healthcare rights, cultural and religious influences, male domination, and, notably, a lack of anticipation and absenteeism—barriers that emerged unexpectedly during the interviews, highlighting a behavioral aspect that had not been previously emphasized. Furthermore, all interviews conducted complemented the prior research while adding valuable new insights. This suggests that despite the barriers faced, there is a high demand and receptivity for support from this population and shows relevance to these interventions.

These findings highlight the specific barriers faced by African migrant women in accessing healthcare in Île de France. For instance, one of the most significant barriers, identified by

most of the interviewees and confirmed through on-site observation, is the language barrier and illiteracy. The lack of proficiency in French complicates healthcare access by limiting the ability to exercise health rights and discouraging care-seeking due to communication difficulties. This often leads to delays in care and misunderstandings, as illustrated by examples such as confusion around prescriptions and the delay in obtaining health rights due to the lack of understanding of the documents needed. Supporting these findings, a study done in Canada found that language barriers can cause emotional distress before medical visits, and dissatisfaction with care and some avoid medical consultations altogether because they struggle to express themselves and understand medical terminology (Ngwakongnwi et al., 2012). Furthermore, speaking the same language as healthcare providers illustrates that it strengthens patient-provider relationships, improves comprehension of patient needs, and increases confidence in seeking timely care (Ngwakongnwi et al., 2012). Therefore, the findings underscore the importance of reducing language barriers, reinforcing the relevance of offering French language classes. Some federations have already implemented such initiatives, and as both interviewees and existing studies suggest, learning French empowers individuals to seek healthcare by improving their ability to express themselves and be understood. This, in turn, not only facilitates access to care but also reduces errors in completing administrative procedures such as applications for health coverage. Additionally, the implementation of multilingual awareness campaigns, in the three main languages, was identified as an effective strategy. Such campaigns facilitate comprehension, improve access to information, and foster greater inclusion by communicating in the participants' native languages (World Health Organization [WHO], n.d.).

Moreover, another significant barrier identified through the interviews was the lack of knowledge about healthcare rights and how to obtain them, often accompanied by delays in acquiring such rights. All participants highlighted this as a major issue. Many migrants either do not know that they are entitled to certain healthcare benefits or face challenges in accessing them due to insufficient understanding of the procedures, often linked to language barriers, as most administrative materials are in French. Supporting this, Seibel (2019) identifies several determinants of migrants' knowledge about their healthcare rights, including personal health needs or those of close relatives, higher levels of education and language proficiency, and strong ties within their ethnic community. These factors increase the likelihood that migrants will be informed about their rights (Seibel, 2019). Therefore, this further proves that language proficiency is a barrier, and it is essential to reduce it not only for direct communication but also for enabling migrants to understand and claim their entitlements. In this context, the "go-to" service provided by SPF, which informs individuals

about their healthcare rights and assists them in navigating the system, plays a crucial role. This approach not only empowers individuals but also encourages the dissemination of knowledge within ethnic communities.

Another shared obstacle faced by African migrant women is the cultural and religious barrier, which manifests in various forms such as male domination, reluctance to seek medical care due to fear of judgment, or perceptions that healthcare practices conflict with cultural or religious beliefs. All interviewees discussed these challenges, either through direct experience or observation. These findings are consistent with previous grey literature, though some issues, like lack of anticipation and frequent absenteeism from appointments, emerged uniquely from the interviews. These behaviors were often attributed to cultural norms and other contextual factors. One strategy used to reinforce male dominance was to place personal responsibility on women while reminding them of the gender equality present in France, often portrayed as more advanced than in their home countries. This approach aims to empower them to take on greater responsibility and become decision-makers therefore reducing one of the various forms of the cultural and religious barrier. In addition, as noted by the researcher and several interviewees, involving volunteers or staff from similar cultural backgrounds can help build trust more quickly, as shared culture and language often ease communication. However, many also emphasized that trust can be built regardless of cultural similarity, depending more on the staff's approach and the organization's mission.

Additionally, there was strong consensus on the need for culturally sensitive awareness sessions targeting African migrant women. While some topics may not align with traditional cultural views, they are essential for improving health outcomes and should be presented in a way that highlights their health benefits by including more of these populations and giving them roles in these workshops. In addition, the integration of staff from the same cultural background strengthens the cultural relevance and effectiveness of health interventions, addressing the limitations of superficial cultural adaptations and ensuring that programs are rooted in the community's authentic values and lived experiences (Palmer-Wackerly et al., 2014; Kagawa Singer et al., 2016).

Primary prevention initiatives implemented by organizations such as SPF, along with the recommendations proposed by this study, play a vital role in reducing the barriers faced by African migrant women. SPF's interventions are tailored to the specific needs and challenges of the communities they serve. By focusing on empowerment, awareness-raising, and proximity-based services, these initiatives encourage help-seeking behaviors and promote more inclusive access to healthcare. Their community-centered design ensures that prevention efforts are relevant, culturally sensitive, and targeted toward populations most at risk of exclusion from healthcare pathways.

Institution and Non-institutional Collaborations and Barriers

As highlighted through the interviews, SPF maintains strong collaborative ties with institutional actors such as CPAM, local municipalities, and health-focused associations. These partnerships play a vital role in facilitating referrals, encouraging the exchange of information, and improving access to services like medical screenings, general check-ups, and preventive care. This collaboration illustrates how institutional and non-institutional actors can join forces around a common objective—ensuring equitable access to healthcare. When their efforts are aligned, these stakeholders can complement one another and contribute to building more coherent and effective care pathways for migrant populations.

Additionally, the emphasis placed by health representatives on primary prevention initiatives, particularly the themes they address and the guidance they provide in collaboration with the CPAM, demonstrates a shared objective of reducing barriers to healthcare access for migrants. This, in turn, promotes greater access, knowledge, and prevention. These efforts align with government goals to reduce health inequalities and support the Senate's objective of lessening the burden of disease through education and preventive initiatives targeting chronic conditions. Moreover, as the SPF is already working in partnership with the CPAM, its actions also support CPAM's goals of enhancing health awareness and education.

Nevertheless, several persistent gaps need to be addressed to enhance healthcare access for African migrant women. A major issue is the language barrier, especially when navigating complex administrative processes. Simplifying official forms and offering them in multiple languages would help make procedures more accessible and reduce delays in securing healthcare rights. Furthermore, the presence of trained interpreters in hospitals and healthcare was proposed as it promotes better communication and supports migrant individuals in expressing their health needs clearly. Lastly, respecting policy-imposed deadlines for processing healthcare applications and ensuring that responses are both timely and clearly explained is essential to facilitating access to care. When individuals know that deadlines are respected and that they will receive their responses and coverage promptly, they are more likely to be motivated to seek health coverage and, in turn, access the care they need.

V- Conclusion and Recommendations

Conclusion and Recommendations

This thesis explored the role of primary prevention initiatives in reducing the barriers that African migrant women face in accessing healthcare in Île de France. Findings revealed that across the regions in Île de France most of the African migrant women share the same

challenges in accessing healthcare. As stated, the barriers are the following: language barrier, cultural and religious, lack of awareness in their health rights. However, targeted primary interventions initiatives led by associations, like the SPF, in collaboration with other organizations and institutions, play a significant role in alleviating these challenges. Furthermore, the research confirmed the importance of implementing prevention initiatives to reduce the barriers that African migrant women face in accessing healthcare while proposing efficient recommendations to further reach the concerned population. In addition, the research also highlighted the importance of strengthening relationships between institutional and non-institutional actors, while presenting the proposals made by health representatives to help reduce existing barriers.

These results contribute to and reinforce public health theories, especially the Social Determinants of Health framework, which highlights how a variety of social and structural factors, such as socioeconomic status, language proficiency, and cultural integration, influence access to healthcare. In particular, the approachability, acceptability, and appropriateness of care for migrant populations are aspects of the Access to Care Framework (Levesque et al., 2013) that were reflected in the experiences of health representatives. Additionally, as African migrant women in Île-de-France navigate exacerbated vulnerabilities based on race, gender, migration status, and economic precarity, their struggles underscore the importance of adopting an intersectional worldview. Integrating different theoretical viewpoints allows a fuller comprehension of how institutional and community-level actions might be coordinated to promote equity in healthcare access.

Considering these findings and the proposals shared by health professionals interviewed, the following policy recommendations are proposed to address the structural and systemic barriers observed in this study.

Simplification and Translation of Administrative Forms

Government health platforms and application forms should be simplified and translated into multiple languages to accommodate non-French speakers and reduce administrative delays.

Mandatory Interpreter Services in Healthcare Settings

Public health institutions should be required to ensure the presence of trained interpreters in hospitals and clinics to facilitate communication and prevent misunderstandings in care.

Increased Oversight on Healthcare Providers

Policies must enforce sanctions against healthcare professionals who refuse to treat

patients with AME or other health coverage plans. Monitoring systems should ensure accountability and equitable treatment for all.

Institutional Commitment to Response Timeliness

Administrative agencies must adhere to policy-imposed deadlines for processing applications and ensure that responses are not only timely but also clear and solution-oriented.

Strengthening Institutional Partnerships

Funding and support should be provided to promote long-term collaboration between local health associations, municipalities, and national health agencies to enhance coordination and sustainability of prevention initiatives.

Support for Community-Based Health Education

Policymakers should support initiatives that engage migrant women directly, such as workshops, peer-led education, and storytelling-based health promotion, in safe and culturally sensitive environments.

Furthermore, further research is needed to examine not only facilities that focus on primary prevention but also those that provide direct care. While organizations like SPF play a critical role in guiding and supporting individuals, the bigger challenge lies in the actual process of seeking care and the treatment migrants receive once they do.

Limitations and Contributions

Concerning the key limitations observed during the research, one significant constraint was the small sample size, largely due to time limitations and difficulties in scheduling interviews with participants. Expanding the participant pool to include migrant women themselves would have strengthened the findings, but this required additional ethical approvals, which could not be obtained within the limited timeframe. Furthermore, the study was geographically restricted to the Île-de-France region. This focus allowed for in-depth exploration but also limited the generalizability of the findings, particularly given the uneven distribution of health initiatives across federations in the region. A broader geographical scope would have been valuable but was not feasible within the constraints of this thesis. Continuously as the target population is specifically for migrant women from African origin and located in Île de France, the findings of the study cannot be generalizable to other migrant populations or regions of France.

Moreover, the research may be subject to several biases. One is cultural bias, as the interviewer and interviewees do not share the same cultural backgrounds, which may influence how questions are understood and how responses are interpreted. Another

observed bias is proxy reporting bias, since the study population, being the African migrant women, are not directly interviewed; instead, health representatives respond on their behalf, so their perceptions may not fully or accurately reflect the women's actual experiences. Finally, selection bias is also a concern, as the chosen interviewees may hold specific viewpoints that are not representative of all professionals working with migrant women.

Furthermore, another limitation stems from the fact that the researcher, who also conducted the interviews, is not a native French speaker. As all interviewees were French speakers, maintaining fluid communication and in-depth discussion was occasionally challenging. This language barrier may have influenced both the interview dynamics and the accuracy of understanding. Additionally, the process of transcribing the interviews in French and subsequently translating them into English may have led to a loss of nuance or meaning.

Despite these limitations, this study makes several meaningful contributions to the existing body of knowledge and to public health practice. This research provides insights, observations and recommendations to literature that cover the subject of the health access for migrants in France. Additionally, it emphasizes on the role that primary health prevention initiatives implemented and sheds the light on the barriers that prevent African migrant women from accessing healthcare in Île de France, knowing that they represent most migrants in this geographical region. Therefore, it brings visibility to a specific group and highlights the challenges that they may face further, focusing on the importance of seeking to alleviate these barriers to obtain a healthier population and reduce the health burden. Nevertheless, the study shows the insights and the actions implemented by key community organizations such as the SPF and their main missions. Not only does it show the actions, but it underscores as well the relationship between associations, institutions, governments and communities and how they all act on the scope of health. Lastly, the research paper provides effective recommendations that can be implemented to reduce the barriers faced in accessing health therefore reducing the health inequity.

VI- References

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Appendix A: Interview Guide in English

Last Name and First Name: Baz Marana

Mail : marana.baz@secourspopulaire.fr

Title: Exploring primary prevention initiatives and access to healthcare for African migrant women in Île-de-France

Introduction:

- Brief personal introduction and explanation of my master's research project
- I would like to emphasize that I am particularly interested in African migrant women. I understand that most interventions do not target a specific group, which is why the questions will use the general term “migrant women,” given that the majority of migrants in Île-de-France are of African origin according to available statistics.

Section 1: General information and context

1- Which federation do you work in?

2- What is your specific role or area of expertise within the federation?

3- Can you describe the main health prevention interventions currently implemented by your federation?

4- Do you implement health prevention initiatives that specifically target migrant women?

- If not, are efforts being made to ensure that migrant women are included or considered in general interventions?

5- Among these, do you observe the participation of African migrant women (sub-Saharan or North African)?

- If so, could you estimate their proportion or share any notable observations?

Section 2: Barriers to access to healthcare

1- In your experience, what are the main challenges faced by migrant women when trying to access healthcare in Île-de-France?

(Suggestions if necessary: language barriers, cultural norms, legal status, financial difficulties or lack of knowledge, etc.)

2- What specific challenges do you and your team face when working with African migrant women in your health interventions?

3- Do you adapt your interventions based on the types of barriers you observe?

- If so, how do you adapt them?

Section 3: Strategies and solutions

1- Do you collaborate with other organizations (NGOs, local authorities, health services, etc.) to overcome these obstacles?

2- Beyond the measures already implemented by the SPF, do you have any other recommendations that you believe could help reduce the obstacles faced by migrant women, particularly African women, in accessing healthcare?

3- In your opinion, what role could the participation of volunteers from immigrant backgrounds, who share the language or cultural background of the participants, play in improving access to healthcare for migrant women?

4- How could improving access to French language courses help to boost migrant women's confidence in seeking healthcare, particularly for sensitive services such as gynecological care?

5- How do you think multilingual awareness campaigns or the use of translated materials (such as brochures or videos) promote better understanding and accessibility of health information within migrant communities?

6- What is your opinion on the relevance of organizing more workshops on sensitive topics such as sexual health, violence, or reproductive rights for migrant women?

Section 4: Implications for policy and project management

1- In your opinion, are there any policy barriers to improving access to healthcare for migrant women?

- If so, could you give an example?

2- How could associations and public health institutions collaborate more effectively to address these challenges?

3- What approaches or methods could be used to make primary prevention programs more effective and better tailored to the specific needs of migrant women?

Conclusion

Would you like to share any final thoughts or considerations before we conclude?

Appendix B : Guide d'entretien (Interview Guide in French)

Nom et Prénom : Baz Marana

Mail : marana.baz@secourspopulaire.fr

Objet: Explorer les initiatives de prévention primaire et l'accès aux soins de santé pour les femmes migrantes africaines en Île-de-France

Introduction:

- Brève présentation personnelle et explication de mon projet de recherche en master
- Je tiens à préciser que je m'intéresse particulièrement aux femmes migrantes africaines. Je comprends que la plupart des interventions ne ciblent pas un groupe spécifique, c'est pourquoi les questions utiliseront le terme général « femmes migrantes », sachant que la majorité des migrants en Île-de-France sont d'origine africaine selon les statistiques disponibles.

Section 1 : Informations générales et contexte

- 1- Dans quelle fédération travaillez-vous ?
- 2- Quel est votre rôle spécifique ou votre domaine d'expertise au sein de la fédération ?
- 3- Pouvez-vous décrire les principales interventions de prévention sanitaire actuellement mises en œuvre par votre fédération ?
- 4- Je suis consciente que le Secours Populaire Français n'a pas de public cible spécifique et accueille toute personne sans condition. Toutefois, est-ce que des femmes migrantes participent à ces interventions ?
- 5- Parmi celle-ci, observez vous la participation de femmes migrantes africaines (sub-saharienne ou nord-africaines)
 - **Pourriez-vous estimer leur proportion ou partager des observations notables concernant leur participation ?**

Section 2 : Obstacles à l'accès aux soins de santé

- 1- D'après votre expérience, quels sont les principaux défis auxquels les femmes migrantes sont confrontées lorsqu'elles tentent d'accéder aux soins de santé en Île-de-France ?
(Suggestions si nécessaire : barrières linguistiques, normes culturelles, statut juridique, difficultés financières ou manque de connaissances, etc.)
- 2- Quels sont les défis spécifiques auxquels vous et votre équipe êtes confrontés lorsque vous travaillez avec des femmes migrantes africaines dans le cadre de vos interventions en matière de santé ?
- 3- Adaptez-vous vos interventions en fonction des types d'obstacles que vous observez ?
 - Si oui, comment les adaptez-vous ?

Section 3 : Stratégies et solutions

- 1- Travaillez-vous avec d'autres organisations ou partenaire locaux ?
- 2- Au-delà des mesures déjà mises en œuvre par le SPF, avez-vous d'autres recommandations qui, selon vous, pourraient contribuer à réduire les obstacles auxquels se heurtent les femmes migrantes, en particulier africaines, dans l'accès aux soins de santé ?
- 3- Selon vous, quel rôle pourrait jouer la participation de bénévoles issus de l'immigration, partageant la langue ou le contexte culturel des participantes, dans l'amélioration de l'accès aux soins pour les femmes migrantes ?
- 4- En quoi l'amélioration de l'accès aux cours de français pourrait-elle contribuer à renforcer la confiance des femmes migrantes dans le recours aux soins de santé, notamment pour des services sensibles comme ceux liés à la santé gynécologique ?
- 5- Comment des campagnes de sensibilisation multilingues ou l'utilisation de supports traduits (tels que des dépliants ou des vidéos) pourraient-elles, selon vous, favoriser une meilleure compréhension et accessibilité de l'information en santé auprès des communautés migrantes ?
- 6- Quel est votre avis sur la pertinence d'organiser davantage d'ateliers autour de sujets sensibles, tels que la santé sexuelle, les violences ou les droits reproductifs, à destination des femmes migrantes ?

Section 4 : Implications en matière de politiques et de gestion de projets

- 1- Selon vous, existe-t-il des barrières institutionnelles en matière d'amélioration de l'accès aux soins de santé pour les femmes migrantes ?
 - Si oui, pourriez-vous donner un exemple ?
- 2- Comment les associations et les institutions de santé publique pourraient-elles mieux collaborer pour relever ces défis ?
- 3- Quelles approches ou méthodes pourraient être utilisées pour rendre les programmes de prévention primaire plus efficaces et mieux adaptés aux besoins spécifiques des femmes migrantes ?

Conclusion :

Souhaitez-vous partager vos réflexions ou considérations finales avant de conclure ?